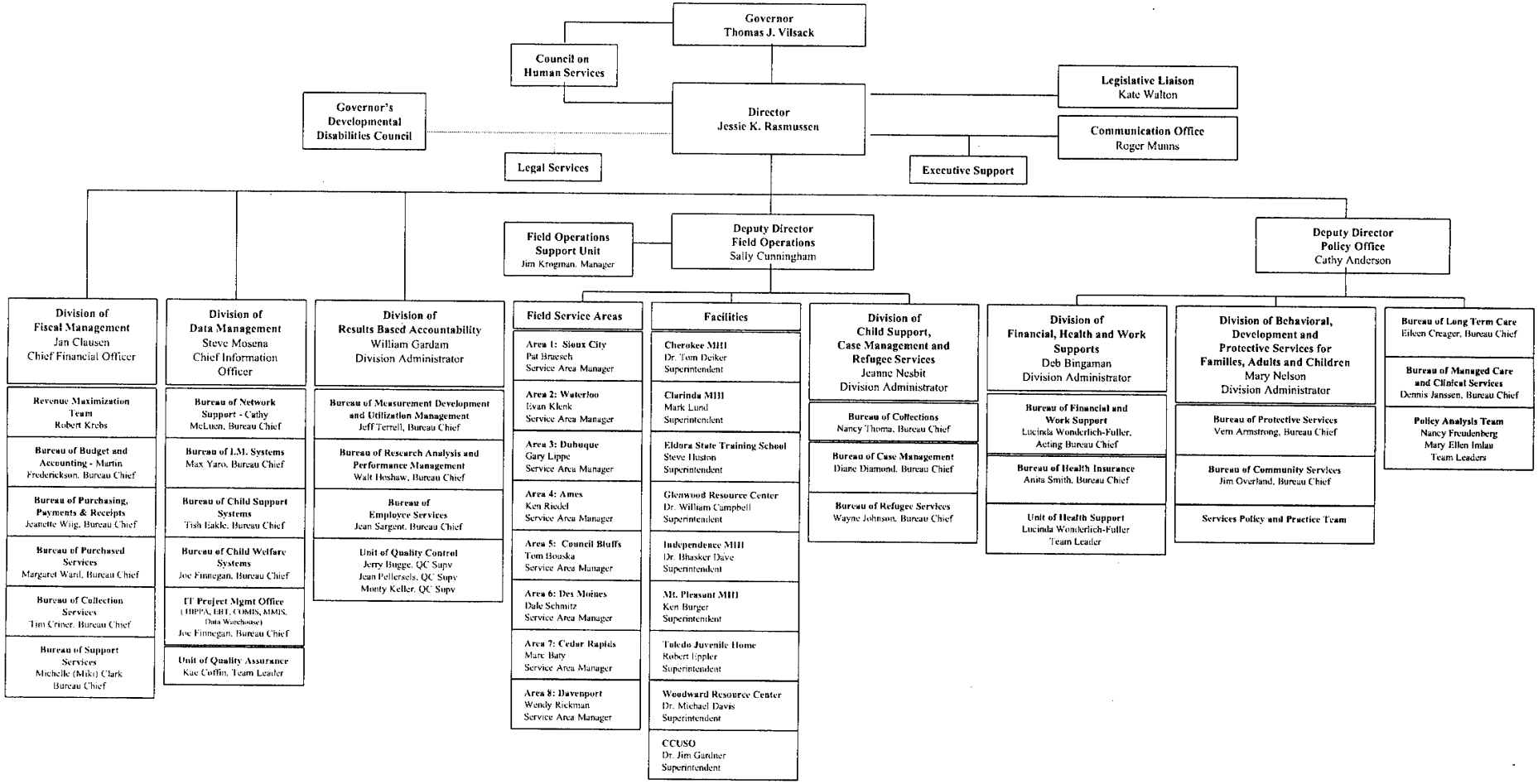
Department of Human Services
"101" Briefing Papers
February 5, 2003

General Administration

Purpose	General Administration provides leadership, management and support in the delivery of services to clients so that they may become more safe, self-sufficient, stable and healthy. These services and supports are provided to field staff, staff in the facilities, providers of services, policymakers and clients. General administration provides <u>administrative support</u> through: ♦ Data Management ♦ Fiscal Management ♦ Results-Based Accountability ♦ Field Support Operations And <u>programmatic support</u> through: ♦ Financial, Health and Work Supports ♦ Behavioral, Developmental and Protective Services for Children, Adults and Families ♦ Child Support Recovery ♦ Case Management ♦ Refugee Services

Responsibilities of	
Program Management	❑ Program development, technical assistance and oversight ❑ Administrative rules and policy manual development ❑ Policy liaison to federal and state agencies
Fiscal Management	❑ Budget management and fiscal impact analyses ❑ Accounting and audits ❑ Claims processing and vendor/provider payments ❑ Financial liaison to federal and state agencies ❑ Contract policy development and oversight ❑ Distribution of child support recovery ❑ Fixed assets inventory ❑ Records management
Corporate Management & Leadership	❑ Government liaison ❑ Strategic management and performance ❑ Legal representation ❑ Communication ❑ Staff support for councils, commissions, and advisory groups
Results-based Accountability	❑ Human resource management ❑ Results-based strategic planning, monitoring and reporting ❑ Technical assistance regarding compliance with the Accountable Government Act ❑ Quality control of food stamp, Medicaid and hawk-I ❑ Service authorization review and appeal for Title XIX Targeted Case Management ❑ Research and data analysis
Data Management	❑ Networking and e-mail services state-wide ❑ Internet connectivity and support ❑ Application development and support ❑ Web development and support ❑ System support ❑ Data and Systems Security ❑ Quality assurance and data entry ❑ IT purchasing
Funding	State general funds as well as a mix of federal dollars support the work of General Administration. ❑ SFY state funds: $11,204,333 (17.4% less than appropriated in SFY 02) ❑ Administrative costs are just 1.5% of the agency's total funding ❑ Funded and filled FTEs: 273 (77% of the 356 positions authorized)

State of Iowa Department of Human Services



5/17/02

RFI 2505 – Roles of Field Service Area Staff

Delivery of Services in the Field:
DHS Service Areas

For the purposes of DHS's direct delivery of economic assistance, child protective intervention, and related social services, Iowa is divided into **eight** service areas. Each of the eight service areas is comprised of 7-16 counties. In the 65 more populous counties, DHS maintains a full-time office; these full-time offices staff the 34 less-than-full-time offices on an as-needed basis.

Each local DHS office provides a common core of programs:

- **Income maintenance**: Using face-to-face interviews and analysis of client-provided documentation, field staff determine eligibility for Medicaid, Food Stamps (FS), Emergency Assistance (EA), and Family Investment Program (FIP).
- **Child protective intervention**: DHS social work staff assess immediately allegations of child abuse and neglect and make arrangements for appropriate intervention strategies. Social workers then provide case management and oversight, working with parents, Juvenile Court, foster care providers, and treatment providers.
- **Adult services**: Although most supports related to adults with mental illness or mental retardation are provided by counties, DHS provides case management for a limited number of cases, primarily those related to Medicaid waiver services to maintain elderly and disabled persons in their own home. DHS also is the designated agency for investigation of allegations of abuse of dependent adults.

Statewide Data – FY 2003 Operating Budget Projections		
Program	**Cases Served/Month**	**Benefits Issued or Service Expenditures (Annual)**
Family Investment Program (FIP)	20,466 cases	$89,397,312
Food Stamps (FS)	68,870 cases	$124,569,141 (issued in FFY02)
Medicaid	162,944 cases	$466,380,618
Emergency Assistance (EA)	2,451 families/cases were served between October 1st and November 6th when the EA monies were exhausted	$1,000,000
Child Care Assistance	16,568 cases	$79,000,000
Child Protective Assessments	2,037 accepted child protective assessments	NA
Dependent Adult Abuse Evaluations	115 accepted dependent adult abuse evaluations	NA
Child Welfare and Adult Services	43,144 cases	$213, 982, 275 Child and Family Services & Family Support Program dollars; this does not include funds for adults that are paid for by the counties

Note: Many families receive multiple forms of public assistance. Field Operations case counts are unduplicated. That is a family receiving Family Investment Program (FIP), Food Stamps (FS), and Medicaid are considered one case. Therefore, the number of cases reported by Field Operations is less than the total FIP, FS, and Medicaid Cases

In addition to direct involvement with individuals and families, the DHS service delivery areas also work with communities to improve conditions for Iowa's citizens.

The Field Operations operating budget is $95,473,544 in FY03, of which $50,875,728 is state appropriation (including salary adjustment). Funding sources include state, Temporary Assistance for Needy Families (TANF), IV-B, IV-E, Social Services Block Grant (SSBG), Medicaid, etc.

The following is a brief description of the type of field staff, the work done by each, and the current number of filled positions. (While Field Operations is authorized 1920 FTEs, based on available state and federal dollars only 1775 FTEs can be filled. This material reflects the 1770 FTEs paid on 12/27/02.)

SAMS-Service Area Managers (8)

The state is divided into 8 service areas. Each service area has a SAM who is responsible for the operation of the local DHS offices within the service area and the delivery of an array of social services and financial assistance.

- Provide leadership, direction and support to staff in the service areas
- Allocate programmatic dollars and deploy staff to meet the needs of families within the service area.
- Resolve client complaints and provider issues.
- Resolve personnel issues and employee grievances.
- Coordinate issues involving multiple local offices and/or service areas.
- Support and develop staff to increase their ability to meet the needs of families.
- Participate in corporate-level decision making.

Income Maintenance Workers (599)

- Determine initial and ongoing eligibility and benefit amounts for the Family Investment Program ($89,397,312), Food Stamps ($124,569,141), Medical Assistance ($466,380,618), Child Care Assistance ($79,000,000) and the Emergency Assistance ($1,000,000) Programs. This includes interviewing client, obtaining required verifications, checking various data sources and making referrals to Promise JOBS, Child Support and other resources.
- Act on monthly reports from employed clients to determine their continued eligibility and benefit amounts for Family Investment Program, Food Stamps and Medical Assistance. Workers also act on all changes reported as they occur by recipients that affect eligibility and/or benefits.

Income Maintenance Supervisor 1s (58)

- Interview and hire individuals with the competencies needed to work with customers in need of the benefits in the Family Investment Program, Food Stamps, Medical Assistance, and/or the Emergency Assistance Programs from the Department. (IMWs)
- Provide ongoing on-the-job training and mentoring for new and experienced staff.
- Assign work, monitor casework for accuracy and timely receipt of Family Investment Program, Food Stamps, Medical Assistance, and the Emergency Assistance.
- Provide consultation to staff on difficult cases to ensure customers receive the benefits of the Family Investment Program, Food Stamps, Medical Assistance, and/or the Emergency Assistance Programs to which they are entitled.
- Resolve customer complaints.

Income Maintenance Supervisor 2s (8)

- Interview and hire individuals with the competencies needed to supervise new and experienced Income Maintenance line supervisors (IMS1s).
- Provide ongoing on-the-job training and mentoring to Income Maintenance Supervisor 1s.
- Monitor compliance with Federal and State requirements.
- Provide case consultation on difficult cases to help line supervisors and workers meet the needs of families.
- Provide input into state policy development and support major initiatives.
- Serve as the lead for the Service Area in terms of improving performance to achieve improved results for families.

SW2s-Social Worker 2s - Child Welfare and Adult Services (450)

- Provide social work case management services to coordinate planning and service delivery.
  - Accept referrals and determine eligibility for services for children, families and adults from a variety of sources.
  - Conduct risk and case assessments, including the identification of strengths and service needs for children and adults.
  - Work with the individual or family to develop and implement a case plans to address the risk and service needs identified in the assessments.

- Provide crisis intervention services when other services fail to meet the health and safety needs of the individual or family.
- Partner with community agencies to assist in the delivery of services and the monitoring of services provided to individuals and families.
- Refer and receive cases from Juvenile Court; provide reasonable efforts for reunification of the family and permanency for the child.

Social Work Supervisor 1s (25)

- Interview and hire individuals with the competencies needed to work with customers in need of Child Welfare and adult services from the Department. (SW2s)
- Provide ongoing on-the-job training and mentoring for new and experienced staff.
- Provide clinical consultation to staff on difficult cases to promote safety and desired outcomes for the individual or family.
- Assign cases, approve case plans, monitor compliance with Federal and State requirements and ensure movement towards desired outcomes for the individual or family
- Resolve customer complaints

SW3s-Social Worker 3s - Abuse Investigations (198)

- Accept and investigate/assess all reports for children under the age of 18 alleged to have been abused by a person responsible for the care of the child. DHS also investigates all reports of dependent adults alleged to have been abused by their caretakers
- Assess risk to the victim, and recommend removal of the child by Juvenile Court if imminent danger to the child exists.
- Identify the nature, extent and cause of injuries and identify the person or persons responsible for the abuse.
- Assess the home environment, including the relationship of the victim to the members of the household through face-to-face interviews with both the victim and the alleged abuser.
- Refer cases needing ongoing voluntary or court-ordered protective services to DHS service units.
- Report to Juvenile Court with recommendations for services to children and families, including the filing of Child in Need of Assistance (CINA) petitions.

SW4s-Social Worker 4s – Child Care Licensure (9)

- Child care licensing staff complete studies and make licensing decision involving 1,492 licensed centers with a capacity to serve 86,628 children. This includes reviewing health and safety requirements as well as conducting criminal record and child abuse checks.
- Conduct unannounced visits and investigate complaint from parents, employees, DHS staff and the public at large.
- Provide consultation to centers and prospective centers on design room layout, services, curriculum playground design.
- Work cooperatively with community stakeholders and partners (Dept. of Education, Dept. of Public Health, Child Care Resource and Referral Centers, Iowa State Extension Services, and the USDA.

SW4s-Social Worker 4s – Purchase of Social Service (POSS) (9)

- Develops new Purchase of Social Service (POSS) and Purchase of Rehabilitative Treatment and Supportive Services (RTSS) contract proposals and processes POSS and RTSS contract renewals.
- Monitors POSS and RTSS contract compliance and conducts RTSS billing audits.
- Coordinates with DHS social work staff on contracting issues.

Social Work Supervisor 2s (46)

- Interview and hire individuals with the competencies needed to work with customers in need of protective services from the Department. (SW2s, SW3s, SW4s)
- Provide ongoing on-the-job training and mentoring for new and experienced staff.
- Assign cases, monitor compliance with Federal and State requirements and approve assessment reports.
- Accept referrals and determine if an allegation of Child or Adult abuse meets the criteria for assessment per Iowa Code and assigns the case within timeframes. This task is required to be completed after hours and weekends as well as normal work hours.

- Provide clinical consultation to staff on difficult cases to help the worker design and implement a safety plan with the family, make the proper determination of whether abuse did or did not occur and recommend the best plan of action.
- May also supervise staff carrying Child Welfare and/or Adult Service Cases, therefore have the responsibilities of SW Sup 1 in addition to the above.

Social Work Supervisor 3s (10)

- Interview and hire individuals with the competencies needed to supervise new and experienced Social Work supervisors.
- Provide ongoing on-the-job training and mentoring to Social Work Supervisor 1s & 2s.
- Monitor compliance with Federal and State requirements.
- Provide case/clinical consultation on difficult cases to help line supervisors and workers meet the needs of families.
- Provide input into state policy development and support major initiatives.
- Serve as the lead for the Service Area in terms of improving performance to achieve improved results for families.

Clerical and Technology Support (311)

- Provide assistance to clients by serving as a receptionist, scheduling appointments, and answering telephones.
- Provide supportive services to staff by preparing correspondence, establishing case files, typing case plans and child abuse reports, data entry, and filing.
- Install and maintain equipment and provide instruction to staff to enable them to use the wide area and local area networks and personal computers.
- Provide technical assistance and "trouble shoot" when workers are having problems with the computers or the network.

Key Support (21)

- Manage the Service Areas programmatic and support budgets.
- Resolve personnel issues and employee grievances.
- Provide input into decision making with their Service Areas Managers.
- Act as community liaisons.
- Provide Quality Assurance activities including data analysis, identification of performance issues, develop strategies to improve performance, facilitate the implementation of program improvement plans, and monitor program improvement plans to determine their effectiveness.

