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## ISSUE REVIEW

Fiscal Services Division

February 1, 2019



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Ground Floor, State Capitol Building

Des Moines, Iowa 50319

515.281.3566

## Adult Mental Health and Disability Services System Funding History

### ISSUE

This **Issue Review** examines the history of the county adult Mental Health and Disability Services (MHDS) system funding structure, including the county mental health property tax levy and State appropriations, and provides three options for long-term system funding.

The county mental health property tax levy has transitioned over time from:

- A levy based on a dollar rate per \$1,000 of property valuation (prior to FY 1996).
- A fixed dollar cap per county (FY 1996 through FY 2013).
- A per capita levy capped at \$47.28 per capita or the historic capped county dollar amount, whichever is less (FY 2013 through FY 2017).
- A regional per capita levy (FY 2018 to present).

The MHDS Regions serve individuals with a wide array of needs including mental illness, serious emotional disturbance, intellectual disabilities, developmental disabilities, and brain injury. A variety of services are provided to help individuals live, learn, work, and recreate in communities of their choice. Services range from inpatient psychiatric hospital services to supported employment.

### AFFECTED AGENCIES

Department of Human Services

Counties

### CODE AUTHORITY

Iowa Code chapter [426B](#)

Iowa Code section [331.424A](#)

### HISTORY OF COUNTY MENTAL HEALTH AND DISABILITY SERVICES FUNDING

#### **County Mental Health and Disability Services Property Tax Levy**

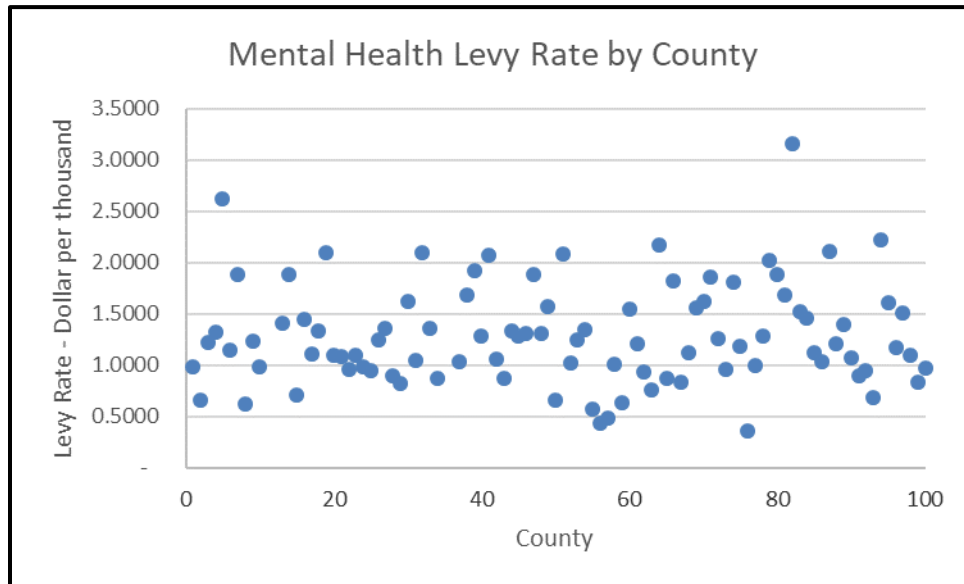
In 1995, the General Assembly enacted [SF 69](#) (Property and Income Tax Act), which changed the way the county adult Mental Health and Disability Services system was funded and how the county mental health property tax was levied.

Unlike other property tax levies that are calculated based on a dollar rate per \$1,000 of property valuation, the county MHDS levy was capped at \$214.2 million statewide with counties choosing to lock in the FY 1994 actual expenditures or the FY 1996 net expenditures as the new county levy dollar cap.

After FY 1996, with no option to increase the county levy and no growth in the rate due to increased property value, the State became responsible for funding all new growth in the MHDS

system. As a result of the dollar limit freeze, county property tax rates for the levy declined between 1996 and 2016 as property valuations increased. When counties locked in the levy rates in 1995, there were significant variations among county levies as **Figure 1** illustrates, with levies varying from \$3.1550 in Wapello County to \$0.4309 in Dickinson County. With Iowa's population growing and shifting to more urban areas since that time, those variations have been exacerbated.

**Figure 1**



### State Appropriations

Between FY 1995 and FY 2012, the State provided MHDS funds for the counties mainly through four different appropriations: Property Tax Relief, Community Services, State Cases, and Allowed Growth. Beginning in FY 2013, the State assumed the nonfederal share of Medicaid from the counties as part of a Medicaid buyout (detailed below). As part of the buyout, the State retained most of the funds previously appropriated to the counties. **Figure 2** illustrates the change in State funding from FY 1995 to FY 2018.

State appropriations varied over time, with more new moneys appropriated when the economy was strong and reductions made during recessions. Funds were distributed through a complex funding formula based on population, poverty level, counties' levies, and county MHDS fund balances. Counties regularly requested formula changes from the Legislature to direct funds where they were most needed.

