

What Kind of Budgeting Will Provide the Most Value to Iowans?

Old Budgeting

- Fund departments**
- Focus on incremental changes**
- Inertia maintains current spending**
- Dollars spent are most important**

Purchasing Results

- Purchase results**
- Examine the entire budget**
- First dollars go to highest priorities**
- Value received is most important**

PURCHASING RESULTS BUDGETING PROCESS

Modified for FY2007

The Governor's FY2007 budget was compiled using the Purchasing Results budgeting process first used on the FY2006 Budget but modified to align the Buying Teams with the Legislature's Appropriations Subcommittees and the I/3 Budget program was modified to remove Departments' base budgets, making this budget essentially Zero-based.

Traditional budgeting starts with last year's spending levels then adjusts some up and some down. In traditional budgeting, all the scrutiny is at the margin, the majority of spending is never questioned. Inertia maintains current spending levels. Good, new ideas rarely break through and mediocre programs rarely go away, even in bad budget times. The focus is on the price, not the results Iowans get for their money.

Purchasing Results is based on the familiar paradigm of Purchasers vs. Sellers. The Governor and Lt. Governor, then, in turn, the Legislature, take the role of *Purchasers* of government services. Purchasers start by determining how much they have to spend then purchasing the results Iowans expect. Departments take the role of *Sellers*, starting by figuring out what results they can sell then how much it will cost to deliver those results. The focus is on *Results* Iowans expect, for example: Reducing the number of impaired waterways, raising per capita personal income, raising the percent of children attending quality pre-school, etc., not the amount of office supplies purchased or the number of out-of-state trips planned. Purchasers strive to maximize *Value*, the most results for the lowest price. Conversely, Sellers have a strong incentive to offer value because value drives buyers' spending decisions.

The focus on Results is especially well suited in Iowa because the Accountable Government Act (Code Ch 8E) enacted in 2001 requires all State departments to prepare and file detailed performance plans annually and to report their results at the end of the year. Performance plans for all state departments were filed with the Department of Management for FY2004 through FY2006 and are available on the Results Iowa website <http://www.resultsiowa.org/index.html>. Final reports are available for FY2004 and FY2005.

The Mechanics of Purchasing Results Process

1. Determine Results Areas and Indicators and select Buying Teams

Governor Vilsack and Lt. Governor Pederson start by listening to Iowans, whose input forms the basis for the list of *Results Areas* Iowans want and *Indicators*, measures of where we currently stand where we would like to move. An example of an Indicator, for Education, is the percentage of 4th grade students achieving "proficient" or higher in reading. The Governor and Lt. Governor have identified seven Results Areas and appointed Buying Teams made up of their staff, IDOM staff and some outside members which make recommendations to them and. Legislative appropriations subcommittees serve as the counterpart of a Buying Team.

2. Buying Teams Release Requests for Results

Buying Teams begin by preparing a Request for Results (RFR) which is the equivalent of a Request for Proposal (RFP) issued by a purchaser. The essential components of an RFR are: A statement of the desired Result, two – four indicators, a brief description of strategies with a strategy map to achieve the result. These can be customized and change from year to year. The RFRs are publicly released and posted on IDOM's website and sellers are given until a time certain to respond which corresponds to the October 1st deadline for departments to submit appropriations requests mandated in the Budget Act (Code Ch 8). Buying Teams encourage agencies to be creative, collaborate with others, and submit any offer they want, as long as it responds to an RFR. Existing activities are not exempted.

3. Sellers Prepare Offers

With the RFRs as their guide, agencies prepare *Offers* for the Buying Teams knowing that if they want to do something in FY2007, it has to be submitted as an Offer. The essential elements of an Offer are: A brief description, justification, performance measures, a price and revenue source. Agencies are encouraged to submit offers for each Service, Program or Activity (SPAs) identified in their Performance Plans however, this is not always a

perfect fit. Administrative expenses should be allocated among the offers in relation to that activity's proportion of the expense, however this will require negotiation when offers are actually accepted.

4. Buying Teams Prepare Drilling Platforms

Buying Teams evaluate the Offers, negotiate with sellers for better deals, and rank the final offers in priority order as recommendations to the Governor and Lt. Governor. Each Buying Team has an allocation of the total appropriated revenues and can see how much of their prioritized list that allocation allows them to purchase. These lists, *Drilling Platforms*, include all state appropriated funds and show the Offers in priority order from top to bottom, with a line drawn to show where the money runs out. Drilling Platforms make the choices clear. Higher priority Offers are above the line and are recommended for funding. Lower priority Offers are below the line and cannot be funded with the money available.