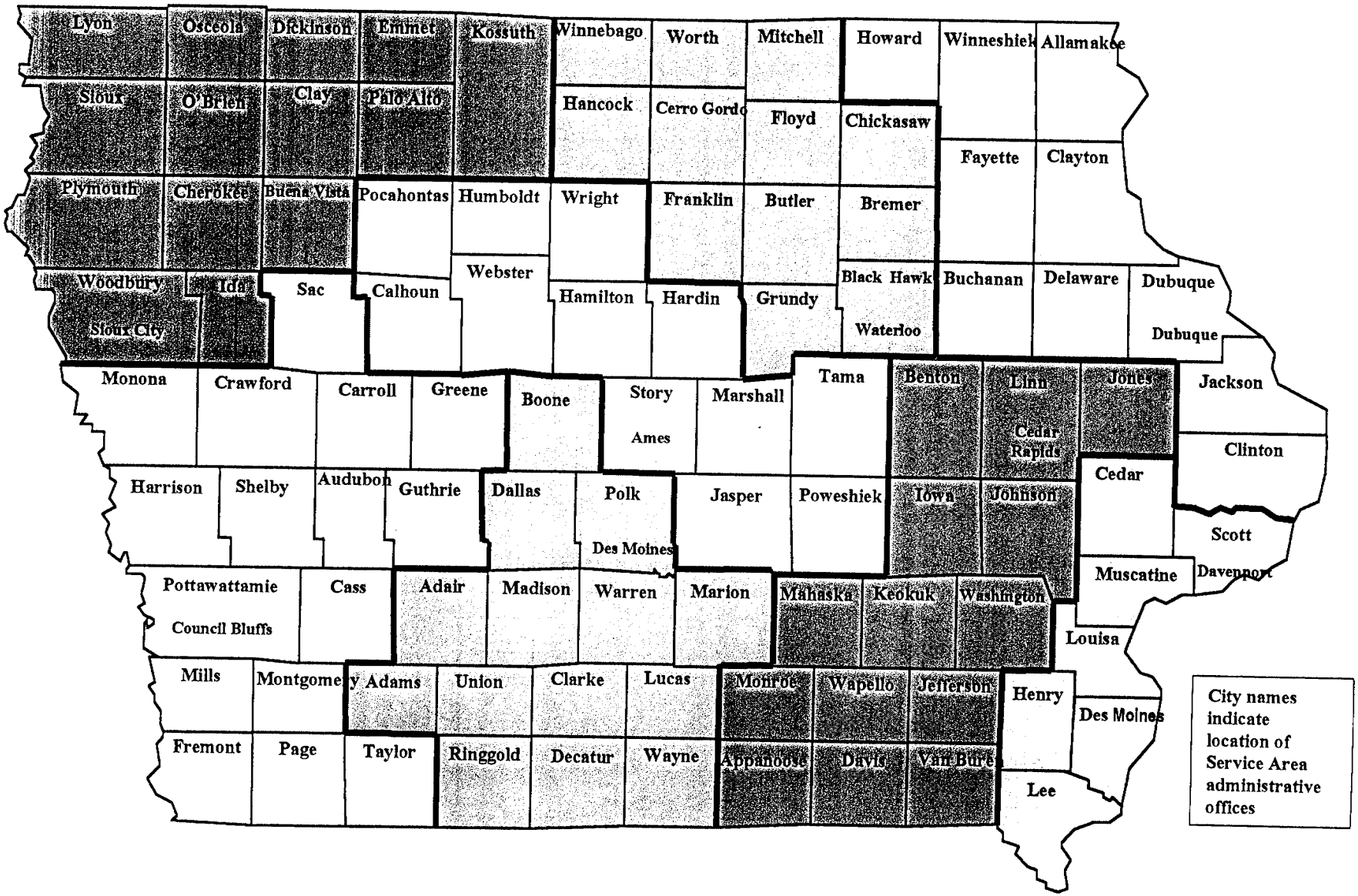
Critical Program Support (Help Desks & Training) (15)

- Provides policy, procedure, and computer technical assistance to 665 Income Maintenance (IM) workers & IM Supervisors and 729 Social Workers (SW) and SW Supervisors.
- Provide case/clinical consultation on difficult service case situations.
- Provides technical assistance to DHS Income Maintenance and Social Worker staff, Central Point of Coordination (CPSs), and providers related to the ISIS system (waivers).
- Design, deliver/direct delivery of, evaluate, and revise competency-based training statewide to 665 Income Maintenance (IM) workers & IM Supervisors and 729 Social Workers (SW) and SW Supervisors.

Customer Service (3)

- Handle the 1-800 DHS telephone line providing resource & referral information and responding to information requests.
- Resolve client complaints, Requests for Information (RFIs), and Legislative Fiscal Notes
- Coordinate audits at the local offices and facilitate formal responses and implementation of the corrective action plan.
- Preparation and management of the Field Operations budget.

Field Operations Service Areas



Service Delivery Areas

SIOUX CITY AREA 1

Pat Penning
Service Area Manager

		FT	LT FT
11	Buena Vista	✓	
18	Cherokee	✓	
21	Clay	✓	
30	Dickinson	✓	
32	Emmet	✓	
47	Ida *(Cherokee)*		✓
55	Kossuth	✓	
60	Lyon *(Sioux)*		✓
71	O'Brien	✓	
72	Osceola *(O'Brien & Dickinson)*		✓
74	Palo Alto *(Emmet & Kossuth)*		✓
75	Plymouth	✓	
84	Sioux	✓	
97	Woodbury	✓	

WATERL00 AREA 2

Evan Klenk
Service Area Manager

		FT	LT FT
7	Black Hawk	✓	
9	Bremer	✓	
12	Butler	✓	
17	Cerro Gordo	✓	
19	Chickasaw *(Floyd)*		✓
34	Floyd	✓	
35	Franklin	✓	
38	Grundy *(Butler)*		✓
41	Hancock *(Winnebago)*		✓
66	Mitchell *(Floyd)*		✓
95	Winnebago	✓	
98	Worth *(Cerro Gordo)*		✓

DUBUQUE AREA 3

Gary Lippe
Service Area Manager

		FT	LT FT
3	Allamakee *(Winneshiek)*		✓
10	Buchanan	✓	
22	Clayton *(Fayette)*		✓
23	Clinton	✓	
28	Delaware	✓	
31	Dubuque	✓	
33	Fayette	✓	
45	Howard *(Winneshiek)*		✓
49	Jackson	✓	
96	Winneshiek	✓	

AMES AREA 4

Ken Riedel
Service Area Manager

		FT	LT FT
13	Calhoun *(Webster)*		✓
40	Hamilton	✓	
42	Hardin	✓	
46	Humboldt *(Webster)*		✓
50	Jasper	✓	
64	Marshall	✓	
76	Pocahontas *(Webster)*		✓
79	Poweshiek	✓	
85	Story	✓	
86	Tama	✓	
94	Webster	✓	
99	Wright	✓	

COUNCIL BLUFFS AREA 5

Tom Bouska
Service Area Manager

		FT	LT FT
5	Audubon *(Carroll)*		✓
14	Carroll	✓	
15	Cass	✓	
24	Crawford	✓	
36	Fremont *(Mills)*		✓
37	Greene *(Carroll)*		✓
39	Guthrie *(Carroll)*		✓
43	Harrison	✓	
65	Mills	✓	
67	Monona *(Harrison)*		✓
69	Montgomery	✓	
73	Page	✓	
78	Pottawattamie	✓	
81	Sac *(Carroll)*		✓
83	Shelby *(Crawford)*		✓
87	Taylor *(Page)*		✓

DES MOINES AREA 6

Dale Schmitz
Service Area Manager

		FT	LT FT
1	Adair *(Union)*		✓
2	Adams *(Union)*		✓
8	Boone	✓	
20	Clarke	✓	
25	Dallas	✓	
27	Decatur	✓	
59	Lucas *(Clarke)*		✓
61	Madison	✓	
63	Marion	✓	
77	Polk	✓	
80	Ringgold *(Decatur)*		✓
88	Union	✓	
91	Warren	✓	
93	Wayne *(Decatur)*		✓

CEDAR RAPIDS AREA 7

Marc Baty
Service Area Manager

		FT	LT FT
4	Appanoose	✓	
6	Benton	✓	
26	Davis *(Wapello)*		✓
48	Iowa *(Benton)*		✓
51	Jefferson	✓	
52	Johnson	✓	
53	Jones	✓	
54	Keokuk	✓	
57	Linn	✓	
62	Mahaska	✓	
68	Monroe	✓	
89	Van Buren *(Jefferson)*		✓
90	Wapello	✓	
92	Washington	✓	

DAVENPORT AREA 8

Wendy Rickman
Service Area Manager

		FT	LT FT
16	Cedar *(Muscatine)*		✓
29	Des Moines	✓	
44	Henry	✓	
56	Lee	✓	
58	Louisa *(Des Moines & Muscatine)*		✓
70	Muscatine	✓	
82	Scott	✓	

FY 2003 Mental Health Institutes (MHI) Budget

What is the MHI budget?

The budgets for the Mental Health Institutes at Cherokee, Clarinda, Independence and Mount Pleasant provide funding for mental health and substance abuse services and for the MHIs to serve as resource centers to communities.

Who Do We Serve/What Services are Provided?

- All four of the Mental Health Institutes (MHIs) provide acute adult psychiatric inpatient care so persons with mental illness are able to return to the community
- Cherokee and Independence also provide acute psychiatric inpatient care for children and adolescents
- Outpatient psychiatric treatment is available at Cherokee and Clarinda
- Independence has a psychiatric medical institution for children (PMIC) level of care for children and adolescents that provides longer term psychiatric rehabilitation and stabilization
- Treatment for adults dually diagnosed with both a mental illness and substance abuse is provided at Mt. Pleasant
- Clarinda operates the geropsychiatric program and offers care that is unavailable in traditional nursing homes for geriatric patients with psychiatric and behavioral conditions
- Mt. Pleasant provides residential and outpatient chemical dependency treatment for adults so people can replace addictive behaviors with a chemical-free lifestyle
- In addition, MHIs provide services in support of related state, county and community services and programs such as out of facility evaluations, coordination with and support of community providers for out placement planning

In FY 2001 and 2002 the MHIs served the following number of inpatients:

	FY 2001	FY2002
Acute Care:		
Adults	2088	1631
Children and adolescents	309	316
PMIC	116	86
Dual Diagnosis	125	141
Geropsychiatric	78	68
Substance Abuse	751	596
Total	**3467**	**2838**

How are Services Funded?

The MHIs are funded through a combination of traditional funding and net budgeting

Traditional Facility funding: All of the MHI programs with the exception of the Psychiatric Medical Institute for Children at Independence (PMIC) and the Dual Diagnosis program at Mt Pleasant are funded through the traditional manner by deriving almost all of their operating budget from up-front state appropriations with payments from Counties, Medicaid, and other third parties for services provided being returned to the State general fund.

Net Budgeting: Under net budgeting, the facility or program receives only that amount for which the state is ultimately responsible from the state appropriation. The remainder of the operating budget is dependent upon collections made by the facility from those with financial responsibility such as Counties, Medicaid, Medicare, and private insurance carriers. In practice, the state appropriation has not always covered 100% of the actual state cost.

Net budgeting does not create any difference in the net state cost but only defines the amount of the initial appropriation and whether subsequent payment for services are made to the facility or to the State general fund.

Funding for Services

While demand at the facilities has increased, funding available for these services has decreased.

State funding for the mental health institutes has been reduced by $4.3 M or 9.4% between FY 2001 and FY 2003.

	Cherokee	Clarinda	Independence	Mt. Pleasant	Total
FY 2003 projected					
Utilized FTE's	207.5	110.0	292.0	96.7	706.2
State Approp	$12,484,495	$7,066,838	$16,405,909	$5,213,044	$41,170,286
Other	$547,893	$84,721	$1,303,802	$729,795	$2,666,211
Total	$13,032,388	$7,151,559	$17,709,711	$5,942,839	$43,836,497
FY 2001					
Utilized FTE's	235.0	130.9	348.0	105.0	818.9
State Approp	$13,521,077	$7,619,887	$18,290,140	$6,010,202	$45,441,306
Other	$627,431	$60,720	$1,548,948	$519,783	$2,756,882
Total	$14,148,508	$7,680,607	$19,839,088	$6,529,985	$48,198,188

State MHI budget reduction impact.

- Budget reductions between fiscal years 2001 and 2003 have resulted in a 38% reduction in beds in the MHIs (see table below)

	Cherokee		Clarinda		Independence		Mt Pleasant		Total	
	FY '01	FY '03	FY '01	FY '03	FY '01	FY '03	FY '01	FY '03	FY '01	FY '03
Beds										
Adult Psychiatric	83	48	20	20	87	40	14	14	204	122
Children	3	6			33	15			36	21
Adolescent	11	6			20	10			31	16
Geropsychiatric			60	35					60	35
Dual Diagnosis							15	15	15	15
PMIC					30	30			30	30
Substance Abuse							60	30*	60	30
Total:	97	60	80	55	170	95	89	59	436	269

* The MHI's FY '03 budget management strategy planned to eliminate the substance abuse program due to reduced funding. However, DHS has been asked to continue to operate the program until the 2003 legislature determines if the program should continue to be funded.

FY 2003 CCUSO Budget

What is the CCUSO Facility budget?

The Civil Commitment Unit for Sexual Offenders (CCUSO) provides care and treatment in a secure setting to persons civilly committed as sexually violent predators.

Who Do We Serve / What Services are Provided?

The CCUSO program began in FY 1999. Persons committed to CCUSO must have been charged with or found guilty of a sex-related crime and be found by a court to have a mental abnormality that predisposes them to commit further sexually violent offenses. The cases of sex offenders who are nearing the end of their prison sentences are reviewed, and those with violent histories and/or repeat offenses are referred to the Prosecutor's Review Committee (PRC) in the Office of the Attorney General for further investigation. If the PRC determines the person meets the statutory definition of a sexually violent predator and probable cause is found, a trial for a civil commitment will be held. Commitment proceedings require representation by legal counsel.

CCUSO provides long-term care and treatment of committed sex offenders in a secure environment. Treatment services include:

- group and individual therapy
- educational programming for patients who do not have the basic skills needed to fully participate in therapy
- physiological assessments of the patient's self-reports
- transitional programming, discharge planning, and supervision for patients who have completed all five treatment phases, if ordered by the court.

CCUSO is currently located in space leased from the Department of Corrections (DOC) at the Iowa Medical and Classification Center at Oakdale. CCUSO is scheduled to move to the South wing of the Cherokee Mental Health Institute (MHI) when renovation and security fencing is complete in April 2003. The Unit is required to keep patients separate from other DHS patients and from DOC inmates.

CCUSO served the following number of patients in FY 2001, FY 2002, and FY 2003:

	CCUSO		
	FY 2001	**FY 2002**	**FY 2003 YTD**
Admissions	6	13	8
Year-end Census	18	31	NA
Average Daily Count	14	25	47 (projected)

How are Services Funded?

CCUSO receives all of its funding from an up-front state appropriation. In FY 2001 the appropriation was $1,109,435, and the utilized FTEs were 16.85. In FY 2003 the appropriation for operations is $3,375,179. Projected utilized FTEs are 44.0. An additional $1,950,000 was appropriated for renovation costs to move to Cherokee, of which $1,350,000 was tobacco money.

CCUSO Budget Reduction Impact

The Civil Commitment Unit has been impacted as follows:

- Increasing population and the need to provide treatment services in a secure environment has resulted in the planned move of the facility from the IMCC at Oakdale to the South Wing of the Cherokee MHI.
- Additional funding will be needed in FY 2005 to renovate wards in the South Wing to accommodate projected patient population growth in future years (FY 2006 and beyond).
- The move to Cherokee requires additional staffing to reflect a multi-ward environment that provides staffing adequate to provide the necessary level of security and to deal with emergency situations.
- Population is expected to increase at a rate of one new patient per month.

FY 2003 Juvenile Facilities Budget

What is the Juvenile Facility budget?

The budget for the State Training School at Eldora and the Iowa Juvenile Home at Toledo provide for programs that serve adjudicated delinquents and children court-ordered as a Child in Need of Assistance (CINA).

Who Do We Serve / What Services are Provided?

The State Training School serves males who have been adjudicated delinquent: two-thirds of these young men have been convicted of a felony. The Iowa Juvenile Home serves male and female CINAs and female delinquents. Residents of these facilities typically have numerous prior out of home placements, disruptive behavior, and extensive involvement in the child welfare and juvenile justice systems. Over 80% of the residents at both facilities report alcohol or drug problems at the time of admission, and 60% are identified as needing special education services.

Both facilities provide:

- a safe and secure living environment
- educational programs
- vocational programs
- counseling
- substance abuse treatment
- health care services
- evaluations of young people pending a permanent assignment

The Juvenile Facilities served the following number of young men and women:

	State Training School		Iowa Juvenile Home	
	FY 2001	FY 2003 YTD	FY 2001	FY 2003 YTD
Beds				
CINAs	NA	NA	70	68
Delinquents	209	189	32	32
Total	209	189	102	100
Admissions				
CINAs	NA	NA	114	55
Delinquents	244	105	47	20
Total	244	105	161	75

How are Services Funded?

Both the State Training School and the Iowa Juvenile Home Traditional Facility are funded in the traditional manner by deriving almost all of their operating budget from up-front state appropriations

Approximately 7% of their operating budgets come from various federally funded grants and programs. Counties are responsible for one-half of the cost of the care and treatment provided at the Iowa Juvenile Home to Children in Need of Assistance from their counties; these payments are deposited into the State general fund and not kept by the facility.

Funding for Services

The following chart shows the amount available to each of the Juvenile Facilities in FY 2003 compared to FY 2001.

	State Training School	Iowa Juvenile Home
FY 2003 (projected)		
Utilized FTEs	194.05	110.50
State Approp	$10,342,776	$6,208,191
Other	$898,709	$281,697
Total	$11,241,485	$6,489,888
FY 2001		
Utilized FTEs	217.62	128.51
State Approp	$10,822,150	$6,533,335
Other	$805,286	$333,581
Total	$11,627,436	$6,866,916

Juvenile Facilities Budget Reduction Impact

- Bed capacity has been reduced from 209 to 189 (10.5%) at the State Training School and from 102 to 100 (2%) at the Iowa Juvenile Home.
- The Iowa Juvenile Home has maintained a waiting list of between 60 to 70 young people. On November 30, 2002 there were 39 young women and 22 young men on this list. Fourteen of the 61 are delinquents, while the remainder of the list are CINAs.

FY 2003 State Resource Center (SRC) Budget

What is the SRC budget?

The budgets for the State Resource Centers at Glenwood and Woodward provide funding for a wide variety of treatment services both on campus and in supportive outreach treatment activities throughout the State.

Who Do We Serve / What Services are Provided?

The State Resource Centers are mandated by the Code of Iowa to provide treatment, training, care, instruction, habilitation and support to persons with mental retardation or other disabilities and are encouraged to function as a statewide resource for communities, families and providers. Bed capacity is 405 at Glenwood and 286 at Woodward for residential services.

The State Resource Centers provide:

- Intermediate care facility for persons with mental retardation (ICF/MR) residential services
- Family Support and Community Outreach
- Consultation
- Supported Community Living
- Respite, diagnostic evaluations and time limited assessments
- Assistive technology and home and vehicle modification
- Autism consultation and training
- Adaptive Prosocial Performance Learning Environment and sexual abuse treatment evaluation
- Services in support of related state, county and community services and programs
- Essential Lifestyle Planning training for community providers

In FY 2002 the two SRCs combined served the following number of people:

		GRC	WRC
ICF/MR residential	710	414	296
Respite	52	15	37
Supported Community Living	43	29	14
Supported Employment	18	0	18
Community Outreach / Family-Centered Svcs	79	44	35
Time-Limited Assessment	18	11	7
Diagnostic Evaluation	41	28	13
Total	961	541	420

How are Services Funded?

