



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

FEB 25 2002

DEPARTMENT OF HUMAN SERVICES
JESSIE K. RASMUSSEN, DIRECTOR

Angela Dorsey
Senate Republican Caucus Staff
Capitol
LOCAL

Dear Angela:

Attached is the document containing the information you requested regarding DHS programs. With all areas except Medical Services, we identified which programs we believe represent the core, critical responsibilities of the agency. (This is identified in the first column of the document with the word "CRITICAL".) Although you indicated no need for additional information regarding Medical Services, we included this in the document to facilitate a total view of DHS services. Given previous extensive discussions regarding Medical Services, we did not identify critical versus non-critical in this area of programs.

It is important to note that this document does not represent the inter-relatedness of DHS services and, therefore, does not display the cross impact of various programs. For example, this document does not reflect the impact on child welfare of closing a PMIC (Psychiatric Medical Institution for Children) at a state facility. While we might not consider a PMIC to be a core responsibility of a state mental health facility, it is necessary to consider the impact on child welfare of closing such a program. Another example is that it may be possible to reduce activities in Child Support but one must consider what impact that may have on meeting maintenance of effort in Economic Assistance.

Given the complexities of the DHS service system, we would appreciate the opportunity to visit directly with Legislators about the information in the attached document. Please let me know how best to facilitate such a meeting.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jessie".

Jessie

DHS Programs

NOTE: While General Administration and Field Operations are not services or programs, they are the foundation, administrative infrastructure and the Department's service delivery component. General Administration and Field Support are an integral part of the delivery of Department services.

Service Support	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
General Administration Critical	No		On any given day, over 680,000 Iowans are served by DHS. General Administration not only provides the administrative infrastructure, it also provides several centralized services, such as food stamp distribution, abuse registry checks, adoption searches, claims and payment processing, fiscal analysis, responses to constituents, etc.	\$15,409,095	\$13,093,462	\$24,302,345 (total Fed match) \$3,227,683 (TANF)	\$22,190,287 (total Fed match) \$3,277,042 (TANF)	<ul style="list-style-type: none"> • Monthly distribution of food stamps to 54,000 low-income families; as a result over \$8.8 M in federal food stamp dollars would be taken out of Iowa's economy. • Inability to conduct 2000 child abuse registry checks each month would limit the hiring ability of facilities that serve children and dependent adults as well as some community based programs that serve youth (Boy Scouts, schools, etc.) • 50 monthly abuse expungements would be delayed limiting due process rights of review to those who believe they are wrongly on the abuse registry • Criminal record check evaluations for 330 health care providers and 20 child care providers each month would be limited meaning these providers could not hire new staff • 65 adoption searches each month could not be completed making it difficult for individuals searching for siblings and other family members separated by adoption to get the information they're seeking • Interstate Compact for the Placement of Children and Interstate Compact for juveniles (100 referrals each month): delays in processing these referrals would result in delays in getting a child into treatment and/or into an adoptive 	In the event of significant reduction to General Administration, a reduction in force of some magnitude could not be avoided. Any reduction in force (RIF) would need to comply with collective bargaining notices and generally would require 60-day notice. Savings resulting from a RIF would be reduced given vacation buyouts, etc. Additional state costs would be generated through IWD as unemployment benefits are paid.

General Admin & Volunteers 2

Service Support	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
								<ul style="list-style-type: none"> family • 595,000 benefit checks to FIP, Child Support and Promise Jobs clients could not be generated • \$1.5 M in monthly payments to child welfare and child care providers would not be made timely • Federal reports, both financial and data to assure compliance with regulations and the resultant federal funding • Calculation of federal match and drawing of over \$1.5 B in federal funds • Response to constituents including 400 monthly appeals and 200 monthly exceptions to policy requests as well as numerous customer inquiries and provider contacts • Development of training curriculum to meet policy regulations and consistency practices and to policy implementation for child welfare and financial assistance programs • Accreditation of Community Based Mental Health Services • Oversight of 200+ Purchase of Service and child welfare service contracts to assure client safety and service delivery would be limited • Maintenance of MIS to support work of staff across the agency • IT help desk would be unable to respond to 2000 inquiries per month from workers seeking computer technical assistance • Quality Control for food stamps and child care 	

General Admin & Volunteers 3

Service Support	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
								<ul style="list-style-type: none"> • Timeliness to legislative inquiries (85 fiscal notes; 792 requests for information and 95 bill reviews) would be reduced 	
Volunteers	No		Approximately 14,000 children and adults are directly assisted each year by volunteers who provide transportation, monitor foster care and parent and child visits, conduct day care spot checks, serve as mentors, guardians, conservators and representative payees, and support administrative and clerical tasks.	\$118,250	\$113,165			<ul style="list-style-type: none"> • Reduce number of volunteers and volunteer hours available to support DHS local offices, staff, and clients. SFY01 showed an 11:1 return on investment for this program with 180,000 hours of volunteer services provided by 1,400 volunteers. • DHS paid staff or contracted staff would perform these functions if volunteers were not available or these activities would not occur which could delay clients in receiving timely therapy or medical care that is related to their individual treatment plans. The value of volunteer hours of contribution has been estimated at \$2.7 million per year. 	Rule changes; termination of contract notifications.

@ In this cell note whether a service is an entitlement and if the funding is discretionary, i.e., state funds for FIP and Child Care are required to meet Maintenance of Effort.

* Include Tobacco, Senior Living and Hawk-I Trust Funds Allocations as well as State General Funds.

^ Considerations should include client notice, contract cancellations, reductions-in-force, federal compliance/audit issues, demands on other programs, changes to federal state plans, etc.

Field Operations 1
February 21, 2002

DHS Programs

NOTE: While General Administration and Field Operations are not services or programs, they are the foundation, administrative infrastructure and the Department's service delivery component. General Administration and Field Support are an integral part of the delivery of Department services.

Service Support	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues (Include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
Field Operations Critical	No		Field operations staff directly provides the services or provides case management services to the service recipients listed under the program areas. This includes recipients of the Child Welfare, Adult Protective, Mental Health and Developmental Disabilities Services, Child Care, Adoption, FIP, Food Stamps, Medicaid, Emergency Assistance, Diversion programs, etc.	\$53,377,632	\$52,746,244	\$51,271,512 (total match revised) includes: \$7,364,512 (TANF only) \$10,126,751 (additional TANF for SSBG replacement) \$2,348,629 (SSBG)	\$44,950,078* (total match) includes: \$7,364,512 (TANF only) \$9,870,544 (TANF to replace SSBG) \$2,709,544 (SSBG) *due to reduced client eligibility, Field has experienced reduced federal match	<p><u>If reduce abuse assessment staff (SW3s):</u></p> <ul style="list-style-type: none"> • Increase risk to children due to less in depth safety assessment and planning • Increased likelihood that pertinent information may not be obtained due to reduced time available for a given assessment • More likely to place children due to limited time to complete risk assessment and put services into place • Families will have more unanswered questions pertaining to critical decisions being made with regard to their children due to their worker being unavailable • Cases will be brought to court with limited information or planning critical to the child's safety and permanency • Parents will experience delays in Notice of Child Abuse Assessment initiation and completed assessment outcomes due to increased workload • Less ability to have frequent contact with children and families due to more cases per worker, covering a larger geographical area. • No funding for increased overtime needs 	Over 96% of Field Operations budget is devoted to staff salaries and expenses. In the event of significant reduction to Field Operations, a reduction in force of some magnitude could not be avoided. Any reduction in force (RIF) would need to comply with collective bargaining notices and generally would require 60-day notice. Savings resulting from a RIF would be reduced given vacation buyouts, etc. Additional state costs would be generated through IWD as unemployment benefits are paid.

Field Operations 2

Service Support	Entitlement @ Yes (why) No	# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues (Include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
							<p><u>If reduced ongoing service workers (SW2s):</u></p> <ul style="list-style-type: none"> ● Assessments of the service needs of children and families will be less thorough due to workers inability to spend the time needed due to workloads. ● Families will be less involved in the development of plans for their children which affects the likelihood of successful progress toward appropriate outcomes ● Increased risk to children and delays in getting into a permanent home due to lack of adequate planning for services and monitoring progress to meet the desired outcomes for children and families. ● More children at risk of further abuse or neglect, and more out of home placements due to inadequate intervention as a result of delays in service planning and implementation ● Preparation and planning for court reviews to address children's safety and permanency will be reduced ● Children in care will wait longer for permanency in their lives ● Delays in or fewer adoptions will be finalized ● Potential delays or inaccurate payments issued to providers ● Inaccurate reporting of data for federal funding sources would result in loss of revenue ● Reduced recruitment or monitoring of foster homes could cause 	

Field Operations 3

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							<p>disruption in placements</p> <ul style="list-style-type: none"> ● Special needs adoptions will receive less attention ● Staff will have less time for skill development to enhance their ability to serve children and families <p><u>If reduced financial assistance staff (IMW2s):</u></p> <ul style="list-style-type: none"> ● Delay in people starting to receive benefits ● Shorter interviews/less time spent discussing person's situation ● Fewer service referrals – lack time to identify service needs (substance abuse, domestic violence, etc.) ● Delay in expediting food stamps impacts use of other community resources, e.g., Co. Relief, food pantries ● Increase potential for disruption of benefits due to delays in making eligibility determinations ● Increased risk of inaccurate benefits due to less time to process changes and monthly reports ● Slow down progress to becoming self sufficient due to delays in referrals to CSRU and Promise Jobs which could result in using more months of FIP benefits toward the lifetime 60 month limit ● Fewer referrals for front end or fraud investigations ● Fewer recoupments completed 	

Field Operations 4

Service Support	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues (Include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
								<p><u>If reduced Child Care Licensure staff:</u></p> <ul style="list-style-type: none"> • Less protection for children caused by delays in child care facility licensure and home registration. • Fewer visits to child care facilities to ensure child safety and billing accuracy. <p><u>If reduced Purchase of Service staff:</u></p> <ul style="list-style-type: none"> • Reduced ability to negotiate contracts with POS agencies that are needed to allow local office staff to purchase needed services • Fewer visits to POS facilities to ensure contract compliance and accurate billing <p><u>If reduced Clerical Support staff:</u></p> <ul style="list-style-type: none"> • Less time for front line staff to perform critical service activities because of the necessity to perform routine clerical functions. The impacts are the same as listed under the child assessment staff, ongoing service workers, and financial assistance staff. <p><u>If reduced Supervisors/Managers:</u></p> <ul style="list-style-type: none"> • Less case and clinical consultation specialized training available to front line workers in child protection, child welfare, and financial assistance program areas. • Delayed response time in resolving client complaints, agency billing issues, and personnel issues. 	

Field Operations 5

Service Support	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues (Include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							

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* Include Tobacco, Senior Living and Hawk-I Trust Funds Allocations as well as State General Funds.

^ Considerations should include client notice, contract cancellations, reductions-in-force, federal compliance/audit issues, demands on other programs, changes to federal state plans, etc.

ACFS 1

DHS Programs

February 21,2002

Service	Entitlement and/or Mandate		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
Promoting Safe and Stable Families (Grants)	No		Funding to 38 DHS clusters for family support and reunification services (i.e. family team meetings, parent ed. Programs, crisis care, mentoring, CW/AOD services, after school programs, etc.)	\$630,933	\$463,125	\$1,968,231 (includes \$200,000 TANF)	\$1,883,596 (includes \$200,000 TANF)	Increased risk of out-of-home placement, increased threat to child safety. Minimum of 60% of funding serves children in the child welfare system to prevent foster care, return children in foster care, or achieve adoption for children in foster care.	20-day contract notice may require some client notification. Need to amend IV-B plan. Note that this program is funded with 75% federal and 25% state dollars.
Decategorization	No		<ul style="list-style-type: none"> ➤ Local entities in 98 counties (39 Decat projects) determine what services to offer. ➤ Through over 600 different projects per year, services include parent education services, child and family resource centers, intensive youth supervision, specialized foster family care, community planning coordinators, and case aides to assist social workers. ➤ 38.8% of SFY01 funding supported prevention/early intervention services. 	\$2,069,631	\$1,962,467	\$0	\$0	Reduction in child welfare and prevention services. Increased risk of out-of-home placement and increased costs due to use of more restrictive services Increased threat to child safety. Violation of state/community partnership and value of local control and flexibility in services.	Contract notification. May require some client notification. Need to amend IV-B plan.

