FISCAL YEAR 2020 HEALTH AND HUMAN SERVICES BUDGET

The HHS Budget appropriates a total of $1.94 billion from the General Fund to the Department on Aging (IDA), the Department of Public Health (DPH), the Department of Human Services (DHS), the Department of Veterans Affairs (IVA), and the Iowa Veterans Home (IVH) in FY 2020. This is a decrease of $30.18 million when compared to the revised budget for FY 2019, which includes a $150.3 million supplemental appropriation to the Medicaid Program. This budget also appropriates a total of $431.8 million from other funds, which is an increase of $18.7 million compared to FY 2019 other funds.

Division-by-Division Analysis

DIVISION I
DEPARTMENT ON AGING

<table>
<thead>
<tr>
<th>Total Department on Aging Appropriation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2019</td>
</tr>
<tr>
<td>$11,042,924</td>
</tr>
</tbody>
</table>

This Division allows the Department on Aging (IDA) to provide citizens of Iowa who are sixty years of age and older with services like case management, adult day services, respite care, and for salaries, support, and administration of IDA. IDA also works closely with the State Aging Network that consists of six Area Agencies on Aging located around the state to help carry out many of the IDA’s core functions and programs.

Changes in the bill this year include:

- Appropriates an additional $150,000 to be used to design a Pre-Medicaid Pilot Project in Spencer, IA. This project began last year in Council Bluffs area and will work to keep individuals in the community and out of long-term care facilities following a nursing facility stay. This project is modeled after Minnesota’s Return to Community Initiative, which utilizes Community Living Specialists to work with recent nursing home clients to return them back to their home and to avoid spending down their savings and needing Medicaid. IDA, will submit a report to the
Governor and General Assembly by December 15, 2019, regarding the outcomes of the pilot initiative.
- Makes a general reduction of $1,483 to round down to the lowest $1,000 for all direct appropriations in the Department on Aging.

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DIVISION II
OFFICE OF LONG-TERM CARE OMBUDSMAN

Total Office of Long-Term Care Ombudsman Appropriation:

<table>
<thead>
<tr>
<th></th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 1,149,821</td>
<td>$ 1,149,821</td>
<td>$ 0</td>
</tr>
</tbody>
</table>

The Office of the State Long-Term Care Ombudsman works to advocate for the rights and wishes of residents and tenants in long-term care, including those living in nursing facilities, residential care facilities, assisted living programs and elder group homes. The Ombudsmen help answer questions and resolve complaints. The Managed Care Ombudsman Program advocates for the rights and needs of Medicaid managed care members who receive care in health care facilities, assisted living programs, and elder group homes in Iowa, as well as members who are enrolled in one of the seven Medicaid HCBS waiver programs.

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DIVISION III
DEPARTMENT OF PUBLIC HEALTH

This Division appropriates $55.4 million to the Department of Public Health. This is an increase of $542,267 when compared to the FY 2019 Budget.

Section 4 – RFPs and Lobbying Prohibition (Changed in Fry’s Amendment)

This section requires DPH to utilize a request for proposal process if an entity is not specified in this Division and DPH elects to not administer the program or activity internally. DPH cannot retain any of the funds that were allocated for certain programs or activities if they choose to use an outside entity. DPH must submit a report to the legislature on the outcomes of any program or activity administered by a specified entity or entities selected through a RFP in this Division. This section also prohibits the use of any funds in this Division from being used directly or indirectly for the compensation of a lobbyist.

The funding in this Division is allocated amongst the following budget units within DPH:

Addictive Disorders

<table>
<thead>
<tr>
<th></th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 24,804,344</td>
<td>$ 25,110,000</td>
<td>$ 305,656</td>
</tr>
</tbody>
</table>

This budget unit provides funding for services directed toward reducing the use of tobacco, alcohol and other drugs, and treating Iowans with addictive disorders, including problem gambling. Changes in the bill include:
- $306,000 to establish and maintain a single statewide 24-hour crisis hotline for the Iowa children’s behavioral health system that incorporates warmline services, which may be provided through the existing YourLifeIowa platform.
• Makes a general reduction of $344 to round down to the lowest $1,000 for all direct appropriations within Addictive Disorders.

**Healthy Children and Families**

<table>
<thead>
<tr>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,820,625</td>
<td>$5,817,057</td>
<td>($3,568)</td>
</tr>
</tbody>
</table>

This budget unit provides funding for programs that assure access to preventive child health services and link children and families with community-based preventive health and family support services. Changes in the bill include:

• Makes a general reduction of $3,568 to round down to the lowest $1,000 for all direct appropriations within Healthy Children and Families.