The Resource Centers are funded through net budgeting.

Net Budgeting: Under net budgeting, the facility or program receives only that amount for which the state is ultimately responsible from the State appropriation. The remainder of the operating budget is dependent upon collections made by the facility from those with financial responsibility such as Counties and Medicaid. In practice, the state appropriation has not always covered 100% of the actual state cost.

Net budgeting does not create any difference in the net state cost but only defines the amount of the initial appropriation and whether subsequent payment for services are made to the facility or to the State general fund.

Traditional Facility funding: The majority of the DHS facilities and their programs remain funded in the traditional manner by deriving almost all of their operating budget from up-front state appropriations with payments from Counties, Medicaid, and other third parties for services provided being returned to the general fund.

Funding for Services

While demand at the facilities has increased, funding available for these services has decreased.
State funding for the Resource Centers has been reduced by $2.0M (31%) between FY 2001 and FY 2003.

	Glenwood	Woodward	Total
FY 2003 projected			
Utilized FTE's	788.0	645.2	1,433.2
State Approp	$2,648,449	$1,680,237	$4,328,686
Other	$45,503,970	$37,294,210	$82,798,180
Total	$48,152,419	$38,974,447	$87,126,866
FY 2001			
Utilized FTE's	835.1	656.0	1,491.1
State Approp	$3,735,483	$2,603,836	$6,339,319
Other	$41,857,709	$33,931,631	$75,789,340
Total	$45,593,192	$36,535,467	$82,128,659

State Resource Center impact of budget reductions

- The State needs to appropriate the actual state cost of services in order to make net budgeting work.

Fields of Opportunities

STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

An Overview of the Iowa Child Support Recovery Program
January 2003

Who do we serve?

The child support program assists custodial and non-custodial parents in meeting their parental obligations to support their children. The program serves parents and children who are also customers of other human services programs such as FIP, Medicaid, SCHIP, childcare, foster care, welfare to work, and food stamps. Referrals of customers and timely and accurate sharing of data and information is a critical component of successful service delivery to families. CSRU provides services in approximately 171,000 cases representing approximately 610,000 parents and children. Of these,

- 16% are currently receiving public assistance benefits,
- 59% formerly received benefits, and
- 25% never received benefits.

What does it cost and how much do we recover?

- Of the approximately $39 million SFY 03 annual budget, $5.9 M is state general funds and the remainder is earned federal performance incentive funds and 66% federal matching funds.
- In SFY 02, the CSRU recovered $268 million.
  - ⇒ $43 million FIP and Foster Care (Iowa, other states, and federal government share this revenue); and
  - ⇒ $225 million for families

What services does the child support program provide?

The Child Support Recovery Unit (CSRU) collects payments of child support. We also:

- Establish the paternity of children born out-of-wedlock.
- Establish child support, medical support and health insurance obligations administratively and with the courts.
- Review and modify child support and medical support obligations.
- Enforce payment of court ordered child support, medical support and health insurance.
- Locate parents and their assets.
- Receive, record and disburse child support payments.
- Administer parental responsibility pilot projects with community partners.
- Coordinate involvement of non-custodial parents in Welfare to Work.

How is our performance measured?

The federal government has established customer results measures and performance standards, and awards federal incentive funds based upon the state's level of achievement, as compared with all other states.

- The *new formula* for the calculation of incentives was established in the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 and the Child Support Performance Incentive Act (CSPIA) of 1998. This incentive formula is being phased in over 3 federal fiscal years (FFY) starting with FFY 2000.
- The federal government requires states to report data related to the following five areas: *establishing paternity and court orders, the collection of current and delinquent support, and cost effectiveness.* Federal auditors conduct extensive audits. For the states that pass the data reliability audit standards, the federal government calculates incentives.
- Another change is that the performance is weighted against the performance of other states in each area of performance, and incentive awards are allocated from a fixed set of funds. Each state's amount is dependent upon how other states are performing during the same period of time. Iowa must continue to improve performance annually if we wish to receive the same level, or a higher level, of federal performance incentive funding.

How is Iowa doing? How do we compare with other states?

- The Iowa Child Support Program is a national leader in all areas of the program and ranks consistently high among the states in performance. Based on data reported to the federal Office of Child Support Enforcement for FFY01 that has passed federal audit, Iowa ranks 5th in overall performance in all five areas. The top four states are Maine, North Dakota, South Dakota and Washington.
- Iowa is the second state to achieve full systems certification for having successfully implemented all of the requirements of the Personal Responsibility and Work Opportunity Reform Act of 1996.
- Policy Studies, Inc, of Denver, CO, recently completed a Business Process Review for the State of Kentucky's Child Support Enforcement Program. In the Executive Summary, PSI states, "For this comparison, we deliberately selected some unusually high performing states (e.g. Iowa and Minnesota) to provide a current upper bound for potential performance."
- The National Child Support Enforcement Association named Iowa "Outstanding Child Support Program" in 1999.
- Finalist for Council on State Government's 2001 Innovations Awards.
- Received Commissioner's Award for Interstate Cooperation in September 2002 from the federal Office of Child Support Enforcement, Administration for Children and Families, Department of Health and Human Services

Specifically, how does Iowa compare to states' programs that are in Revenue Departments?
Most states' child support agency is housed within the Human Services agency. Five states are housed within their Revenue agency. The following data* compares Iowa's program performance with these other states.

	Paternity Establishment Percentage (PEP)	Percentage of cases with a support order	Of all cases with court orders, percent of current support paid on time	Of all cases with court orders, cases paying on arrears	Cost-effectiveness ratio
Alaska	87.77	78.72	51.22	68.53	4.14
Arkansas	Failed audit	73.02	48.10	Failed audit	2.83
Florida	85.64	53.64	52.11	75.03	3.60
Massachusetts	Failed audit	65.33	63.55	57.02	5.14
Rhode Island	Failed audit	51.02	61.33	56.91	4.23
Iowa	**94.58**	**87.16**	**57.65**	**65.41**	**5.27**

- *The data contained in the chart is based upon FFY01 data as audited by the federal government. Performance data is not available for states that failed to meet the 95% data reliability in the annual federal audit.*

What does the CSRU do to collect support?

- The CSRU uses a variety of tools to enforce the payment of support. Some tools work well with certain types of parents and their situations, and still others are more effective in other circumstances.
- The primary enforcement tool is income withholding. Over 70% of payments received are through income withholding orders (IWO). We have improved collections in this area since centralizing all activities associated with IWO in 1999 at a new one-stop service center for employers and other income providers who withhold and remit support. Implementation of the Iowa Centralized Employee Reporting (ICER) and the National Directory of New Hires (NDNH) has greatly enhanced wage withholding effectiveness.
- Another highly effective and cost-efficient tool is state and federal tax refund set-off.
- Other collection methods include license sanction, property liens, contempt of court, and credit bureau reporting.
- Some of the newer collection tools being used are:
  - United States Attorney Program: CSRU is referring qualifying cases to the US Attorney program for federal criminal prosecution. Recent criminal convictions include sentences, and restitution totaling $350,337.45.
  - Financial Institution Data Match and Administrative Levy: Over $2.3 million collected from debtors' accounts for the first 6 months of SFY 02.
  - Passport Sanction: CSRU has successfully secured large payoffs from debtors seeking to travel outside the US.

Does everyone meet his or her court ordered child support obligations?
Many parents do a good job in providing court-ordered support to their children.

- In 27% of cases in which the parent is ordered to pay support, the payments are current.
- While 51% of the debtors owe only 9% of the entire debt, 15% of the debtors owe 52% of the debt.

What are the characteristics of those who don't pay and what are we doing about it?
Non-custodial parents who owe child support debts could be described as falling into four broad categories:

- ***Dead broke:*** These are parents who are undereducated and unskilled, unemployed or sporadically employed, often have multiple families, and often have been dependent on public assistance themselves.
  ⇒ Strategies that have been put in place include a partnership with Iowa Workforce Development to federal Welfare-to-Work services designed for non-custodial parents who are having trouble paying their child support. Pilots are operating to offer services and financial incentives for paying child support, such as temporary reductions and permanent satisfaction of debt owed to the state for regular payments. We have made some progress in alleviating these barriers through a cooperative Welfare-to-Work program with IWD.
- ***Unwilling to pay:*** These parents may have the means to provide financial support, but for reasons such as lack of access to their children or a poor relationship with the other parent they are reluctant to provide regular financial support.
  ⇒ Community-based programs and government pilots in some localities are providing mediation service for custody, visitation, and access issues. We have also made some early progress with Parental Obligation Pilot Projects (POPP) in helping alleviate problems caused by visitation and custody disputes. Collection tools usually produce positive results with those unwilling to pay for these reasons.
- ***Unable to pay:*** These are parents who are disabled, incarcerated, or unable to work for other reasons, such as substance abuse.
  ⇒ We are making inroads by working with the Department of Corrections for in activities related to establishment and enforcement, and in parenting related information sharing.
- ***Evaders:*** These parents often have the means to pay, but purposefully avoid their parental responsibility and take extraordinary steps to block efforts to collect support. They typically work for cash, move and change jobs often, use alias names and false Social Security numbers, put assets in the names of others, do not license vehicles, drive without licenses, and do not file tax returns. Application of multiple collection tools often results in sporadic collection at best.
  ⇒ Some of these parents are included in the cases being referred to the Department of Revenue and Finance's Centralized Collection Unit for additional collection activities. Most of these cases require extraordinary steps to collect, including referrals to US Attorneys for criminal investigation and prosecution.

- **How can customers contact us for child support information?**
  Customers may use several methods to get information about child support in general or about their specific case.
  - Telephone: customers can get automated responses to questions about payments and other child support information by calling toll free 1-888-229-9223 (use 242-5530 in the Des Moines calling area). The Automated Response Unit is open 24 hours a day, seven days a week except midnight Saturday to 7:00 AM Sunday.
  - Specialized Customer Service Unit: callers can use the above numbers to talk to customer service specialists between the hours of 8:00AM to 6:00PM, Mondays through Fridays (except state holidays).
  - On the Web: the web site is http://childsupport.dhs.state.ia.us.
  - Customers can drop in one of the nineteen child support recovery offices located across the state.
  - Employers who need information to enforce orders to withhold support can call Employers Partnering in Child Support (EPICS) toll-free 1-877-274-2580, Monday through Friday, 8:00 to 4:30, or log on at: http://epics.dhs.state.ia.us.

Child Care Assistance – Regulation - Quality Efforts

Program Description

Child Care programs include:

- administration of the state's child care assistance program for low-income families who are working or in school
- regulation of licensed child care centers and registered child care development homes
- record checks and evaluations of regulated providers and non-registered child care providers who receive payment for children eligible under the child care assistance program
- quality improvement activities (provider support, professional development, health and safety, etc.)

Who Do We Serve?

Families Working or in School

- At or below 140% of the Federal Poverty Level
- Working a minimum of 28 hours a week OR in school full-time

PROMISE JOBS

- Parents participating in an approved PROMISE JOBS activity
- No income requirement as they are receiving FIP

Protective Children

- Children in need of protective child care due to a founded child abuse report

Children in Foster Care

- Children in foster care who need child care while the foster parents are working

Providers:

- 1500 – licensed child care centers
- 6000 – registered child development homes
- 9000 – providers paid under the child care assistance program – approximately 30% are non-registered providers

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Funding

- In SFY 2003 - $79,000,000
- State General Fund appropriation = $4.8M (child care assistance and Child Care Resource and Referral) and $3.8M (protective child care)
- Non-general fund sources include federal Child Care Development Fund, TANF, and the state Child Care Credit Fund

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Child Care Assistance – Regulation – Quality Efforts, ***Continued***

Service Delivery

- DHS income maintenance workers determine eligibility, approve providers, and process invoices for payment
- DHS caseworkers conduct the record checks and perform the evaluations of those providers with a criminal or child abuse history to determine if they are "approved" as a provider to be licensed, registered, or receive payment under the child care assistance program
- DHS caseworkers and licensing consultants register, license, and monitor child care development homes and child care centers
- Child Care Resource and Referral Agencies provide parent referral and consumer education services as well as provider training and support.

Results

Child Care efforts provide essential family support and child safety services and contribute to the following results:

- Self-sufficiency
- Child well-being
- Child health and safety

Number of Children Served

In SFY03, monthly data regarding children and families:

- Average number of children served = 13,389
- Percentage of parents who also receive FIP = approx 24 %
- Percentage of parents who are employed = approx 73 %

Family Centered/Family Preservation Services

Program Description

Family centered and family preservation services are designed to strengthen families while maintaining the safety of the child as the primary focus.

- Family centered services include a comprehensive array of pre-placement services to help children remain safety in their home, as well as services to help children safely and appropriately return to families from which they have been removed. About one third of children receiving family centered services are placed out of home and receive services to help them return home.
- Family preservation provides intense, short term services to stabilize families in crisis and is available 24 hours a day, 7 days a week.

Who Do We Serve?

Legal status. Services are provided to children:

- Who have been adjudicated children in need of assistance (CINA) – 4%
- On a voluntary basis – 81%
- Who have been adjudicated delinquent – 15%

Reason for service. Services are provided because of:

- Child abuse or neglect – 35%
- Other parental issues (e.g., substance abuse, incarceration) – 16%
- Child's behavior/delinquency – 48%

Age of children receiving services

- 0 – 5 years old – 25%
- 6 – 11 years old – 27%
- 12 – 15 years old – 30%
- 16 or older – 27%

Gender of children receiving services

- Male – 55%
- Female – 45%

Funding

- In FY 2003, $38.5 M is available for family centered and family preservation services (state general fund -- $9,177,565)
- Non-general fund sources include TANF, Medicaid, and tobacco dollars.

Service Delivery

- DHS caseworkers provide case management, including case plan development, service coordination, and service monitoring.
- DHS purchases the actual delivery of family centered and family preservation services from private child welfare agencies.

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Family Centered/Family Preservation Services, Continued

Results

Family centered and family preservation services contribute to the following results.

- Child safety
- Family stability

Number of Children Served

- In FY 2002, we served an average of 6,156 children each month.
- In FY 2003, we have funding to serve an average of 6,086 children each month.

School-Based Supervision, Adolescent Monitoring, and Supervised Community Treatment

Program Description

Community based juvenile justice programs hold youth accountable for their behavior, while allowing youth to remain in the community. Judges and juvenile court officers see these services as an effective strategy to reduce juvenile delinquency and improve behavior in the school and community. These services can also provide an effective aftercare strategy for youth returning to the community from group care or a juvenile institution.

- School-based supervision helps schools manage disruptive behavior, reduce violence, prevent school dropouts and improve school attendance.
- Adolescent monitoring holds youth accountable by monitoring their day-to-day activities, in order to make communities safer and improve the youth's behaviors.
- Supervised community treatment provides comprehensive day programming, including multidisciplinary treatment and supervision.

Who Do We Serve?

Services are provided to youth who:

- Have been adjudicated delinquent
- Are identified by the Juvenile Court or Juvenile Court Services as at risk for delinquent behavior

Funding

In FY 2003, $6,877,913 is available for adolescent monitoring and supervised community treatment. These programs are funded with 100% state general funds.

In FY 2003, $1,431,597 is available for school based supervision. School districts are required to pay a portion of the costs, as approved by the Chief Juvenile Court Officer.

Service Delivery

- Juvenile Court Services (JCS) provides case management services for youth in these programs.
- DHS and JCS contract with private child welfare/juvenile justice agencies for the actual delivery of services.

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School-Based Supervision, Adolescent Monitoring, and Supervised Community Treatment, Continued

Results

School-based supervision, adolescent monitoring, and supervised community treatment contribute to the following results.

- Community safety
- Youth accountability and rehabilitation

Number of Children Served

- In FY 2002, JCS served 8,513 children in 279 schools through the school-based supervision program. In FY 2003, 198 schools are participating in the program and we have funding to serve 7,219 youth.
- In FY 2002, JCS served an average of 2,427 youth per month in adolescent monitoring and supervised community treatment. In FY 2003, we have funding to serve an average of 1,865 youth per month.

Relationship between Juvenile Court Services (JCS) and Department of Human Service (DHS)

Juvenile Court Services is a judicial branch entity, while the Department of Human Services is an executive branch agency. Juvenile Court Services serves juveniles who have been charged with committing a delinquent act, while DHS serves children who are at-risk or victims of abuse or neglect. A portion of the children start in one system and then enter the other system, and some children are dually adjudicated delinquent and Child In Need of Assistance.

Iowa Code requires JCS and DHS to jointly establish the service area group care targets, and develop and implement decategorization (decat) plans for child welfare services. Other federal funding from the Division of Criminal and Juvenile Justice Planning is also allocated through the decat system.

The state allocation for the juvenile justice early intervention and follow-up programs (graduated sanctions) is included in the Child and Family Services allocation for DHS. These programs include Supervised Community Treatment, Adolescent Tracking and Monitoring, Life Skills, and School-Based Supervision. All of the core child welfare / juvenile justice services, such as family-centered services, family preservation, family foster care, and group care, allocations are also in the Child and Family Services appropriation. Additionally, the Court-Ordered Services allocation in the Child and Family Services budget is also utilized by both entities. DHS and JCS have established a 28-E agreement that allows Iowa to claim federal IV-E funding for JCS clients utilizing IV-E eligible services such as foster care.

The eight Chief Juvenile Court Officers and the eight Service Area Managers from DHS meet regularly to discuss and plan regarding issues related to juvenile justice. DHS central office staff also attends these meetings to provide input and assistance. Local supervisors from DHS and JCS also meet or communicate frequently to ensure positive working relationships between the two entities.

Family Foster Care

Program Description

Family foster care provides both 24-hour temporary care for children unable to remain in their own homes, as well as services to families and children in order to implement a permanent placement for the child.

Who Do We Serve?