ACFS 2

Service	Entitlement and/or Mandate		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
			> 39.4% of SFY01 funding was used to enhance services to children/families in the child welfare system.						
Medical Exams/Child Abuse Hotline CRITICAL	Yes Code of Iowa, 232.77 (Exams) and 236.16 (Hotline)		Approximately 948 children and 477 adults received medically relevant tests, x-rays, etc. in SFY01. The child abuse hotline received over 36,000 calls in SFY01, either child abuse referrals or general information.	\$106,775	\$106,775	\$0	\$0	Medically relevant tests could not be provided during child protective assessments leading to increased risk of abuse for children. The child abuse hotline would not be operated on a 24/7 basis.	Need to amend IV-B plan. Need to provide notice to Merit Resources. Statutory change. Manual change.
Protective Child Care CRITICAL	No		3,126 children served in SFY01	\$3,696,286	\$3,696,285	\$0	\$0	Increase risk of out-of-home placement, increased threat to child safety.	10-day notice to parents and providers. Need to amend IV-B plan. Rules change. Manual change. Risk of being out of compliance with IV-B and IV-E regarding reasonable efforts to prevent placement.
Family Centered Services CRITICAL	Yes, Federal mandate for state to make reasonable efforts; required service under Code of Iowa, Chapter 232.		12,315 children in SFY01. 6,773 children received services in January, 2002.	\$9,405,036	\$10,523,715	\$28,452,318 (includes \$19,086,793 TANF))	\$27,137,053 (includes \$19,096,571	Increased risk of out-of-home placement, increased threat to child safety, more disrupted reunifications, more re-entries of children into foster care, potential for re-abuse of children, decreased intensity of services per family, poorer performance on federal child welfare outcomes of re-entry and reoccurrence of child abuse.	10-day notice to parents. Notice to providers. Notice to court for modifications of court orders. Need to amend IV-B plan. Probable class action litigation, see footnote. Rules change. Manual change. Risk of being out of compliance with IV-B and IV-E regarding reasonable efforts to prevent placement.
Girls Day Treatment PROGRAM ELIMINATED IN	No		Approximately 700 girls	\$687,875	\$0	\$0	\$0	Increased risk of out-of-home placement, increased threat to child safety. Reduced access to services for girls.	10-day notice to parents. Notice to providers. Notice to court for modifications of court orders. Need to amend IV-B plan.

ACFS 3

Service	Entitlement and/or Mandate		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
SFY02									
Family Preservation Services CRITICAL	Yes Federal mandate for state to make reasonable efforts; required service under <u>Code of Iowa, Chapter 232.</u>		96 children/month in SFY01. 67 children received services in January, 2002.	\$1,531,255	\$1,110,797	\$1,651,085 (includes \$.9 million TANF)	\$1,508,814 (includes \$900,000 TANF)	Increased risk of out-of-home placement, increased threat to child safety, more disrupted reunifications, more re-entries of children into foster care, potential for re-abuse of children, decreased intensity of services per family, poorer performance on federal child welfare outcomes of re-entry and reoccurrence of child abuse.	10-day notice to parents. Notice to providers. Notice to court for modifications of court orders. Need to amend IV-B plan. Probable class action litigation, see footnote. Statutory change. Rules change. Manual change. Risk of being out of compliance with IV-B and IV-E regarding reasonable efforts to prevent placement.
Wraparound Services PROGRAM ELIMINATED IN SFY02	No		An estimated 2,850 children and their families received support in FY 2000. Services prevent or reduce the length of out-of-home placement included support for rent, counseling, transportation, recreational opportunities for youth, etc. 1,900 claims processed.	\$1,233,139	\$0	\$1,000,000 (100% TANF)	\$0	Increased risk of out-of-home placement or delay in reunification, increased threat to child safety.	Notice to regions of lack of availability of funding. Need to amend IV-B plan. Rules change. Manual change.
School Based Liaisons	Yes <u>Code of Iowa 232.191</u>		304 schools in SFY01 4,429 students/mo	\$3,528,000	\$3,376,296	0	0	Decreased school safety. Children would be at higher risk of truancy, school disruptions, and delinquency.	60 day notice. Need to amend IV-B plan. Notice to Juvenile Court Services. Note that Governor's FY 03 budget request increases school match from 25% to 50%, thereby reducing state dollars by \$1,764,000.
Adolescent Monitoring CRITICAL	Yes <u>Code of Iowa 232.191</u>		1900/mo in SFr 2001	\$4,151,673	\$3,541,574	0	0	Decreased community safety. More children would require a higher level of care such as	60 day notice Would require modification of existing court orders. Need to amend IV-B plan.

ACFS 4

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	Yes (why)	No							
								group care or a state institution. Potential for class-action lawsuit.	Notice to Juvenile Court Services. Note the Governor's FY 03 budget request reduces funds by 10.6%.
Supervised Community Treatment CRITICAL	Yes <u>Code of Iowa</u> 232.191		346/mo in SFY 2001	\$5,194,197	\$4,686,811	\$300,000 (100% TANF)	\$300,000 (100% TANF)	Decreased community safety. More children would require a higher level of care such as group care or a state institution. Potential for class-action lawsuit.	60 day notice Would require modification of existing court orders. Need to amend IV-B plan. Notice to Juvenile Court Services. Note the Governor's FY 03 budget request reduces funds by 10.6%.
Life Skills	Yes <u>Code of Iowa</u> 232.191		250/mo in SFY 2001	\$537,500	\$458,513	0	0	Decreased community safety. More children would require a higher level of care such as group care or a state institution.	60 day notice Would require modification of existing court orders. Need to amend IV-B plan. Notice to Juvenile Court Services. Note the Governor's FY 03 budget request reduces funds by 10.6%.
Court Ordered Services CRITICAL	Yes <u>Code of Iowa</u> , 232.141		Over 2,837 clients per month received drug testing, evaluations, transportation, etc. in SFY01. Total 34,044 served in SFY01	\$3,290,000	\$3,148,530	0	0	Valid court orders mandating services must be honored. COS services include drug testing, evaluations, etc.	60 day notice Would require modification of existing court orders. Need to amend IV-B plan. Notice to Juvenile Court Services. Statutory change. Rules change.
Foster Family Care CRITICAL	Yes mandate <u>Code of Iowa</u> 234.35 Title 4E requirement		2,695 average monthly population in FY 2001. There were 2,806 children in placement on January 31, 2002. 70% are in care due to abuse or other parental issues (e.g., substance abuse).	\$16,332,143	\$17,131,144	\$19,786,294 (includes 2.4 million for TANF)	\$20,364,336 (includes 2.9 million for TANF)	Children who can not remain safely in their home could be at increased risk, and/or children could be inappropriately placed in other levels of care.	30 day contract notice – lack of funding 10 day client notice to terminate services. Adequate notice to courts to address modifications of disposition for existing placements. Probable class action litigation, see footnote. Need to amend IV-B plan. Statutory change. Rules change. Manual change. Risk of being out of compliance with federal IV-B and IV-E requirements.
Parent-Child Visitation	No		There are 5 projects,	\$102,496	\$0	\$57,504	\$0	Children in care may not have as	30 day contract notice – lack of

ACFS 5

Service	Entitlement and/or Mandate		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
PROGRAM ELIMINATED IN SFY02 4.3% ATB			one in each DHS region. Approximately 1,400 children were served in family foster care.					many opportunities for family visitation that could delay reunification. An evaluation in FY 1999 found that children at the project sites had significantly shorter lengths of stay than children in counties that did not participate (242 days compared to 483 days).	funding. 10 day client notice terminate services. Need to amend IV-B plan. Note: if foster care length of stay increases, savings could be offset by increased foster care costs.
Family to Family PROGRAM ELIMINATED IN SFY02	No		7 projects encourage family visitation and use foster parents as "mentors" to biological parents.	\$211,397	\$0	\$118,603	\$0	Children in care may not have as many opportunities for family visitation, which could delay reunification and therapeutic coordination of services that could delay reunification.	30 day contract notice – lack of funding. 10 day client notice terminate services. Need to amend IV-B plan.
Foster Parent Training CRITICAL	Yes <u>Code of Iowa 237.5A.</u> Title IV-B requirement.		Approximately 600 new foster parents must have training before they can provide services, and 2,631 foster parents must have annual training to remain licensed.	\$226,086	\$229,004	\$264,445	\$240,433	Children may not have as safe a family environment to live in. Increased risk of abuse in care and disruption of out-of-home placement; decreased retention of foster parents. Foster parents identify training as a critical need.	30 day contract notice – lack of funding. 10 day client notice terminate services. Need to amend IV-B plan. Statutory change. Rules change. Manual change.
IFAPA Contract	No		Provides support to 2,506 foster parents and 2,490 adoptive parents.	\$508,395	\$523,439	\$341,605	\$290,848	Children would have reduced access to foster care, adoptive care, respite care. Foster and adoptive families would have reduced support (liaison program).	30 day contract notice – lack of funding. Need to amend IV-B plan.
Foster Parent Insurance	Yes <u>Code of Iowa, 237.13</u>		Provides liability insurance to 2,631 foster parents. There were 135 claims for \$295,000 in FY 2000. In SFY, there were 128 claims totaling \$328,445.	\$118,831	\$122,161	\$66,669	\$63,339	Lack of funds would either make the state (not the insurer) liable for the costs of damage, or if no reimbursement was available there would likely be a chilling effect upon foster family recruitment and retention.	30 day contract notice of lack of funding. Need to amend IV-B plan. Statutory change. Rules change. Manual change. Note: if claims in FY 2002 exceed the appropriation, the difference would be a cost to the state if the insurance contract is not funded.

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Service	Entitlement and/or Mandate		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
Shelter Care CRITICAL	Yes Code of Iowa, 234.35; Title IV-E requirement		344 average monthly population in SFY01 322 youth in placement in Jan. 2002	\$5,758,247	\$5,736,491	\$3,066,012	\$3,049,190	Children in an emergency situation who need a safe temporary place to live, would either be at increased risk of abuse/neglect living at home or could be homeless. Could increase county costs.	30 day contract notice of lack of funding. 10 day client notice to terminate services. Requires notice to counties. May result in increased costs to counties. Probable class action litigation, see footnote. Statutory change. Rules change. Manual change.
Group Care CRITICAL	Yes Code of Iowa, 234.35; Title IV-E requirement		1219 average monthly population in SFY01 There were 1,164 children in placement in January 2002. 99% are age 12 and older. 50% have serious behavior problems or have been adjudicated delinquent.	\$24,229,673	\$24,585,897	\$23,810,018	\$25,832,292	Children needing structured treatment and supervision would be in alternate setting that would not provide adequate structure or supervision that would increase risk to the child and the community.	30 day contract notice of lack of funding. 10 day client notice to terminate services. Adequate notice to courts to address modification of disposition for existing placements. Probable class action litigation, see footnote. Statutory change. Rules change. Manual change.
Psychiatric Medical Institutions for Children (PMIC) CRITICAL	No		939 children were served in SFY01. Of those, 600 were new admissions during SFY01. 50% have behavior related disorders, 33% have depression related disorders.	\$7,060,104	\$6,736,887	\$11,903,376	\$11,488,352	Children needing structured treatment and supervision would be in alternate setting that would not provide adequate structure or supervision that would increase risk to the child and the community.	30 day contract notice of lack of funding 10 day client notice to terminate services Adequate notice to courts to address modification of disposition for existing placements. If this program was discontinued, there would be an additional cost to serve these children in group care. Statutory change. Rules change. Manual change.
Mediation to Permanency Project PROGRAM ELIMINATED IN	No		75 families were served in FY 2000	\$122,130	\$0	\$77,870	\$0	An evaluation in FY 2000 suggests that mediation facilitates permanency and reduces time to permanency. Therefore, elimination could	30 day contract notice of lack of funding 10 day client notice to terminate services. Need to amend the IV-B plan.

ACFS 7

Service	Entitlement and/or Mandate		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
SFY02								increase the time it takes to achieve permanency and need for court interventions.	Longer stays in foster care will offset any reduction "savings".
Permanency Planning/TPR Staff CRITICAL	No		I staff has primary responsibility for preparing DHS for the federal CFS review scheduled in SFY02 and '03 and for ensuring DHS compliance with the Adoption and Safe Families Act (ASFA) timeframes and standards. Permanency functions of 5 dedicated staff have been spread across field supervisory staff. The supervisors must assist in oversight of compliance with requirements pertaining to timeliness of TPR petitions and reasonable efforts to achieve permanency for children in foster care. They also oversee compliance with a requirement that limits use of long term foster care "only when there is a compelling reason not to pursue family reunification or adoption, and only when there is a specific placement identified for	\$278,230	\$254,735	\$108,060	\$90,692	Reduction would decrease ability to focus on effectively planning for permanency for children, and likely result in longer foster care lengths of stay. It would also increase significantly our risk of being determined to be out of compliance with ASFA, which may result in fiscal penalties to the state.	Comply with IDOP personnel notice. Need to amend the IV-B plan.