5. Legislative Committees Use of Purchasing Results

Legislative subcommittees will want to review the

RFRs and may want to meet with Buying Team leaders to discuss them. They will want to review the offers and meet with departments to negotiate their own set of results. When sellers appear before the subcommittee they should be prepared to justify their results and the cost. Legislative committees can reorder the priorities by moving Offers up or down the Drilling Platform. They can decide how many dollars should be available overall and how many should be allocated to each Result Area. Ultimately, they decide which Offers provide the best value for Iowans.

Benefits

Purchasing Results budget process has several advantages over traditional budgeting both for the administration and the Legislature. Departments are made to focus on the results and the value of their programs. It opens the door to competition and collaboration among departments which may administer programs directed at the same results area which can lead to departments identifying and voluntarily eliminating duplication. In subsequent years legislative subcommittees can evaluate a department's performance based on the specific results commitments.

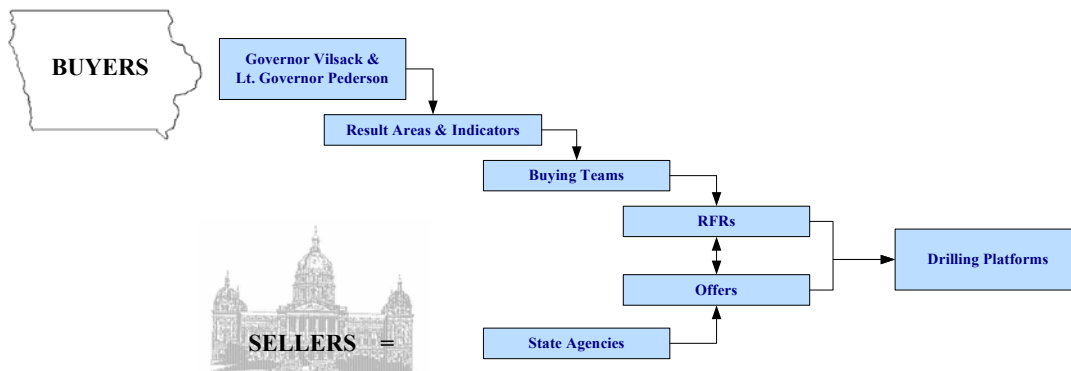
Alignment of Buying Teams with Appropriations Subcommittees

Buying Team

Student Achievement
 Healthy Iowans
 Transforming the Economy
 Safe Communities
 Natural Resources
 Accountable Government
 Transportation, Infrastructure & Capitals

Appropriations Subcommittee

Education
 Health & Human Services
 Economic Development
 Justice Systems
 Agriculture & Natural Resources
 Administration & Regulation
 Transportation, Infrastructure & Capitals





State of Iowa - Purchasing Results

Welcome!

Governor Tom Vilsack and Lt. Governor Sally Pederson have a better way to build their budget. This new process, Purchasing Results, achieves the most value for Iowans with the limited money available.

Bureaucratic budgeting starts with last year's budget and makes incremental adjustments. Not much improves that way. Good new ideas have trouble breaking through and mediocre old activities rarely go away. Purchasing Results turns bureaucratic budgeting on its head by subjecting all spending ideas, new and old, to negotiation and then prioritizing. The ones that add the most value are funded; the others are not.

Instead of bureaucratic line-items by department or program, the basic building blocks of Purchasing Results are:

1. "Requests for Results," statements by Buying Teams of what results we most want to achieve in a given policy area, with measures we can use to gauge our progress, and including advice on priorities and what strategies will best achieve the results, and
2. "Offers" by departments or groups of departments that respond to the Requests for Results by showing how they propose to produce what level of results for what price.

Purchasing Results more clearly shows Iowans the tough choices. On this website, you can see the choices that Governor Vilsack and Lt. Governor Pederson recommend for the next fiscal year. And you can try your hand at building the State's budget. This interactive website lets you make your own choices in each of seven policy areas. How would you Purchase Results for Iowans?

Result Area	# of Offers	Total Request (\$)	Amount Available (\$)
Education	46	\$ 3,206,208,534	\$ 3,203,427,916
Economic Development	21	\$ 126,282,579	\$ 125,842,579
Health and Human Services	47	\$ 1,585,371,595	\$ 1,577,862,989
Justice	28	\$ 455,480,593	\$ 447,162,060
Agriculture and Natural Resources	26	\$ 99,170,936	\$ 96,820,936

Related Links

[Purchasing Results Home Page](#)

[Overview of Purchasing Results](#)

Administration and Regulation	66	\$ 279,209,181	\$ 276,906,628
Transportation, Infrastructure, and Capitals	67	\$ 263,761,819	\$ 177,305,251
Totals:	301	\$6,015,485,237	\$5,905,328,359

**HEALTH AND HUMAN SERVICES BUYING TEAM
REQUEST FOR RESULTS
JULY 15, 2005**

Result: *IMPROVE THE HEALTH OF IOWANS*

Indicators:

The set of indicators that we have selected highlight several important components of the health of Iowans from access to care to preventative strategies. These indicators are not meant to directly connect to everything that is done to improve the health of Iowans.