Legal status. Services are provided to children:

- Who have been adjudicated child in need of assistance (CINA) – 90%
- On a voluntary basis up to 30 days – 7%
- Who have been adjudicated delinquent – 2%

Reason for services. Services are provided because of :

- Child abuse or neglect – 59%
- Other parental issues (e.g., substance abuse, incarceration) – 23%
- Child's behavior/delinquency – 18%

Age of children receiving services

- 0 – 5 years old – 37%
- 6 – 11 years old – 26%
- 12 – 15 years old – 22%
- 16 or older – 12%

Gender of children receiving services

- Male – 51%
- Female – 49%

Funding

In FY 2003, $31,446,205 is available family foster care – this includes maintenance payments to foster parents, as well as service payments to private child welfare providers (state general fund -- $13,531,225)

In addition, in FY 2003, $4,619,124 is available for foster parent training, the Iowa Foster and Adoptive Parents Association contract, and foster family insurance (state general fund -- $1,075,416).

Non-general fund sources include Title IV-E, Title IV-B, TANF, Medicaid, foster care recoveries, and tobacco dollars.

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Family Foster Care, Continued

Service Delivery

- DHS caseworkers provides case management services for children who are adjudicated CINA, and Juvenile Court Services (JCS) provide case management services for youth who are adjudicated delinquent.
- Private child welfare agencies provide supervision of the foster family and services to the child.
- DHS contracts with Iowa State University to provide foster parent training.
- DHS contracts with the Iowa Foster and Adoptive Parents Association to provide peer support to foster parents.
- DHS contracts with a private insurance carrier to provide insurance coverage for foster families.

Results

Family foster care services contribute to the following results.

- Child safety
- Child well-being
- Permanency for children

Number of Children Served

- In FY 2002, DHS provide family foster care services to an average 2,870 children each month. In FY 2003, we have funding to serve 2,331 children.

Group Care

Program Description

Group care provides 24-hour temporary care, structure and treatment services for children and youth that cannot be served in a family setting.

Who Do We Serve?

Legal status. Services are provided to children:

- Who have been adjudicated child in need of assistance (CINA) – 54%
- Who have been adjudicated delinquent– 40%
- On a voluntary basis up to 30 days – 7%

Reason for services. Services are provided because of :

- Child's behavior/delinquency – 84%
- Child abuse or neglect – 11%
- Other parental issues (e.g., substance abuse, incarceration) – 5%

Age of children receiving services

- 0 – 5 years old – 0%
- 6 – 11 years old – 4%
- 12 – 15 years old – 49%
- 16 or older – 47%

Gender of children receiving services

- Male – 69%
- Female – 31%

Funding

In FY 2003, $48,368,113 is available for group care (state general fund -- $22,666,304).

Non-general fund sources include Title IV-E, Title IV-B, Social Services Block Grant (SSBG), Medicaid, foster care recoveries, and tobacco dollars.

Service Delivery

- DHS caseworkers provides case management services for children who are adjudicated CINA, and Juvenile Court Services (JCS) provide case management services for youth who are adjudicated delinquent.
- Licensed private group care facilities provide group care services to the child.

Continued on next page

Group Care, Continued

Results

Group care contributes to the following results.

- Child well-being
- Permanency for children
- Community safety

Number of Children Served

- In FY 2002, DHS provided group care services to an average monthly population of 1,180 children. In FY 2003, we have funding to serve an average daily population of 988.
- Because there is a cap on the amount of funding that can be spent on group care, DHS had to institute a waiting list on 8-1-02. As of 12-17-02, 85 children were on the waiting list. Since 8-1-02, 140 children who were on the waiting list have been placed into group care or removed from the waiting list.

Shelter Care

Program Description

Shelter care provides 24-hour emergency care for youth until they can be returned home or longer term treatment arrangements can be made.

Who Do We Serve?

Legal status. Services are provided to children:

- Who have been adjudicated child in need of assistance (CINA) – 60%
- On a voluntary basis up to 30 days – 28%
- Who have been adjudicated delinquent – 12%

Reason for services. Services are provided because of :

- Child's behavior/delinquency – 73%
- Child abuse or neglect – 18%
- Other parental issues (e.g., substance abuse, incarceration) – 9%

Age of children receiving services

- 0 – 5 years old – 4%
- 6 – 11 years old – 12%
- 12 – 15 years old – 56%
- 16 or older – 28%

Gender of children receiving services

- Male – 52%
- Female – 48%

Funding

In FY 2003, $8,557,127 is available for shelter care (state general fund -- $6,235,622).

Non-general fund sources include Title IV-E, Title IV-B, foster care recoveries, and tobacco dollars.

Service Delivery

- DHS caseworkers provides case management services for children who are adjudicated CINA, and Juvenile Court Services (JCS) provide case management services for youth who are adjudicated delinquent.
- Licensed private facilities and approved public facilities provide shelter care services to the child.

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Shelter Care, Continued

Results	Shelter care contributes to the following results. ▪ Child safety ▪ Child well-being
Number of Children Served	▪ In FY 2002, DHS provided shelter care services to an average daily population of 330 children. In FY 2003, we have funding to serve an average daily population of 280.

Juvenile Detention

Program Description

Juvenile detention provides short-term secure 24-hour care for juveniles accused of or adjudicated for committing a delinquent act, until court proceedings are completed or until treatment services can be arranged.

Who Receives Services?

Legal status. Youth served in detention have been:

- Accused of committing a delinquent act
- Adjudicated delinquent

Age of children held in detention

- 0 – 5 years old – 0%
- 6 – 11 years old – 1%
- 12 – 15 years old – 44%
- 16 or older – 55%

Gender of children held in detention

- Male – 78%
- Female – 22%

Race/ethnicity of youth held in detention

- Caucasian -- 71%
- African American -- 18%
- Hispanic/Latino -- 7%
- Native American -- 3%
- Asian/Pacific Islander/Other -- 2%

Funding

- Juvenile detention funding is primarily a county responsibility.
- Prior to FY 1998, state reimbursement was funded from a state appropriation, and ranged from 0.5% to 12% of total detention home expenditures.
- In FY 1998, the Legislature began funding detention reimbursement from motor vehicle license reinstatement fines. DHS appropriation bill directs DHS to reimburse detention home expenditures in the following order.
  - 10% of eligible detention home expenditures for the prior fiscal year
  - Grants to counties for runaway treatment plans
  - Additional reimbursement of eligible detention home expenditures

  Reimbursement is limited to the dollars available from motor vehicle license reinstatement fines.

In FY 2002, motor vehicle license reinstatement fines totaled $2,500,312. This allowed DHS to reimburse 12% of FY 2001 detention home expenditures and to provide $70,328 for county runaway treatment plans.

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Juvenile Detention, Continued

Service Delivery

- Juvenile Court Services provides case management for youth who are accused of committing a delinquent act and youth who are adjudicated delinquent.
- DHS approves county detention facilities, and provides reimbursement for detention home expenditures within the dollars available.

Results

Juvenile detention contributed to the following results:

- Community safety

Number of Children Service

In FY 2002, the Division of Criminal and Juvenile Justice Planning within the Department of Human Rights reports that 4,790 youth were held in detention.

Psychiatric Medical Institutions for Children

Program Description

Psychiatric Medical Institutions for Children (PMIC) provide 24-hour treatment for children with psychiatric disorders, who need comprehensive services and supervision more intense than can be provided on an outpatient basis.

Who Do We Serve?

Diagnosis. Children receiving PMIC services reflect the following diagnosis:

- Behavior disorders (e.g., ADHD, conduct disorders) – 47%
- Mood disorders (e.g., depression) – 34%
- Other (e.g., post-traumatic stress, psychosis) – 19%

Age of children receiving PMIC services

- 0 – 10 years old – 18%
- 11 – 12 years old – 19%
- 13 – 14 years old – 25%
- 15 or older – 39%

Gender of children receiving PMIC services

- Male – 61%
- Female – 39%

Funding

In FY 2003, $17,830,008 is available for PMIC placements (state general fund -- $6,441,101).

Non-general fund sources include Medicaid and tobacco dollars.

Service Delivery

- DHS caseworkers provides case management services for children who are adjudicated child in need of assistance (CINA), and Juvenile Court Services (JCS) provide case management services for youth who are adjudicated delinquent.
- Licensed PMIC facilities provide the treatment services to the child.

Results

PMIC contributes to the following results.

- Child well-being

Number of Children Served

- In FY 2002, DHS provided PMIC services to an average monthly population of 345 children. In FY 2003, we have funding to serve an average daily population of 338.

Adoption

Program Description

The adoption program provides permanent adoptive families for children in the foster care system whose parental rights have been terminated by the Juvenile Court. There are 3 components.

- Adoption recruitment – includes Waiting Child photo-listing book, statewide and local recruitment efforts, and registration of waiting children on the state and national adoption exchanges
- Adoption services – includes services to prepare children and families for adoption, and to supervise the placement until the adoption is finalized
- Adoption subsidy – includes monthly maintenance payments to families who have adopted children with special needs, as well as special services (e.g., child care, medical services not covered by Medicaid, etc.)

Who Do We Serve?

Age of children participating in adoption subsidy

- 0 – 5 years old – 24%
- 6 – 11 years old – 37%
- 12 – 15 years old – 25%
- 16 or older – 5%

Gender of children participating in adoption subsidy

- Male – 50%
- Female – 50%

Race/ethnicity of children participating in adoption subsidy

- Caucasian – 69%
- African American – 19%
- Hispanic/Latino – 5%
- Native American – 3%
- Asian/Pacific Islander/Other – 3%

Funding

In FY 2003:

- $813,881 is available for adoption recruitment (state general fund -- $386,549)
- $826,573 is available for adoption services (state general fund -- $459,267)
- $40,530,717 is available for adoption subsidy (state general fund -- $17,883,398)

Non-general fund sources include Title IV-E, Title IV-B, and tobacco dollars.

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Adoption, Continued

Service Delivery

- DHS purchases adoption recruitment through the Iowa Foster and Adoptive Parents Association (IFAPA), which subcontracts with private child welfare agencies. IFAPA also provides support services to adoptive families.
- DHS caseworkers provides case management services for children whose parental rights have been terminated by the Juvenile court. DHS also determines eligibility for the adoption subsidy program.
- DHS purchases adoption services from private child welfare agencies.

Results

Adoption services contribute to the following results.

- Child well-being
- Permanency for children

Number of Children Served

- In FY 2002, DHS completed 792 adoptions of children in foster care. This was an all-time high.
- In FY 2002, there was an average monthly population of 5,134 children participating in the adoption subsidy program. In FY 2003, we have funding to serve an average monthly population of 5,419 children.

Child Abuse Assessments

Program Description

Child abuse assessments are conducted to provide protection of the children named in the report, determine if child abuse has occurred, assess the family's strengths and needs, engage the family in appropriate services if needed, and make referrals to law enforcement and the juvenile court if needed. The Department of Human Services (DHS) maintains a 24-hour hotline to receive referrals, and referrals are accepted in each local office. If the referral does not constitute a child abuse referral, DHS may refer to law enforcement or community based services if appropriate. If the referral is accepted as a child abuse assessment, DHS has 20 business days to complete its written assessment. DHS will interview the alleged victim, the alleged person responsible for the abuse, and others who may have information. DHS may also involve law enforcement, multidisciplinary teams, or child protection centers to assist in the assessment. The department may also request medical examinations, drug tests, and take photographs. At the completion of the report, all subjects of the report are notified of the findings, and notices are sent to the county attorney and juvenile court.

Who Do We Serve?

An allegation of child abuse must contain a **Child** (person under the age of 18); a **person responsible for the care of the child** (parent, guardian, foster parent, facility staff, or someone providing care to the child regardless of the duration); and **an allegation which would constitute abuse if true**. The eight types of child abuse are:

- Physical abuse
- Mental injury
- Sexual abuse
- Denial of critical care
- Child prostitution
- Presence of illegal drugs in a child's body
- Manufacture or possession of the materials to manufacture methamphetamine
- Bestiality in the presence of a child

Funding

In FY 2003, $106,775 is available for medical exams, drug tests, developing photographs, medical expert consultation, and operating the hotline.

In FFY 2002, $255,317 in federal funds is available from the Child Abuse Prevention and Treatment Act (CAPTA), and $202,023 in federal funds is available from the Children's Justice Act (CJA).

Child Abuse Assessments, Continued

Service Delivery

- DHS child protective workers (Social Worker IIIs) conduct all child abuse assessments
- DHS has agreements with various child protection centers to assist in child abuse assessments involving severe injuries and sexual abuse.
- DHS may also conduct joint investigations with law enforcement and/or utilize multidisciplinary teams.

Results

Child abuse assessments contribute to the following results.

- Child safety
- Family stability

Number of Children Served

Calendar Year	Child Abuse Assessments	Confirmed Assessments	Confirmed Victims**
1999	18,666	6,716	9,763
2000	21,276	7,547	10,822
2001	25,117	8,713	11,180
2002*	22,385*	7,535*	11,550*

*Estimated
**Unduplicated count

Mandatory Reporters of Abuse

Program Description	Specific categories of persons who work with children and dependent adults are mandated reporters if they suspect child or dependent adult abuse. This mandate increases protection for vulnerable Iowans.

Mandatory Reporters of Abuse, continued

Who Do We Serve?	Mandatory reporters of child abuse include: ❑ Health practitioners who in the scope of professional practice, examines, attends, or treats a child and who reasonably believes the child has been abused ❑ Any of the following persons who, in the scope of professional practice or in their employment responsibilities, examines, attends, counsels, or treats a child and reasonably believes the child has suffered abuse: • A social worker • An employee or operator of a public or private health care facility • A certified psychologist • A licensed school employee, certified paraeducator, or holder of a coaching authorization • An employee or operator of a licensed child care center, registered child care home, head start program, family development and self-sufficiency grant program, or healthy opportunities for parents to experience success – healthy families Iowa program • An employee or operator of a substance abuse program or facility • An employee of a department of human services institution • An employee or operator of a juvenile detention or juvenile shelter care facility • An employee or operator of a foster care facility • An employee or operator of a mental health center • A peace officer • A counselor or mental health professional. Mandatory reporters of dependent adult abuse include: ❑ A social worker ❑ A certified psychologist ❑ A person who, in the course of employment, examines, attends, counsels, or treats a dependent adult and reasonably believes the dependent adult has suffered abuse, including: • A member of the staff of a community mental health center, a member of the staff of a hospital, a member of the staff or employee of a public or private health care facility • A peace officer • An in-home homemaker-home health aide • An individual employed as an outreach person • A health practitioner • A member of the staff or employee of a supported community living service, sheltered workshop, or work activity center • A person who performs inspections of elder group homes for the department of elder affairs and a resident advocate committee member assigned to an elder group home

Mandatory Reporters of Abuse, continued

Funding	In FY 2003, $42,118 is available to assist in mandatory reporter training and verification.

Service Delivery	❑ Employers are responsible for providing mandatory reporter training. ❑ Licensing boards; state agencies that license, certify, register, or approve facilities or programs; heads of law enforcement agencies, and department directors shall ensure that employees, facilities, and programs under their purview receive the mandated training

Results	Mandatory reporters of abuse contribute to the following results. ❑ Child safety ❑ Dependent adult safety

Adolescent Pregnancy Prevention

Program Description

The adolescent pregnancy prevention program primarily provides grants to communities to prevent adolescent pregnancy and to promote self-sufficiency and physical and emotional well-being for pregnant and parenting adolescents and their children. Grant recipients must be a broad-based community advisory group or committee. Programs are designed to provide a comprehensive approach. As part of a grant, communities must offer the information that abstinence is the only 100% effective way to prevent pregnancy and is the healthy choice for teens.

The program funds 3 additional grants.

- Adolescent Pregnancy State Coalition – a coalition of adolescent pregnancy prevention providers, educators, health care professionals and other community members
- Adolescent Pregnancy Prevention program evaluation
- Adolescent Pregnancy Prevention statewide campaign

Who Do We Serve?

Youth are eligible for adolescent pregnancy prevention services if they are:

- Under 18 and their parents
- Over 18 if served prior to turning 18 and attending an accredited high school or pursuing a high school equivalent
- Pregnant or parenting teens

Community adolescent pregnancy and prevention and services grantees provide services in 56 counties.

Funding

In FY 2003, $1,310,366 is available for teen pregnancy prevention (no state general fund dollars). The program is funded entirely with federal TANF dollars.

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Teen Pregnancy Prevention, Continued

Service Delivery

- DHS contracts with community coalitions for the community based grants through a competitive bid process.
- DHS contracts with FutureNet for the state coalition, with the University of Iowa School of Social Work for the program evaluation, and with a private media firm for the statewide campaign.

Results

Adolescent pregnancy prevention services contribute to the following results.

- Health
- Self-sufficiency
- Child and family well-being

Number of Children Served

- In FY 2002, community adolescent pregnancy prevention grants reached 67,341 youth.

Adoption and Safe Families Act (ASFA) Overview

What is ASFA?

Congress passed the Adoption and Safe Families Act (ASFA) in the fall of 1997. The president signed the act on 11-19-97.

ASFA is based on a number of key principles.

- The safety of children is the paramount concern that must guide all child welfare services.
- Foster care is a temporary setting and not a place for children to grow up.
- Permanency planning efforts for children should begin as soon as a child enters foster care and should be expedited by the provision of services to families.
- The child welfare system must focus on results and accountability.
- Innovative approaches are needed to achieve the goals of safety, permanency and well-being.

What are the key ASFA provisions related to child safety?

ASFA changed federal statutes in the following areas.

- Clarified egregious circumstances when reasonable efforts to preserve or reunite families shall not be required
- Focused on safety as paramount throughout the life of a case, with ongoing inclusion of safety consideration in case plans, service delivery, and case reviews
- Required background checks on foster and adoptive parents

What are the key ASFA provisions related to permanency?

ASFA Changed federal statues in the following areas:

- Reduced time-framed for case planning, decision-making and judicial permanency planning hearings (from 18 to 12 months)
- Re authorized the Family Preservation and Support Act, renaming it the Safe and Stable Families (PSSF) Act – with a small increase in funding which can not be used for up to q5 months of intensive family reunification services and adoption promotion and support services.
- Clarified that planning and efforts towards adoption or legal guardianship can be done concurrently with planning and efforts towards family reunification.
- Required reasonable efforts to expedite permanency for children who can not return home to their birth parents.
- Required courts to give notice of hearing and an opportunity to be heard to a foster parent, preadoptive parent, or relative caring for a child in any review or hearing for the child unless a 'compelling reason' can be shown why termination would not be in the child's best interest.