**Chronic Conditions**

<table>
<thead>
<tr>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,528,109</td>
<td>$4,223,519</td>
<td>($304,590)</td>
</tr>
</tbody>
</table>

This budget unit funds activities and services that are provided to Iowans suffering from chronic conditions or special health care needs. This includes money for the child health specialty clinics, the Center for Congenital and Inherited Disorders, brain injury services, Office of Medical Cannabidiol, and cervical and colon cancer screenings. Changes in the bill include:

• Eliminates $300,000 of state general fund to the Medical Cannabidiol Program. Last year’s HHS Budget allowed for the program to retain fees rather than reverting to the general fund. In FY19 the program collected $706,100 and expects to collect around $1 million in FY20.
• Makes a general reduction of $4,590 to round down to the lowest $1,000 for all direct appropriations within Chronic Conditions.
• Requires the Epilepsy Foundation to make a dollar-for-dollar match, rather than the previous requirement of only $44,000 match.

**Community Capacity**

<table>
<thead>
<tr>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,970,152</td>
<td>$5,516,677</td>
<td>$546,525</td>
</tr>
</tbody>
</table>

This budget unit provides funding intended to strengthen the public health system at the local level. This budget item also includes the annual $2 million appropriation to the Medical Residency Training State Matching Grants Program. This program provides a matching grant to sponsors of accredited graduate medical education residency programs to establish, expand or support their medical residency programs in Iowa. Since 2014, the legislature has provided $10 million in funding towards this program and it has recently developed 8 annual psychiatric residency slots in central Iowa.

This budget also continues the $250,000 appropriation to Des Moines University to partner with the National Alliance on Mental Illness (NAMI) to offer all of their students a NAMI training program to prepare family physicians and other medical providers to help those suffering from mental illness.

Changes in the bill include:

• An increase of $400,000 to be used for rural psychiatric residencies to support the annual creation and training of four psychiatric residents in underserved areas of the state.
• An increase of $150,000 to be used for psychiatric training of physician assistants and nurse practitioners.
• Makes a general reduction of $3,475 to round down to the lowest $1,000 for all direct appropriations within Community Capacity.

**Essential Public Health Services**

<table>
<thead>
<tr>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$7,662,464</td>
<td>$7,662,464</td>
<td>$0</td>
</tr>
</tbody>
</table>

This budget unit, formerly known as Healthy Aging, funds activities and services provided to persons over the age of 55 which are intended to optimize the health status of Iowa seniors. The funding is distributed to local boards of health through a formula in the Iowa Administrative Code.

**Infectious Diseases**

<table>
<thead>
<tr>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,796,426</td>
<td>$1,796,426</td>
<td>$0</td>
</tr>
</tbody>
</table>

The budget unit funds state activities designed to reduce the incidence of communicable diseases.

**Public Protection**

<table>
<thead>
<tr>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,095,139</td>
<td>$4,093,383</td>
<td>$(1,756)</td>
</tr>
</tbody>
</table>

The public protection budget unit funds activities related to protecting public health and safety through the establishment of standards and enforcement of regulations. This budget unit includes the Bureau of Environmental Health Services, Bureau of Emergency and Trauma Services, Sexual Violence Prevention Program, Iowa Poison Control Center, Iowa Office of the State Medical Examiner, and Certificate of Need.

The decrease of $1,756 is due to rounding down to the lowest $1,000 for all direct appropriations within Public Protection.

**Resource Management**

<table>
<thead>
<tr>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$971,215</td>
<td>$971,215</td>
<td>$0</td>
</tr>
</tbody>
</table>

This budget unit pays for the Director’s Office, Department-Wide Activities, the Human Resources Office, and utilities.

**Congenital & Inherited Disorders Registry**

<table>
<thead>
<tr>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$223,521</td>
<td>$223,521</td>
<td>$0</td>
</tr>
</tbody>
</table>

The Registry is the reporting system used to identify and monitor birth defects and stillbirths in the state, and is located within the College of Public Health and the University of Iowa.

This is a standing unlimited appropriation from the General Fund in Iowa Code section 144.13A(4)(b) that permits the DPH to retain $10 of the $20 Birth Certificate Registration Fee for the Registry.
DIVISION IV
VETERANS AFFAIRS

The Division appropriates $11,378,476 to the Department of Veterans Affairs and the Iowa Veterans Home for FY 2020. This is an increase of $75,000 when compared to the FY2019 Budget. Funding is allocated to the following budget units:

**General Administration**

<table>
<thead>
<tr>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,150,500</td>
<td>$1,225,500</td>
<td>$75,000</td>
</tr>
</tbody>
</table>

This budget unit goes toward salaries, support, and maintenance of the Department of Veterans Affairs. The administrative staff is located at Camp Dodge and is responsible for educating veterans and active duty reserve members on entitlements and resources under State and federal laws, being a central point of contact in State government for veterans’ issues and maintaining the burial records of over 185,000 deceased Iowa veterans along with operating the Iowa Veterans Cemetery. The increased funding is to cover additional costs associated with general department operations.