ACFS 8

Service	Entitlement and/or Mandate		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
			the child to grow up in."						
Adoption Recruitment Contract	No		1062 total families in SFY01. There are 110 children listed in the adoption exchange.	\$531,692	\$469,454	\$428,889	\$369,848	Reduction would close recruitment tools such as the web site and photo listing book. The availability of adoptive homes would be reduced, resulting in children remaining in foster care placements.	30 day contract notice of lack of funding. Need to amend the IV-B plan. Any reduction in recruitment services could result in children waiting longer for adoption. Any program savings will be partially or entirely offset by higher levels of care.
Adoption Services CRITICAL	Yes Mandatory activity to comply with reasonable efforts to achieve permanency.		693 in SFY01	\$491,773	\$493,235	\$414,220	\$395,525	Reduction could lead to disrupted placements and children remaining in or re-entering foster care.	30 day contract notice of lack of funding. Need to amend the IV-B plan. Rules change. Manual change.
Subsidized Adoption CRITICAL	Yes Federal Title IV-B and IV-E requirement.		In SFY01 an average of 5,043 children received a payment each month. During the first six months of SFY02, the number is 5,992. Over 80% of the children have a diagnosed physical, mental or emotional disability; more than 50% are age 8 or older.	\$13,212,094	\$15,656,061	\$17,799,948	\$20,695,042	Reduction would disrupt the stability of the out-of-home placement and continuity of care, and would increase the number of children remaining in foster care.	10 day client notice to terminate services Need to amend the IV-B plan. Probable class action litigation, see footnote. Statutory change. Rules change. Manual change.
AG for TPR Appeals CRITICAL	Yes Mandatory: must have legal representation in TPR appeals		There are approximately 242 appeals of Termination of Parental Rights actions each year. For the first 6 months of SFY02, there are 280 actions.	\$26,836	\$33,687	\$17,164	\$10,313	Reduction in legal services would result in lack of permanence, more over turned decisions	Need to comply with IDOP personnel notice requirements. Need to amend the IV-B plan.
Independent Living CRITICAL	No, however \$160,000 of this amount is a required match		268 (unduplicated) youth served in SFY01; 95 youth were in	\$1,744,998	\$1,330,456	\$361,156	\$361,156	Reduction would result in children remaining in higher levels of foster care, being less	30 day contract notice of lack of funding 10 day client notice to terminate

ACFS 9

Service	Entitlement and/or Mandate		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
	under the federal <u>Chaffee</u> legislation.		placement on 2/1/02.					prepared for successful transitions to adulthood, and could lead to homelessness.	services. Need to amend the IV-B plan. Statutory change. Rules change. Manual change.
Child Welfare Training CRITICAL	No		In SFY01: 793 Child Abuse Assessment Workers at the Child Protection Academy 4344 DHS staff on new worker orientation and ongoing prof. Development 1,451 DHS, Provider, and JCS staff on permanency 383 DHS, Provider and JCS on multiple topics	\$349,386	\$334,362	\$490,534	\$469,440	Reduction in available training could result in increased child safety risk, decreased permanency, and increased staff turnover.	30 day contract notice of lack of funding. Need to amend the IV-B plan.
Results-Based Accountability CRITICAL	No, however, Some activities funded by this appropriation are mandatory.		This allocation funds activities to track safety, permanency, and well-being results for children and families served through the CFS appropriation, including compliance with federal reporting requirements related to foster care and adoption (AFCARS) and child abuse (NCANDS). Results are reported in the HHS annual report to Congress and are made available on the DHS web site. County-specific results are also made available to local offices. This allocation	\$118,462	\$107,955	\$67,902	\$71,125	<ul style="list-style-type: none"> ➤ Reduction would result in decreased capacity to monitor and report practice and results for children and families served throughout the child welfare system. We would be unable to report results down to the local level, which is needed to help local offices identify areas for improvement. Reduction would also jeopardize our ability to comply with federal reporting AFCARS and NCANDS requirements. ➤ Significant delays in preparing for the CFSR. ➤ Absent staffing for this effort, useable data could not be extracted from 	30 day contract notice of lack of funding. Need to amend the IV-B plan.

ACFS 10

Service	Entitlement and/or Mandate		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
			also funds peer review activities designed to strengthen results for children and families and improve practice.					AFCARS and NCANDS; monthly reports could not be sent to field; no data validation; no data mapping review; no TA with QSR software; and no data prep. for the CFSR. > We would do approx. 3 fewer surveys a year.	
Child Welfare Information Systems (CWIS): CRITICAL - FACS (Family and Children Services) - STAR (Statewide Tracking of Abuse Reports) - FACS + (Field Budgeting Tool) -Foster Care Parent Recruiting Website - CACT (Clinical Assessment and Consultation Team)	No		This allocation funds the daily operations and enhancements of our Child Welfare Information Systems. FACS supports the case mgmt. of over 10,000 clients daily. STAR documents, monitors and supports staff in handling over 20,000 child abuse calls and assessments each year. CWIS systems are used daily by over 1200 child protective workers, child welfare staff, CO administrators and field admin. staff. These systems also provide data, reports, and trending info. to a wide range of stakeholders statewide. FACS processes over \$215 million annually in provider claims and monthly payments to foster and adoptive parents. (SFY 2001	\$17,546	\$17,546	\$17,546	\$17,546	Previous funding cuts have reduced in CWIS staff by 38% form last SFY and has caused a significant reduction in enhancements to the IT systems. Further reductions would lead to claims processing and payment problems that would impact provider agencies and foster and adoptive parents while contributing to service disruption for families and children. Reductions would also jeopardize our compliance with federal reporting for AFCARS and NCANDS. Failure to comply with federal reporting results in a \$170,000 annual penalty.	30 day contract notice of lack of funding. Need to amend the IV-B plan. Comply with IDOP personnel notice

ACFS 11

Service	Entitlement and/or Mandate		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
			figures)						
IFMC Service Authorization CRITICAL	Yes	Mandatory activity to draw federal RTS funds.	15,767 (unduplicated) clients were reviewed for Title XIX eligibility in SFY01. Total authorizations in SFY01 were 26,420.	\$313,550	\$600,136	\$748,447	\$600,136	Elimination would create approx. 1.4m per month reduction of FFP in related RTS services – reducing overall service availability.	30 day contract notice of lack of funding. Need to amend the IV-B plan. If contract cancelled, state would no longer be able to claim T19 match for RTS services. Rules change. Manual change.
RTS TA/QA, Fiscal Support CRITICAL	Yes	Mandatory activity to draw federal RTS funds	There are 251 certified providers.	\$828,315	\$790,268	\$191,522	\$147,065	Elimination could jeopardize T19 state plan and 17m in FFP for RTS services, reducing overall service availability	30 day contract notice of lack of funding. Need to amend the IV-B plan. Comply with IDOP personnel notice Rules change. Manual change.
SSI Contract CRITICAL	No		In SFY01, SSI benefits were secured for 135 children in foster care. A total of 88 awards of 128 applications, 31 of 39 approval for continuing eligibility, 16 of 20 reviews resulted in benefits continuing for foster children as they “aged out”, and 479 representative payees changed to DHS	\$275,000	\$263,175	\$0	\$0	Reduction in revenue to offset FC costs. In FY 2000, Iowa received \$3.27 million in SSI funding for children in foster care.	Notice to contractor. Need to amend the IV-B plan. Statutory change. Rules change. Manual change.
Child Abuse Prevention	No	<u>Code of Iowa, 235A.1</u>	In SFY01, services were provided to 3,566 families, 3,655 parents/adults, and 36,334 children. Child abuse prevention grants in 66 counties.	\$0	\$239,250	\$731,000 (100% TANF)	\$731,000 (100% TANF)	Child abuse prevention programs in over 50 communities would be ended. This would increase the risk of abuse to children.	10 day notice. Need to amend the IV-B plan. Note that the Governor’s FY 03 budget request transfers funds for child abuse prevention from DHS to the Department of Public Health.
Teen Pregnancy	No		In SFY01, one or more	\$281,415	\$271,643	\$1,310,366	\$1,310,366 (100%)	Possible increased teen	30-day notice to grantees. Need to

ACFS 12

Service	Entitlement and/or Mandate		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
Prevention			programs in 56 counties served 79,303 youth.			(100% TANF)	TANF)	pregnancies. Increased risk to child safety. Possible increased need for FIP.	amend the IV-B plan. Comply with IDOP personnel notice. Note that the Governor's budget request for FY 03 moves this program to DPH.
Family Planning	No	Code of Iowa, 234.6	10,555 consumers in SFY01	\$0	\$0	\$1,302,071 (includes \$1,207,112 TANF)	\$1,298,133 (includes \$1,204,047 TANF)	Increase in unwanted pregnancies. Increased risk to child safety and family stability. Possible increased need for FIP.	10-day notice to consumers. Notice to family planning clinics and regional offices. Need to amend SSBG plan.
Family Support Subsidy and Children-at-Home Program CRITICAL	No		In SFY01, 428 families received a monthly subsidy. 225 families were on a waiting list 8 Children-At-Home sites serving more than 14 counties.	\$2,028,215	\$1,999,994	\$0	\$0	Increased risk of out-of-home placement for children with special needs. Increased risk to child safety.	Rules change. Manual change. 10-day notice to parents. Need to amend the IV-B plan. Rules change.
Child Care Assistance CRITICAL	Yes – MOE required for CCDF/TANF		23,527 children served in SFY01 23,527	\$4,414,111	\$4,414,110	\$34,948,576 (\$22,519,567 TANF)	\$36,185,697 (\$28,438,329 TANF)	Inability for clients to continue work/school. Inability to achieve self-sufficiency.	10-day notice to parents and providers. Statutory change. Rules change. Manual change.
Child Care Resource and Referral Grants	No		Provided parent services to more than 10,000 parents seeking child care for more than 15,000 children and offered support and professional development to more than 35,000 providers.	\$636,640	\$419,460	\$1,671,779	\$1,765,666	Reduced parent referrals and provider support.	30-day notice to parents and providers.
Child Care Emergency and Startup Grants PROGRAM	No		New in FY 2001	\$0	\$0	\$200,000 (100% TANF)	\$0	Will not expand the availability, quality, or accessibility of child care.	

ACFS 13

Service	Entitlement and/or Mandate		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
ELIMINATED IN SFY02									
Child Care for School Age Children	No		New in FY 2001	\$0	\$0	\$200,000 (100% TANF)	\$0	Will not expand the availability, quality, or accessibility of child care.	
PROGRAM ELIMINATED IN SFY02									
Child Care Educational Opportunities to Providers	No		Home visits and support were provided to over 1394 providers in SFY01	\$0	\$0	\$200,000 (100% TANF)	\$200,000 (100% TANF)	Will not expand the availability, quality, or accessibility of child care.	Notification to Child Care R & R's. Note that FY 02 funding may already be fully expended.

@ In this cell note whether a service is an entitlement and if the funding is discretionary, i.e., state funds for FIP and Child Care are required to meet Maintenance of Effort.

* Include Tobacco, Senior Living and Hawk-I Trust Funds Allocations as well as State General Funds.

^ Considerations should include client notice, contract cancellations, reductions-in-force, federal compliance/audit issues, demands on other programs, changes to federal state plans, etc.

Allocation footnote: amounts in the SFY 01 budget column reflect regional expenditure projections, which may be different than the original budget because regions have reallocated dollars based on service needs.

Probable Class Action footnote: Following are examples of issues that have resulted in class action litigation against state child welfare systems: lack of services for birth parents and unnecessary removals, lack of foster homes, abuse in foster care, inadequate services for children in foster care, multiple moves for children in foster care, separation of siblings in foster care, foster care length of stay, delays in adoption, and slack of automated data on child welfare cases. In many cases, the underlying issues have involved high caseloads in the public agency; or inadequate funding for services – either to prevent placement or achieve permanency, or for children in foster care. Frequently, part of the settlement agreement has involved additional funding for services and for public agency caseworkers and/or supervisors.

Medical I

DHS Programs

February 21,2002

Medical Assistance, Medical Contracts, Health Insurance Payment Program (HIPP), State Supplementary Assistance (SSA), and Child Health Insurance Program (CHIP)

Service	Entitlement @ Yes (why) No	# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
Mandatory - Inpatient Services – All aid types eligible	Yes – State Plan Services	35,105 served in SFY 01	\$54,460,993	\$46,087,220	\$91,821,556	\$77,836,469	Severe – If services not available, Medicaid eligible clients would still need medical care.	Title XIX of the Social Security Act requires states to provide these services.
Mandatory - Outpatient Services – All aid types eligible	Yes – State Plan Services	125,985 served in SFY 01	\$20,421,114	\$27,057,202	\$34,430,119	\$45,696,769	Severe – If services not available, Medicaid eligible clients would still need medical care.	Title XIX of the Social Security Act requires states to provide these services.
Mandatory - Physician Services – All aid types eligible	Yes – State Plan Services	189,977 served in SFY 01	\$24,324,031	\$29,487,545	\$41,010,460	\$49,801,363	Severe – If services not available, Medicaid eligible clients would still need medical care.	Title XIX of the Social Security Act requires states to provide these services.
Mandatory - RHC & FQHC – All aid types eligible	Yes – State Plan Services	41,014 served in SFY 01	\$2,660,373	\$3,255,387	\$4,485,405	\$5,498,006	Severe – If services not available, Medicaid eligible clients would still need medical care.	Title XIX of the Social Security Act requires states to provide these services.
Mandatory - Lab/X-ray – All aid types eligible	Yes – State Plan Services	28,820 served in SFY 01	\$408,867	\$583,661	\$689,352	\$985,742	Severe – If services not available, Medicaid eligible clients would still need medical care.	Title XIX of the Social Security Act requires states to provide these services.
Mandatory - Family – Planning Services – All aid types eligible	Yes – State Plan Services	4,202 served in SFY 01	\$80,492	\$99,446	\$135,710	\$167,954	Severe – If services not available, Medicaid eligible clients would still need medical care.	Title XIX of the Social Security Act requires states to provide these services.
Mandatory – EPSDT Services – All aid types eligible	Yes – State Plan Services	76,480 served in SFY 01	\$3,007,334	\$2,718,217	\$5,070,383	\$4,590,783	Severe – If services not available, Medicaid eligible clients would still need medical care.	<ul style="list-style-type: none"> Title XIX of the Social Security Act requires states to provide these services. State Plan amendment (SPA) to remove this as an optionally covered service. This can be implemented upon submission of the SPA but rules which currently govern policy would have to be rescinded by the legislature to be effective immediately upon enrollment by the Governor. Manuals Informational Letters to Providers