Adoption and Safe Families Act (ASFA) Overview, continued

Key ASFA provisions related to permanency, con't

- Required states to assure plans are in placed to address cross-jurisdictional resources to facilitate timely permanency placement for children awaiting adoption
- Provided financial incentives for states to increase their finalized adoptions

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What are the other key provisions of ASFA?

ASFA changed federal statutes in the following areas.

- Increased the number of Title IV-E waivers to allow more states to test and learn from innovative ways to fund and deliver child welfare services
- Directed the Children's Bureau to conduct studies on the relationship between parental substance abuse and child welfare, kinship care options, and performance-based contracting
- Required the Children's Bureau to report annually to Congress on states' performance on meeting selected outcomes measures

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How has ASFA impacted child welfare in Iowa?

Following is a summary of the most significant changes that occurred in Iowa subsequent to ASFA.

- The General Assembly made a number of changes in Iowa statutes to comply with ASFA (e.g., timeframes for permanency hearings, timelines for termination of parental rights, etc.)
- DHS changed the case plan receiving child welfare services to clearly include safety plans, and increased training around safety planning.
- DHS and private providers significantly increased the number of children adopted from the foster care system. In FY 1996, the last full fiscal year before the passage of ASFA, DHS finalized 392 adoptions. In FY 2002, DHS finalized 792 adoptions.
- Juvenile Courts began notifying parents at the time of removal that removal could lead to termination of parental rights if they were not able to resolve the problems that led to the child being removed within the next 12 to 15 months.
- DHS used the new PSSF dollars to expand funding for family reunification services and for adoption services.
- DHS and the Courts provided training on and began using concurrent planning
- DHS, the Courts, and child welfare stakeholders began using the data on the federal child welfare outcomes to monitor how well we are doing in achieving safety and permanency for the children we serve, and to improve services

RTSS Funding Explanation

What is RTSS?

In FY 1994, DHS added rehabilitative treatment services (RTS) for children to Iowa's Medicaid State Plan. This allowed Iowa to earn federal Medicaid funding for the treatment services children received in 4 core child welfare programs.

- Family centered services
- Family preservation
- Family foster care services
- Group care

How did RTSS change service delivery?

Following are the major changes in service delivery that occurred as a result of adding RTS to the Medicaid State Plan.

- Provider certification. DHS implemented a certification process to demonstrate to the federal Health Care Financing Administration (HCFA) – now known as Center for Medicare and Medicaid Services (CMS) – that providers met minimum qualifications to provide treatment services.
- Service authorization. DHS created an authorization process to meet the Medicaid requirement that services be provided under the supervision of a "licensed practitioner of the healing arts" (LPHA). DHS currently contracts with the Iowa Foundation for Medical Care (IFMC) to authorize RTS services.
- Child focus. Services became more child-focused and less family-focused.
- Rehabilitative focus. Services focused more on the child's behavior and less on child safety and permanency.
- Service definitions. DHS adopted rules that more clearly described the service being purchased and what constitutes a billable unit of service, which resulted in fewer activities being billable.
- Provider documentation. Providers were required to document additional information about client contacts to meet Medicaid standards for billing and payment.
- Provider rates. DHS implemented a new rate-setting methodology focused on "reasonable and necessary" costs.

How much federal funding does Iowa receive through RTS?

Our FY 2003 budget anticipates a total of almost $24.1 M in Medicaid funding for the 4 RTS programs.

- Family centered – $7.1 M
- Family preservation – $737,000
- Family foster care – $2.3 M
- Group care – $14

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RTSS Funding Explanation, Continued

What are some of the challenges under RTS?

Following is a summary of the main challenges DHS and providers have experienced under RTS.

- RTS has promoted a focus on the child rather than the family. The child welfare system must include a broader focus on the child and the family.
- RTS has promoted a focus on the child's behavior and treatment needs, where the child welfare system's primary focus must be on child safety and permanency.
- Both DHS and providers found that RTS limited flexibility in providing services that were responsive to what families and children needed.
- Providers found it difficult to meet Medicaid documentation requirements, especially in group care. Providers also found that reporting expectations from DHS and Juvenile Judges were not always consistent with those of Medicaid.
- Providers sometime found it hard to hire staff that met the requirements to be certified as a Medicaid provider.
- Providers found the rate-setting methodology complicated.
- CMS continues to question whether many of the services provided under RTS are really appropriate for Medicaid funding.

What's been done to address the challenges?

Following are some of the actions taken by DHS and providers to address the challenges under RTS.

- DHS adopted rules to allow non-Medicaid funded services to address child safety and permanency.
- DHS and providers developed and implemented a new rate-setting methodology based on negotiating rates. However, after the second year, rates were frozen and increases possible only when the Legislature appropriated additional funds for that purpose.
- DHS adopted rule changes to provider certification requirements to address some of provider concerns regarding staff qualifications.
- DHS provided training to providers related to documentation requirements.
- DHS and providers worked together to develop a set of recommendations to further address provider concerns. Last session, the Legislature passed SF 2280 directing DHS to implement 8 of these recommendations.

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RTSS Funding Explanation, Continued

Where do we stand today with respect to CMS?

CMS has asked the Office of Inspector General (OIG) to conduct an audit of Iowa's RTS program. The audit is for the time period of federal FY 2001. The audit focuses on the accuracy of DHS' Medicaid claim for RTS services and internal controls. As part of the audit, OIG staff are reviewing provider records.

Transition Services for Youth Aging Out of Foster Care

Program Description

DHS provides the following transition services for youth aging out of foster care:

- Independent living assessments and transition planning for all youth in foster care age 16 and older.
- Placement in an independent living setting for eligible youth age 16 and older
- Aftercare services for youth who have left foster care or a PMIC at 18 years of age or older (regardless of how long in foster care or PMIC) or who leave foster care between 17 ½ and 18 years of age and who had been in for at least the past 6 months.

Who Do We Serve?

The Transition Planning Program serves youth in foster care, age 16 and older, who are expected to age out of care in addition to providing services and support for those who have aged out, up to their 21st birthday.

Of those youth receiving transition services and leaving care during FFY '01, reported results included:

- 21% lived in their own home
- 47% lived with parents or other relatives
- 53% were employed
- 73% graduated/GED or were still attending high school/GED
- 12% were attending college or vocational programs

The Aftercare program was implemented in 2/02 and began serving youth in 4/02. As of 9/02, a total of 73 youth had been served on a statewide basis. Of those youth receiving Aftercare services, the following statistics were reported:

- 46% had a serious emotional disorder
- 25% had been homeless at some point since leaving foster care
- 55% were employed
- 68% had on-going medication needs, with 61% not taking their prescription medication

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Funding

In FY 2003, $1,645,335 is available for independent living placement (state general fund -- $1,219,951). Non-general fund sources include Title IV-B, foster care recoveries, and tobacco dollars.

In FFY 2002, $1,203,305 is available for transition planning and aftercare. Transition planning and aftercare services are funded with 100% federal funding from the Chafee Foster Care Independence grant.

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Transition Services for Youth Aging Out of Foster Care, continued

Service Delivery

- DHS caseworkers provide case management services for children who are adjudicated CINA, and Juvenile Court Services (JCS) provide case management services for youth that are adjudicated delinquent. DHS and JCS staff coordinate planning with county Central Points of Coordination for services to youth who may need services from the adult MH/DD system after turning 18.
- DHS has transition planning staff who assess the transition needs of youth in foster care who are age 16 and older. These staff also provide technical assistance around transition planning, as well as transition skills training for youth aging out of foster care.
- Licensed private child welfare agencies provide services to youth in independent living placement.
- DHS has a contract with a network of private youth serving agencies to provide aftercare services.

Results

Transition services contribute to the following results.

- Self-sufficiency
- Child safety
- Child well-being

Number of Children Served

- In FY 2002, DHS provided independent living placement services to an average daily population of 80 children. In FY 2003, we have funding to serve an average daily population of 82 children.
- In FFY 2002, transition planning staff did life skills assessments and transition planning for 606 youth.
- Our aftercare contract provides funding expected to serve 75 children per month in FY 2003.

FY 2003 Child and Family Services (CFS) Budget

What is the CFS budget?

The Child and Family Services budget funds the major programs serving children in the child welfare and juvenile justice system.

Who Do We Serve?

The Child and Family Services budget funds services for children:

- Who have been abused or neglected
- Who are identified by DHS to be at significant risk of abuse or neglect
- Who are adjudicated by the Juvenile Court as children in need of assistance (CINA)
- Who are adjudicated by the Juvenile Court as delinquent
- Who are identified by Juvenile Court Services as at risk of delinquency

What Services are Funded

The Child and Family Services budget funds the following child welfare and juvenile justice services.

- Family preservation and family centered services to serve children safety in their own homes
- Graduated sanction programs – school-based supervision, adolescent monitoring, supervised community treatment
- Out-of-home placement services -- family foster care, group care, PMIC, shelter care and independent living
- Permanency services – adoption services and adoption subsidy

Funding Sources

Funding sources include state general fund, Title IV-E, Title IV-B, TANF, Social Service Block Grant (SSBG), Title 19, recoveries, and tobacco funds.

Demand for Services

Demand for child welfare and juvenile justice services has increased significantly over the last few years. Between FY 2000 and FY 2002:

- The number of confirmed victims of child abuse increased 9%
- The number of children adjudicated child in need of assistance (CINA) increased 89%
- The number of children adjudicated delinquent declined slightly (3%)

Overall, the number of children potentially needing child welfare/juvenile justice increased by 18% between FY 2000 and FY 2002.

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FY 2003 Child and Family Services (CFS) Budget, Continued

Funding for Services

At the same time that demand for child welfare and juvenile justice services has increased, funding available for these services has decreased.

- State funding for Child and Family Services was reduced by $9.85 M in FY 2002, and by another $4.7 M in FY 2003.
- Federal funding for child and family services decreased $5.4 M between FY 2001 and FY 2002. Federal funding is anticipated to decrease an additional $3.5 M in FY 2003

How has this impacted services for children and families?

DHS, Juvenile Courts and providers are seeing a number of impacts.

- Implementation of a waiting list for group care placement
- Elimination of voluntary in-home services except in situations in which DHS staff identify a risk of child abuse or neglect
- Closure of community programs, especially those focused on prevention and early intervention

Federal Child and Family Service Review (CFSR)

What is the CFSR?

The federal Child and Family Services Review (CFSR) is the new way the federal Department of Health and Human Services (DHHS) is using to:

- Determine what is actually happening to children and families served by the child welfare system
- Assist states to enhance their capacity to help children and families achieve positive outcomes

Over a 4-year period, DHHS will conduct a review in every state.

CFSR Focus

The Child and Family Service Review focuses on 3 broad outcomes for children and families, as well as critical aspects of the child welfare system that contribute to positive outcomes.

- Outcomes – Safety, Permanency, and Child and Family Well-Being
- Critical aspects of the child welfare system
  - Child welfare information system
  - Case review system, including case planning and court reviews
  - Quality assurance system
  - Training for DHS and provider staff, foster and adoptive parents
  - Array of child welfare services
  - DHS responsiveness to and collaboration with the community
  - Foster and adoptive family recruitment and licensing/approval

Review Process

There are 3 phases to the CFSR process.

- Statewide self-assessment of Iowa's child welfare system (to be completed in February 2003)
- Onsite review (scheduled the week of may 19, 2003)
- Plan for improvement (tentatively due August 2003)

Statewide Self Assessment

While DHS is the lead agency, the statewide self-assessment involves a wide range of key stakeholders in the following activities.

- Analyzing what the data tells us about how children and families fare in our child welfare system
- Gathering input and feedback from the children and families we serve and key stakeholders, including staff, providers, Juvenile Court, advocates, etc.
- Identifying our strengths
- Identifying areas where we need to improve

We anticipate having a draft of our statewide self-assessment available for public comment early in January.

Federal Child and Family Service Review (CFSR), Continued

On-Site Review

During the on-site review phase, a team of federal and state staff will conduct the review in 3 communities in Iowa. Their visit will involve.

- In-depth review of a sample of cases, including interviews with family members and providers
- Interviews with department staff and child welfare partners

Federal and state staff will also interview department staff and key child welfare partners at the state level.

Plan to Improve

After the state receives a copy of the final report from the federal Department of Health and Human Services, the state develops a Program Improvement Plan.

- The program improvement plan is designed to support continuous quality improvement.
- Program improvements should build on strengths identified during the statewide self-assessment phase.

Like the statewide self-assessment, the program improvement phase will involve DHS, the Juvenile Court, and key stakeholders.

How are we doing on the federal outcomes?

One of the ways the federal government measures state performance on the safety and permanency outcomes is by comparing state data on specific indicators to national standards. Based on our most recent data,

- Iowa exceeds the national standard on timeliness for reuniting children with their families, placement stability for children in foster care, and timeliness for finalizing adoptions of children who cannot return home.
- Iowa will need to improve on our performance on reoccurrence of abuse and neglect, abuse in out-of-home care, and re-entry into care for children who return home from foster care.

CFSR as an opportunity to improve our system

CFSR provides an opportunity for DHS, the Juvenile Court, providers and stakeholders to:

- Renew our emphasis on positive outcomes for children and families
- Recognize and appreciate the strengths in our system
- Build on our strengths and focus our energies on areas we need to improve

Mental Health/Developmental Disability Community Services Fund

Program Description

This appropriation was created as an integral part of the MH/DD initiative to increase state financial participation in MH/MR/DD services, combine funding streams to create greater flexibility, provide incentive for the development and delivery of contemporary services and encourage local governments to pool fiscal and planning resources to increase efficiencies. The majority of this fund is allocated to the counties to provide MH/DD discretionary services which meet criteria consistent with the initiative objectives. Funding will be used to assist and support the Iowa Compass Information and Referral System ($30,000), an important resource for DHS Case Workers, Case Managers and others providing services for persons with disabilities. (This appropriation was incorporated into the County Funding Withholding as described below.)

County Funding Withholding:

- The moneys appropriated for purposes of the mental health and developmental disabilities (MH/DD) community services fund under section 225C.7, and for the allowed growth factor adjustment for services paid under a county's section 331.424A mental health, mental retardation, and developmental disabilities services fund shall be subject to withholding. The total withholding amounts applied shall be equal to a withholding target amount and the appropriations made in this Act for the MH/DD community services fund and for MH/MR/DD allowed growth shall be reduced by the amounts necessary to attain the withholding target amount.

Who Do We Serve?

Services are provided by the counties to people who are mental ill, mentally retarded, or developmentally disabled for the services identified in each county's approved policies and procedures.

Funding

In FY 2003, $17,757,890 is available for allocation to counties (after subtracting the $30,000 to Compass) according to the withholding described above.

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Mental Health/Developmental Disability Community Services Fund, Continued

Service Delivery

This appropriation is allocated by formula, subject to the withholding provisions, passed through to the counties, deposited into the MH/MR/DD Services Fund and managed by the county according to the approved Policies and Procedures. Each county's Policies and Procedures addresses how it was developed; how it will be administered; what services are available; how people apply and the eligibility criteria; and a discussion of the central point of coordination process, including: enrollment, appeals, authorization, and quality assurance.

Results

The MHDD Community Services fund contributes to the following results:

- Healthy
- Self-sufficiency
- Stability

Number of Adults Served

- Over 47,000 people with disabilities were served in FY2001.

Personal Assistance Services

Program Description	This is a pilot project to assist the inclusion of persons with disabilities in the general population, community, and work force of the state by helping to defray the cost of hiring a personal care assistant. The project is only operating in Scott, Clinton and Muscatine Counties and is being phased out. It will continue to serve those enrolled until they leave the pilot but it is not accepting any new enrollees.
Who Do We Serve?	To be eligible, a person must be 18 years old; meet definition of developmental disability except for the age on onset; reside in own home; be a resident of Iowa; net income below $40,000. Currently enrolled in the program. Currently the program is only in Scott, Muscatine and Clinton counties.
Funding	In FY 2003, $157,921 is available.
Service Delivery	Local DHS offices administer the program. Currently the program is only in Scott, Muscatine and Clinton counties. Central office issues the checks.
Results	Personal assistance services contribute to the following results: ▪ Self-sufficiency ▪ Stability
Number of Adults Served	There were 33 people served in FY02 and currently there are 28 people on the program.

MH/MR/DD State Cases

Program Description

To provide eligible Iowa adult residents, who do not have legal settlement, with fiscal access to local services authorized through county policies and procedures, to maintain and improve their self-sufficiency.

Who Do We Serve?

Adult Iowans with MI/MR/DD diagnoses; without legal settlement in any county. Financial and service eligibility is based on the county of residence's approved County Policies and Procedures.

Funding

In FY 2003, $11.4 M is available.

Service Delivery

For consumers with mental retardation or developmental disability and without a diagnosis of mental illness, DHS administers the program including eligibility determination, negotiating provider agreements, casework and service monitoring, and paying service providers. For consumers with a diagnosis of mental illness; DHS does eligibility determination and limited casework, and contracts with the Iowa Plan for program administration.

MH/MR/DD State Cases, Continued

Results

The state payment program contributes to the following results:

- Healthy
- Self-sufficiency
- Stability

Number of Adults Served

In FY02 an average of 1,781 people were eligible each month while for FY03 it is projected that an average of 1,885 people will eligible each month

HIPAA EXECUTIVE SUMMARY

The Health Insurance Portability and Accountability Act (HIPAA) was passed by Congress in 1996. As part of the Act, Congress called for regulations promoting administrative simplification of healthcare transactions as well as regulations ensuring the privacy and security of patient information. The regulations apply to what are called **"Covered Entities" (CE)** ALL healthcare providers, health plans and healthcare clearinghouses who transmit any health information in electronic form in connection with a transaction covered under HIPAA. The regulations are made up of three distinct parts: transaction standards, privacy and security.