- Percent of Iowans responding Very Good or Excellent to the question, “How is your health, in general?” - The annual Iowa Behavioral Risk Factor Surveillance Survey (BRFSS) asks a representative sample of Iowans to rate their own health as excellent, very good, good, fair, or poor. This question is generated by CDC and has comparable data nationwide. This indicator gets at an overall health outcome as well as components of quality of and customer satisfaction with care.
- Percent of Iowans who have access to health insurance - Percent of all Iowans with health insurance and percent of Iowa children with health insurance based on US Census Bureau and Current Population Survey data. These data sources are updated annually. This measure captures the percent of Iowans who have access to the care and services they need in order to be healthy.
- Tobacco use among middle and high school students. The data source for this indicator is the Iowa Youth Tobacco Survey (IYTS), which is conducted every two years. We specifically decided to choose an indicator for healthy behaviors as opposed to the diseases that healthy behaviors reduce because we felt it important to have an indicator that could assess the effectiveness of preventative and education strategies. However, we struggled to pick a single measure as a gauge for all healthy behaviors. A tobacco indicator was chosen because it is one of the leading causes of death. We also considered indicators on physical activity and nutrition because of their relationship to obesity. In future iterations of this process, it may make sense to replace this indicator with a healthy behavior that targets obesity as trends show that obesity is a growing problem.

Strategy Map: (attached)

When taking a broad overview at improving the health of Iowans, it is a constant struggle to balance providing the services that Iowans need to be healthy and the preventative measures that allow them to avoid those services all together. Both are important.

Our map identifies five broad categories of strategies to improve the health of Iowans. The two most important categories are implied in our opening paragraph: All Iowans Have Access to Quality Care and Improve Preventative Strategies and Health Education

with access being the most important category because of its relationship to the leadership agenda. The next most important category is Improve Quality of Life. With the final two categories receiving equal weight: Mitigate Against Outside Risk Factors and Improve the Health Care System.

We acknowledge that there is overlap and interplay between the categories (in some cases quite significant). However, we chose to simplify our chart rather than attempt to draw a diagram that fails to capture that complexity and gives disproportionate importance to one or several components of that overlap and interplay.

These strategies can and should be addressed at the individual-level, community-level and environmental/policy-level

Additionally, we included a set of overarching principles/themes that are important to consider in conjunction with all of the strategies in order to be most effective in improving the health of Iowans. Those principles are the affordability of services and cost effectiveness of systems, the preservation of personal dignity and preference, reduction of health disparities among diverse populations, geographic distribution of services and community support.

All Iowans Have Access to Quality Care – This strategy focuses on access to the types of care/services that Iowans need to be healthy. This includes financial access to care as well as the content of care. The content of care includes preventative, primary, chronic/long term, emergency/acute, and behavioral/developmental (including substance abuse and mental treatment) care. We also think that is important to have continuity of care which covers regular/financial access, content of care and the portability of care/records.

Improve Preventative Strategies and Health Education – Strategies that increase healthy behaviors and stop problems before they start play a significant role in the long term health of Iowans. It is important to have the necessary consumer knowledge to make good lifestyle choices and know about and access preventative treatments.

Improve Quality of Life – There are a minimum set of conditions that form a baseline for a healthy life on both a micro and a macro level. Individuals must have a minimum level of stability and security before they can improve their health outcomes. On the micro level those conditions form the basis of our quality of life category. They include a safe and healthy living environment, a strong family, community based services and culturally appropriate practices.

Mitigate Against Outside Risk Factors – The minimum set of conditions that form a baseline for a healthy life on a macro level are primarily components of their surroundings. They include outside factors such as exposure to hazardous materials and conditions, clean water, clean air, safe and adequate food and limited exposure to infectious disease.

Improve the Health Care System – It is not simply enough to have access to care. The overall system of care must be of a high quality. This category of strategies, in particular, has a strong relationship and interplay to the other categories and is often necessary for those strategies to be effective. Strategies to improve the overall quality of the system include health care planning, care coordination, data collection, analysis and dissemination, cross system coordination (the interaction/communication between health and other service systems), physical access to care and availability of quality health providers.