Medical 2

Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
									<ul style="list-style-type: none"> Client Notices Information Technology (IT) minor impact (1 to 50 hours)
Optional – Prescribed Drugs – All aid types eligible	No – State Plan Services		224,833 served in SFY 01	\$67,810,000	\$87,242,298	\$114,328,061	\$147,343,069	Severe – Iowans with income which qualifies for any categorical aid type would no longer receive these services. County funding, public hospitals and the largess of the provider community would be needed to care for these persons.	<ul style="list-style-type: none"> State Plan amendment (SPA) to remove this as an optionally covered service. This can be implemented upon submission of the SPA but rules which currently govern policy would have to be rescinded by the legislature to be effective immediately upon enrollment by the Governor. Manuals Information Letters to providers Client Notices Information Technology (IT) minor impact (1 to 50 hours)
Optional – Dental Services – All aid types eligible	No – State Plan Services		96,578 served in SFY 01	\$9,479,767	\$8,569,992*	\$15,982,943	\$14,473,815	Severe – Iowans with income which qualifies for any categorical aid type would no longer receive these services. County funding, public hospitals and the largess of the provider community would be needed to care for these persons.	State Plan amendment (SPA) to remove this as an optionally covered service. This can be implemented upon submission of the SPA but rules which currently govern policy would have to be rescinded by the legislature to be effective immediately upon enrollment by the Governor.
Optional – Ambulance Services – All aid types eligible	No – State Plan Services		9,205 served in SFY 01	\$414,044	\$496,946	\$698,081	\$839,290	Severe – Iowans with income which qualifies for any categorical aid type would no longer receive these services. County funding, public hospitals and the largess of the provider community would be needed to care for these persons.	State Plan amendment (SPA) to remove this as an optionally covered service. This can be implemented upon submission of the SPA but rules which currently govern policy would have to be rescinded by the legislature to be effective immediately upon enrollment by the Governor.
Optional – Psychiatric Services – All aid types	No – State Plan Services		8,178 served in SFY 01	\$464,463	\$461,661	\$783,087	\$779,697	Severe – Iowans with income which qualifies for any categorical aid type	State Plan amendment (SPA) to remove this as an optionally

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Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
eligible								would no longer receive these services. County funding, public hospitals and the largess of the provider community would be needed to care for these persons.	covered service. This can be implemented upon submission of the SPA but rules which currently govern policy would have to be rescinded by the legislature to be effective immediately upon enrollment by the Governor.
Optional – Optometric Services – All aid types eligible	No – State Plan Services		56,349 served in SFY 01	\$1,050,755	\$1,295,057	\$1,771,579	\$2,187,215	Severe – Iowans with income which qualifies for any categorical aid type would no longer receive these services. County funding, public hospitals and the largess of the provider community would be needed to care for these persons.	State Plan amendment (SPA) to remove this as an optionally covered service. This can be implemented upon submission of the SPA but rules which currently govern policy would have to be rescinded by the legislature to be effective immediately upon enrollment by the Governor.
Optional – DME & Medical Supplies – All aid types eligible	No – State Plan Services		36,987 served in SFY 01	\$8,103,879	\$9,367,743	\$13,663,188	\$15,821,133	Severe – Iowans with income which qualifies for any categorical aid type would no longer receive these services. County funding, public hospitals and the largess of the provider community would be needed to care for these persons.	State Plan amendment (SPA) to remove this as an optionally covered service. This can be implemented upon submission of the SPA but rules which currently govern policy would have to be rescinded by the legislature to be effective immediately upon enrollment by the Governor.
Optional – Other Practitioner Services – All aid types eligible	No – State Plan Services		18,194 served in SFY 01	\$2,762,880	\$2,869,917	\$4,658,232	\$4,846,988	Severe – Iowans with income which qualifies for any categorical aid type would no longer receive these services. County funding, public hospitals and the largess of the provider community would be needed to care for these persons.	State Plan amendment (SPA) to remove this as an optionally covered service. This can be implemented upon submission of the SPA but rules which currently govern policy would have to be rescinded by the legislature to be effective immediately upon enrollment by the Governor.
Optional – Podiatric Services – All aid types eligible	No – State Plan Services		14,731 served in SFY 01	\$922,788	\$400,794	\$1,555,826	\$676,899	Severe – Iowans with income which qualifies for any categorical aid type would no longer receive these services. County funding, public hospitals and the largess of the	State Plan amendment (SPA) to remove this as an optionally covered service. This can be implemented upon submission of the SPA but rules which currently

Medical 4

Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
								provider community would be needed to care for these persons.	govern policy would have to be rescinded by the legislature to be effective immediately upon enrollment by the Governor.
Optional – Chiropractic Services – All aid types eligible	No – State Plan Services		14,621 served in SFY 01	\$425,544	\$393,371	\$717,470	\$664,362	Severe – Iowans with income which qualifies for any categorical aid type would no longer receive these services. County funding, public hospitals and the largess of the provider community would be needed to care for these persons.	State Plan amendment (SPA) to remove this as an optionally covered service. This can be implemented upon submission of the SPA but rules which currently govern policy would have to be rescinded by the legislature to be effective immediately upon enrollment by the Governor.
Optional – Hospice Services – All aid types eligible	No – State Plan Services		995 served in SFY 01	\$1,090,554	\$1,261,759	\$1,838,681	\$2,130,978	Severe – Iowan’s with income which qualifies for any categorical aid type would no longer receive these services. County funding, public hospitals and the largess of the provider community would be needed to care for these persons.	<ul style="list-style-type: none"> • State Plan amendment (SPA) to remove this as an optionally covered service. This can be implemented upon submission of the SPA but rules which currently govern policy would have to be rescinded by the legislature to be effective immediately upon enrollment by the Governor. • Manuals • Informational letters to providers • Client Notices • Information Technology (IT) minor impact (1 to 50 hours)
Optional – Clinic Services – All aid types eligible	No – State Plan Services		5,498 served in SFY 01	\$686,291	\$854,237	\$1,157,091	\$1,442,716	Severe – Iowans with income which qualifies for any categorical aid type would no longer receive these services. County funding, public hospitals and the largess of the provider community would be needed to care for these persons.	State Plan amendment (SPA) to remove this as an optionally covered service. This can be implemented upon submission of the SPA but rules which currently govern policy would have to be rescinded by the legislature to be effective immediately upon enrollment by the Governor.
Optional – PMIC	No – State Plan Services		347 budgeted to	\$7,060,104 (in	\$6,987,000 (in	\$11,903,377	\$11,800,308	Severe – Iowans with income which	State Plan amendment (SPA) to

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Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
Services – All aid types eligible			be served in SFY 02	ACFS appropriation)	ACFS appropriation)			qualifies for any categorical aid type would no longer receive these services. County funding, public hospitals and the largess of the provider community would be needed to care for these persons.	remove this as an optionally covered service. This can be implemented upon submission of the SPA but rules which currently govern policy would have to be rescinded by the legislature to be effective immediately upon enrollment by the Governor. Systems Impact: programming hours needed = 51 - 200 hours
Medicaid Managed Care Services – HMOs • John Deere • Iowa Health Sol. • Coventry • MediPASS	No – State plan service approved by HCFA		123,263 average monthly enrollment	\$31,948,097	\$32,950,968	\$53,864,683	\$55,650,721.	Clients still eligible for Medicaid covered services would revert to fee-for-service payment system	60 day notice to HMOs for termination. Any reduction or other change in services covered would require an actuarial computation of appropriate PMPM capitation rates. Immediate INCREASE of 2% in FFS expenditures for comparable services. Information Technology (IT) medium impact (51 -200 hours)
Medicaid Managed Mental Health and Substance Abuse Services – Iowa Plan	No – State plan service under 1915(b) waiver approved by HCFA		219,536 average monthly enrollment	\$24,166,675	\$24,166,675	\$40,745,162	\$40,814,973	Clients still eligible for Medicaid covered services would revert to fee-for-service payment system	60 day notice to HMOs for termination. Any reduction or other change in services covered would require an actuarial computation of appropriate PMPM capitation rates. Immediate INCREASE of 4% in FFS expenditures for comparable services. Information Technology (IT) minor impact (1 to 50 hours)
Inspections and Appeals – Survey and Certification	Yes - Surveys of Medicaid certified nursing facilities, ICFs/MR, and RCFs is a mandatory activity		Avg. of 12 facilities per month is required	\$950,000	\$2,726,615	\$991,530	\$2,822,047	Would pose immediate health and safety threat to Medicaid-eligible persons residing in nursing facilities.	Needs to be completed to meet Federal regulations.

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Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
Independent Assessment of medical managed care programs - U of I Public Policy Center contract	Federal requirement for State Plan operations		123,263 average monthly enrollment	\$65,000	\$65,000	\$65,000	\$65,000	Not required if medical managed care is not utilized.	Needs to be completed to meet Federal regulations.
Independent Assessment of mental health managed care program - Mercer and Co. contract	Federal requirement for 1915(b) waiver approval		219,536 average monthly enrollment	\$65,000	\$65,000	\$65,000	\$65,000	Not required if mental health managed care is not utilized.	Needs to be completed to maintain the 1915(b) waiver.
CHIP (<i>hawk-i</i> & Medicaid expansion) Programs Included in this budget are the following contracts: MAXIMUS (\$1,022,208) U of I Public Policy Center (\$35,019) John Deere Health Plan Iowa Health Solutions Wellmark (Classic Blue) Community Outreach	No Critical	As of 1/31/02 - 21,248 <i>hawk-i</i> - 12,927 Medicaid expansion 8,321 (funded with TXXI)	\$9,884,508 (\$3,684,508- FY 2001 - appropriation of \$4,984,508 minus de-appropriation of \$1,300,000) (\$6,000,000 - <i>hawk-i</i> trust fund) (\$200,000 - tobacco settlement)	\$12,538,800 (\$8,400,000 - \$361,200- general fund) (\$4,300,000 <i>hawk-I</i> trust fund) (\$200,000 tobacco settlement)	\$27,943,689	\$35,687,354	This program serves uninsured children, under the age of 19, whose family income exceeds Medicaid limits. If this program were eliminated, these children would no longer have health care coverage. In some cases, families may have dropped existing health care coverage that may no longer be available to them. Children may go untreated for medical conditions or if treatment is sought, the cost will be shifted to the provider community as charity care or to the counties. <u>Contracts:</u> If the MAXIMUS or health plan contracts were terminated but the program remained, the Department would need to find another way to process applications and maintain enrollment. The capitation payment to the health plans has been \$1.3M - \$1.9M in each of the past 3 months. State Public Policy - this contract provides an analysis of the health status of children in the program.	Elimination of the CHIP program would require: <ul style="list-style-type: none"> • legislation • administrative rules amendments • state plan amendments • notification to families; and • contract terminations • impact on 4 FTEs <p>Note: Termination of contracts due to the de-appropriation of funds requires 30 days written notice to the contractor.</p> <p>State plan amendments that eliminate or restrict eligibility cannot take effect unless the State certifies that it has provided prior public notice of the proposed change in a form and manner provided under applicable state law and the public notice was published prior to the effective date of the change.</p> <p>Systems Impact: programming hours needed = Less than 50 hours for all contracts</p>	

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Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
Contracts (\$255,996)								Termination of this contract would result in the loss of baseline data that is to be used in future analysis. Outreach Contracts – the outreach grants are distributed to the outreach projects up front. Eliminating this piece of the effort would require recouping the funds from the individual entities. Most of this money has already been spent or is obligated.	
Health Insurance Premium Payment (HIPP) Program	No (payment of health insurance premiums is an optional Medicaid covered service) Critical		9,682 YTD	\$438,664	\$589,197 (\$615,671 - \$26,474)	\$438,664	\$589,197	The Department would no longer buy in to cost effective employer health insurance for Medicaid-eligible persons. The majority of these persons will then drop the coverage which will result in greater costs to the Medicaid program.	Elimination of the HIPP program would require: <ul style="list-style-type: none"> • legislation • administrative rules amendment • state plan amendment • notification to families • termination of the lease • impact on 22 FTEs • Systems Impact: programming hours needed = 51 – 200 hours
Burials for State Supplementary Assistance eligibles	No, optional		3 recipients	\$25,000	\$25,000 Effective April 1, 2002 this service will no longer be available	0%	0%	Individuals will need to request assistance from County General Relief Assistance if available or from the Funeral Homes	NA (program will be eliminated April 1, 2002)
Determination of disability – contract with Dept. of Education, Vocational Rehab. Svcs. Critical	No – mandatory contract. If DHS did not have a contract with Voc. Rehab., then DHS would have to perform disability determinations following Federal regulations.		580 disability determinations processed from 7/1/01 through 1/31/02.	\$295,570	\$225,304	\$295,570	\$225,304	When a person does not receive social security disability or SSI because they are disabled, the state is required to determine if the person is disabled using SSI criteria for disability. Persons found to be disabled under this criteria are covered under Medicaid for aged, blind and disabled.	<ul style="list-style-type: none"> • To discontinue requires 6 months notification. • Would need trained medical DHS employees to make the disability determination if we did not have a contract with DDS. • Would need to revisit the

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Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
								Without disability determinations we would not be able to approve for SSI-related disabled programs including waivers.	lawsuit that resulted in contracting with DDS. <ul style="list-style-type: none"> • Would need to develop a network of medical providers to complete any necessary medical exams. • DHS would have to duplicate what DDS does in determining disability, which would result in higher and unnecessary costs to the State and DHS budget
Consultec Inc. – Fiscal Agent contract	Mandatory Activity		308,000 Recipients 33,000 Providers	\$4,334,423	\$5,466,633	\$9,312,724	\$9,265,644	Severe. If funds not available for this contract, providers would not be paid resulting in denial of services to Medicaid clients. Has potential to end the Iowa Medicaid program.	Elimination or modification of the fiscal agent contract would require: <ul style="list-style-type: none"> • 90 day notice • Revise State Plan • Notice to providers • Major IT system changes. • Jeopardize federal compliance
Health Management Systems contract **Third Party Liability Recovery	Mandatory Activity			Contract is paid as contingency fee (% of recoveries) Champus 2% Medicare 12% Commercial 12% Commercial 9.5% Blue Cross Rx 9.5% Blue Cross 12% Blue Cross 9.5%	Contract is paid as contingency fee (7% of recoveries<= \$6,600,000; 16%> \$6,600,000)			State revenue source to Medical Assistance would be eliminated Non compliance with federal regs	30 day termination notice Jeopardize federal compliance