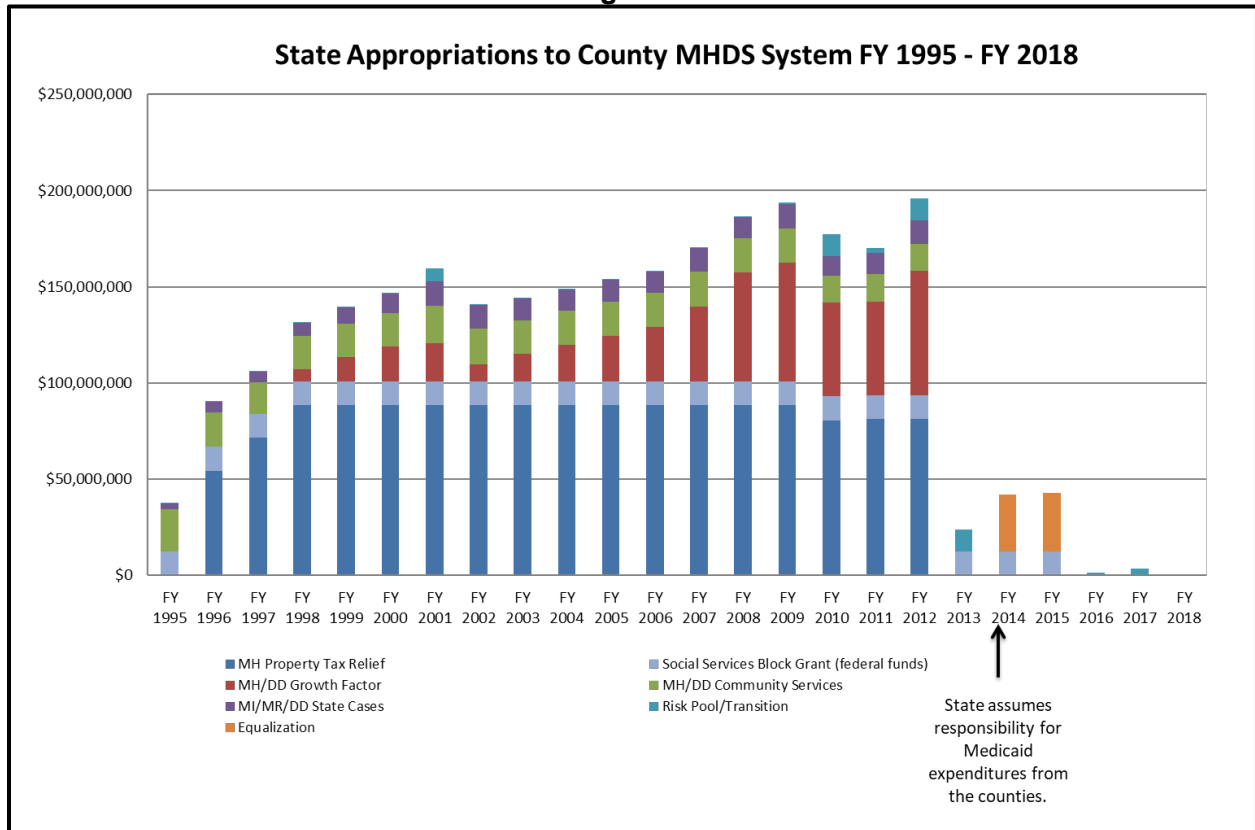
### Mental Health and Disability Services Redesign

[Senate File 525](#) (FY 2012 Mental Health and Disability Services Redesign Act), enacted during the 2011 Legislative Session, included a number of major provisions that laid the groundwork for the redesign of the MHDS system and specified the intent for future legislative changes. Those changes were then enacted in [SF 2315](#) (FY 2013 Adult Disability Services Redesign Act), including the following:

- Shifting the funding responsibility for the nonfederal share of Medicaid from the counties to the State.
- Reorganizing the system to be administered by counties on a regional basis in a manner that provides multiple points of access in the region for both Medicaid and non-Medicaid funded

- services beginning June 30, 2015 (see **Attachment A** for a current map of the regions).
- Replacing legal settlement as the basis for determining financial responsibility for MHDS services with a determination based on where an individual resides.
- Setting eligibility standards at 150.0% of the federal poverty level, with options to provide services above 150.0% with cost sharing requirements.
- Creating a new per capita levy system, which was to be implemented beginning in FY 2014 with a cap of \$47.28 per capita.
- Creating a list of required core service domains and optional core plus service domains (listed in Iowa Code chapter [331.397](#)).

**Figure 2**



**Medicaid Buyout and Transition**

One of the major provisions implemented by [SF 2315](#) shifted the responsibility for payment for Medicaid services from the counties to the State. The Medicaid service categories that were shifted to the State included the Intellectual Disability Waiver, Habilitation Services, Intermediate Care Facilities for Individuals with Intellectual Disabilities, and the State Resource Centers. Medicaid services previously paid for by the counties cost the State \$240.9 million in FY 2013. As part of this shift, also known as the Medicaid county buyout, the State retained and appropriated to Medicaid approximately \$190.9 million in General Fund appropriations that were previously distributed to the counties and made up the remaining \$50.0 million with a new General Fund appropriation to Medicaid.

Due to the cost of buying out the Medicaid Program, the counties received no general distribution of State funds to pay for the remaining non-Medicaid county MHDS services in FY 2013 other than the State Cases appropriation. The State did provide a supplemental appropriation to a transition fund for counties that met certain criteria. Counties were eligible for

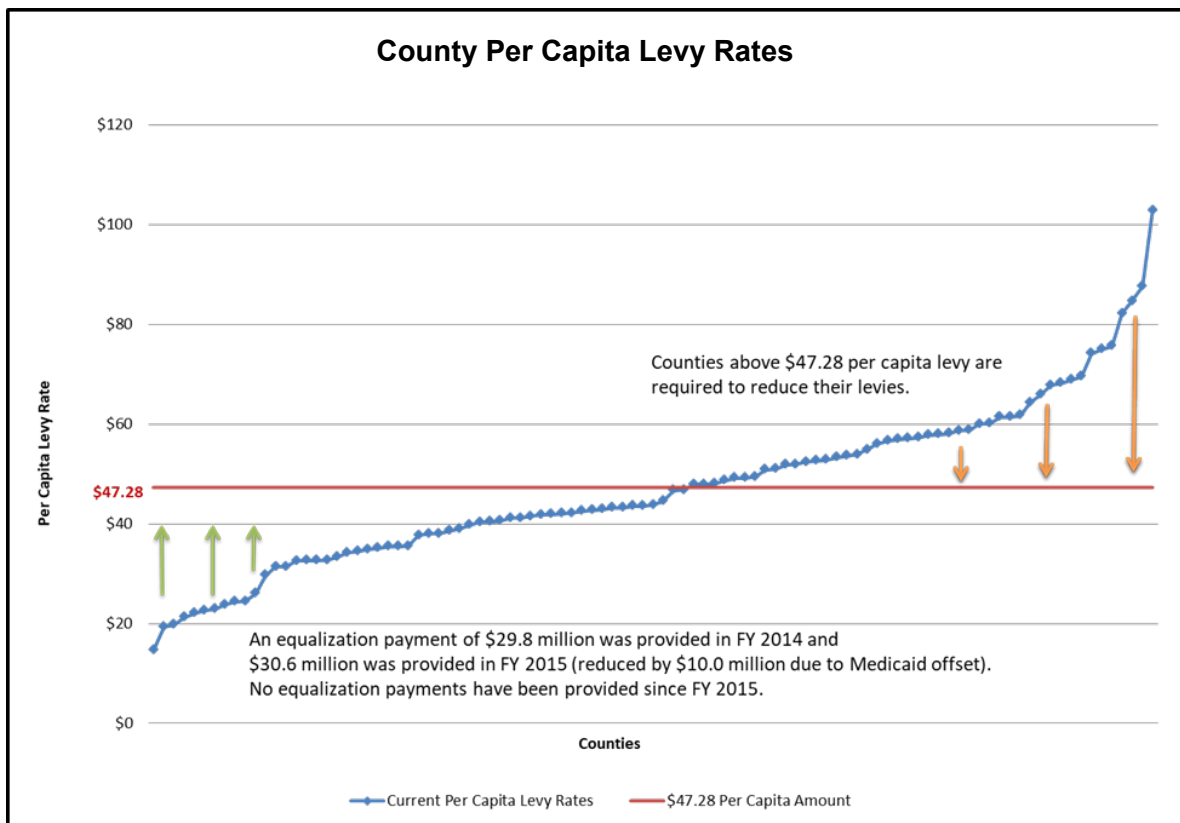
funding if they needed additional resources to pay for current services under the county plan. A total of \$11.6 million was distributed from the fund to 26 counties in March 2013.