Purchasing Strategies:

The Health Buying Team is seeking offers to:

1. *Increase access to health care for children*
2. *Integrate prevention strategies and early childhood education*
3. *Encourage collaboration between schools and preventative/education strategies.*
4. *Incorporate preventative strategies into care/service delivery*
5. *Emphasize community based services to keep people out of institutions longer*
6. *Target at risk/vulnerable populations*
7. *Reduce health disparities among diverse populations*
8. *Emphasize innovative approaches and best practices for affordability and cost-effectiveness of health systems*
9. *Increase efficiencies of health care/service delivery including the removal of barriers*

We are looking for offers that:

1. *Be innovative and bold in implementing Vilsack-Pederson priorities and values.*
This is not the old business as usual. Offers should continue ideas and improved services that produce results in the most effective and innovative ways. Offers are not limited to the services the State of Iowa currently provides the way we currently provide them. If an offer includes a service the State currently provides, the offer should improve upon those services. Adapt best practices to Iowa.
2. *Use the principles of smarter sizing, smarter spending, smarter management and smarter leadership.*
The State of Iowa must work smarter to produce better results with the available resources. Some principles that will do that include:
 - Consolidating services in a smart way;

- Buying services competitively;
- Using flexibility to produce accountability;
- Giving Iowans choices;
- Giving money to Iowans, rather than institutions;
- Making administrative systems allies, not enemies;
- Improving work processes and productivity;
- Improving the availability, quality, use, and sharing of data;
- Purchasing prevention, not remediation;
- Separating steering and rowing;
- Producing voluntary compliance;
- Targeting subsidies;
- Purchasing less mistrust; and
- Blending or braiding revenue streams.

3. *Divest lower value strategies so that there is more money to invest in higher value strategies.*

The State of Iowa cannot simply continue to provide all of the services it currently provides, because many of those services do not directly relate to the results Iowans want most. To provide those results, the State must target its resources toward services and programs that will directly impact those result areas. Investments must also target populations, regions or aspects of a delivery system that most need attention.

4. *Encourage collaboration and partnerships.*

The State of Iowa cannot do everything alone. Iowans want state departments to work with each other, as well as other levels of government, non-profits, and the private sector. The State's investments must build upon and work with community based organizations and initiatives. Partnerships require incentives. The State cannot construct a budget based on the hope that partners will fund a portion of the service, if those deals have not been discussed with the partners.

5. *Show measurable results.*

6. *Build on organizational core competencies.*

When offers are made to fund existing state services, they should build upon that service's strengths. Offers should improve upon the areas that Iowans expect and want from state government, not abandon the core service.