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Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
Health Management Systems contract **Estate Recovery	Mandatory Activity			Contract is paid as contingency fee (12% of recoveries)	Contract is paid as contingency fee (7.5% of recoveries <=\$13,200,000; 16.5% > \$13,200,000)			State revenue source to Medical Assistance would be eliminated Non compliance with federal regs	30 day termination notice Jeopardize federal compliance
AIDS/HIV Waiver	No		29 served in SFY 01	\$26,445	\$147,625	\$44,587	\$249,323	Severe- This Aids waiver provides AIDS/HIV services to consumers to maintain this population in their own home. If these services are not available, this group would require care in medical institutions or hospitals. The loss of these services would greatly negatively impact these consumers in the final months and days of their lives, and a loss of these services could possibly even shorten their lives even more and increase costs.	<ul style="list-style-type: none"> • Client notices • Information to DHS staff, case managers • CMS notification to change or eliminate this waiver • Iowa Administrative Code to change or remove the waiver. • Manuals • Informational letter to providers • Systems Impact: programming hours needed = 51 to 200 hours
Brain Injury Waiver	No		162 served in SFY 01	\$1,225,032	\$1,848,879	\$2,065,438	\$3,122,562	Severe – This Brain Injury waiver provides services to brain injured consumers to maintain this population in their own home. If these services are not available, this group would require care in medical institutions, or hospitals. These persons may also end up in mental institutions or jail, at a much greater cost to the taxpayers and to society at an increase cost.	<ul style="list-style-type: none"> • Client notices • Information to DHS staff, case managers • CMS notification to change or eliminate this waiver • Iowa Administrative Code to change or remove the waiver. • Manuals • Informational letter to providers • Systems Impact: programming hours needed = 51 to 200 hours
Elderly Waiver	No		5,396 served in SFY 01	\$5,824,591	\$7,657,972	\$9,820,295	\$12,933,510	Severe – This Elderly Waiver provides services to the elderly 65 years and over to maintain this population in their own home. If these services are not available, this group would require care in medical institutions or hospitals and	<ul style="list-style-type: none"> • Client notices • Information to DHS staff, case managers • CMS notification to change or eliminate this waiver • Iowa Administrative Code to

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Service	Entitlement @ Yes (why) No	# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
							increase costs.	<ul style="list-style-type: none"> • change or remove the waiver. • Manuals • Informational letter to providers • Systems Impact: programming hours needed = 51 to 200 hours
Ill and Handicapped Waiver	No	1,206 served in SFY 01	\$2,878,018	\$4,170,775	\$4,852,356	\$7,044,000	Severe – This Ill and Handicapped waiver provides services to adults and children who are disabled or have special medical needs to maintain this population in their own home. If these services are not available, this group would require care in medical institutions or hospitals. For consumers left at home this may increase dependent adult and child abuse	<ul style="list-style-type: none"> • Client notices • 60 day notice to CHSC to terminate contract • Information to DHS staff, case managers • CMS notification to change or eliminate this waiver • Iowa Administrative Code to change or remove the waiver. • Manuals • Informational letter to providers • Systems Impact: programming hours needed = 51 to 200 hours
Mental Retardation Waiver	No	5,419 served in SFY 01	\$9,208,057	\$11,079,938	\$15,524,839	\$18,712,850	Severe – This Mental Retardation Waiver provides services to mentally retarded adults and children to maintain this population in their own home. If these services are not available, this group would require care in medical institutions or hospitals and increase costs to the state and counties.	<ul style="list-style-type: none"> • Client notices • Information to DHS staff, case managers • CMS notification to change or eliminate this waiver • Iowa Administrative Code to change or remove the waiver. • Manuals • Informational letter to providers • Systems Impact: programming hours needed = 51 to 200 hours
Physical Disability Waiver	No	78 served in SFY 01	\$377,828	\$287,676	\$637,021	\$485,855	Severe – This Physical Disability Waiver provides services to physically disabled adults to maintain this population in their own home. If these services are not available, this group would require	<ul style="list-style-type: none"> • Client notices • Information to DHS staff, case managers • CMS notification to change or eliminate this waiver • Iowa Administrative Code to

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Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
								care in medical institutions or hospitals and increase costs. Many of these consumers are in their 20's or 30's and the cost of many decades of facility care would be much greater than this program. In addition, they would not be able to contribute to society in any way, nor be able to have any purpose to their life.	<ul style="list-style-type: none"> change or remove the waiver. Manuals Informational letter to providers Systems Impact: programming hours needed = 51 to 200 hours
Home Health Services (Mandatory)	Yes		16,185 served in SFY 01	\$23,844,695	\$21,360,115	\$40,202,297	\$36,074,989	Severe – The service to this population which includes medical special need adults and children was expanded 7/1/00 in order to pull down FFP for necessary medical services. Prior to this date services were paid by state only funds. We would have to revert back to 100% state funds if this service was continued. Some individuals will require institutionalization, as the supports may not be available to allow them to live in their own home.	<ul style="list-style-type: none"> Client notices, Information to DHS staff, case managers CMS notification to change or eliminate this waiver Iowa Administrative Code to change or remove the waiver. Manuals Informational letter to providers Systems Impact: programming hours needed = Less than 50 hours (minor)
Child Health Specialty Clinic Contract for the Ill and Handicapped	No		2,000	\$134,676	\$134,676	\$404,028	\$393,110	This would not allow coordination/counseling for the ill and disabled children receiving Ill and Handicapped waiver services. Individuals may require care in institutions if medical coordination is not available.	<ul style="list-style-type: none"> 60 day notification to contractor is required Information to DHS staff. This would require additional training for DHS staff and a need for staff with higher qualifications such as in nursing. IT - = Less than 50 hours (minor) Manual CMS notification
Child Health Specialty Clinic Contract for EPSDT children	No		1,675	\$60,748	\$60,748	\$182,244	\$174,742	Would not allow coordination of EPSDT activities for children with complex medical needs.	<ul style="list-style-type: none"> 60 day Notification to contractor, information to DHS staff, development of an

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Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
									alternative system to meet the needs of families with children with complex medical needs to obtain assistance in planning for their children activity is required by EPSDT Federal regulations. <ul style="list-style-type: none"> • State Plan Revision • Manual • IT = Less than 50 hours (minor) • Iowa Administrative Rules • Client Notices • Information letter to providers
DPH --EPSDT contract	No, Informing and care coordination to EPSDT recipients is a federal mandate		167,855	\$38,889	\$40,796	\$143,445	\$260,306	Would not allow for development and maintaining local capability for conducting EPSDT screening exams and care, medical transportation, and coordination to other services to EPSDT children.	60 day Notification to contractor , development of alternative software program and secure data exchange to notify agencies of the children who need to be informed of the benefits of the EPSDT program, development of an alternative system to certify screening centers, and identify alternative resources to provide support to the local agencies IT = Less than 50 hours (minor)
DPH contract	No		11,217	\$26,704	\$28,039	\$26,704	\$28,039	High risk birth study – evaluate birth outcomes for Medicaid women by linking birth certificate information and Medicaid claims data	30 day Notification to contractor
HCBS Rent Subsidy Program	No		35	\$775,000	\$775,000	\$0	\$0	Severe – funding allows clients to remain in their own homes. If funding is not available, clients will be at risk of institutionalization at a higher cost.	Client notices, Informational letters to DHS staff and case managers. Would require administrative rule and manual changes.
IFMC PRO contract	No		50,000	\$887,300	\$587,068	\$2,612,349	\$1,751,848	PRO(Peer Review) UR (utilization	<ul style="list-style-type: none"> • 60 day Notification to

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Service	Entitlement @ Yes (why) No	# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
Federal Mandate							review services, QI and special projects. Level of care determinations would not be able to be completed to verify if client needs a level of care and consumers could not access needed HCBS or institutional services.	<ul style="list-style-type: none"> • contractor and DHS staff • Activities are required by CMS and could jeopardize federal compliance • Additional demands on DHS staff • Some activities are required to be completed by an entity outside of DHS. These activities would need to be contracted elsewhere to satisfy federal mandates • Manuals • IT = Less than 50 hours (minor) • Iowa Administrative Rules • State Plan • Informational letters to providers
IFMC T19 Drug usage contract	No	7,200	\$144,571	\$120,172	\$433,713	\$360,517	Severe- inappropriate use of drugs would likely cause health complications and greater use of health care services for Medicaid enrollees . This would cause additional expense to Medicaid program due to incorrect or more expensive drugs being used..	30 day notification to contractor is required, information to DHS staff
ISU contract (Waiver staff)	No	12,290 waiver clients served in SFY 01	\$527,530	\$462,430	\$527,530	\$462,430	Severe -Provides waiver staff support to the six waivers (Aids, BI, Elderly, Ill and Handicapped, Mental Retardation, and PD) by providing Technical Assistance/Quality Assurance throughout the state. Would place additional demands on waiver program managers as quality assurance is mandated by CMS. Quality assurance has a significant impact on the services provided for	<ul style="list-style-type: none"> • 30 day notification to contractor • Notify DHS staff and providers. • CMS-amend waivers • Additional demands on DHS staff to maintain federal compliance

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Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
Targeted Case Management services (Optional services)	No		8,903 served in SFY 01	\$3,464,010	\$3,944,729	\$10,119,278	\$6,662,233	the individual. Severe – Provides case management services to CMI, DD and MR population. Would place additional demands on already severely limited DHS staff. Other services would need to be found for these individuals at a possible higher cost.	<ul style="list-style-type: none"> • Client notices, • Information to DHS staff • Informational Letter to providers • CMS notification to eliminate this service. • Would impact other Medicaid programs to serve this population. • IT = Less than 50 hours (minor) • May require 100% funding of services by counties and state
ICF/MR services (Optional services)	No		2,347 served in SFY 01	\$10,607,303 Children and State Cases funded with State dollars. Funding for Adults is the responsibility of Counties.	\$10,383,732 Children and State Cases funded with State dollars. Funding for Adults is the responsibility of Counties.	\$17,883,976	\$17,537,032	Severe – Provides institutional care to this population. If these services are not available, this group would require medical care through hospital, nursing facility or HCBS, or the use of state and or county funds. Choice of service options would be directed toward HCBS.	<ul style="list-style-type: none"> • Client notices, • Information to DHS staff, • Informational letters to providers • Would impact other Medicaid programs to serve this population. • Other placements would need to be found for these individuals as they require 24-hour care. • CMS notification to eliminate this service and rules to remove service. • Systems Impact: programming hours needed = 201 and up • Manuals • Information letter to providers • May require 100% funding of services for counties and state other placements found were not under Medicaid services. • Iowa Administrative Rules

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Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
NF's and Skilled Nursing Facility services (Optional services)	No		25,654 served in SFY 01	\$134,652,152	\$141,781,629	\$231,668,373	\$239,454,265	Severe – If these services were not available, this group would continue to require medical care in other settings that may be more costly.	<ul style="list-style-type: none"> Client notices, Information to DHS staff, Informational letter to providers. CMS notification to eliminate this service. Would impact other Medicaid programs to serve this population. Systems Impact: programming hours needed = 201 and up Manual Iowa Administrative Rules
Medical Transportation services (Mandatory)	Yes, Medicaid State Plan		4,000	\$1,184,007	\$1,446,162	\$1,184,007	\$1,446,162	Medicaid eligible clients would not have transportation to needed medical services	Title XIX of the Social Security Act requires states to provide these services.
Milliman & Robertson contract	Mandatory – in order to maintain 1915b managed care waivers' cost effectiveness requirements for Managed Care and Iowa Plan; in order to assure that the HAWK-I health plan is actuarially equivalent as required by federal regulations		<ul style="list-style-type: none"> 61,662 average monthly MHC HMO participants 219,536 average monthly Iowa Plan participants 12,909 HAWK-I participants as of end January 2002 	\$175,000	\$125,000 (Medical Contracts) + \$1,290 (CHIP appropriation)	\$175,000	\$125,000 + \$3,759	<ul style="list-style-type: none"> MHC HMO option participants would be switched to a different MHC option (MediPASS) The MHC switch would probably be effective July 2001 as we do have existing rates for the remainder of this State Fiscal Year Iowa Plan participants would be switched to fee for service HAWK-I participants would be switched to Medicaid expansion Elimination of MHC would require clients to receive services under fee for service, significantly increasing Medical Assistance expenditures. 	<ul style="list-style-type: none"> Extensive client education and worker education regarding why MHC HMO option clients were enrolled with a different MHC option (Medipass) DHS Employee Manual changes Changes to all materials with IM Training Academy DDM would need to dis-enroll all 61,662 MHC HMO enrollees Consultec would need to begin enrollment process for MHC HMO enrollees – this process takes from 30-45 days HMO contracts require 60 day notice of termination due to non-availability of funds HAWK-I contract with MAXIMUS would have to be terminated – see MAXIMUS

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Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
									<ul style="list-style-type: none"> contract information for details • Milliman & Robertson contract requires 30 day notice to terminate and that we would reenter into the contract if funds become available within 60 days of termination • To switch HMO participants to Medipass would result in an approximate 2% increase in Medicaid costs for those participants. • To switch Iowa Plan participants to fee-for-service would result in an approximate 4% increase in Medicaid costs for those participants. • To switch HAWK-I participants to Medicaid expansion would result in a 2% increase in Medicaid costs.
Ryun, Givens, Wenhe & Co. contract	Mandatory – eliminating this requirement would put us out of compliance with Medicaid state plan provisions to monitor cost reports for facilities; would also put us out of compliance with fiscal accountability for HCBS federal waivers (the work would have to be absorbed by state staff or lose the HCBS waivers).	<ul style="list-style-type: none"> • 21,296 nursing home clients • 12,290 waiver clients • 2,347 ICF/MR clients 	\$94,500	\$85,840	\$94,500	\$85,840	<ul style="list-style-type: none"> • Facilities – if we lost FFP as a result of being out of compliance with our state plan, we could serve far fewer clients • HCBS waivers - if we aren't able to provide fiscal accountability to set rates for waivers, there could be a negative impact to the number of clients we could serve; if we lost HCBS waivers, many clients would not qualify under a different coverage group 	<ul style="list-style-type: none"> • Termination of contract requires a 30-day notice • Find internal staff to complete this process, or • Take steps to significantly reduce number of people served by these programs (anticipating loss of FFP) • IT = Less than 50 hours (minor) 	
Mandatory Medicaid Coverage groups: Recipients of SSI and	Yes, mandated by federal law	40,183	Cost included in medical services.	Cost included in medical services.	62.77%	62.81%	Recipients of SSI would not receive the medical assistance.	Title XIX of the Social Security Act requires states to provide this coverage group.	