### \$47.28 Per Capita Limit and County Levy Structure

In addition to implementing many elements of the redesign, [SF 2315](#) also created a new MHDS levy that began July 1, 2013. The old funding formula was eliminated and replaced with a new formula that distributed funding on a per capita basis. The new levy had a cap of \$125.8 million, the same dollar amount as the previous levy; however, the new methodology converted the cap to a county per capita dollar amount based on general population, with a dollar target of \$47.28 per capita. In any fiscal year that a county base year levy cap was less than the per capita dollar amount, the State was to provide an equalization payment to make up the difference and bring a county to \$47.28 per capita. Any county that previously had the ability to levy more than \$47.28 per capita was required to reduce its levy to no more than \$47.28 per capita. The Governor and the General Assembly provided equalization appropriations in FY 2014 (\$29.8 million) and FY 2015 (\$30.6 million). The FY 2015 equalization appropriation was later reduced by \$10.0 million as a result of savings the counties realized through Medicaid Expansion. Consequently, because of the large county fund balances and the additional resources that the counties received due to Medicaid Expansion under the federal Affordable Care Act (ACA), among other factors, no equalization appropriation was provided after FY 2015.

**Figure 3** illustrates shifting levy and potential equalization dollars.

**Figure 3**



The per capita methodology allowed 54 counties to receive equalization funds in FY 2014 and FY 2015 to bring their county levies up to the \$47.28 per capita target. Forty-five counties above the target were required to reduce the maximum amount they could levy by \$10.8 million

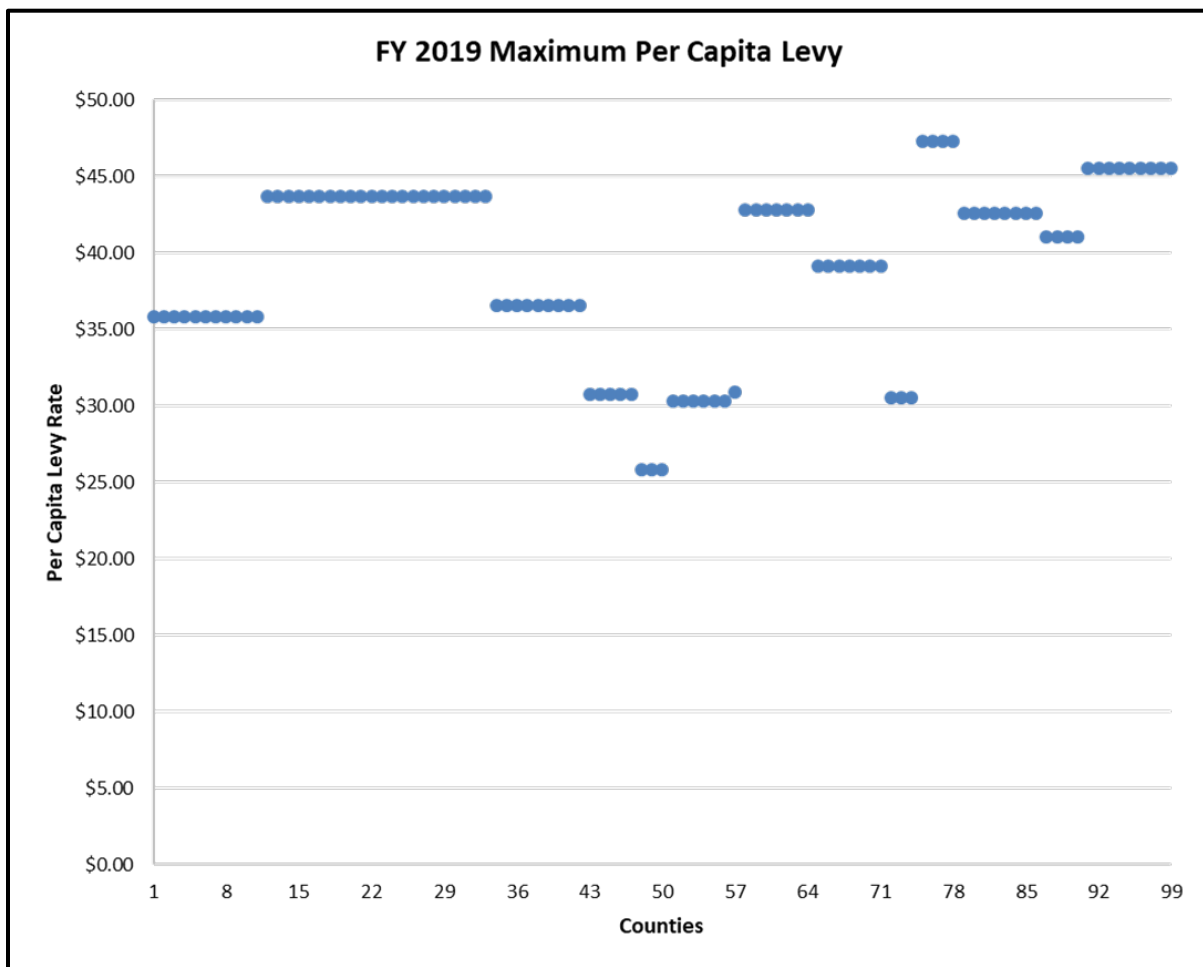
in FY 2014 and \$11.0 million in FY 2015. The net effect of both the levy reduction and the equalization appropriation to the system equaled total resources of \$144.8 million in FY 2014 and \$145.3 million in FY 2015, which was available for non-Medicaid services and distributed equally among counties based on population.