HIPAA Covered Entity Status - An initial review of all executive branch agencies was completed with regard to their status as a HIPAA "covered entity". HIPAA covered entities are typically healthcare payers (e.g. insurers, Medicaid) or healthcare providers (e.g. hospitals, clinics, pharmacies, and healthcare professionals). The review determined the following state agencies have divisions or programs that are HIPAA covered entities. They are:

* **Human Services** (Payer, Provider)
* **Personnel** - Employee Assistance Program (Provider)
* **Public Health** - Medical Examiners Office (Provider)
* **Public Safety** - Peace Officers Retirement System (Payer)
* **Veterans Affairs/Iowa Veterans Home** (Provider)

***Transaction Standards*:** The transactions standards call for use of common electronic claims standards, common code sets and unique identifiers for all healthcare payers and providers. DHHS moved the compliance date to **October 2003** if a proper compliance plan is filed by October, 2002. Testing to commence April, 2003.

***Privacy Regulations*:** The privacy rules govern the release of individually identifiable health information, specifying how health providers must provide notice of privacy policies and procedures to patients, obtain consent and authorization for use of information and tell how information is generally shared and how patients can access, inspect, copy and amend their own medical record. **Deadline of April 14, 2003.**

Key provisions for all "Covered Entities" include:

- Consent and authorization requirements
- Opt out provisions
- Minimum necessity requirement
- Administrative responsibilities
- Business associate obligations

Key provisions for patients include:

- Notice of information practices
- Access to records
- Right to accounting of disclosures
- Right to request amendment to records
- Right to request restriction of "uses and disclosures" and "communicating health information"

***Security Regulations*:** The security regulations dictate the kind of administrative procedures and physical safeguards covered entities must have in place to ensure the confidentiality and integrity of protected health information. While not finalized the law requires appropriate safeguards to be in place April 14, 2003.

DHS remediation involves Medicaid, Managed Care, Targeted Case Management, FACS/RTS, POS/State Payment Program, HAWK-I, Child Welfare system, CSRU, HIPP, State Payment Program, Admission Core database, Mental Health Record (MHR), IABC system, Admission and Discharge Systems, Business Office/Budget Operations, County Billing Systems, Inventory/order entry system, Scheduling system, Client Benefits, Income Maintenance Reports and more.

Source Of Funding

The Legislature appropriated $2.1 mil in the tobacco bill for fiscal ending June 30, 2003 – one half (1/2) of the requested $4.2 million. These state dollars were specifically and ONLY for "medical assistance" (Medicaid). *NO appropriation provided funds for any other areas of DHS or other State Departments which are faced with **compliance** with no monetary resources*. ROI's for all areas of DHS have been submitted for fiscal year ending June 30, 2004 seeking much needed pooled technology state dollars.

SFY '04 Budget Request

Minimum State Dollars Necessary for SFY '04 HIPAA Needs = **$6,853,193**

Considerations:

- **$12,743,193** ($1,401,625 Medicaid, $9,300,000 non-Medicaid, & $2,041568 institutions) state dollars originally requested via SFY'04 pooled technology fund.
- $6.8M SFY '04 request includes $2.27M state dollars (matchable at 90% FFP) necessary for fiscal agent reprocurement.
- Many providers will have completed their work in '04 and will be very unhappy if the State of Iowa is not able to transact information as required--complaints will ensue
- As SFY '03 appropriation funded mostly only Medicaid-related changes, SFY '04 dollars are critical as the Medicaid changes have a downstream effect on non-Medicaid systems and changes are necessary on those systems to avoid adverse effects on all

Risks

- Sanctions under HIPAA are potentially huge. For example, **Medicaid alone** could potentially face sanctions of up to $5.8 bil, more than the budget for the State
- Personal penalties exist for the deliberate misuse of information including fines and imprisonment.
- If not compliant DHS would be unable to conduct business with it's Providers and other business associates and trading partners.
- Compliance auditing will be compliant driven and would subject us to law suits. Advocacy groups and attorneys are said to be gathering letters for the April 14, 2003 deadline to test compliance which will undoubtedly result in the filing of civil actions.

Opportunities

- Proper funding would allow "Covered Entities" to reap big savings by eliminating some 400 proprietary EDI exchange formats to a single standard
- Proper funding would allow "Covered Entities" to implement best of practice policies and procedures and the efficiencies and protection offered by their implementation

Misconceptions

The most common misconception of HIPAA is that it is an Information Technology (IT) issue. In reality, this federal mandate is only approximately 25% IT. The other 75% is Policy, Procedure and Business Practice issues in every aspect of healthcare business affecting everyday operations. The impact of HIPAA is estimated to be from 2 – 3 times that of Y2K.

Another misconception is that HIPAA only affects Medicaid and the related processes. Medicaid is merely one aspect of the entire HIPAA initiative. All aspects of the Departments operations that deal with any electronically transmitted health data will be required to comply with some aspect of the HIPAA requirements.

Response to RFI 2505

Healthy and Well Kids in Iowa (*hawk-i*) Program

Purpose and Eligibility

The Balanced Budget Act of 1997 added a new Title XXI to the Social Security Act. Title XXI gives states the option to implement a State Children's Health Insurance Program (SCHIP). The purpose of SCHIP is to provide health care coverage to targeted, low-income, uninsured children living in families whose income does not exceed 200% of the FPL. Unlike Medicaid, SCHIP is not an entitlement program and does have a state-wideness requirement. States were given three program design options:

1. Expand their existing Medicaid program; or
2. Create a separate child health program; or
3. Implement a combination of both a Medicaid expansion and a separate program.

Iowa chose a combination approach and expanded Medicaid to 133% of FPL for children up to the age of 19 and implemented a separate child health program, the ***hawk-i*** Program, for children living in families with income up to 200% of FPL who do not qualify for Medicaid.

Funding

Both components of Iowa's SCHIP program (the Medicaid expansion and the ***hawk-i*** Program) are funded by Title XXI. For every $1 in state funding, the state receives approximately $3 dollars in federal funds. The federal financial participation rate for FFY '03 is 74.45%.

Delivery of Services

Services for children enrolled in the ***hawk-i*** Program are provided through contracts with commercial health plans. There are currently three participating plans; Wellmark, John Deere Health Plan of Iowa, and Iowa Health Solutions. Services for children in the Medicaid expansion are delivered in the same manner as those for any other person in the Medicaid program.

Benefits

Children in the Medicaid expansion receive the same benefits as any other person on Medicaid. Children enrolled in ***hawk-i.*** receive a comprehensive benefit package that includes coverage for physician, hospital, prescription drugs, immunizations, dental, vision, etc.

Enrollment

As of November 30, 2002, there were 26,201 children enrolled in Iowa's SCHIP program. Of this total, 12,203 were in the expanded Medicaid component of SCHIP and 13,998 were enrolled in ***hawk-i***.

Health Insurance Premium Payment (HIPP) Program

Purpose and Eligibility

The Omnibus Budget Reconciliation Act of 1990 (OBRA '90) mandated states to pay the cost of employer-sponsored health care for Medicaid-eligible persons when it was determined cost-effective to do so. In 1996 the OBRA legislation was amended and payment of premiums is now optional rather than mandatory. The purpose of the program is to reduce Medicaid costs by maintaining existing health insurance coverage or obtaining new health insurance coverage for Medicaid-eligible persons. The third-party coverage is the primary payor and Medicaid then pays only what is not covered by the other insurance. It is estimated that for every $1 paid for premiums, approximately $3 is saved in Medicaid expenditures.

Funding

Payment of health insurance premiums is a category of service under Medicaid and is funded at the same level as any other Medicaid-covered service. The Medicaid federal financial participation rate for FFY '03 is 63.50%.

Delivery of Services

The HIPP Unit receives referrals from Department line staff notifying them of Medicaid-eligible persons who have employer-sponsored health insurance available. The HIPP Unit reviews the services covered under the health plan and determines whether it would be cost-effective to buy the insurance on behalf of the Medicaid-eligible person. If it is determined cost-effective, the employee is asked to enroll in the health plan as a condition of Medicaid eligibility.

Benefits

Persons enrolled in the HIPP program are eligible for all Medicaid benefits. However, before a claim can be paid, the provider must submit the claim to the other insurance carrier for payment first.

Premium payments are paid in one of three ways: 1) reimbursing the employee for payroll deductions for the insurance; 2) paying the employer directly in lieu of a payroll deduction; or 3) paying the insurance carrier directly. Approximately 98% of payments made are reimbursements for payroll deductions.

Enrollment

As of November 30, 2002, there were 8,790 persons receiving benefits from the HIPP program.

Medicaid

Purpose and Eligibility

The purpose of Medicaid is to pay for covered medical and health care costs of people who qualify. Eligibility requirements depend on the way in which a person asks to qualify. There are several broad categories of people to whom Medicaid is directed. Those categories are:

- Children under age 21
- Parents of children under age 19 who live with the parent
- Pregnant women
- Women needing treatment for breast or cervical cancer
- People who are disabled according to Social Security guidelines
- People age 65 or older

These broad categories are divided into 20 smaller programs, each with its own unique set of eligibility criteria.

Funding

The Iowa Medicaid program is by a combination of state and federal funding. The primary source of federal funds is Title XIX funds. The FY 03 state appropriation for Medicaid from all funding sources was $500,947,691. The federal financial participation rate for Title XIX funds for FFY '03 is 63.50%. Medicaid services for a group of Medicaid eligibles are funded with Title XXI funds. This group is referred to as the Medicaid expansion group. The FY 03 state appropriation for the Medicaid expansion group was $11,458,421. The federal financial participation rate for Title XXI funds for FFY '03 is 74.45%.

Delivery of Services

Eligibility for Medicaid is determined by DHS income maintenance staff.
Eligible persons receive care from medical providers enrolled in Iowa Medicaid.
See Bureau of Managed Care and Clinical Services and Bureau of Long Term Care.

Benefits

See Bureau of Managed Care and Clinical Services and Bureau of Long Term Care.

Enrollment

As of November 30, 2002, there were 274,556 people enrolled in Iowa's Medicaid program.

Medical Assistance (Medicaid)

I. Program Description

Medicaid is a program of medical assistance funded by the federal government and the states for individuals of low income who are aged, blind, or disabled, pregnant, under age 21 or members of families with dependent children. The program includes mandatory services and mandatory eligibles, as well as optional services and optional eligibles. All payments through the program, except for transportation, are made directly to the provider of services.

II. Legal Base

Title XIX of the Federal *Social Security Act* as amended
Chapter 249A, Code of Iowa
Iowa Administrative Code, Title 441, Chapter 75 through 88.

III. Funding Source

Medicaid is funded with state and federal funds. Effective October 1, 2002, federal financial participation in program expenditures is 63.50%. Federal financial participation in administrative costs of the program is currently at the rate of 50%.

IV. Eligibility

Eligibility for Medicaid is determined by DHS income maintenance staff.
The following broad categories of individual and families are eligible for Medicaid in Iowa providing the applicable financial eligibility standards are met:

Major Mandatory Eligibility Groups

1. Recipients of SSI (Supplementary Security Income) and individuals who meet all eligibility requirements for SSI. ($552 for an individual)

2. Mandatory recipients of State Supplementary Assistance.

3. * Qualified Medicare Beneficiaries (QMB). 100% of federal poverty level

4. * Specified Low Income Medicare Beneficiaries (SLMB). Over 100% of federal poverty level but less than 120%

5. * Qualified Individual 1(QI-1) (referred to as Expanded Specified Low Income Medicare Beneficiaries in Iowa.) Over 120% of federal poverty level but less than 135%

*Only limited services covered

6. Family Medical Assistance Program (Section 1931 families – persons who would have been eligible for AFDC prior to July 16, 1996).

7. Child Medical Assistance Program – (up to age 6).

8. Children in foster care and subsidized adoptions.

9. Pregnant women and infants whose income does not exceed 200% of the federal poverty level; children age one through age 18 whose income does not exceed 133% of the federal poverty level.

Major Optional Eligibility Groups

1. Individuals whose income is above SSI standards ($30) but whose income is less than the SSI income limit ($552 for an indivdual) and who qualify as a resident of a medical institution.

2. 300% group – individuals in medical institutions who meet all criteria for SSI except for income (over $552) and which does not exceed 300% of the SSI income limit ($1656)

2. Recipients of State Supplementary Assistance – optional: residential care, in home health-related care, dependent person, blind persons.

3. Individuals under age 21 and over age 65 in institutions for mental disease.

4. Child Medical Assistance Program (age 7 through 20).

5. Medically Needy – for persons who are over income or over resources for SSI or FMAP.

6. Presumptive Medicaid eligibility for pregnant women. (200% of the federal poverty level)

7. Medicaid for Employed People with Disabilities. (250% of the federal poverty level)

8. Waiver groups – persons living at home who would be eligible for Title XIX if in a medical institution.

   A. Home and Community Based Waivers:
      1. AIDS
      2. Ill and Handicapped
      3. Mentally Retarded
      4. Elderly
      5. Brain Injury
      6. Physical Disability

9. Medicaid Eligibility for Women needing Breast or Cervical Cancer Treatment (effective July 1, 2001)

10. Presumptive Eligibility for Women needing Breast or Cervical Cancer Treatment (effective July 1, 2001)

Response to RFI 2505

Medically Needy

Purpose and Eligibility

The Medically Needy coverage group is an optional Medicaid coverage group that Iowa has chosen to provide. The purpose of Medically Needy (MN) is to provide access to medical assistance to persons when they are over income or resources for other medical assistance coverage groups.

All other Medicaid coverage groups have an income limit. If countable income exceeds the income limit, a person does not qualify at all, no matter how high their medical expenses may be.

Under the Medically Needy coverage group, there is no income limit. Instead there is a Medically Needy Income Level (MNIL). Countable income above the MNIL ($483 for an individual and a couple) must be used to establish a spenddown as required by federal regulations. This provision allows persons with medical expenses above their spenddown amount to have excess medical expenses paid by Medicaid.

Federal regulations require states to establish a certification period. Iowa uses a two-month certification period for the Medically Needy program. Two months of countable income are used to determine a spenddown for the two-month period. When a person incurs medical expenses in their certification period above the spenddown amount, Medicaid is available to pay for those expenses above the spenddown amount.

Though persons may not incur medical expenses that will meet their spenddown each certification period, they may find eligibility for this coverage group useful in the event they have medical expenses that exceed their spenddown.

The resource limit for Medically Needy is $10,000 which is higher than most Medicaid coverage groups.

Funding

Funding for the Medically Needy program is a state and federal match. The federal share is currently around 63.50 percent.

Delivery of Services

Eligibility for Medicaid is determined by DHS income maintenance staff. Eligible persons receive care from medical providers enrolled in Iowa Medicaid.

Benefits

Persons eligible for Medicaid under Medically Needy are eligible for all Medicaid covered services the same as all other Medicaid coverage groups except for:

- Nursing facility care
- Skilled nursing facility care
- Intermediate care facility for the mentally retarded
- Care in an institution for mental disease
- Rehabilitative treatment services

Enrollment

As of November 30, 2002 there were 6,459 active MN cases.

State Supplementary Assistance Program

Purpose and Eligibility

State Supplementary Assistance (SSA) is a fully state-funded program designed to meet the additional special needs of aged, blind, and disabled people not met by the standard benefit rate paid by Supplemental Security Income (SSI). SSA is available to people who are eligible for SSI or who would be eligible for SSI except for income, to meet the specific special needs listed below. The SSA program has a resource limit of $2000 for an individual and $3000 for a couple.

A blind allowance is available to any person who meets Social Security Administration's definition of blindness, and who either receives SSI or meets all SSI eligibility requirements, but is over income by up to $22.

A dependent person allowance is available to supplement the income of aged, blind, or disabled people who have a special financial need because they have a dependent relative living with them. The aged, blind, or disabled person, their spouse, and dependent must meet the applicable income guidelines for the number of people in the household. The dependent relative must be living with the person, be financially dependent on the person, and may be the person's spouse, parent, or child (whether minor or adult).

Family life home (FLH) assistance is available to provide a supplemental payment to help aged, blind, or disabled people meet the cost of paying for care provided in a family life home. A family life home is a private household offering a protective social living arrangement for one or two adult clients who are unable or unwilling to adequately maintain themselves in an independent living arrangement, but are capable of caring for themselves. A DHS social worker certifies the family life home as meeting established standards. The person must meet the income limit for the family life home coverage group to be eligible for a supplemental payment.

In-home health-related care (IHHRC) assistance is available to help aged, blind, or disabled people meet the cost of paying a person to provide personal services in their own home when physical or mental problems prevent them from independent self-care. The program strives to prevent or reduce time in institutional care by helping a person stay at home as long as possible. The person must require nursing facility level of care, and must meet the income limit for in-home health-related care assistance, based on the cost of care up to a maximum.

Residential care facility (RCF) assistance is available to provide a supplemental payment to help meet the cost of paying for care in a residential care facility. RCF residents are unable to properly care for themselves because of illness, disease, or physical infirmity, but do not require the services of a registered or licensed nurse except on an emergency basis (do not require nursing facility care). The person must be living in a facility that is licensed by the Department of Inspections and Appeals as an RCF or an RCF for people with mental retardation. The person must meet the income limit for RCF assistance, based on the cost of care in the RCF up to a maximum.

Mandatory state supplementation is a supplemental payment made to people who received an increased Old Age Assistance (OAA), Aid to the Disabled (AD), or Aid to the Blind (AB) payment before SSI was implemented in 1974, and whose special needs paid by OAA, AD, or AB exceeded their countable income plus the SSI benefit. The state is required to make a supplemental payment to maintain the prior level, adjusting for cost-of-living. Income limits and payment amounts are based on the income limits and payment amounts in 1973 adjusted for inflation.

Funding

State Supplementary Assistance is a fully state-funded program. A federal maintenance of effort requirement mandates that Iowa either maintain minimum payment levels set by the federal government and increased by the Social Security cost-of-living increase each year for each SSA group, or that Iowa expends an amount equal to or exceeding the expenditures for the state's SSA programs from the previous calendar year. Iowa currently meets the maintenance of effort requirement by maintaining the minimum payment levels requirement.