**Iowa Veterans Home**

<table>
<thead>
<tr>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$7,162,976</td>
<td>$7,162,976</td>
<td>$0</td>
</tr>
</tbody>
</table>

The Iowa Veterans Home, located in Marshalltown, provides both nursing home and residential levels of care for Iowa’s aged, chronically ill, or disabled veterans, dependent spouses, and surviving spouses. There are around 506 individuals at the Veterans Home.

This section provides funding for the operation of the Iowa Veterans Home. Revenue sources for IVH include 45.6% Medicaid, 24% U.S. Department of Veterans Affairs per diem, 16.8% resident support, 8.8% General Funds, and 4.8% from other sources.

**Home Ownership Assistance Program**

<table>
<thead>
<tr>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000,000</td>
<td>$2,000,000</td>
<td>$0</td>
</tr>
</tbody>
</table>

A $5,000 grant is available to a service member for a down payment and closing costs toward the purchase of a new home in the state. The Department of Veterans Affairs reviews each application to determine the applicant’s eligibility as a veteran, and the Iowa Finance Authority administers and determines eligibility for the qualifying loan.

**Veterans County Grants**

<table>
<thead>
<tr>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$990,000</td>
<td>$990,000</td>
<td>$0</td>
</tr>
</tbody>
</table>

The section provides county veteran programs with a matching grant. The money must be used for the administration and maintenance of the County Commission of Veterans Affairs office, and each county is required to submit a detailed report to the Iowa Department of Veterans Affairs to identify how the county increased services to veterans with the $10,000.
DIVISION V
DEPARTMENT OF HUMAN SERVICES

This Division appropriates $1.86 billion to the Department of Human Services. This is a decrease of $30.9 million when compared to the revised FY 2019 Budget. See Division XII for information on the FY 2019 Medicaid Supplemental.

Section 33 – RFPs and Lobbying Prohibition (Changed in Fry’s Amendment)
This section requires DHS to utilize a request for proposal process if an entity is not specified in this Division and DHS elects to not administer the program or activity internally. DHS cannot retain any of the funds that were allocated for certain programs or activities if they choose to use an outside entity. DHS must submit a report to the legislature on the outcomes of any program or activity administered by a specified entity or entities selected through a RFP in this Division. This section also prohibits the use of any funds in this Division from being used directly or indirectly for the compensation of a lobbyist.

The funding in this Division is allocated amongst the following budget units within DHS:

Section 7 – Temporary Assistance for Needy Families Block Grant
This section appropriates the TANF money received by the state and unused TANF funds from previous years. TANF is a federal block grant that allows states flexibility in using funds to: help needy families care for children, end dependence on public benefits by promoting work, reduce out-of-wedlock pregnancies, and encourage the formation of two parent families. Iowa’s federal grant remains the same each year: $130,558,068. The allocations for FY 2019 are:

<table>
<thead>
<tr>
<th>TANF Allocation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Investment Program Account</td>
<td>$4,524,006</td>
</tr>
<tr>
<td>PROMISE JOBS</td>
<td>$5,412,060</td>
</tr>
<tr>
<td>Family Development and Self-Sufficiency (FaDSS)</td>
<td>$2,883,980</td>
</tr>
<tr>
<td>Field Operations</td>
<td>$31,296,232</td>
</tr>
<tr>
<td>General Administration</td>
<td>$3,744,000</td>
</tr>
<tr>
<td>State Child Care Assistance</td>
<td>$47,166,826</td>
</tr>
<tr>
<td>Child and Family Services</td>
<td>$32,380,654</td>
</tr>
<tr>
<td>Child Abuse Prevention</td>
<td>$125,000</td>
</tr>
<tr>
<td>Pregnancy Prevention grants</td>
<td>$1,913,203</td>
</tr>
<tr>
<td>TANF Technology grants</td>
<td>$1,037,186</td>
</tr>
<tr>
<td>Expanded Categorical Eligibility for SNAP</td>
<td>$14,236</td>
</tr>
</tbody>
</table>

This section also permits DHS to transfer excess funds from the TANF Block Grant appropriation to the FIP Account to be used for assistance through the FIP within the same fiscal year and to the Child Care Assistance Program.