**RECENT CHANGES**

**Equalization of Levies Within a Region**

Seeking more equity among county MHDS property tax levies, the 2017 General Assembly passed, and the Governor signed, [SF 504](#) (FY 2018 Mental Health Property Tax Act). The Act revised the county MHDS property tax levy by equalizing the tax levied in each county on a regional basis and setting a maximum per capita amount that can be levied across the entire region (**Figure 4**). The new regional per capita cap was set by adding the sum of the maximum amount each county in the region would be able to levy for FY 2018 under current law and dividing that by the region's general population. Counties then multiplied the new regional cap by their populations to get the new county cap. The regional caps are still limited statewide to \$47.28 per capita.

**Figure 4**



In FY 2017, prior to the passage of [SF 504](#), 46 counties were able to levy \$47.28 per capita and 53 counties had a maximum levy between \$14.62 (Plymouth County) and \$47.28. After the

passage of the Act, there are now only 14 different maximum levy rates among the 99 counties, ranging from \$25.84 in the four counties that make up the Heart of Iowa Region to \$47.28 for the four counties that make up the South Central Iowa Region.

Actual and maximum county levy rates for FY 2017 through FY 2019 are available in **Attachment B**.

In addition to the changes to the levy, [SF 504](#) required counties to spend down fund balances in excess of 25.0% of gross expenditures. Beginning in FY 2018, counties have three years to spend down fund balances on services required in their regional management plans. Beginning in FY 2022, counties are limited to a fund balance reserve for cash flow of 20.0% of gross expenditures if the region has a population equal to or greater than 100,000, or 25.0% of gross expenditures if the region has a population of fewer than 100,000. Counties will be required to reduce their levies by any dollar amount in excess of the cash flow amount.

Due to Polk County's status of being a region of its own, [SF 504](#) granted an exception to require Broadlawns Medical Center (county hospital) to provide the County with additional resources. For FY 2018 through FY 2020, the Act requires the Broadlawns Medical Center Board of Trustees to transfer \$2.8 million to the Polk County Board of Supervisors to deposit in the county MHDS fund. In addition, Broadlawns is required to donate \$3.5 million worth of services to Polk County MHDS.

### Complex Service Needs

[House File 2456](#) (FY 2019 Mental Health, Complex Service Needs Workgroup Report Act) was enacted during the 2018 Legislative Session. The Act made various Code changes, including changes to Iowa Code chapters [125](#) and [229](#) related to involuntary commitment. In addition, the Act added the following new core services domains:

- Access centers located in crisis residential and subacute residential settings with 16 or fewer beds that provide immediate, short-term assessments for persons with serious mental illness or substance use disorders who do not need inpatient psychiatric hospital treatment, but who do need a significant amount of supports and services not available in the persons' homes or communities.
- Assertive community treatment services.
- Comprehensive facility-based and community-based crisis services, including mobile response, 23-hour crisis observation and holding, crisis stabilization community-based services, crisis stabilization residential services, and subacute services provided in facility-based and community-based settings.
- Intensive residential service homes for persons with severe and persistent mental illness in scattered-site community-based residential settings that provide intensive services and that operate 24 hours a day.

The MHDS regions are responsible for the startup costs of the services listed above and for the costs not reimbursed by Medicaid, such as when a bed is vacant. The startup costs and ongoing expenditures are estimated to cost the counties \$4.3 million in FY 2019 and \$10.0 million in FY 2020. For more information on the estimated impact of [HF 2456](#) please see the [Fiscal Note](#) for the Act.

### Outstanding Issues

Over the past several years, there have been major changes to the MHDS system beginning with the Medicaid buyout; the transition from a county-based system to a regionally based system (14 regions); the standardization of services with core and core plus service domains;

the implementation of the Iowa Health and Wellness Plan that provides health care coverage to 168,000 low-income adults, including mental health coverage that was previously paid for by counties; and the standardization of levies within regions. After all of the changes, the most significant outstanding funding issue is finding a long-term stable source of funding for the regions.

Due to the variation in county MHDS levies and fund balances, there are several different ways that a region's funding may be impacted in the coming years, including:

- Counties/regions are working on spending down their fund balances to 20.0% or 25.0% by FY 2022, as required by [SF 504](#). With the new core services required in [HF 2456](#), some counties/regions may not have the necessary levy authority to fund ongoing services and maintain the 20.0% or 25.0% cash flow amount necessary to fund services until property taxes are collected.
- Regions with counties that have high population growth rates, such as the Heart of Iowa Region (Dallas County), may not have the levy authority to keep up with service demands. When [SF 69](#) was passed in 1995, Dallas County's population was 34,050. The current Dallas County population estimate is 87,235. For FY 2019, Dallas County is levying its maximum of \$2.2 million. For comparison, Pottawattamie County, which has a similar size population, has the authority to levy \$4.3 million.
- Regions that have a population of fewer than 100,000, such as Southern Hills or County Rural Office of Social Services, may not have the economies of scale to fund services within their levy caps, especially once excess fund balances are depleted. Rural regions in particular continue to struggle to find an appropriate mental health workforce to meet the service demands.
- Polk County has an MHDS levy that is currently \$6.5 million short of expenditures. With the required transfer of funds and in-kind services received from Broadlawns Medical Center, the county is currently able to bridge that gap, but that sharing of resources expires at the end of FY 2020. Polk County may need to build out additional services to meet the new core services required by [SF 504](#) and there are no sustainable funding sources available to address that issue.

### **Options for Long-Term Sustainable Funding**

There have been a number of ideas proposed over the years to address long-term funding stability for the MHDS regions. The ideas listed below are not recommendations by the Legislative Services Agency (LSA), but a list of options the General Assembly may consider. In addition, there has been discussion of raising the sales tax and directing a portion of the new tax to mental health services. For reference, each 1/8th of a penny increase in the sales tax would raise approximately \$66.1 million in State revenue.

### **Standardize a Statewide Levy and Allow for Future Growth**

The State could standardize a statewide levy either by using a per capita amount or by using a levy rate based on a dollar rate per \$1,000 of property valuation. The current statewide per capita cap is \$47.28. If every region was allowed to raise its regional cap to the statewide cap, counties would be able to levy \$47.28 multiplied by the statewide population of 3,145,711 for a total of \$148.7 million. For comparison, the current statewide maximum levy is \$115.1 million.

If the State chose to pursue this option, it may want to consider a mechanism to allow for future growth and inflation in the system. The levy would naturally grow as the population increased,

but there would be no increases based on increased costs of services or any additional services provided over time.