Delivery of Services

Eligibility is determined and payment is issued for blind assistance and mandatory assistance by the Social Security Administration. DHS determines eligibility for dependent person assistance and family life home assistance, and the Social Security Administration issues the payment. DHS determines eligibility and issues payment for the in-home health-related care assistance. DHS determines eligibility for residential care facility assistance, and issues payment through its fiscal agent, ACS Consultec.

Benefits

People eligible for State Supplementary Assistance receive a supplemental payment to meet specific additional special needs not met by the standard benefit rate paid by SSI. People eligible for State Supplementary Assistance may also be eligible for Medicaid to pay their medical expenses.

Enrollment

As of December 1, 2002, enrollment in State Supplementary Assistance was as follows:

- Blind assistance: 676
- Dependent Person assistance: 888
- Family Life Home assistance: 9
- In-Home Health-Related Care assistance: 1639
- Mandatory assistance: 56
- Residential Care Facility assistance: 2806
- Total of all State Supplementary Assistance categories: 6074

RFI 2505

Response to RFI 2505

Family Investment Program (FIP)

Purpose and Eligibility

The Family Investment Program provides cash assistance to needy families as they become self-supporting so children can be cared for in their own homes or in the homes of relatives.

Recipients must:

- Be U.S. citizens or legal qualified aliens.
- Live in Iowa.
- Provide a social security number or proof of application for a number.
- Assign all rights to child support to the Department and cooperate in obtaining support.
- Meet income and resource limits.
- Have a minor child in the home.
- Not exceed FIP time limits. The lifetime limit on FIP assistance is 60 months, unless an extension is granted for hardship reasons. Hardship exemptions are granted for six month periods, when circumstances exist that prevent the family from being self-supporting.
- Provide all information needed to determine eligibility and benefit level.

PROMISE JOBS provides work and training services for families eligible for FIP cash assistance. Unless disabled and receiving Supplemental Security Income, each adult, and each child age 16 to 19 who is not a full-time student, must participate in PROMISE JOBS, sign a Family Investment Agreement (FIA) and cooperate in carrying out the provisions of the agreement.

Funding

The Family Investment Program is funded by Iowa's Temporary Assistance for Needy Families (TANF) block grant and state maintenance of effort funds.

Delivery of Services

Applications for FIP assistance are filed in the local DHS offices. Eligibility and benefits levels are determined by DHS income maintenance staff. FIP assistance may be effective as early as seven days from the date of application. The FIP grant is issued monthly, in the form of a state warrant or by direct deposit. Separate payments may also be issued for special needs.

The Department contracts with Iowa Workforce Development to provide PROMISE JOBS services. The Department's Bureau of Refugee Services provides PROMISE JOBS services to people who entered the United States with refugee status.

Benefits

The FIP grant is calculated based on the size of the household and countable income. The maximum grant for a family with no remaining countable income after allowable deductions and diversions is:

Persons	Grant
1	$183
2	$361
3	$426
4	$495
5	$548
6	$610
7	$670
8	$730
9	$791
10	$865
11 or more	Add $87 for each additional person

Allowable special needs include guardianship or conservatorship fees and school expenses. Reimbursement of child care and transportation expenses can be provided for people participating in some PROMISE JOBS activities.

Enrollment

In November 2002, 19,775 families received FIP assistance.

Individual Development Accounts

Purpose and Eligibility

Individual Development Accounts (IDA) help low-income Iowans to accumulate assets so they will meet their long-term goals of:

- owning a home, starting a business;
- acquiring post-secondary education; or
- acquiring job training in higher skill, higher wage jobs.

IDAs encourage individual savings through incentives, (including matching contributions and money-management training) thereby helping individuals and families to escape from or avoid poverty, become economically self-sufficient, and contribute to the community.

Funding

IDA programs are funded through the FIP appropriation, using only TANF dollars. SFY 2003 funding is $150,000. (SFY 02 = $200,000; SFY 01 = $150,000; SFY 00 = $150,000)

Delivery of Services

IDA Operating Organizations operate and administer local IDA projects in compliance with all project goals and operational requirements. The organizations:

- recruit and retain IDA participants through established project guidelines;
- facilitate the provision of IDA participant services; and
- provide for the operation and administration of the local IDA project.

Benefits

All IDA participants save and deposit amounts from their earned income consistent with a participant savings plan agreement, with a maximum savings goal of $3,000. Participants use IDA funds to purchase a home, start a business, pursue post-secondary education; or take job training in higher skill, higher wage jobs. If the participant may be eligible for the state savings refund

Enrollment

	SFY 98	SFY 99	SFY 00	SFY 01	SFY 02	SFY 03
Number of IDA Participants (Cumulative including Terminations)	35	56	130	200	285	250 projected

Diversion

Purpose and Eligibility

Diversion provides immediate, short-term funds or services to enable families to become or remain self-sufficient by removing barriers to obtaining or retaining employment. Diversion legislation was effective 7/97; the rules were effective 10/97.

Funding

Diversion is funded through the FIP appropriation, using only TANF dollars. SFY 2003 funding is $1,664,000. (SFY 02 = $3.2m; SFY 01 = $3.2m; SFY 00 = $3.2m; SFY 99 = $2.7m)

Delivery of Services

FIP Diversion: This program is optional and operates in DHS areas tha apply for funding. The program serves Iowa families that:

- meet FIP income limits;
- have an eligible child in the home;
- provide social security numbers; and
- volunteer for the program in lieu of receiving FIP cash assistance
- have identifiable barriers to obtaining or retaining employment that can be substantially addressed through the immediate, short-term benefits or services offered by a pilot program in accordance with the local plan.

The local DHS area develops a diversion plan that outlines the means of providing diversion benefits or services. DHS income maintenance workers determine eligibility.

Family Self-Sufficiency Grants: These grants are available statewide for payment to families or on behalf of families. The purpose of the benefits or services is to help FIP recipients in PROMISE JOBS to address problems they have in becoming self-sufficient. The grants pay for products or services that are necessary for the FIP recipient to keep or accept employment, and that are not available through other sources. It must be reasonably anticipated that a payment will assist the family to retain employment or obtain employment in the two full calendar months following the date of authorization of payment.

Local Iowa Workforce Development Promise Jobs offices each develop a plan that outlines the means of providing diversion benefits or services.

Benefits

FIP Diversion benefits can be in the form of cash payments, vendor payments, vouchers, or non-cash services, or any combination. Supplanting of services already available through local resources at no cost to the family or DHS is prohibited. Receipt of benefits having a cash value to the family results in a period of ineligibility for FIP.

FSSG must not duplicate assistance available under regular PROMISE JOBS policies or available through local community resources, but are to address barriers to self-sufficiency by meeting expenses that are not approvable under the regular PROMISE JOBS policies. Local plans differ in the benefits or services offered to the recipient.

RFI 2505

Enrollment

The following numbers of cases got Diversion payments during the last five fiscal years.

State Fiscal Year	1999	2000	2001	2002	2003 (Through 11/02)
FIP Diversion Cases	241	311	315	151	12
FSSG Grants	1,023	2,939	3,435	3,334	887

Food Stamps

Purpose and Eligibility

The purpose of the Food Stamp program is to promote the general welfare of low income families by raising their levels of nutrition to avoid hunger and avoid malnutrition. Eligibility is based upon the income and resources levels of the family. Able-bodied adults without dependents between the ages of 18-49 may only receive food stamps for three months out of a three-year period of time unless they are working.

The Food Stamp Program is federally regulated. Administration of the Iowa Food Stamps program is mandated under Iowa Code 234.6 and 234.12; IAC 65.

Funding

Food stamp coupons are federally provided. States receive 50% matching federal funds to administer the program. Iowa families received $124,569,141 worth of federal food stamp benefits in SFY 2002.

Delivery of Services

Eligibility and benefit levels are determined by DHS income maintenance staff.

Food stamp benefits are provided through food stamp coupons. Federal regulations mandated that states change from paper coupons to electronic benefit transfer (EBT) by October 2002. Iowa received an extension for the change to EBT to October 2003.

Food stamp benefits may only be used to purchase food items or items that become food such as seeds or food plants. Food stamps may not be used to purchase restaurant food.

Benefits

The maximum amount of food stamp benefits a family of three with no income is $356 a month. A family at 130% of the federal poverty level within resource limit would receive $10 a month.

Enrollment

In SFY 2002, an average of 59,101 families received $175.45 in food stamp benefits each month. In November 2002, 65,402 families received an average of $187.21 in food stamp benefits.

Response to RFI 2505

Medicaid – Optional Services

Following are the **optional** services currently provided under Iowa's Medicaid program:

- Prescribed drugs
- Dental services
- Intermediate care facilities for the mentally retarded (ICFs/MR)
- Ambulance services
- Rehabilitation and physical therapy services
- Other practitioner services, including audiologists, podiatrists, optometrists and opticians, psychologists, chiropractors, and hearing aid dealers
- Durable medical equipment and supplies
- Eyeglasses, hearing aids, and orthopedic shoes
- Clinic services
- Ambulatory surgical center services
- Community mental health center services
- Maternal health center services
- Birthing center services
- Hospice services
- Certified registered nurse anesthetist services
- Lead inspection agency services
- Home and community-based care to certain persons with chronic impairments
- Adult rehabilitation services
- Targeted case management

Response to RFI 2505

Medicaid

Purpose

Medicaid is a Federal/State entitlement program that pays for medical assistance for:

- Children under age 21
- Parents of children under age 19 who live with the parent
- Pregnant women
- Women needing treatment for breast or cervical cancer
- People who are disabled according to Social Security guidelines
- People age 65 or older

with low incomes and few resources. These broad categories are divided into smaller groups, each with its own unique set of eligibility criteria.

Legal Base

Title XIX of the Federal *Social Security Act* as amended
Chapter 249A, Code of Iowa
Iowa Administrative Code, Title 441, Chapters 75 through 89

Eligibility

Eligibility for Medicaid is determined by DHS income maintenance staff.
The following broad categories of individual and families are eligible for Medicaid in Iowa providing the applicable financial eligibility standards are met:

Major Mandatory Eligibility Groups

- Recipients of SSI (Supplementary Security Income) and individuals who meet
- all eligibility requirements for SSI. ($552 for an individual)
- Mandatory recipients of State Supplementary Assistance.
- * Qualified Medicare Beneficiaries (QMB). 100% of federal poverty level
- * Specified Low Income Medicare Beneficiaries (SLMB). Over 100% of federal poverty level but less than 120%
- * Qualified Individual 1(QI-1) (referred to as Expanded Specified Low Income Medicare Beneficiaries in Iowa.) Over 120% of federal poverty level but less than 135%
  *Only limited services covered
- Family Medical Assistance Program (Section 1931 families – persons who would have been eligible for AFDC prior to July 16, 1996).
- Child Medical Assistance Program – (up to age 6).
- Children in foster care and subsidized adoptions.
- Pregnant women and infants whose income does not exceed 200% of the federal poverty level; children age one through age 18 whose income does not exceed 133% of the federal poverty level.

Major Optional Eligibility Groups

- Individuals whose income is above SSI standards ($30) but whose income is less than the SSI income limit ($552 for an indivdual) and who qualify as a resident of a medical institution.
- 300% group – individuals in medical institutions who meet all criteria for SSI except for income (over $552) and which does not exceed 300% of the SSI income limit ($1656)
- Recipients of State Supplementary Assistance – optional: residential care, in home health-related care, dependent person, blind persons.
- Individuals under age 21 and over age 65 in institutions for mental disease.
- Child Medical Assistance Program (age 7 through 20).
- Medically Needy – for persons who are over income or over resources for SSI or FMAP.

- Presumptive Medicaid eligibility for pregnant women. (200% of the federal poverty level)
- Medicaid for Employed People with Disabilities. (250% of the federal poverty level)
- Waiver groups – persons living at home who would be eligible for Title XIX if in a medical institution. Home and Community Based Waivers:
    1. AIDS
    2. Ill and Handicapped
    3. Mentally Retarded
    4. Elderly
    5. Brain Injury
    6. Physical Disability
- Medicaid Eligibility for Women needing Breast or Cervical Cancer Treatment (effective July 1, 2001)
- Presumptive Eligibility for Women needing Breast or Cervical Cancer Treatment (effective July 1, 2001)

Funding

The Iowa Medicaid program is funded by a combination of state and federal funds. The primary source of federal funds is Title XIX funds. The FY 03 state approriation for Medicaid from all funding sources is $500,947,691. The federal financial participation rate for Title XIX funds for FFY '03 is 63.50%. Medicaid services for a certain group of Medicaid eligibles is funded with Title XXI funds. This group is referred to as the Medicaid expansion group. The FY 03 state appropriation for the Medicaid expansion group is $11,458,421. The federal financial participation rate for Title XXI funds for FFY '03 is 74.45%.

Delivery of Services

Medicaid operates as a vendor payment program. Iowa Medicaid pays health care providers directly on a fee-for-service basis and through prepayment arrangements, such as health maintenance organizations (HMO's).

Benefits

Various services are **mandatory** if Federal matching funds are to be received. Iowa's Medicaid program generally must offer the following services: Inpatient hospital services, Outpatient hospital services, Prenatal care, Vaccines for children, Physician services, Nursing facility services for persons aged 21 or older, Family planning services and supplies, Rural health clinic services, Home health care for persons eligible for skilled-nursing services, Laboratory and x-ray services, Pediatric and family nurse practitioner services, Nurse-midwife services, Federally qualified health-center (FQHC) services, and ambulatory services of an FQHC that would be available in other settings, Early and periodic screening, diagnostic, and treatment (EPSDT) services for children under age 21, and Transportation services.

States may also receive Federal matching funds to provide certain optional services. Following are the **optional** services currently provided under Iowa's Medicaid program: Prescribed drugs, Dental services, Intermediate care facilities for the mentally retarded (ICFs/MR), Ambulance services, Rehabilitation and physical therapy services, Other practitioner services, including audiologists, podiatrists, optometrists and opticians, psychologists, chiropractors, and hearing aid dealers, Durable medical equipment and supplies Eyeglasses, hearing aids, and orthopedic shoes, Clinic services, Ambulatory surgical center services Community mental health center services, Maternal health center services, Birthing center services, Hospice services, Certified registered nurse anesthetist services, Lead inspection agency services, Home and community-based care to certain persons with chronic impairments, Adult rehabilitation services, and Targeted case management

Enrollment

As of November 30, 2002, there were 260,141 people enrolled in Iowa's Medicaid program.

Response to RFI 2505

Medical Contracts

These are the SFY '03 Medical Contracts, which provide support to the Iowa Medicaid program:

ACS - contractual services to provide fiscal agent services for the Iowa Title XIX Medical Assistance program.
Department of Education, Division of Vocational Rehabilitation Services - contractual services to make initial disability determinations and continuing disability reviews according to Title II/XVI criteria on SSI-related cases.
Department of Elder Affairs - contractual services to screen persons age sixty-five and older for the Home and Community Based Services – Elderly Waiver (HCBS-EW).
Department of Inspections and Appeals (DIA) – contractual services to make on-site survey inspections of health care facilities participating in the Title XIX program as nursing facilities or ICFs/MR.
Department of Public Health - contractual services to develop an enhanced obstetric discharge planning service for women delivering in hospitals in Iowa and whose care is provided through the State's Medicaid program. Also, contractual services to coordinate administration of the Early Periodic Screening, Diagnosis and Treatment Program, to provide for the transfer of funds for the development and implementation of linked data files of vital records and Medicaid claim forms for the purpose of evaluating Medicaid services provided to pregnant women and children, and to provide outreach services to women and children who are or may be Medicaid eligible.
Iowa Foundation for Medical Care (IFMC) - contractual services to serve as the Iowa Medicaid program's Peer Review Organization (PRO). Services are provided per 42CFR 433.15(b)(6)(i). Also, contractual services to conduct a drug utilization review project (DUR) for the Medicaid program which meets the requirements of 42CFR 456.700.
Iowa State University - contractual services to provide technical assistance and quality assurance activities under the Home and Community Based Services —Mental Retardation Waiver (HCBS-MR).
Milliman and Robertson, Inc. - contractual services with to perform actuarial services for managed care programs.
Myers and Stauffer LC - contractual services to develop, implement, and operate a state maximum allowable cost (MAC) program for pharmaceutical drugs.
Ryun, Givens, Wenthe & Co. - contractual services to perform rate setting, auditing and related activities arising from certain provider contracts entered into by the Department of Human Services.
University of Iowa, Child Health Specialty Clinics - contractual services for assessment, planning, and care coordination activities related to the recipients of the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) and the Home and Community Based Services III and Handicapped (HCBS-IH) waiver.
University of Iowa, College of Public Health - contractual services to design and evaluate a pharmaceutical case management study in the Iowa Medicaid program.
University of Iowa Hospitals and Clinics (UIHC), Department of Obstetrics and Gynecology - contractual services to identify and recruit low income, medically indigent, or unemployed women as participants in a project designed to prevent a portion of premature births and the short and long term morbidity and mortality attendant thereto.
University of Iowa, Public Policy Center - contractual services to assist the Department as an independent evaluator of the Medicaid Managed Health Care Program.
William M. Mercer, Inc. - contractual services to conduct an Independent Assessment of the Iowa Plan for Behavioral Health.

RFI 2505

Medicaid Nursing Facilities
Program Overview

Medicaid is a public assistance medical care program administered by states and financed jointly through federal and state funds. The purpose of the program is to help assure that people of low income have available to them medical and health care of good quality. In order to finance Medicaid, the state legislature must appropriate funds.

To obtain federal funds from CMS, the state's program must meet federal requirements. The requirements are designed to ensure that states are administering Medicaid programs of good quality, both in terms of the persons covered under the program and the medical and health services for which the program makes payment.

Iowa's Medicaid program is administered by the Iowa DHS. The Department is responsible for formulating Medicaid policy and procedure within the framework of state and federal law and regulations. DHS is responsible to oversee the operation of the program and to ensure that it is effectively and efficiently administered throughout the state.