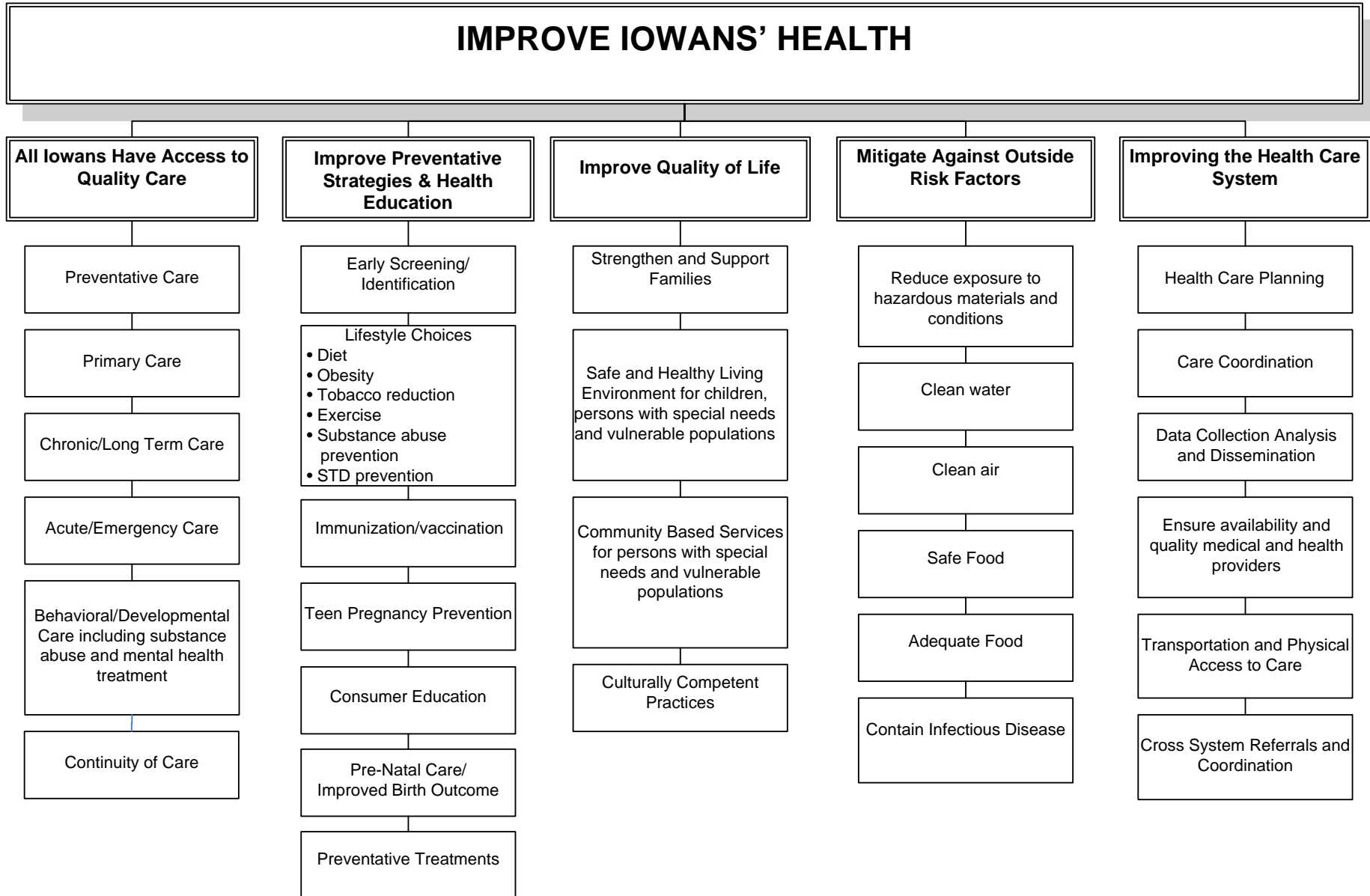
7. *Promote cultural competence.*

Diversity is important to the future of Iowa. Offers should welcome and serve diverse populations.

Overarching Principles

- Affordability of Services and Cost Effectiveness of Systems
- Preservation of Personal Dignity and Preference
- Reduction of Health Disparities Among Diverse Populations
- Serve the Entire State/Geographic Distribution
- Encourage Community Support

HEALTH BUYING TEAM STRATEGY MAP



OFFER FOR IOWANS

Identifying Information

Offer Identifier: 401_HHS_006

Offer Name: State Child Health Insurance Program/Hawk-i

Result(s) Addressed: Health and Human Services

Contact Information: Ann Wiebers, awieber@dhs.state.ia.us, (515) 281-6080

Offer Description

The SCHIP program includes both a Medicaid Expansion and a separate child health insurance program called the Healthy and Well Kids in Iowa (hawk-i) program. This offer includes administrative functions and staff necessary to deliver services effectively and efficiently. Service levels under this offer assume any salary adjustment for DHS staff is fully funded.

The Medicaid Expansion component of SCHIP provides Medicaid coverage to children, ages 6 through 18 whose family income is between 100% to 133% of the Federal poverty guidelines and infants whose family income is between 185 and 200% of the Federal poverty guidelines. Health care services are provided to children in this group through existing Medicaid provider networks.

The hawk-i program provides coverage to uninsured children, under age 19, who live in families who have too much income to qualify for Medicaid. Families with income at or above 150% of the Federal poverty level pay a monthly premium of \$10 per child (\$20 family maximum) to participate in the program. Coverage is provided through contracts with commercial health plans (Wellmark Blue Cross Blue Shield of Iowa, John Deere Health Plan, and Delta Dental Plan of Iowa) in accordance with 514I.6 of the Code of Iowa and the program is administered through a contract with a Third Party Administrator (TPA), currently MAXIMUS, in accordance with 514I.7 of the Code of Iowa.

DHS contracts with the Iowa Department of Public Health (IDPH) for outreach services and collaborates with IDPH, the Department of Education, and other public and private entities in efforts to identify and enroll all potentially eligible children. As a result of hawk-i outreach efforts, over 100,000 more Iowa children have attained health care coverage either through the Medicaid or hawk-i programs since the SCHIP program was implemented in July of 1998. For every one child attaining eligibility in the hawk-i program, three are identified as Medicaid eligible.

Iowa's goal is to make the hawk i program as seamless and user-friendly as possible. Several customer-focused enhancements to the program were made or are in the process of being implemented. These include, but are not limited to:

Applying For Coverage and Renewing Coverage On-line

The Department has implemented an on-line hawk i application and renewal application. This increases access to the program in that families can apply or renew coverage anytime. Currently over 50% of all applications are received through the Internet.