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Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
individuals who meet all eligibility requirements of SSI Critical									<ul style="list-style-type: none"> • Revise Iowa Code • Revise State plan • Revise Rule to implement to eliminate coverage group (6 months) • Revise Employees Manual • 10 day timely notice to recipients. • Major changes to IABC system.
Mandatory recipients of State Supplementary Assistance Critical	Yes, mandated by federal law		68	\$48,624	\$29,466	\$0	\$0	Mandatory recipients of State Supplementary Assistance would not receive income to supplement their SSI check to pay for special needs.	<p>Federal law requires states to provide this coverage group.</p> <ul style="list-style-type: none"> • Revise Iowa Code • Revise Rule to implement to eliminate coverage group (6 months) • Revise Employees Manual • 10 day timely notice to recipients. • Major changes to IABC system.
Mandatory Medicaid Coverage group: Mandatory recipients of State Supplementary Assistance Critical	Yes, mandated by federal law		68	Cost included in medical services.	Cost included in medical services.	62.77%	62.81%	Mandatory recipients of State Supplementary Assistance would not receive the medical assistance needed.	<p>Title XIX of the Social Security Act requires states to provide this coverage group.</p> <ul style="list-style-type: none"> • Revise Iowa Code • Revise State plan • Revise Rule to implement to eliminate coverage group (6 months) • Revise Employees Manual • 10 day timely notice to

Medical 18

Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
									recipients. <ul style="list-style-type: none"> Major changes to IABC system.
Mandatory Medicaid Coverage Group: Qualified Medicare Beneficiaries Critical	Yes, mandated by federal law		4905	Cost included in medical services.	Cost included in medical services.	62.77%	62.81%	Individuals whose income is below 100% of the federal poverty level and who receive Medicare part A and B would not receive assistance to pay the Medicare Part B premiums.	Title XIX of the Social Security Act requires states to provide this coverage group. <ul style="list-style-type: none"> Revise Iowa Code Revise State plan Revise Rule to implement to eliminate coverage group (6 months) Revise Employees Manual 10 day timely notice to recipients. Major changes to IABC system.
Mandatory Medicaid Coverage Group: Specified Low Income Medicare Beneficiaries (SLMB Buy-In) Critical	Yes, mandated by federal law		8863	\$1,773,543	\$2,087,235	\$2,990,203	\$3,525,120	Individuals whose income exceeds 100% of the federal poverty level but the income does not exceed 120% of the federal poverty level and who receive Medicare Part A and B would not receive assistance to pay the Medicare Part B premiums.	Title XIX of the Social Security Act requires states to provide this coverage group. <ul style="list-style-type: none"> Revise Iowa Code Revise State plan Revise Rule to implement to eliminate coverage group (6 months) Revise Employees Manual 10 day timely notice to recipients. Major changes to IABC system.

Medical 19

Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
Mandatory Medicaid Coverage Group: Expanded Specified Low Income Medicare Beneficiaries (E-SLMB Buy-in) Critical	Yes, mandated by federal law		1515	\$0	\$0	\$718,247	\$1,059,861	Individuals whose income is between 120% of the federal poverty level but the income does not exceed 135% of the federal poverty level and who receive Medicare Part A and B would not receive assistance to pay the Medicare Part B premiums.	Title XIX of the Social Security Act requires states to provide this coverage group. <ul style="list-style-type: none"> • Revise Iowa Code • Revise State plan • Revise Rule to implement to eliminate coverage group (6 months) • Revise Employees Manual • 10 day timely notice to recipients. • IT = Less than 50 hours (minor)
Mandatory Medicaid Coverage Group: Home Health Specified Low Income Medicare Beneficiaries Critical	Yes, mandated by federal law		584	0%	0%	100%	100%	Individuals whose income is between 135% of the federal poverty level but the income does not exceed 175% of the federal poverty level and who receive Medicare Part A and B would not receive assistance to help pay the Medicare Part B premium.	Title XIX of the Social Security Act requires states to provide this coverage group. <ul style="list-style-type: none"> • Revise Iowa Code • Revise State plan • Revise Rule to implement to eliminate coverage group (6 months) • Revise Employees Manual • 10 day timely notice to recipients. • IT = Less than 50 hours (minor)
Mandatory Medicaid Coverage Group: Family Medical Assistance Program and Transitional Medicaid Critical	Yes, mandated by federal law		76,152	Cost included in medical services.	Cost included in medical services.	62.77%	62.81%	Medical assistance for families with children who meet financial and non financial criteria; Medical assistance for families who have earnings or child support exceeding income limits would not receive medical assistance.	Title XIX of the Social Security Act requires states to provide this coverage group. <ul style="list-style-type: none"> • Revise Iowa Code • Revise State plan • Revise Rule to implement to eliminate coverage group (6 months) • Revise Employees Manual

Medical 20

Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
									<ul style="list-style-type: none"> • 10 day timely notice to recipients. • Major changes to IABC system.
Mandatory Medicaid Coverage Group: Child Medical Assistance Program Critical	Yes, mandated by federal law		4300	Cost included in medical services.	Cost included in medical services.	62.77%	62.81%	Medical assistance for children under age 7 who meet financial and non financial criteria would not receive medical assistance.	Title XIX of the Social Security Act requires states to provide this coverage group. <ul style="list-style-type: none"> • Revise Iowa Code • Revise State plan • Revise Rule to implement to eliminate coverage group (6 months) • Revise Employees Manual • 10 day timely notice to recipients. Major changes to IABC system.
Mandatory Medicaid Coverage Group: Children in foster care and subsidized adoption Critical	Yes, mandated by federal law		8041	Cost included in medical services.	Cost included in medical services..	62.77%	62.81%	Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act would not receive medical assistance.	Title XIX of the Social Security Act requires states to provide this coverage group <ul style="list-style-type: none"> • Revise Iowa Code • Revise State plan • Revise Rule to implement to eliminate coverage group (6 months) • Revise Employees Manual • 10 day timely notice to recipients. • Major changes to IABC system.
Mandatory Medicaid coverage Group: Pregnant Women, infants and children Critical	Yes, mandated by federal law		38880	Cost included in medical services.	Cost included in medical services.	62.77%	62.81%	Medical assistance for pregnant women and infants under 1 whose income does not exceed 200% of the federal poverty level and for children ages 1 through 18 whose income does not exceed 133% of the	Title XIX of the Social Security Act requires states to provide this coverage group <ul style="list-style-type: none"> • Revise Iowa Code • Revise State plan • Revise Rule to implement to

Medical 21

Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
								federal poverty level would not receive medical assistance.	<ul style="list-style-type: none"> eliminate coverage group (6 months) Revise Employees Manual 10 day timely notice to recipients. Major changes to IABC system.
Optional Medicaid coverage Group: Presumptive Medicaid Eligibility for Pregnant Women Critical	No, optional under federal law but not optional under state law.		394	Cost included in medical services.	Cost included in medical services.	62.77%	62.81%	Pregnant women who are determined to be presumptively eligible for Medical services. Their income is below 200% of the federal poverty level. These women would not receive medical assistance and therefore would not have healthy babies.	<ul style="list-style-type: none"> Revise Iowa Code Revise State plan Revise Rule to implement to eliminate coverage group (6 months) Revise Employees Manual 10 day timely notice to recipients IT = Less than 50 hours (minor)
Optional Medicaid coverage group: Medicaid for Employed Persons with Disabilities Critical	No, optional under state and federal law.		4014	Cost included in medical services.	Cost included in medical services.	62.77%	62.81%	Disabled individuals with earned income whose net family income is below 250% of the federal poverty level for their family size. These individuals would not receive the medical care that they need. There could be a higher incidence of abuse.	<ul style="list-style-type: none"> Revise Iowa Code Revise State plan Revise Rule to implement to eliminate coverage group (6 months) Revise Employees Manual 10 day timely notice to recipients. Major changes to IABC system.
Optional Medicaid coverage group: 300% group Critical	No, optional under state and federal law.		16,816	Cost included in medical services.	Cost included in medical services.	62.77%	62.81%	Individuals who receive care in a hospital, skilled nursing facility, nursing facility and who meet all eligibility requirements for SSI except their income exceeds the SSI income limit but is less than 300% of the SSI income limit. These individuals would not receive the	<ul style="list-style-type: none"> Revise Iowa Code Revise State plan Revise Rule to implement to eliminate coverage group (6 months) Revise Employees Manual 10 day timely notice to recipients

Medical 22

Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
								care that they would need and could possibly be turned out on the street. There life expectancy would be shortened and there could be a higher incidence of elder abuse.	<ul style="list-style-type: none"> IT = Less than 50 hours (minor)
Optional Medicaid coverage group: Individual who income is above SSI standards but whose income is less than the SSI income limit and who qualify as a resident of a medical institution Critical	No, optional under state and federal law.		2790	Cost included in medical services.	Cost included in medical services.	62.77%	62.81%	These individuals would not receive the care that they would need and could possibly be turned out on the street. There life expectancy would be shortened and there could be a higher incidence of elder abuse.	<ul style="list-style-type: none"> Revise Iowa Code Revise State plan Revise Rule to implement to eliminate coverage group (6 months) Revise Employees Manual 10 day timely notice to recipients. Medium changes to IABC system.
Optional Medicaid Coverage group: State funded foster care and state funded subsidized adoption Critical	No, optional under state and federal law.		90	Cost included in medical services.	Cost included in medical services.	62.77%	62.81%	Medical assistance for foster children and subsidized adoption children who are not IV-E would not receive medical assistance.	<ul style="list-style-type: none"> Revise Iowa Code Revise State plan Revise Rule to implement to eliminate coverage group (6 months) Revise Employees Manual 10 day timely notice to recipients. Medium changes to IABC system.
Optional Medicaid Coverage group: Individuals under age 21 and over age 65 in institutions for mental disease Critical	No, optional under state and federal law.		3	Cost included in medical services.	Cost included in medical services.	62.77%	62.81%	These individuals would not receive the care that they would need and could possibly be turned out on the street. There life expectancy would be shortened and there could be a higher incidence of elder abuse.	<ul style="list-style-type: none"> Revise Iowa Code Revise State plan Revise Rule to implement to eliminate coverage group (6 months) Revise Employees Manual 10 day timely notice to recipients. Revise Iowa Code Revise State plan Revise Rule to implement to

Medical 23

Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
									eliminate coverage group (6 months) <ul style="list-style-type: none"> Revise Employees Manual 10 day timely notice to recipients. Medium changes to IABC system.
Optional State Supplementary Assistance	No, optional under state and federal law.		5960	\$19,997,584	\$19,248,085 general funds \$182,381 tobacco settlement	\$0	\$0	State Supplementary Assistance supplements the income of aged, blind or disabled clients who receive SSI benefits or who would be eligible for SSI benefits except that their income exceeds SSI limits. State Supplementary Assistance supplements the SSI program when a person has a covered financial need that is not met by the SSI program.	<ul style="list-style-type: none"> Revise Iowa Code Revise Rule to implement to eliminate coverage group (6 months) Revise Employees Manual 10 day timely notice to recipients. Major changes to IABC system Exemption from the federal maintenance of effort requirement. If Maintenance of Effort requirements is not met, Iowa's entire Medicaid funding is jeopardized.
Optional Medicaid Coverage group: Recipients of State Supplementary Assistance - optional: residential care, in home related care, dependent person blind person Critical	No, optional under state and federal law.		5960	Cost included in medical services.	Cost included in medical services.	\$0		State Supplementary Assistance supplements the income of aged, blind or disabled clients who receive SSI benefits or who would be eligible for SSI benefits except that their income exceeds SSI limits. State Supplementary Assistance supplements the SSI program when a person has a covered financial need that is not met by the SSI program. These individuals would not receive medical assistance.	<ul style="list-style-type: none"> Revise Iowa Code Revise State plan Revise Rule to implement to eliminate coverage group (6 months) Revise Employees Manual 10 day timely notice to recipients Major changes to IABC system Exemption from the federal maintenance of effort requirement.