### **State Buys Out the Entire MHDS System**

The State could buy out the regional MHDS system. Actual FY 2017 expenditures for the system totaled \$107.9 million and FY 2018 expenditures were budgeted at \$128.8 million. If the State did choose to buy out the system, that buyout could be structured over multiple years to lessen the impact to the General Fund.

If the State chose to pursue this option, a number of decisions would need to be made, particularly around management of the system and county fund balances. Counties currently manage the system with State oversight, but there is concern that if counties do not have a financial interest in the system, they have no incentive to control costs. The State could take over the management of the system but still maintain a regional structure to encourage local input and innovation. In addition, counties had ending fund balances of \$140.6 million at the end of FY 2017. If the counties were no longer managing the system then there would be no need for those fund balances and there would instead need to be a plan for the disposition of funds.

### **Fund the MHDS System Growth with General Fund Appropriations**

The State could go back to funding all of the growth in the system beyond the region's levy authority. State funds could be distributed based on a formula or by a board, such as the Risk Pool Board authorized in Iowa Code section [426B.5](#). Previously, when the State was providing appropriations to the regions, it proved difficult to target funds as precisely as the funds needed to be distributed through a formula. The task of creating a formula to distribute funds would likely be a little easier today with 14 regional levy limits compared to the old system that had 99 different county levies.

The drawback of this option from a regional perspective is that once this funding source becomes necessary, the region would likely be dependent on the State appropriating adequate funds on an annual basis in perpetuity.

### **Interim MHDS Funding Study Committee**

The Interim Mental Health and Disability Services Funding Study Committee met on October 5 and December 14, 2018. Its charge was to analyze the viability of mental health and disability services funding, including the methodology used to calculate and determine the base expenditure amount, the county budgeted amount, the regional per capita expenditure amount, the statewide per capita expenditure target amount, and the cash flow reduction amount. The Committee did not provide any specific recommendations to the General Assembly but voted to include a summary of the policy proposals presented to the Committee during the Committee's two meetings as part of its [final report](#).

### **Conclusion**

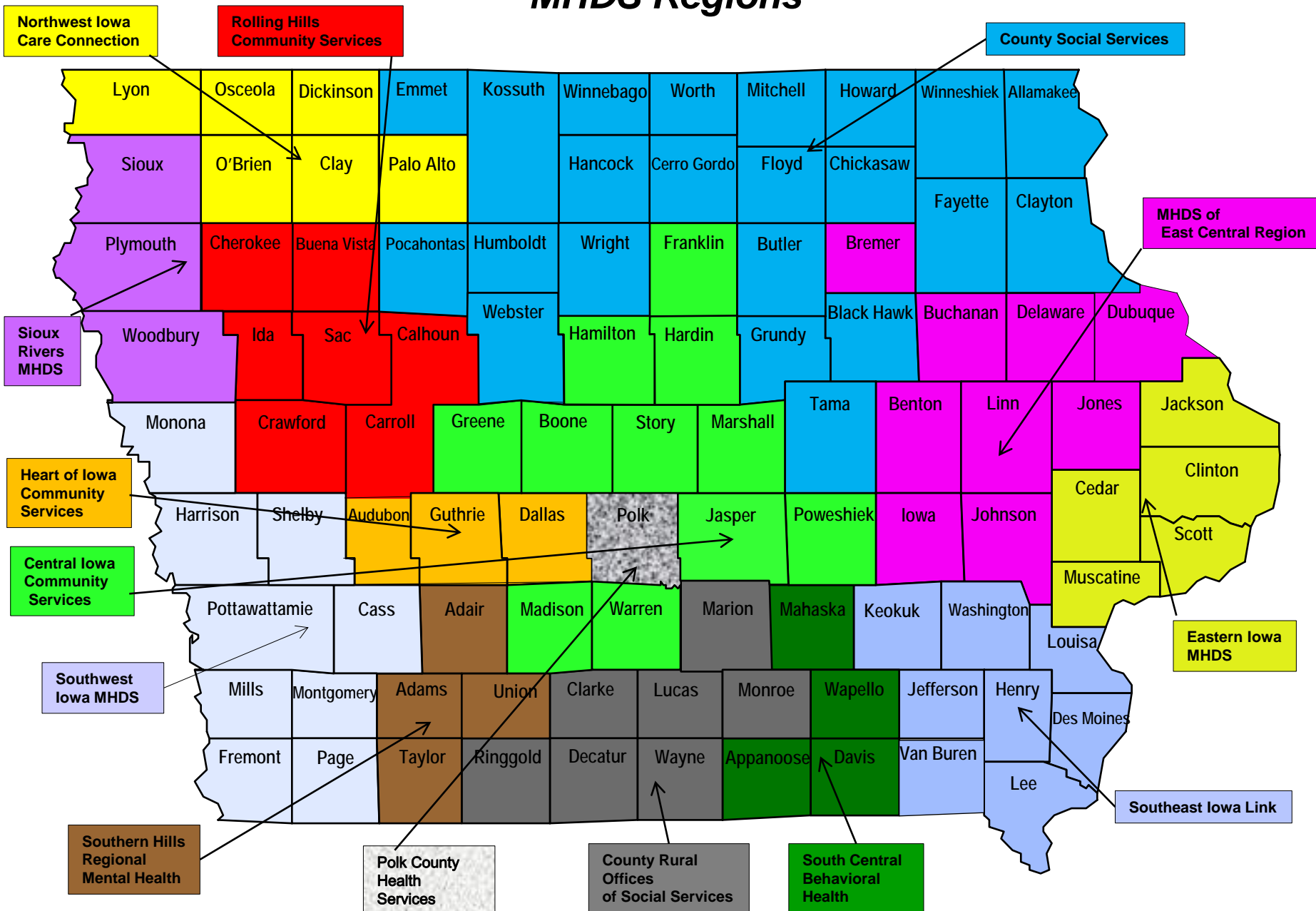
There are many different ways the General Assembly can address a long-term funding solution and equity between regions for the adult MHDS system. The State could standardize the levies and allow for future growth, buy out the county MHDS system, or continue some form of shared funding arrangement with the counties. Regardless of the method chosen, funding changes need to be implemented in the near future to maintain stability in the services that are currently being delivered by the counties and to account for the expansion of services passed in [HF 2456](#).