Welcome Calls:

Beginning July 2005, the TPA began making welcome calls to new enrollees. The purpose of the welcome calls is to ensure that the enrollee has received their approval notice, answer any questions, make sure they know how to contact their health plan and remind them that they have to renew at the end of the enrollment period.

Disenrollment Surveys:

The hawk i program's TPA conducts a disenrollment survey of households of any children who were disenrolled from the program for unknown reasons to determine why enrollee(s) disenrolled. All attempts to obtain disenrollment information, including information regarding satisfaction with the program or other information and subsequent responses is documented in the hawk i program's data system. This data will be used to identify barriers to participation and subsequent program enhancements.

Ability To Pay Premiums Through Automatic Bank Account Withdrawal:

The hawk i program is implementing the technology to allow families to pay their premium payment through automatic bank account withdrawal. This process will result in fewer disenrollments due to non-payment of premiums or late payments. This will result in reduced administrative burden related to cancellations and processing reapplications and less disruptions in care for participating children.

Note: The level of funding requested with this offer could draw down Federal Title XXI matching funds of \$65,340,976, if Federal funds are available. This offer assumes these funds will be available.

Currently, only \$36,615,792 in Federal funds are available for SFY 2007. This means that an additional \$28,725,184 will have to be made available to Iowa by July 1, 2006. These funds could be made available through redistribution of unspent SCHIP allotments from other states and/or by an increase in the FFY 2007 Federal SCHIP allotment. If the additional Federal funds do not become available, they will need to be replaced with State dollars and Federal Title XIX dollars or enrollment will have to be reduced significantly. The additional State dollars needed are \$19,892,016, for a total of \$43,031,400 State dollars needed for SFY 2007. An additional \$8,833,167 in Title XIX dollars will also be needed.

Improved Results Activities:

No improved results activities are being proposed for the SCHIP program at this time.

Offer Justification

Legal Requirements:

Federal:

Title XXI of the Federal Social Security Act provides states with the option to design programs to provide health care coverage to targeted low-income, uninsured children.

State:

Chapter 514I of the Code of Iowa mandates the Department of Human Services to have a SCHIP program.

Rationale:

This offer supports the provision of services to participating children and the administration of the SCHIP program. Without this offer, the program will cease and the children covered by the program will most likely become uninsured. This is contrary to the Governor's goal of ensuring that all Iowans have access to health care.

All Iowans Have Access to Quality Care

This program provides health care coverage to low-income children in working families. It contributes to the goal of ensuring that all Iowans have access to quality care by providing eligible children with comprehensive preventative and primary care services in early developmental years. Covered services include medical (inpatient, outpatient, emergency), preventative (immunizations and well child visits), dental, vision, chiropractic services, prescription drugs, mental health and substance abuse treatment and more.

Improve Preventative Strategies and Health Education

Preventative strategies, clinical guidelines and health education are a required component of each health plan's contract. From monthly newsletters to provider education, immunization and well child appointment reminders, screening and health education, the program strives to make sure that each child and family receives information necessary to make informed health care-related decisions.

Since the inception of the functional health assessment survey, the Impact on Access and Health Status report reveals that after being in the hawk-i program for one year, 96% of families report that family stress was reduced significantly. This is attributed to parents no longer having to worry about how they will pay for medical bills if their children are sick or injured.

Improving the Health Care System

The hawk-i program has collected results-based health outcome measurements since the program was implemented. Significant improvements in access to care, health status and the family environment were found as a result of providing health coverage through Iowa's SCHIP program.

Children with health insurance coverage are more likely to have a "medical home" in which to receive medical care. This contributes to overall continuity of care and care coordination. The positive benefits to children should be kept in mind as buying teams prioritize programs. Interaction and guidance received from qualified doctors and medical staff provides children and families with medical, educational and early intervention services that contribute to a child's good health and optimal school attendance and performance.

This program provides quality government services through the provision of affordable and accessible health care coverage to families with uninsured children. For every one dollar spent on this program, Iowa draws down three dollars in Federal funding. By providing a payment source, the amount of uncompensated care provided by hospitals and medical providers is reduced. This impacts the cost that is charged to others in the form of increased cost for care and health insurance premiums. The Impact on Access and Health Status report indicates that parents are significantly more likely to purchase health insurance coverage for themselves once they know their children have comprehensive health care coverage.

Performance Measurement and Target

Number of children who are enrolled in hawk-i - 25,061

Number of children who are enrolled in Medicaid Expansion - 12,675

Price and Revenue Source

\$20,377,584.00



State of Iowa - Purchasing Results

Welcome!