Medical 24

Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							If Maintenance of Effort requirements is not met, Iowa's entire Medicaid funding is jeopardized.
Optional Medicaid Coverage Group: Child Medical Assistance Program	No, optional under state and federal law.		The numbers for this coverage group can not be split out from those in the mandatory coverage group.	Cost included in medical services.	Cost included in medical services.	62.77%	62.81%	Medical assistance for children age 7 through 20 who meet financial and non financial criteria would not receive medical assistance.	<ul style="list-style-type: none"> • Revise Iowa Code • Revise State plan • Revise Rule to implement to eliminate coverage group (6 months) • Revise Employees Manual • 10 day timely notice to recipients. • Major changes to IABC system
Optional Medicaid Coverage group: Medically Needy Critical	No, optional under state and federal law.		4284	Cost included in medical services.	Cost included in medical services.	62.77%	62.81%	Medical assistance for persons who are over income for FMAP or SSI but who have high medical expenses. The individual's life expectancy would be shortened.	<ul style="list-style-type: none"> • Revise Iowa Code • Revise State plan • Revise Rule to implement to eliminate coverage group (6 months) • Revise Employees Manual • 10 day timely notice to recipients • IT = Less than 50 hours (minor)
Part A Medicare premium Critical	Yes, mandated by Federal law		815	\$1,469,947	\$1,210,736	\$2,478,340	\$2,044,805	Medicaid pays for the Medicare Part A premium for Qualified Medicare Beneficiaries who do not receive free Part A and for Qualified Disabled Working Persons.	<p>Title XIX of the Social Security Act requires states to pay the Medicare Part A premium for these coverage groups</p> <ul style="list-style-type: none"> • Revise Iowa Code • Revise State plan • Revise Rule to implement to eliminate coverage group (6 months) • Revise Employees Manual • 10 day timely notice to recipients

Medical 25

Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
									<ul style="list-style-type: none"> IT = Less than 51 to 200 hours (medium)
Part B Medicare premium Critical	Yes, mandated by federal law		45310	\$8,230,813	\$8,438,001	\$13,877,201	\$14,250,896	Medicaid pays the Part B premium for SSI recipients, FMAP, QMB, SLMB, individuals who are eligible for QMB or SLMB and another coverage group,	<p>Title XIX of the Social Security Act requires states to pay the Medicare Part B premium for these coverage groups</p> <ul style="list-style-type: none"> Revise Iowa Code Revise State plan Revise Rule to implement to eliminate coverage group (6 months) Revise Employees Manual 10 day timely notice to recipients IT = Less than 51 to 200 hours (medium)
Part B Medicare premium Critical	No, optional		7965	\$3,945,753	\$5,226,231	\$0	\$0	Individuals who are eligible for the 300% group, MAC, CMAP, for waivers, Medically Needy. These individuals would lose income that they use to pay for medical expenses that are not covered by Medicaid.	<p>These individuals would have to start paying their Medicare Part B premium. Iowa Code change; CMS's approval of State Plan amendment; Rules to change to implement elimination of paying the Part B premium for this coverage group (6 months); 10 day timely notice to recipients</p> <p>If the State did not pay the Medicare Part B premium for those in the 300% group and waiver groups their client participation would decrease by the amount that they paid for the Medicare premium. And for those on Medically Needy with a spenddown, their spenddown amount would decrease by amount of the Medicare premium.</p>

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Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
									Therefore, for these individuals the state would not save any money by not paying their Medicare Part B premium. <ul style="list-style-type: none"> • Revise Iowa Code • Revise State plan • Revise Rule to implement to eliminate coverage group (6 months) • Revise Employees Manual • 10 day timely notice to recipients • IT = Less than 51 to 200 hours (medium)

@ In this cell note whether a service is an entitlement and if the funding is discretionary, i.e., state funds for FIP and Child Care are required to meet Maintenance of Effort.

* Include Tobacco, Senior Living and Hawk-I Trust Funds Allocations as well as State General Funds.

^ Considerations should include client notice, contract cancellations, reductions-in-force, federal compliance/audit issues, demands on other programs, changes to federal state plans, etc.

Note: Unless otherwise stated, for Medical information technology (IT) impacts, a minor impact is estimated at less than 50 hours, a medium impact is between 51 to 200 hours, and a major impact is estimated over 201 hours.

February 21, 2002

Service	Entitlement @		# of Service Recipients FY 01	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
MENTAL HEALTH INSTITUTES: Adult Psychiatric Services: CRITICAL Cherokee Clarinda Independence Mount Pleasant	Yes-involuntary admissions		(Patient days) Persons served					<p>In many cases the State Mental Health Adult Psychiatric programs in each of the four quadrants of the state are the only intensive inpatient mental health programs available in proximity to rural areas. In other cases the State operated adult psychiatric programs are the safety net, being the only treatment available for difficult to treat persons after they have been turned away from other programs.</p> <p>As a consequence: Many persons will not get the appropriate level of services when they are needed.</p> <p>Illnesses will get worse or last longer keeping the person from their family or job longer.</p> <p>There is an increased possibility of endangering the person's or other's life and/or safety or the possibility for others of becoming among the mentally ill homeless.</p>	<p>Requires legislative action to close an MHI.</p> <p>DOC facilities at Mt. Pleasant and Clarinda will have increased costs due to picking up full cost of current positions shared with MHI.</p> <p>Some positions on MHI payroll will have to be shifted to DOC payroll.</p> <p>DOC support costs will increase due to loss of MHI share of support costs and assumption of responsibility for a larger portion of the campus.</p> <p>At Clarinda, DOC will have to provide additional support services to tenants now provided by the MHI.</p> <p>If staffing is reduced, short term savings are usually not available due to associated lay-off costs. These costs will be 100% state.</p> <p>Current lease arrangements would have to be reviewed to determine whether or not DHS can fulfill the contractual arrangements.</p> <p>Leasee's may have to relocate or close depending on the economic feasibility of alternatives. Closing will put more pressure on child</p>
	Code establishes MHI's to provide treatment, training, care, habilitation and support for persons with MI.		21473	\$11,261,480	\$11,489,937				
			916						
			3697	1,883,490	\$2,030,365				
	Courts have the authority to commit persons to an MHI if designated through the single entry point process.		223						
			30252	12,068,486	\$12,611,795				
			800						
			4409	2,139,405	\$2,355,991				
	No-voluntary admissions		141						

State Facilities 2

Service	Entitlement @		# of Service Recipients FY 01 ESTIMATE	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
								<p>If persons have to travel further for services, they are less likely to participate in needed treatment.</p> <p>OTHER IMPACTS</p> <p>County costs will increase if they have to increase the use of private hospitals for inpatient treatment.</p> <p>County costs will increase if sheriffs have to travel longer distances to take persons to an MHI</p>	<p>welfare services.</p> <p>Private facility options may not be available due to lack of space or appropriate funding.</p> <p>Facilities would have to be kept at minimum temperature, security and maintenance levels even if empty.</p> <p>State would fall below legal and constitutional minimums for "prevailing standards of care," "proper supervision" and "abuse/neglect"</p> <p>Standard AFSCME and IEUP notification requirements apply.</p>
<p>Child / Adolescent Psychiatric Treatment: CRITICAL Cherokee</p> <p>Independence</p>	<p>Yes – involuntary</p> <p>Code establishes MHI's to provide treatment, training, care, habilitation and support for persons with MI.</p> <p>Courts have the authority to commit minors to an MHI.</p> <p>No – voluntary</p>	<p>(Patient days) Patient served</p> <p>(3955) 60 (15176) 213</p>	<p>2,145,000</p> <p>4,913,286</p>	<p>\$1,914,989</p> <p>\$5,134,477</p>			<p>Same as for adult psych.</p> <p>Failure to serve children carries a double impact, the second being the negative effect on developmental milestones.</p>	<p>Same as for adult psych.</p> <p>If campus tenants who serve children cannot continue to provide current services, pressure on the child welfare system will increase.</p> <p>Since all indigent children are now "state cases," alternate costs of private care would be a state liability.</p> <p>We may have a liability for unserved cases because of universal requirement for proper supervision of all children.</p> <p>Standard AFSCME and IEUP notification requirements apply.</p>	

State Facilities 3

Service	Entitlement @		# of Service Recipients FY 01 ESTIMATE	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
Psychiatric Medical Institution for Children (PMIC): Independence	Yes, in FY 01 approp language says IMHI "shall continue" the 30 PMIC beds		(Patient days) Patients served (10214) 123	420,000	\$86,209			These children are here because no community PMIC will accept them. It is possible that the MHI child and adolescent wards will be back-logged with these children as no placement could be found. This would prevent admissions and increase the waiting list time.	Standard AFSCME and IEUP notification requirements apply.
Geropsychiatric Treatment: Clarinda	No		(Patient days) Patient served (20890) 79	5,650,471	\$5,741,884			May have to put more money into alternate placement. These patients are ones that no community facility will accept.	These persons will be extremely difficult to place in community nursing facilities, particularly while these facilities are limiting and scrutinizing medicaid admissions. Standard AFSCME and IEUP notification requirements apply.
Substance Abuse: Mt. Pleasant	No		(Patient days) Patients served (17296) 735	2,948,909	\$2,725,895			Waiting lists may result. Some people may not be able to get services when they need them. Unsure if current residential programs could handle the increased volume.	Would impact DPH. It is believed that most SA money goes through the managed care contract. It could impact capitation rates. Not sure how non-Medicaid eligibles would be funded. Standard AFSCME and IEUP notification requirements apply.
Dual Diagnosis: Mt. Pleasant	Yes		(Patient days) Patients served (2750) 97	693,861 (net amt)	\$650,650			Eliminating or reducing this program would recreate a void in treatment for a special need population, those with co-existing substance abuse problems and mental illness that are unable to receive specialized treatment in existing community programs.	Standard AFSCME and IEUP notification requirements apply.

State Facilities 4

Service	Entitlement @		# of Service Recipients FY 01 ESTIMATE	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
STATE RESOURCE CENTERS:									
Residential ICF/MR: CRITICAL	Yes							If staffing is reduced, current treatment services will decrease toward just custodial level of care.	If treatment services are reduced, ICF/MR certification will be lost resulting in loss federal revenue and increased costs to counties and the state.
Glenwood		418	3,735,483	\$4,237,868					
Woodward		299	2,603,836	\$3,254,459			If staffing is reduced and current level of treatment is maintained, some clients will have to be returned to the community and the county of legal settlement will be required to provide a service.	If a person without legal settlement is returned to the community, the State will have to develop and pay for community services	
Woodward Resource Center Community Programs:	No							Waiting lists will result; may not get services when needed. May have to travel farther for services. Families may not be able to participate in client care due to increased distance.	If staffing is reduced, short-term savings are usually not available due to associated lay-off costs. These costs will be 100% state. Current lease arrangements would have to be reviewed to determine whether or not DHS can fulfill the contractual arrangements. Leasee's may have to relocate or close depending on the economic feasibility of other alternatives.
Supported Community Living		12	N/A	N/A					
Respite Services		31	N/A	N/A					
RTSS		11	N/A	N/A				If services are drastically reduced at SRCs, there may not be sufficient support staff to fulfill contractual obligations for campus tenants. These programs may have to relocate and if economically feasible alternatives cannot be identified then programs may close. This will result in pressures on child welfare system, local school district, other state agencies, etc. Other DHS offices and State agencies may have to relocate. Standard AFSCME and IEUP	

State Facilities 5

Service	Entitlement @		# of Service Recipients FY 01 ESTIMATE	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
JUVENILE FACILITIES:									notification requirements apply.
CINA: Toledo	Yes, but if capacity in community could be served there		127	\$4,312,001	\$4,695,605			<p>Children with many unsuccessful out-of-home placements and behavioral problems will not have an appropriate place to live. Greater instability for these children will adversely affect treatment and schooling.</p> <p>Reduced funding to private sector child welfare services will increase number of juvenile offenders sent to the Training Schools. Fewer beds may cause more offenders under age 18 to be waived to district court.</p> <p>Reduced staffing increases the risk of violence by delinquent residents against each other or upon staff. Fewer children will get the training and other services they need to succeed as an adult. Public safety will be jeopardized as delinquent children will not be housed in a structured, staff-secure setting.</p>	<p>Children may end up in shelter or detention and not get the treatment needed. Closure or reduction in services will put more pressure on child welfare services.</p> <p>Legislative action is required to close facility.</p> <p>Standard AFSCME and IEUP notification requirements apply.</p>
Delinquent: Toledo	Courts have the authority to place a child in the state training schools or DHS facility.	98	\$2,221,334	\$2,312,761					
Eldora CRITICAL		451	\$10,809,260	\$10,954,473					
								Reduction in staffing levels	No secure civil facility exists;

State Facilities 6

Service	Entitlement @		# of Service Recipients FY 01 ESTIMATE	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
CCUSO CRITICAL	Yes, Iowa Code requires commitment of Sexually Violent Predators to the Director of DHS.		18 (FY 01) 33 (FY 02) 50 (FY 03)	\$1,451,212	\$1,677,380			likely to lead to increased risk of harm to employees and patients, due to a particularly dangerous population. Also increased risk of class action litigation from patients due to constitutional issues of adequacy of treatment, conditions of confinement. Greater staff turnover due to fear of injury. Elimination of program: immediate risk of high-risk patients being released into the community before completion of treatment; increased potential for substantial risk to public safety, community fear from release of Sexually Violent Predators.	housing these patients with the general prison population would not meet Constitutional requirements. Current patients must be treated or released. Unless repealed, 229A has no statutory mechanism to stop or delay treatment. Constitutionally, patients cannot be held if no treatment. Sexually violent predators in prison would be released upon discharge of sentence. Sexually violent predator detainees would be released when petitions dismissed. An option to continue treatment would be to contract with out-of state program for an in-patient program. Others options include developing an out-patient program or contract with a private company to operate an in or out-patient program; these options require legislative action. Reducing or eliminating the program would also impact staffing and/or funding in Public Defender's Office, Office of the Attorney General and DOC. Standard AFSCME and IUP RIF notification requirements apply.