Sections 8 and 9 - Family Investment Program
This section describes how funds deposited in the Family Investment Program (FIP) account will be allocated and disbursed by the Department of Human Services.

<table>
<thead>
<tr>
<th></th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 40,365,715</td>
<td>$ 39,849,365</td>
<td>$ (516,350)</td>
</tr>
</tbody>
</table>
Iowa’s Family Investment Program is a cash assistance program to support low income families with children and to provide services for them to become self-sufficient. A parent with two children must be earning less than $426 per month or $5,112 annually to qualify for FIP. The Program has a 5-year lifetime benefit limit with exceptions in cases of hardship. FIP caseloads have decreased every year since 2010, and that is the reason for the decreased funding needed this year.

The FIP appropriation funds the Promise Jobs Program ($6,606,198 from the state general fund) and the Family Development and Self-Sufficiency Program (FaDSS) ($3,313,854 from the state general fund). It also allows DHS to transfer funds as necessary to meet federal MOE requirements.

The Promise Jobs Program, or “Promoting Independence and Self-Sufficiency through Employment” provides work and training services to FIP participants, which is a requirement to receive FIP. DHS contracts with Iowa Workforce Development to administer the Promise Jobs Program via 16 regional sites throughout the state.

FaDSS provides a more intensive set of services to families that are at risk of long-term welfare dependency. The FaDSS Program is contracted to the Department of Human Rights and is administered by the Division of Community Action Agencies.

FIP also includes $195,000 to be used for tax preparation assistance for low-income Iowans, $70,000 to the Parenthood Program, formerly known as the Fatherhood Initiative, and $66,588 towards the SNAP employment and training program. This appropriation also includes an increase of $2.46 million for ongoing DHS technology projects.

**Section 10 – Child Support Recovery**

<table>
<thead>
<tr>
<th></th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$14,749,697</td>
<td>$15,265,040</td>
<td>$678,405</td>
</tr>
</tbody>
</table>

The section funds child support enforcement efforts in Iowa.

The Child Support Recovery Unit is responsible for assisting custodial parents eligible to receive court-ordered child and medical support and for processing support payments. Services include locating noncustodial parents and their sources of income, establishing paternity, establishing and modifying support orders, and registering other states’ orders for enforcement or modification. In FY 2017, the CSRU served 590,311 parents and children on 167,702 cases, processing 2.8 million support payments for a total of $322.3 million. This appropriation also includes $24,000 towards a public awareness campaign along with the attorney general’s office.

**Medical Assistance (Medicaid)**

<table>
<thead>
<tr>
<th></th>
<th>FY 2019 Revised</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$1,488,141,375</td>
<td>$1,431,334,812</td>
<td>$(56,806,563)</td>
</tr>
</tbody>
</table>

Medical Assistance is a joint federal/state-funded entitlement program that provides medical assistance to certain low-income individuals that are aged, blind, disabled, or pregnant and to children or members of families with dependent children. Funding for Medicaid is based on the Federal Medical Assistance Percentage (FMAP), and receives varying federal match amounts depending on if the member is traditional Medicaid or Iowa Health and Wellness Plan. Almost 700,000 Iowans are on Medicaid, including *hawk-i*.
Additional Medicaid Revenue Sources:

- Health Care Trust Fund – Tax receipts related to the sale of tobacco are deposited into the HCTF. FY2020 revenue is estimated to be at $213 million.
- Medicaid Fraud Fund – Consists of moneys collected from penalties, investigative costs recouped by the Medicaid Fraud Control Unity, and other amounts received as a result of prosecutions stemming from DIA investigations and audits to ensure compliance with the Medicaid Program. Since the implementation of managed care, money from the fund has decreased to only $75,000 annually.
- Also see Division VI below

Changes include:

- An increase of $34.1 million to fund the Program at the Medicaid Forecasting Group’s March 2020 estimate. This includes an increase of $28.7 million for increased cost of services and enrollment growth, as well as an increase of $5.2 million to fund the FY2018 Mental Health Complex Needs Act (HF2456).
- An increase of $1.2 million to be used to eliminate the waiting list for the children’s mental health HCBS waiver. The CMH waiver is currently capped at 1,014 children. As of August 2018, 882 children were on the waiting list for the CMH waiver funded services and supports.
- An increase of $1.5 million to reinstate cost-based reimbursement and the settlement process for Critical Access Hospitals (CAH). These hospitals are designated by CMS to be in rural areas and have no more than 25 inpatient beds. Iowa has 82 CAHs.
- An increase of $27.48 million to be used for nursing facility rebasing.
- An increase of $1.09 million for assertive community treatment (ACT) teams. A report this interim showed that the average per diem costs of ACT teams is between 32 to 33 percent higher than Iowa Medicaid’s current ACT reimbursement rate. This funding increase will support existing ACT teams in the state and help start up the additional number of teams required by last year’s Complex Needs Bill (HF2456). Currently the MHDS Regions are subsidizing the shortfall in payment.