Here are the fiscal year 2007 purchasing choices for **Health and Human Services**. The Health and Human Services Buying Team began its work by telling the sellers (state departments or agencies) what they wanted to buy. They did this in a "Request for Results" (see the links on the right side of this page). This document outlined the results the Buying Team wanted to be achieved and gave sellers advice about priorities and the strategies that the Buying Team believes would be most productive in producing the desired results. The "Strategy Map" shows the cause-and-effect relationships that turn our resources into results. Each Offer was submitted in response to this Request for Results.

The prioritized list of Offers you see below reflect the Governor and Lt. Governor's recommendation for how to best use the money available to achieve the best Health and Human Services results for Iowans. The Offers at the top of the list provide the most value; the Offers at the bottom the least value. So we use the first dollars to purchase the highest-priority Offers, and so on. A line is drawn to show where the money runs out.

Click on the "Fund" or "Not Fund" box for each Offer below to decide which ones you would buy, or not buy. See the "Amount Remaining" box to know how much you have left as you make your choices. Please note that the dollar amounts here represent *all appropriated funds*, not just State of Iowa General Fund dollars

You can also click on the link for each Offer to see the case for that Offer, as well as program and fiscal details.

Purchasing Results makes the choices clear. We must use the limited dollars to the best advantage for Iowans.

Related Links

[Purchasing Results Home Page](#)

[Overview of Purchasing Results](#)

[Request for Results](#)

[Strategy Map](#)

[Back to Summary Page](#)

Health and Human Services		
Budget	Funded	Remaining
\$1,577,862,989	\$1,577,862,989	\$0
Offer Number	Offer Name	Total Price
Funded Priorities		
Offer 401_HHS_006 by Human Services		

[Reset](#)
[Print](#)

401_HHS_006	<input type="text" value="Fund"/>	State Child Health Insurance Program/Hawk-i	\$20,377,584
401_HHS_007	<input type="text" value="Fund"/>	Offer 401_HHS_007 by Human Services Child Care	\$24,447,517
588_HHS_005	<input type="text" value="Fund"/>	Offer 588_HHS_005 by Public Health, Dept of Healthy Children and Families	\$2,171,190
401_HHS_003	<input type="text" value="Fund"/>	Offer 401_HHS_003 by Human Services Medical Assistance and Medical Contracts	\$885,401,770
588_HHS_015	<input type="text" value="Fund"/>	Offer 588_HHS_015 by Public Health, Dept of Defeating Infectious Diseases	\$1,140,887
401_HHS_009	<input type="text" value="Fund"/>	Offer 401_HHS_009 by Human Services Child Welfare and Juvenile Justice Community Services	\$106,707,806
401_HHS_005	<input type="text" value="Fund"/>	Offer 401_HHS_005 by Human Services Health Insurance Premium Payment	\$634,162
588_HHS_001	<input type="text" value="Fund"/>	Offer 588_HHS_001 by Public Health, Dept of Addiction Free Iowa	\$29,711,871
401_HHS_004	<input type="text" value="Fund"/>	Offer 401_HHS_004 by Human Services IowaCare	\$95,960,447
401_HHS_011	<input type="text" value="Fund"/>	Offer 401_HHS_011 by Human Services Adoption	\$35,314,072
401_HHS_002	<input type="text" value="Fund"/>	Offer 401_HHS_002 by Human Services Child Support	\$8,677,662
401_HHS_001	<input type="text" value="Fund"/>	Offer 401_HHS_001 by Human Services Supporting Basic Needs of Low Income Iowans	\$80,333,705
588_HHS_007	<input type="text" value="Fund"/>	Offer 588_HHS_007 by Public Health, Dept of Health Promotion and Chronic Disease Management	\$2,074,990
401_HHS_015	<input type="text" value="Fund"/>	Offer 401_HHS_015 by Human Services Mental Health/Developmentally Disabled Community Services	\$161,674,121
401_HHS_012	<input type="text" value="Fund"/>	Offer 401_HHS_012 by Human Services Children with Disabilities	\$1,936,434
297_HHS_007	<input type="text" value="Fund"/>	Offer 297_HHS_007 by Elder Affairs, Dept of Healthy Aging	\$462,558
297_HHS_003	<input type="text" value="Fund"/>	Offer 297_HHS_003 by Elder Affairs, Dept of National Family Caregivers Support Program	\$65,673
297_HHS_011	<input type="text" value="Fund"/>	Offer 297_HHS_011 by Elder Affairs, Dept of Home and Community Based Services and Community Supports	\$7,738,077
297_HHS_010	<input type="text" value="Fund"/>	Offer 297_HHS_010 by Elder Affairs, Dept of Case Management Program for the Frail Elderly	\$4,589,150
588_HHS_011	<input type="text" value="Fund"/>	Offer 588_HHS_011 by Public Health, Dept of Healthy Aging and Long Term Living	\$9,294,969
588_HHS_013	<input type="text" value="Fund"/>	Offer 588_HHS_013 by Public Health, Dept of Assuring Iowa's Environmental Health	\$809,308