LSA Staff Contact: Jess R. Benson (515.281.4611) [jess.benson@legis.iowa.gov](mailto:jess.benson@legis.iowa.gov)

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# MHDS Regions



MHDS Levy FY 2017 - FY 2019

Region	County	FY 1996	FY 2017			FY 2018			FY 2019		
		Levy Cap	Actual Levy	Maximum Levy	% Used	Actual Levy	Maximum Levy	% Used	Actual Levy	Maximum Levy	% Used
Central Iowa	Boone	\$ 878,976	\$ 597,386	\$ 878,976	68%	\$ 593,874	\$ 945,844	63%	\$ 589,016	\$ 950,324	62%
Central Iowa	Franklin	358,934	235,851	358,934	66%	229,476	365,479	63%	229,480	364,269	63%
Central Iowa	Greene	627,158	181,239	434,976	42%	171,787	233,267	74%	200,047	322,756	62%
Central Iowa	Hamilton	860,241	341,641	714,732	48%	338,581	539,255	63%	334,690	539,993	62%
Central Iowa	Hardin	898,104	396,270	818,464	48%	387,109	616,540	63%	382,416	617,002	62%
Central Iowa	Jasper	3,120,466	833,311	1,743,308	48%	820,878	1,307,383	63%	814,919	1,314,809	62%
Central Iowa	Madison	534,189	352,764	534,189	66%	351,133	559,242	63%	351,829	567,644	62%
Central Iowa	Marshall	2,115,400	923,575	1,932,144	48%	908,235	1,446,510	63%	894,931	1,443,897	62%
Central Iowa	Poweshiek	444,227	421,901	444,227	95%	413,482	658,537	63%	411,434	663,816	62%
Central Iowa	Story	3,066,575	2,126,039	3,066,575	69%	2,140,321	3,408,810	63%	2,155,410	3,477,573	62%
Central Iowa	Warren	1,084,011	1,084,012	1,084,011	100%	1,084,008	1,726,256	63%	1,103,126	1,779,834	62%
CSS	Allamakee	786,775	401,767	663,717	61%	460,737	606,072	76%	488,436	605,985	81%
CSS	Black Hawk	5,779,837	4,632,563	5,779,837	80%	4,428,050	5,824,812	76%	4,675,539	5,800,763	81%
CSS	Butler	389,899	389,898	389,899	100%	389,897	650,984	60%	520,343	645,572	81%
CSS	Cerro Gordo	2,284,794	1,521,681	2,045,049	74%	1,427,316	1,877,531	76%	1,515,201	1,879,845	81%
CSS	Chickasaw	572,250	394,433	572,250	69%	415,503	527,989	79%	422,968	524,759	81%
CSS	Clayton	868,795	622,408	836,478	74%	585,430	770,095	76%	618,813	767,738	81%
CSS	Emmet	820,900	351,449	472,327	74%	324,135	426,380	76%	339,770	421,536	81%
CSS	Fayette	773,024	704,905	773,024	91%	672,131	884,142	76%	705,497	875,282	81%
CSS	Floyd	610,064	565,590	610,064	93%	529,553	696,594	76%	558,415	692,797	81%
CSS	Grundy	530,188	435,350	530,188	82%	412,593	542,741	76%	433,168	537,416	81%
CSS	Hancock	629,221	386,442	521,357	74%	364,118	478,974	76%	381,171	472,907	81%
CSS	Howard	364,201	332,415	364,201	91%	312,222	410,711	76%	328,300	407,307	81%
CSS	Humboldt	473,531	339,136	455,779	74%	317,034	417,040	76%	333,755	414,072	81%
CSS	Kossuth	1,140,780	416,035	719,696	58%	397,895	661,896	60%	321,190	659,670	49%
CSS	Mitchell	610,215	379,202	509,631	74%	359,404	472,776	76%	378,642	469,765	81%
CSS	Pocahontas	440,242	251,119	337,485	74%	232,526	305,873	76%	242,253	300,548	81%
CSS	Tama	568,799	568,797	568,799	100%	568,796	756,695	75%	609,282	755,910	81%
CSS	Webster	2,146,797	1,234,103	1,747,232	71%	1,230,020	1,618,011	76%	1,293,527	1,604,829	81%
CSS	Winnebago	433,910	371,468	433,910	86%	352,008	463,043	76%	374,000	464,003	81%
CSS	Winneshiek	1,428,756	730,615	981,911	74%	687,122	903,870	76%	723,335	897,411	81%
CSS	Worth	441,512	258,528	360,463	72%	251,140	330,359	76%	266,382	330,490	81%
CSS	Wright	554,967	456,354	554,967	82%	423,806	557,494	76%	449,566	557,756	81%
East Central	Benton	908,642	855,041	908,642	94%	908,642	936,882	97%	188,275	938,379	20%
East Central	Bremer	1,294,995	907,751	1,168,809	78%	399,995	902,704	44%	-	905,479	0%
East Central	Buchanan	1,292,163	769,677	994,677	77%	319,676	769,062	42%	-	766,506	0%
East Central	Delaware	926,948	658,688	822,577	80%	635,390	635,457	100%	-	632,682	0%
East Central	Dubuque	5,165,648	1,773,786	4,556,374	39%	1,773,032	3,546,442	50%	1,152,387	3,541,988	33%
East Central	Iowa	729,235	729,234	729,235	100%	-	598,870	0%	-	595,583	0%
East Central	Johnson	3,138,395	3,138,387	3,138,395	100%	4,982,814	5,267,211	95%	4,723,824	5,351,047	88%
East Central	Jones	883,021	483,021	883,021	55%	-	747,300	0%	171,230	746,314	23%
East Central	Linn	8,195,141	7,995,862	8,195,141	98%	8,029,143	8,030,058	100%	3,395,424	8,093,776	42%
Eastern	Cedar	968,646	870,467	870,472	100%	564,455	564,451	100%	-	567,960	0%
Eastern	Clinton	2,883,428	1,758,115	2,271,851	77%	1,470,148	1,470,159	100%	-	1,456,032	0%
Eastern	Jackson	787,145	787,141	787,145	100%	598,427	598,429	100%	-	599,291	0%
Eastern	Muscatine	2,055,392	2,028,455	2,028,454	100%	1,323,754	1,323,752	100%	-	1,321,567	0%
Eastern	Scott	3,308,032	3,308,029	3,308,032	100%	3,308,018	5,297,532	62%	4,112,073	5,308,243	77%
Heart of Iowa	Audubon	595,900	114,243	273,940	42%	109,859	149,180	74%	-	146,725	0%
Heart of Iowa	Dallas	1,524,538	1,524,559	1,524,538	100%	1,524,529	2,070,718	74%	2,183,885	2,183,979	100%
Heart of Iowa	Guthrie	614,141	211,226	506,936	42%	203,161	275,879	74%	106,251	274,561	39%