Approximately 450 Medicaid certified nursing facilities provide care for nearly 15,000 frail elderly and disabled adult Iowa residents and approximately 75 children who are not able to remain in their own homes.

- Number of Medicaid Certified nursing facilities in Iowa – 448
- Number of Medicaid Recipients served in nursing facilities in FY 02 – 14,927
- Average Per Diem effective October 2002 (changes quarterly) - $95.57
- Responsibilities of DHS:
  - Enroll licensed nursing facilities to participate in the Medicaid program
  - Maintain provider agreements/contracts
  - Determine reimbursement rates
  - Determine resident eligibility for Medicaid (local office)
  - Maintain federal approval for program (Medicaid State Plan)
  - Assist providers, residents and families with policy questions
  - Assist providers with questions on conditions of participation in the Medicaid program.
  - Ensure health, safety, and well-being of residents who live in nursing facilities deemed to be in a state of crisis or potential for crises. Responsibility would include:
    - Sending written notification to all Medicaid residents and/or family members to offer assistance.
    - Actively seek alternative placement possibilities and work with residents/family members to clarify available options and to facilitate implementation of decisions made, if necessary.
    - Determine available financial support needed to relocate residents (CMP funds)

RFI #2505

Medicaid Pharmaceutical Programs

1). Prescription Drugs

•Prescription Drugs are limited to a 30-day supply. Exclusions provide for no payment for certain categories of drugs.

•Payment will be made for certain drugs only when prior approval is obtained from the fiscal agent; ACS and certain nonprescription drugs are also covered when ordered by a legally qualified practitioner.

•There is a $1.00 co-payment on each covered drug prescription, including each refill. Co-payments do not apply to persons under the age of 21, family planning services or supplies, institutionalized persons or pregnant women.

•The current ingredient reimbursement basis is AWP-10% and the dispensing fee is a maximum of $5.17.

2). Drug Rebate Program

•Created by the Omnibus Budget Reconciliation Act (OBRA) of 1990, the Medicaid Drug Rebate Program requires a drug manufacturer to enter into and have in effect a national rebate agreement with the Secretary of the Department of Health and Human Services for States to receive federal funding for outpatient drugs dispensed to Medicaid patients. The drug rebate program is administered by CMS's Center for Medicaid and State Operations (CMSO).

•The drug rebate program requires Medicaid coverage of all drugs marketed by a manufacturer if the manufacturer has signed a rebate agreement with the Secretary of HHS.

•ACS, the Iowa Medicaid fiscal agent, administers Iowa's rebate program

•The amount of rebate varies from 11.0% to 15.1% of the average manufacturer price, depending on the type of pharmaceutical reimbursed.

3). Drug Prior Authorization (PA)

•PA is a process that requires the prescriber and/or the pharmacist to obtain approval that Medicaid payment will be made for certain drugs, prior to dispensing to the patient.

•Currently the Iowa Medicaid PA program has 25 categories of medication that require PA.

•Prior authorization requests are made to ACS, who administers the Drug Prior Authorization Program for Iowa Medicaid.

4). State Maximum Allowable Cost (State MAC)

•This program establishes a list of generic medications that are easily obtainable by pharmacies and establishes a fair, maximum allowable price that will be reimbursed by the Medicaid program.

•The SMAC is scheduled to be effective on January 13, 2003.

•DHS contracted with Myers and Stauffer LC to develop and implement the SMAC list.

5). Drug Utilization Review (DUR)

•DUR is a process used to assess the appropriateness of drug therapy, through evaluation of drug use, against predefined criteria.

•The Federal Omnibus Reconciliation Act of 1990 requires that States implement DUR programs and an educational program as well as a drug use review (DUR) commission.

•The Iowa Medicaid DUR Commission is composed of four Iowa licensed physicians, three Iowa licensed pharmacists, one member of either of two colleges of pharmacy within the State of Iowa, and one member of the DHS.

•The activities of the Iowa Medicaid DUR Board include: reviews criteria for the retrospective DUR program; reviews and makes recommendations for criteria used in prospective DUR and PA programs; performs retrospective DUR and educational outreach through patient-focused and problem-focused reviews and acts as a resource to the DHS. IPA coordinates and supports the DUR Commission.

6). Established Cost Containment Strategies: prospective DUR, retrospective DUR, mandatory use of A-rated generic medications, Medicare billing (Medicaid is the payer of last resort), drug exclusions, refill too soon and prescription copayment.

Pilot Project: Pharmaceutical Case Management (PCM)-This program allows providers to better manage the drug therapy of at-risk patients by using physician and pharmacist teams. The legislation provides for an independent evaluation of services to be conducted by the University of Iowa College of Public Health. The research team will submit a final report in December 2002.

ELEMENT	HCBS ILL AND HANDICAPPED	HCBS ELDERLY	HCBS AIDS/HIV	HCBS MENTAL RETARDATION	HCBS BRAIN INJURY	HCBS PHYSICAL DISABILITY
WHERE TO APPLY	DEPARTMENT OF HUMAN SERVICES (DHS) LOCAL OFFICE					
AGE	UNDER 65	AGE 65 OR OLDER	NO AGE LIMIT	NO AGE LIMIT	1 MONTH THROUGH AGE 64	AGE 18 TO AGE 65
LIMITATIONS ON NUMBER SERVED	1418	no limit	50	7186	372	144
MENU OF HOME AND COMMUNITY BASED SERVICES	THE SERVICES LISTED IDENTIFY THOSE THAT ARE AVAILABLE THROUGH THAT WAIVER.					
ADULT DAY CARE	Adult Day Care	Adult Day Care	Adult Day Care		Adult Day Care	
ASSISTIVE DEVICES		Assistive Devices				
BEHAVIORAL PROGRAMMING					Behavioral Programming	
CASE MANAGEMENT SERVICES					Case Management	
CDAC	Consumer-Directed Attendant Care	Consumer-Directed Attendant Care	Consumer-Directed Attendant Care	Consumer-Directed Attendant Care	Consumer-Directed Attendant Care	Consumer-Directed Attendant Care
CHORE		Chore				
COUNSELING	Counseling		Counseling			
EMERGENCY RESPONSE	Emergency Response	Emergency Response		Emergency Response	Emergency Response	Emergency Response
FAMILY COUNSELING & TRNING					Family Counseling and Training	
HOME DELIVERED MEALS	Home Delivered Meals	Home Delivered Meals	Home Delivered Meals			
HOME HEALTH AIDE	Home Health Aide	Home Health Aide	Home Health Aide	Home Health Aide		
HOMEMAKER	Homemaker	Homemaker	Homemaker			
HOME/VEHICLE MODIFICATIONS	Home/Vehicle Modifications	Home/Vehicle Modifications		Home/Vehicle Modifications	Home/Vehicle Modifications	Home/Vehicle Modifications
INTERIM MEDICAL MONITORING & TREATMENT	Interim Medical Monitoring & Treatment			Interim Medical Monitoring & Treatment	Interim Medical Monitoring & Treatment	
MENTAL HEALTH OUTREACH		Mental Health Outreach				
NURSING	Nursing	Nursing	Nursing	Nursing		
NUTRITIONAL COUNSELING	Nutritional Counseling	Nutritional Counseling				
PREVOCATIONAL SERVICES					Prevocational Services	
BASIC INDIVIDUAL RESPITE	Basic Individual Respite	Basic Individual Respite	Basic Individual Respite	Basic Individual Respite	Basic Individual Respite	
GROUP RESPITE	Group Respite	Group Respite	Group Respite	Group Respite	Group Respite	
SPECIALIZED RESPITE	Specialized Respite	Specialized Respite	Specialized Respite	Specialized Respite	Specialized Respite	
SENIOR COMPANION		Senior Companion				
SPECIALIZED MEDICAL EQUIPMENT					Specialized Medical Equipment	Specialized Medical Equipment
SUPPORTED COMMUNITY LIVING (1-5 PERSONS)				Supported Community Living	Supported Community Living	
SUPPORTED COMMUNITY LIVING (RESIDENTIAL-BASED)				Supported Community Living		
SUPPORTED EMPLOYMENT				Supported Employment	Supported Employment	
TRANSPORTATION		Transportation			Transportation	Transportation
** HHA and Nursing Services are available to persons age 21 and under through the regular Medicaid or with prior authorization through EPSDT (Care for Kids).*						

ELEMENT	HCBS ILL AND HANDICAPPED	HCBS ELDERLY	HCBS AIDS/HIV	HCBS MENTAL RETARDATION	HCBS BRAIN INJURY	HCBS PHYSICAL DISABILITY
CONSUMER APPLICATION: INCOME MAINTENANCE WORKER	For SSI Medicaid-Related, use Form PA-1107-0 Application for Medical Assistance or State Supplementary Assistance. For for FMAP- Related Medicaid, use Form PA-2207 Public Assistance Application Reference: Employees Manual 8-N and Appendix.					
ELIGIBLE FOR SSI OR MEDICAID	Can only be on SSI through institutional deeming of parent's income while in medical facility. Can transfer from Medically Needy. Persons age 21 or over who are eligible for SSI are ineligible for this waiver. Only SSI-related coverage groups can be assigned.	Only SSI related coverage groups can be assigned.	Can be on SSI-related, FMAP-related, or Medically Needy if the level of care is hospital level.	Can be on SSI or FMAP (not required)	Can be on SSI, FMAP, or Medically Needy.	Can be on SSI or FMAP (not required)
INCOME, SINGLE PERSON	Maximum for 1 person 300% of SSI ($531 x 300% or $1593) unless MEPD eligible. Limit is $1790 (250% of poverty level)	Maximum for 1 person 300% of SSI ($531 x 300% or $1593) unless MEPD eligible. Limit is $1790 (250% of poverty level)	Maximum for 1 person 300% of SSI ($531 x 300% or $1593) unless person is eligible on basis of Medically Needy and has a spenddown. Or unless MEPD eligible. Limit is $1790 (250% of poverty level)	Maximum for 1 person 300% of SSI ($531 x 300% or $1593) unless person is eligible on basis of FMAP or FMAP related program. Or unless MEPD eligible. Limit is $1790 (250% of poverty level)	Maximum for 1 person 300% of SSI ($531 x 300% or $1593) unless MEPD eligible. Limit is $1790 (250% of poverty level)	Maximum for 1 person 300% of SSI ($531 x 300% or $1593) unless MEPD eligible. Limit is $1790 (250% of poverty level)
INCOME-MARRIED PERSON	When both spouses are on waiver, treat as living in an institution & in the same room. Income $1593 X 2 (300% of SSI X 2). If only one on waiver, treat as institutionalized spouse and community spouse. Limit $1593 (300% SSI)					
RESOURCES-SINGLE ADULT	$2000 (unless MEPD eligible-$12,000)					
RESOURCES-SINGLE CHILD	Resources are disregarded for certain Medicaid coverage groups. Contact your local DHS income maintenance worker.					
RESOURCES-MARRIED PERSON	When both spouses are on waiver, treat as living in an institution & in the same room. Resource limit $3,000 for couple for the first 6 months, then choice of being individuals. If only one on waiver, treat as institutionalized spouse and community spouse. Spousal impoverishment applies.					
TARGET POPULATION GROUP	Disabled. SSI-related coverage groups	Age 65 or over	Diagnosis of AIDS/HIV by a physician	Primary disability of mental retardation as determined by a psychologist or psychiatrist.	Diagnosis of brain injury per IAC 83 definitions	Have a physical disability as determined by Disability Determination Services
DISABILITY TRANSMITTAL	Disability Transmittal, Form 470-2472	Not applicable	Not applicable.	Disability Transmittal, Form 470-2472	Disability Transmittal, Form 470-2472	Disability Transmittal, Form 470-2472
DISABILITY REPORT	Disability Report, Form 470-2465 Used by income maintenance worker to establish disability for 300% group unless Social Security has already determined disability.	Not applicable	Not applicable.	Disability Report, Form 470-2465 Used by income maintenance worker to establish disability for 300% group unless Social Security has already determined disability. Not necessary for FMAP.	Disability Report, Form 470-2465 Used by income maintenance worker to establish disability for 300% group unless Social Security has already determined disability. Not necessary for FMAP.	Disability Report, Form 470-2465 Used by income maintenance worker to establish disability for 300% group unless Social Security has already determined disability. Not necessary for FMAP.
IOWA FOUNDATION FOR MEDICAL CARE (IFMC)	Determines the level of care needed by each applicant after review of assessment form 470-0659 HCBS assessment or reassessment.	Determines the level of care needed by each applicant after review of assessment. I-OASIS	Determines the level of care needed by each applicant after review of assessment form 470-0659 HCBS assessment or reassessment.	Determines the level of care needed by each applicant. Form 470-3073, Mental Retardation Functional Assessment Tool	Determines the level of care needed by each applicant. Form 470-3349 Brain Injury Functional Assessment. Determines if all of the medically necessary service needs of the applicant can be met in the HCBS setting.	Determines the level of care needed by each applicant. Form P470-3502, Physical Disability Wavier Assessment Tool
LEVEL OF CARE REQUIRED:	SNF, NF, ICF/MR	SNF OR NF	SNF OR HOSPITAL	ICF/MR	SNF, NF, ICF/MR	SNF, NF
IFMC - REDETERMINATION OF LEVEL OF CARE	Completed, at least, annually REDETERMINATION can be completed more frequently , if warranted.		Completed annually or every 4 days for acute (hospital).	Completed annually. REDETERMINATION can be completed more frequently if warranted		
SUPPLEMENTAL INSURANCE QUESTIONNAIRE FORM 470-2826	Income maintenance worker sends to Third Party Liability in Central Office to report health insurance.					
HEALTH INSURANCE PREMIUM PAYMENT PROGRAM APPLICATION (HIPP)	Form 470-2875, HIPP booklet & Comm 91 are distributed. Persons with Medicare supplemented insurance policies should be referred.					

MEDICAID HOME AND COMMUNITY BASED SERVICES PROGRAM
WAIVER COMPARISON CHART

ELEMENT	HCBS ILL AND HANDICAPPED	HCBS ELDERLY	HCBS AIDS/HIV	MENTAL RETARDATION	[illegible]	[illegible]
CLIENT PARTICIPATION (CP)	Generally none. May have client participation from Veteran's Aid and Attendance or Medicaid trust		Generally none. May have client participation from Veteran's Aid and Attendance or Medicaid trust. Exception: Persons eligible on the basis of Medically Needy will have a	Generally none. May have client participation [illegible]		
NOTICE OF ATTRIBUTION OF RESOURCES FORM 470-2588	The date to determine the attribution is the first of the month that the waiver services are to begin and the month that IPMC determines that the consumer meets level of care.					
	Waiver services provided before approval of eligibility for the waiver cannot be paid. Do not approve a case until the eligibility requirements and level of care and financial [illegible] on the date when all 3 eligibility requirements are complete. For persons eligible on the basis of the 300% coverage group, eligibility shall not be earlier than the first of the month [illegible] Medicaid eligibility retroactively but waiver services cannot be paid retroactively.					
APPLICATION FOR SERVICES	None. IM application serves as application for HCBS services. See 16-K		None. IM application serves as application for HCBS services. See 16-K Appendix	Application for Medical Assistance, form PA-1107-0, or [illegible] See CHS manual 16-K and 16-K Appendix.		
CASE MANAGEMENT SERVICES PROVIDED BY:	DHS service worker	Area Agency on Aging Case Management Project for Frail Elderly (CMPFE)	DHS service worker	Initial: DHS service worker or Medicaid [illegible] Ongoing: Medicaid Case Manager	Medicaid Case Manager	DHS service [illegible]
LEVEL OF CARE INSTRUMENT	Home and Community Based Services Assessment or Reassessment Form SS-1644. Under age 21, the assessment is completed by Child Health Specialty Clinics staff. For age 21 and over, it is completed by a DHS service worker.	I-OASIS followed by the OASIS-B1. These assessments are completed by CMPFE case managers.	Home and Community Based Services Assessment or Reassessment Form SS-1644 completed by DHS service worker.	Form 470-0372 Functional Assessment Tool (FAST) completed by DHS service worker unless a Medicaid case manager is already assigned.	Form 470-[illegible] Assessment [illegible] completed by the [illegible] planner and by the [illegible] thereafter.	Form 470-[illegible] Waiver Assessment completed by [illegible] planner and by the [illegible] thereafter.
SERVICE PLAN (A service plan is completed annually.)	Children - Use Form 470-1020, 427-1022 or 427-1023, Permanency Plan. Adults - Use Form SS-0607-0, Individual Client Service Plan and Progress for Continuation or Closing for Adults.	Use form 470-3156, Long Term Care Coordinator Common Care Plan.	Children - Use Form 470-1020, 427-1022 or 427-1023, Permanency Plan. Adults - Use Form SS-0607-0, Individual Client Service Plan and Progress for Continuation or Closing for Adults.		Children - Use Form 470-[illegible] 1022 or 427-[illegible] Permanency Plan. Adults - Use Form SS-0607-0, Individual Client Service Plan and Progress for Continuation or Closing for Adults.	Children - Use Form 470-[illegible] 1022 or 427-[illegible] Permanency Plan. Adults - Use Form SS-0607-0, Individual Client Service Plan and Progress for Continuation or Closing for Adults.
MAXIMUM WAIVER SERVICE DOLLARS AVAILABLE PER MONTH AS DETERMINED BY LEVEL OF CARE	ICF - $852 SNF - $2480 ICF/MR - $3019	ICF - $1052 SNF - $2480	$1,650	ICF/MR - Amount based on services upper limit	$2,050	$2,050 3021
SERVICES NOTICE OF DECISION FORM SS-1104-0	Not used when initial application denied by IM worker. Use when service worker in conjunction with IM worker determines date client eligible for HCBS services. HCBS services CANNOT be paid before level of care [illegible] service plan is developed and signed by DHS.					
PROVIDER ENROLLMENT	Agencies enroll with Consultec, the fiscal agent for DHS, to be providers of service and are reimbursed through Consultec. Agencies or individual providers must [illegible] prior to billing for service [illegible]					
IHHH CAN ALSO BE USED TO MEET CONSUMER NEEDS	Yes					