588_HHS_009	<input type="button" value="Fund"/>	Offer 588_HHS_009 by Public Health, Dept of Improving Access and Delivery	\$2,637,128
401_HHS_010	<input type="button" value="Fund"/>	Offer 401_HHS_010 by Human Services Preparation for Adult Living Services	\$3,566,830
401_HHS_008	<input type="button" value="Fund"/>	Offer 401_HHS_008 by Human Services Juvenile Facilities	\$17,288,142
671_HHS_003	<input type="button" value="Fund"/>	Offer 671_HHS_003 by Veterans Affairs, Dept of Long Term Health Care Services for Veterans	\$12,042,021
671_HHS_004	<input type="button" value="Fund"/>	Offer 671_HHS_004 by Veterans Affairs, Dept of Domiciliary Services for Iowa Veterans	\$1,527,480
297_HHS_009	<input type="button" value="Fund"/>	Offer 297_HHS_009 by Elder Affairs, Dept of Winning Compliance	\$973,589
297_HHS_001	<input type="button" value="Fund"/>	Offer 297_HHS_001 by Elder Affairs, Dept of Elder Abuse Awareness	\$352,681
269_HHS_012	<input type="button" value="Fund"/>	Offer 269_HHS_012 by Economic Development, Dept of Iowa Commission on Volunteer Services-RSVP	\$174,198
297_HHS_004	<input type="button" value="Fund"/>	Offer 297_HHS_004 by Elder Affairs, Dept of Ombudsman/Resident Advocate Committees	\$373,533
671_HHS_001	<input type="button" value="Fund"/>	Offer 671_HHS_001 by Veterans Affairs, Dept of Veteran's Awareness Program for Medical and Other Benefits	\$332,114
297_HHS_006	<input type="button" value="Fund"/>	Offer 297_HHS_006 by Elder Affairs, Dept of Senior Internship Program	\$112,162
297_HHS_002	<input type="button" value="Fund"/>	Offer 297_HHS_002 by Elder Affairs, Dept of Caregivers Retention Project	\$129,949
588_HHS_019	<input type="button" value="Fund"/>	Offer 588_HHS_019 by Public Health, Dept of BHC Health Protection and Regulation	\$9,521,705
401_HHS_013	<input type="button" value="Fund"/>	Offer 401_HHS_013 by Human Services Mental Health Institutes	\$20,508,058
401_HHS_014	<input type="button" value="Fund"/>	Offer 401_HHS_014 by Human Services Resource Centers	\$23,302,660
401_HHS_017	<input type="button" value="Fund"/>	Offer 401_HHS_017 by Human Services Improve Services to Family Investment Program Participants (FEDERALLY FUNDED)	
401_HHS_016	<input type="button" value="Fund"/>	Offer 401_HHS_016 by Human Services Civil Commitment Unit for Sexual Offenders	\$4,757,704
270_HHS_005	<input type="button" value="Fund"/>	Offer 270_HHS_005 by Finance Authority Home and Community Based Services Rent Subsidy Program	\$700,000
297_HHS_008	<input type="button" value="Fund"/>	Offer 297_HHS_008 by Elder Affairs, Dept of Elder Affairs Special Projects	\$39,082
Unfunded Priorities			
401_HHS_019	<input type="button" value="Not Fund"/>	Offer 401_HHS_019 by Human Services	\$600,000

Greater Self-sufficiency for Iowans with Disabilities			
270_HHS_006	<input type="text" value="Not Fund"/>	Offer 270_HHS_006 by Finance Authority Home and Community Based Services Revolving Loan Program	\$2,000,000
270_HHS_004	<input type="text" value="Not Fund"/>	Offer 270_HHS_004 by Finance Authority Transitional Housing Revolving Loan	\$1,400,000
270_HHS_007	<input type="text" value="Not Fund"/>	Offer 270_HHS_007 by Finance Authority Senior Living Revolving Loan Program	\$3,000,000
297_HHS_005	<input type="text" value="Not Fund"/>	Offer 297_HHS_005 by Elder Affairs, Dept of Substitute Decision Maker	\$395,517
671_HHS_002	<input type="text" value="Not Fund"/>	Offer 671_HHS_002 by Veterans Affairs, Dept of Cemetery Development	\$80,280
588_HHS_021	<input type="text" value="Not Fund"/>	Offer 588_HHS_021 by Public Health, Dept of Department of Health DAS Billings	\$32,809

[Back to Top](#)