@ In this cell note whether a service is an entitlement and if the funding is discretionary, i.e., state funds for FIP and Child Care are required to meet Maintenance of Effort.

* Include Tobacco, Senior Living and Hawk-I Trust Funds Allocations as well as State General Funds.

State Facilities 7

Service	Entitlement @		# of Service Recipients FY 01 ESTIMATE	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							

^ Considerations should include client notice, contract cancellations, reductions-in-force, federal compliance/audit issues, demands on other programs, changes to federal state plans, etc.

> County dollars listed in total for the facility, they are not broken down by programmatic areas.

** These estimates are for total program cost. If an individual program were to be eliminated the full program cost could not be saved because a portion of the cost is fixed overhead, which will not decrease with the elimination of the program. This only provides an estimate and does not necessarily represent program needs/savings if this or other service is eliminated.

February 21, 2002

Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
<p>Family Investment Program (FIP) Cash Grants</p> <p>CRITICAL</p>	No	However, state funds are used to meet maintenance of effort (MOE) for the TANF block Grant.	<p>Budget = 19,846 average monthly families</p> <p>Projected = 20,275 average monthly families SFY '02</p>	\$25,941,845	<p>SFY '02 - \$25,964,434</p> <p>SFY '03 - \$24,418,037</p>	<p>\$0 federal match</p> <hr/> <p>\$38,551,404 in TANF is budgeted</p>	<p>\$0 federal match</p> <hr/> <p>TANF: SFY '02 - \$34,063,622</p> <p>SFY '03 - \$44,555,564</p>	<p>Parents and other caretaker relatives of needy children would no longer have a means of meeting basic needs while becoming self-sufficient. Community organizations will be asked for help.</p>	<p>Revise DHS appropriations bill; Revise 239B of the Iowa Code; Revise rules, at least a 6 month process; Revise employees' manual; Notify FIP recipients with at least 10 days notice; Make computer system changes (major); Revise TANF State Plan; Determine remaining staff needs and do RIFs if appropriate.</p> <p>Any state funding reductions would need to go toward another TANF service that meets TANF MOE requirements if we want to maintain the TANF block grant.</p>
Funerals	No		50 - 100 children	\$25,000	<p>SFY '02 - \$25,000 to be eliminated as of 4/1/02 to cover increase in FIP caseload.</p> <p>SFY '03 - \$0</p>	\$0	\$0	<p>No state or federal money to pay for funerals of children on FIP. Other community organizations or funeral homes will be asked to subsidize the funerals.</p>	<p>Revised rules are in process effective 4/1/02; Revise employees' manual; Notify FIP recipients and funeral homes.</p> <p>239B.3 of the Iowa Code authorizes, but does not mandate, payment of up to \$400 for the funeral of a FIP child.</p>
<p>Electronic Benefits Transfer (EBT) for Food Stamps</p> <p>CRITICAL</p>	No	However, reductions would jeopardize Iowa's ability to meet a federal requirement to implement EBT statewide by August 2003 (per federal waiver our deadline has been	1,000 average monthly families in Linn County	\$359,541	<p>SFY '02 - \$14,541</p> <p>SFY '03 - \$7,271</p>	<p>\$359,541 federal match</p> <hr/> <p>\$190,558 in TANF is budgeted</p>	<p>Match: SFY '02 - \$14,541</p> <p>SFY '03 - \$7,271</p> <hr/> <p>TANF:</p>	<p>Food stamps could be mailed. Benefits would not be accessible as quickly. There is more likelihood of mail loss.</p> <p>At some point the federal government will stop producing paper</p>	<p>Revise DHS appropriations bill; Revise employees' manual; Provide Employee Training; Close out current EBT cards and accounts; Notify clients; Mail remaining funds to recipients; Major IT system changes.</p> <p>There are no savings from eliminating EBT in</p>

Economic Assistance 2

Service	Entitlement @ Yes (why) No	# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	extended).					SFY '02 - \$6,918 SFY '03 - \$3,458	coupons, at that time, we would not be able to provide food stamp benefits.	Linn County since the cost of mailing would exceed the cost of EBT. Would jeopardize Iowa's ability to meet a federal requirement to implement EBT statewide by August 2003 (extended from national deadline of Oct. 2002. Iowa is one of only 3 states in the nation that is not going to implement EBT by the deadline.
PROMISE JOBS CRITICAL	No However, state funds are used to meet maintenance of effort (MOE) for the TANF block Grant.	16,500 avg. monthly recipients	\$6,879,985	SFY '02 - \$6,839,776 SFY '03 - \$6,839,776	\$0 federal match \$16,716,655 in TANF is budgeted	\$0 federal match TANF: SFY '02 - \$17,566,655 reduced to \$12,853,594 to cover increase in FIP caseload SFY '03 - \$10,714,119	TANF funded assistance is limited to 60-months. FIP families would no longer receive work and training services. This would result in a negative impact on the ability of FIP recipients to become self-sufficient within the time limit. TANF allows up to 20% of FIP caseload to receive hardship exemptions for FIP beyond 60-months. Without work and training services more than the allowed 20% may need FIP beyond 60 months. This would have a negative impact on state funding.	If we are going to continue to provide FIP cash grants, we are required by federal law to provide employment and training services There would also be a negative impact on the state's ability to meet TANF work participation rates. The state would be subject to a multi-million \$ financial sanction for failing to meet federal work participation rate requirements. There would be impact on staff at IWD and their subcontractors. Any reductions would need to go toward another TANF service that meets TANF MOE requirements if we want to continue accessing the TANF block grant. Revise DHS appropriations bill Revise Iowa Code 239B which mandates PROMISE JOBS; Revise Rules, at least 6-month process. Revise employees' manual; Notify clients with at least 10 days notice;

Economic Assistance 3

Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
									Major computer system changes; Would affect PJCASE system; Revise TANF State Plan; Terminate contracts with Iowa Workforce Development (IWD); (30-day notice) IWD to terminate contracts with local subcontractors. (30-day notice)
Family Development and Self-Sufficiency (FaDSS)	No However, state funds are used to meet maintenance of effort (MOE) for the TANF block Grant.		1,875 average monthly families	\$2,434,367	SFY '02 - \$1,401,801 SFY '03 - \$2,434,367	\$0 federal match \$ 3,263,458 in TANF is budgeted	\$0 federal match TANF: SFY '02 - \$3,263,458 reduced to \$2,886,936 to cover increase in FIP caseload SFY '03 - \$2,698,675	FIP families with multiple or significant barriers (domestic violence, substance abuse, mental health, etc.) may not successfully reach self-sufficiency. There may also be a negative impact on the state's ability to meet TANF work participation rates. Alternate arrangements would need to be made for services to minor parents allowed living on their own.	Any reductions would need to go toward another TANF service that meets TANF MOE requirements. There would be impact on staff at IWD and their subcontractors. Revise DHS appropriations bill Revise Iowa Code 217.11, 217.12 which mandate both the FaDSS program and the FaDSS Council; Revise rules, 6-month process; Revise employees' manual; Notify clients with at least 10 days notice; Minor computer system changes; Revise TANF State Plan; Terminate contracts with Human Rights (30-day notice); Human Rights to terminate contracts with local service providers. (30-day notice)
Food Stamp Employment and Training (FSET) CRITICAL	No However, \$29,000 of state funds are used to meet maintenance of effort (MOE) for the FSET program.		1,000 annual recipients	\$250,000	SFY '02 - \$150,000 SFY '03 - \$63,000	\$93,185 - 175,000 The state also receives a capped amount of 100%	Match: SFY '02 - \$124,437 SFY '03 - \$63,000	The state will not be allowed to operate the Food Stamp Program that provides food assistance to 57,314 Iowa families monthly.	Revise Food Stamp State Plan Revise Iowa Code Revise Administrative Rules, 6-month process Revise Employee manual At least 10 days notice to clients Staff Training

Economic Assistance 4

Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
						federal \$ to operate the program.		The reduced lunch program is linked to the food stamps. Schools would need to find alternative methods to process applications to 19,000 families.	Notification to Community and Faith-Based agencies who will be approached to assist poor and hungry people Schools would need to be notified about changes to certification for free or reduced lunch program by July 1. Minor system changes.
Emergency Assistance (Community Voice Mail only)	No		Not Available	\$10,000	SFY '02 - \$9,570 SFY 03 - \$0 Recommended to be eliminated 7/1/02	\$0	\$0	Provides phone service access to homeless individuals in order to connect them with potential employers.	The Community Voice Mail program has already been notified that funding will not be available in 2003.

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DHS Programs

Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 (Include All Sources*)	Federal Match &/or TANF \$ (if applicable) SFY 01	Federal Match &/or TANF \$ (if applicable) SFY 02	Client Impact If Not Funded or Services Reduced	Program Elimination Issues (Include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No							
Child Support Critical	<p>Yes:</p> <ul style="list-style-type: none"> Required service to be provided if the State has a TANF Program 42 USC 602(a)(2) <p>Also must serve those who apply for service and pay a one time \$5 application fee.</p> <ul style="list-style-type: none"> 45 CFR 302.33 Code of Iowa 252B.3 and 252B.4 		<p>166,000 cases in 2002 representing approximately 563,000 parents and children.</p>	<p>\$6,817,702 appropriated from general fund.</p> <p>Earned federal performance-based incentives of \$6,352,323.</p> <ul style="list-style-type: none"> These incentives must be spent in the program (45 CFR 305.35(a)) and earn the federal match of 66%. 	<p>\$ 6,578,133 after the 4.3% ATB reduction</p> <p>Assume incentives of \$6,352,323</p>	<p>66% federal dollars for expenditures</p> <p>(no TANF \$)</p>	<p>66% federal dollars for expenditures</p> <p>No TANF dollars</p>	<ul style="list-style-type: none"> Process more than 200,000 child support payments per month for families. Establish 8,400 orders per year. Establish paternity for 2,700 children per year Issue an estimated 127,000 income withholding orders per year. Collection target of \$210M is projected to go to families. \$12.0M state share of FIP collections. These funds are counted as a part of the state's MOE requirement for TANF. \$2.49M for state foster care and state share of IV-E collections 	<ul style="list-style-type: none"> Federal law and state law requires CSRU to serve customers who are receiving FIP (TANF) or Medical Assistance. Maintenance of Effort (Minimum level of required state funding for child support is \$6,602,093. (This means we need to identify state dollars spent in other state cost centers for child support as contributors to the MOE.) Each 1% reduction is \$65,781 in state dollars and \$193,474 in total dollars. A reduction impacts the ability to secure collections for families and for the FIP and Foster Care budget. These collections are difficult to secure in a soft economy. There are also challenges to achieving performance targets needed in order to earn federal incentives. Incentives are almost one half of the state share of the CSRU budget. Child support is dependent on staff and information technology to meet the federal process requirements. These are the major objects of expenditure.

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^ Considerations should include client notice, contract cancellations, reductions-in-force, federal compliance/audit issues, demands on other programs, changes to federal state plans, etc.

February 21, 2002

Service	Entitlement @		# of Service Recipients	State Budget SFY 01 (Include All Sources*)	State Budget SFY 02 after 4.3% ATB (Include All Sources*)	Federal Match		Client Impact If Not Funded or Services Reduced	Program Elimination Issues^ (include MOE, IT system changes, rule changes, jeopardizing Federal compliance, statutory changes, RIF notification requirements, etc.)
	Yes (why)	No				TANF \$ (if applicable) SFY 01	TANF \$ (if applicable) SFY 02		
MI Spec Services	No		N/A	\$121,220	-0-	-0-	-0-	None	Already eliminated
DD Spec Needs	No		Approx. 100	\$53,212	\$50,924	-0-	-0-	The 100m people who use these funds would not have the support to keep someone out of an institution	The 100m people who use these funds would not have the support to keep someone out of an institution
State Payment Program	No, but services have to be provided by the county of residence pursuant to the county management plan		1,668 (January, 2001) 1,786 (January, 2002)	\$13,308,845	\$12,153,900	-0-	-0-	Counties have to provide in lieu of state (individual cannot be denied service based on durational residency) could result in a lawsuit	Would place these costs directly on the county of residence and probably force a court case on legal settlement
Personal Assistance Program	No		37	\$364,000	\$245,732	-0-	-0-	Would eliminate service that supports individuals in the community	Clients currently receiving services would be left without these services
MH/DD Community Services	No		48,000 in FY2000 in the county managed portion of the system	\$19,560,000	\$18,718,920	May be used by counties to match	May be used by counties to match	Waiting lists, etc. per county plans. Counties depend on these funds in the MH/DD budgets	Will adversely affect county budgets which have already taken a servere reduction from the Grwoth reduction
Connor \$	Required by Connor Decree (settlement of court case)		2/3	\$46,000	\$44,022	-0-	-0-	All obligated, any reduction could result in a lawsuit	Will put us out of compliance with a court settlement agreed to by the state

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