MHDS Levy FY 2017 - FY 2019

Region	County	FY 1996	FY 2017			FY 2018			FY 2019		
		Levy Cap	Actual Levy	Maximum Levy	% Used	Actual Levy	Maximum Levy	% Used	Actual Levy	Maximum Levy	% Used
North West	Clay	402,866	402,870	402,866	100%	402,869	500,083	81%	163,336	494,812	33%
North West	Dickinson	412,509	412,504	412,509	100%	412,498	518,381	80%	171,987	522,380	33%
North West	Lyon	248,113	248,114	248,113	100%	248,117	355,817	70%	117,542	356,090	33%
North West	O'Brien	570,532	570,534	570,532	100%	341,135	423,648	81%	140,203	424,739	33%
North West	Osceola	195,225	195,223	195,225	100%	131,920	186,437	71%	60,640	183,710	33%
North West	Palo Alto	688,176	193,265	430,201	45%	91,850	276,686	33%	90,467	274,081	33%
Polk	Polk	14,439,175	14,439,237	14,439,175	100%	14,439,172	14,439,175	100%	14,633,725	14,634,718	100%
Rolling Hills	Buena Vista	669,512	669,514	669,512	100%	669,509	876,877	76%	487,973	869,988	56%
Rolling Hills	Calhoun	431,560	301,332	431,560	70%	199,999	420,103	48%	200,002	421,302	47%
Rolling Hills	Carroll	1,800,630	-	972,171	0%	759,999	877,091	87%	525,907	874,481	60%
Rolling Hills	Cherokee	477,158	223,907	477,158	47%	362,578	495,241	73%	319,526	492,417	65%
Rolling Hills	Crawford	1,012,457	499,997	814,540	61%	499,996	731,437	68%	422,055	724,848	58%
Rolling Hills	Ida	300,889	188,736	300,889	63%	195,123	300,722	65%	146,702	298,882	49%
Rolling Hills	Sac	579,215	202,267	474,455	43%	250,002	428,790	58%	163,999	422,585	39%
Rural	Clarke	430,559	430,557	430,559	100%	362,325	362,325	100%	364,261	364,282	100%
Rural	Decatur	321,858	321,858	321,858	100%	321,668	321,667	100%	318,556	318,576	100%
Rural	Lucas	441,861	411,382	411,383	100%	339,746	339,746	100%	338,356	338,376	100%
Rural	Marion	1,089,896	1,089,903	1,089,896	100%	1,089,897	1,302,869	84%	1,298,685	1,298,760	100%
Rural	Monroe	340,278	340,279	340,278	100%	312,002	312,001	100%	307,951	307,971	100%
Rural	Ringgold	342,082	238,811	238,811	100%	198,323	198,322	100%	198,311	198,322	100%
Rural	Wayne	254,099	254,098	254,099	100%	249,860	249,859	100%	252,468	252,481	100%
Sioux River	Plymouth	363,771	363,774	363,771	100%	443,009	756,158	59%	569,013	768,354	74%
Sioux River	Sioux	1,027,388	902,371	1,027,388	88%	613,508	1,065,238	58%	788,877	1,064,049	74%
Sioux River	Woodbury	3,564,086	2,851,875	3,564,086	80%	1,806,855	3,133,849	58%	2,320,327	3,133,757	74%
South Central	Appanoose	607,651	444,219	598,612	74%	507,104	592,371	86%	485,787	589,203	82%
South Central	Davis	426,870	307,684	415,166	74%	347,643	414,598	84%	323,859	418,901	77%
South Central	Mahaska	1,227,887	784,600	1,057,654	74%	820,402	1,055,479	78%	861,022	1,048,718	82%
South Central	Wapello	2,447,733	1,232,417	1,664,823	74%	1,231,059	1,662,979	74%	769,601	1,653,949	47%
Southeast	Des Moines	1,751,030	848,031	1,751,030	48%	1,089,098	1,706,263	64%	-	1,692,802	0%
Southeast	Henry	846,381	-	846,381	0%	-	849,830	0%	-	842,290	0%
Southeast	Jefferson	607,300	607,296	607,300	100%	576,935	747,808	77%	594,689	770,598	77%
Southeast	Keokuk	490,075	143,218	483,722	30%	82,998	432,923	19%	-	431,049	0%
Southeast	Lee	2,164,720	705,723	1,668,322	42%	877,222	1,494,721	59%	-	1,474,530	0%
Southeast	Louisa	601,189	199,997	527,692	38%	99,997	476,459	21%	-	474,627	0%
Southeast	Van Buren	314,328	150,000	314,328	48%	199,999	312,840	64%	167,001	309,730	54%
Southeast	Washington	781,141	172,589	781,141	22%	280,946	947,678	30%	696,078	949,126	73%
Southern Hills	Adair	309,066	251,564	309,066	81%	251,564	296,543	85%	251,565	290,964	86%
Southern Hills	Adams	191,282	153,311	183,210	84%	153,310	155,739	98%	151,522	151,513	100%
Southern Hills	Taylor	140,346	95,510	140,346	68%	95,510	254,573	38%	144,001	255,024	56%
Southern Hills	Union	751,659	495,158	591,756	84%	495,160	511,566	97%	495,156	509,556	97%
Southwest	Cass	789,047	312,758	635,821	49%	305,369	611,001	50%	276,300	598,714	46%
Southwest	Fremont	462,193	161,508	332,000	49%	196,524	314,260	63%	129,177	316,262	41%
Southwest	Harrison	920,559	329,450	677,239	49%	328,097	649,134	51%	297,126	643,855	46%
Southwest	Mills	609,781	341,115	609,781	56%	441,986	675,482	65%	314,414	681,306	46%
Southwest	Monona	375,993	206,905	375,993	55%	206,515	408,593	51%	186,857	404,907	46%
Southwest	Montgomery	369,740	239,686	369,740	65%	235,382	465,702	51%	214,727	465,292	46%
Southwest	Page	652,027	356,408	652,027	55%	357,121	706,562	51%	323,210	700,373	46%
Southwest	Pottawattamie	4,745,180	2,141,937	4,403,092	49%	2,154,422	4,262,533	51%	1,965,207	4,258,483	46%
Southwest	Shelby	885,694	274,800	564,901	49%	274,319	542,742	51%	247,797	536,963	46%
<b>Total</b>		<b>\$ 125,781,915</b>	<b>\$ 87,860,225</b>	<b>\$ 114,649,218</b>	<b>77%</b>	<b>\$ 85,082,007</b>	<b>\$ 114,596,197</b>	<b>74%</b>	<b>\$ 72,776,165</b>	<b>\$ 115,067,085</b>	<b>63%</b>

## DHS Glossary

<b>Acronym</b>	<b>Definition</b>
ACA	Affordable Care Act of 2010
ACFS	Division of Adult, Child, & Family Services
AMP	Achieving Maximum Potential (AMP) Council
ARRA	American Recovery and Reinvestment Act of 2009
BHIS	Behavioral Health Intervention Services
BI	Brain Injury
CAH	Children at Home
CAPTA	Child Abuse Prevention & Treatment Act of 2003
CCA	Child Care Assistance
CCDF	Child Care Development Fund (Federal)
CC R&R	Child Care Resource & Referral
CCUSO	Civil Commitment Unit for Sex Offenders
CFR	Code of Federal Regulations
CFSR	Child & Family Services Review
CINA	Child In Need of Assistance (CINA)
CHIP	Children's Health Insurance Program (aka, <i>hawk-I</i> , SCHIP, and Title XXI)
CHIPRA	Children's Health Insurance Program Reauthorization Act of 2009
CMHC	Community Mental Health Centers
CMS	Centers for Medicare & Medicaid Services
COLA	Cost of Living Adjustment
CPI	Consumer Price Index
CSC	Collection Services Center
CSFP	Commodity Supplemental Foods Program
CSRU	Child Support Recovery Unit
CWES	Child Welfare Emergency Services
DD	Developmental Disability
DDM	Division of Data Management
DR	Differential Response
DWP	Dental Wellness Plan
EA	Emergency Assistance Program
EBT	Electronic Benefits Transfer (used by Food Assistance recipients)
EHB	Essential Health Benefits
EHR	DHS facility Electronic Health Record system
EITC	Earned Income Tax Credit
ELIAS	Eligibility Integrated Application Solution
EQRO	External Quality Review Organization
ESMI	Early, Serious Mental Illness
EVV	Electronic Visit Verification system
FA	Food Assistance (formerly Food Stamps; Federal program name changed to Supplemental Nutrition Assistance Program)
FACS	Family and Children Services (FACS) system
FaDSS	Family Development and Self-Sufficiency
FFL	Federal Poverty Level
FFP	Federal Financial Participation (federal matching rate)
FFS	Fee-For-Service

FFY	Federal Fiscal Year (October 1 to September 30)
FIP	Family Investment Program (formerly AFDC) - Iowa's TANF Program
FMAP	Family Medical Assistance Program - a Medicaid coverage group
FNS	Food and Nutrition Services (under USDA)
FOIA	Freedom of Information Act (requests for information)
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Care
FSRP	Family Safety, Risk, and Permanency child welfare services
FSS	Family Support Subsidy
FSSG	Family Self-Sufficiency Grants
FTE	Full-Time Equivalent
GAF	Global Assessment of Functioning
GRC	Glenwood Resource Center
<i>hawk-i</i>	Healthy And Well Kids in Iowa Program - Iowa's CHIP Program
HCBS	Home and Community-Based Services
HIPP	Health Insurance Premium Payment Program
IAC	Iowa Administrative Code
ICAPP	Iowa Child Abuse Prevention Program
ICF	Intermediate Care Facility
ICF/ID	Intermediate Care Facility for Individuals with Intellectual Disabilities (formerly ICF/MR)
ICF/MR	Intermediate Care Facility for the Mentally Retarded (now ICF/ID)
ID	Intellectual Disabilities Waiver (formerly known as Mental Retardation Waiver)
IHHRC	In-Home Health-Related Care
IM	Income Maintenance - job classification series - determines eligibility for FIP, FA, Medicaid
IME	Iowa Medicaid Enterprise
I-TABS	Iowa Technical Assistance and Behavioral Supports
IV-B	Title 4-B - Federal Funding for Child Welfare Services
IV-D	Title 4-D - Child Support Enforcement Funding under the Social Security Act
IV-E	Title 4-E - Federal Funding for FIP Foster Care & Adoption Subsidy
IHAWP	Iowa Health and Wellness Plan
JCS	Juvenile Court Services
JOBS	Job Opportunities and Basic Skills Training Program
LOC	Level of Care
LUPA	Low Utilization Payment Adjustment
MAGI	Modified Adjusted Gross Income
MCO	Managed Care Organization(s)
MEME	Modernizing the Exchange of information within the Medicaid Enterprise
MFP	Money Follows the Person
MHDS	Division of Mental Health & Disability Services
MHI	Mental Health Institute
MI	Mental Illness
MMIS	Medicaid Management Information System
MOE	Maintenance of Effort
MRS	Market Rate Study
MVM	Medicaid Value Management
NF	Nursing Facilities
PA	Prior Authorization
PACE	Program for All-Inclusive Care for the Elderly
PCA	Provider Cost Audit

PDL	Preferred Drug List
PJ	Promise JOBS
PI	Program Integrity
PMIC	Psychiatric Medical Institution for Children
POS	Pharmacy Point of Sale
PREA	Prison Rape Elimination Act
QHP	Qualified Health Plan
QRS	Quality Rating System
RCF	Residential Care Facility
RHC	Rural Health Clinic
SAMHSA	Substance Abuse and Mental Health Services Administration (Federal)
SCHIP	State Child Health Insurance Program (also known as <i>hawk-i</i> , CHIP, and Title XXI)
SED	Seriously Emotionally Disturbed
SFY	State Fiscal Year (July 1 to June 30)
SIM	State Innovation Model
SMME	Supplement for Medicare and Medicaid Eligible
SMI	State Median Income
SNAP	Supplemental Nutrition Assistance Program (Federal Program; formerly Food Stamps)
SPS	Safety Plan Services in child welfare
SPP	State Payment Program
SSA	State Supplementary Assistance
SSBG	Social Services Block Grant (Federal - formerly Title XX)
SSI	Supplementary Security Income (Federal)
STS	State Training School in Eldora
TANF	Temporary Assistance for Needy Families (Federal block grant)
TCM	Targeted Case Management
TEFAP	Emergency Food Assistance Program
TPL	Third Party Liability
VBP	Value-Based Purchasing
VIS	Value Index Score
WIC	Women, Infants, and Children Program
WRC	Woodward Resource Center
XIX	Title 19 of the Social Security Act that authorizes and stipulates requirements for the Medicaid Program