### Section 14 - Medical Contracts

<table>
<thead>
<tr>
<th></th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$16,603,198</td>
<td>$17,992,530</td>
<td>$1,389,332</td>
</tr>
</tbody>
</table>

This provides the money for DHS to contract out with several entities to carry out programs to support the Medicaid program. Iowa Medicaid Enterprise (IME) oversees a total of 39 different contracts with private vendors to administer day-to-day operations of the Medicaid Program.

This section includes $573,000 towards the Autism Support Program.

### Section 15 - State Supplementary Assistance

<table>
<thead>
<tr>
<th></th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$10,250,873</td>
<td>$7,812,909</td>
<td>$(2,437,964)</td>
</tr>
</tbody>
</table>

State Supplementary Assistance helps low-income elderly or disabled Iowans meet basic needs and reduces state spending for Medicaid. The $2.4 million decrease this year is due to decreasing caseloads.

### Section 16 - Children’s Health Insurance Program (CHIP)

<table>
<thead>
<tr>
<th></th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$7,064,057</td>
<td>$19,361,112</td>
<td>$12,297,055</td>
</tr>
</tbody>
</table>
This section appropriates money for the Children’s Health Insurance Program (CHIP), which it titled Healthy and Well Kids in Iowa (hawk-i) program. hawk-i covers children with family income up to 300% FPL, with some families providing cost sharing depending on their income level. In FY2018 there were 72,900 children in the CHIP program. This funding also includes money allocated to the Department of Public Health for outreach.

Iowa has received a FMAP rate for the CHIP of approximately 70% annually from the federal government, with an additional 23% enhanced match as part of the Affordable Care Act. However, that additional 23% is reduced to an 11.5% enhanced match rate on October 1, 2019, and back to the regular match rate on October 1, 2020. Because of this decreased federal funding from 93% to 81.5% over this federal fiscal year, there is an increase of $11.6 million to the state general fund for FY2020. A similar increase will be also expected in FY2021.

**Section 17 - Child Care Assistance**

<table>
<thead>
<tr>
<th></th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$40,816,831</td>
<td>$40,816,831</td>
<td>$0</td>
</tr>
</tbody>
</table>

The Child Care Assistance program subsidizes child care costs for low-income families with working parents, parents gaining working skills, or parents going to school. In FY2018, a total of 40,858 children were served by the CCA Program, with the average number of children per month at 24,208. Iowa has prioritized not having a waiting list for parents to receive assistance, allowing parents to work as soon as a job is available, rather than having to turn down the job because they are unable to afford child care. 20 states have waiting lists before a parent is able to access any assistance with child care costs.

In addition to paying for child care, this appropriation supports the regulation of child care providers and quality improvement activities of providers. As of FY2018, providers include:

- 1,526 licensed child care centers
- 2,708 registered child care development homes (in-home providers care for 6 or more children at one time must register)
- 289 legally operating, nonregistered providers that receive payment under the CCA Program (five or fewer children at one time are not required to be regulated).

DHS contracts with 5 Child Care Resource and Referral (CCR&R) contracts and 4 wrap around child care contracts.

This section also appropriates $5.85 million towards early childhood Iowa for community-based early childhood programs targeted to children from birth through five years.

Total fund appropriated from all sources, including the Child Care Development Block Grant and TANF funding, equal $171.6 million for FY2019.

Last session, the legislature provided a total annual increase of $7.7 million to child care providers effective January 1, 2019. This budget annualizes that provider rate increase and includes expected program growth. There is an expected $18.8 million ending balance from FY2019, but an estimated need for FY2020 of $7.1 million, leaving a projected surplus of $11.8 million which will be needed in FY2021 to fund the loss of Iowa’s waiver application to limit CCA Plus payment beyond 12-months.
**Section 18 - Juvenile Institution**

**Eldora State Training School**

<table>
<thead>
<tr>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$12,762,443</td>
<td>$13,920,757</td>
<td>$1,158,314</td>
</tr>
</tbody>
</table>

The State Training School at Eldora provides treatment and educational services within a highly structured setting to assist boys between the ages of 12 and 18 who are adjudicated delinquent. The School has 130 residential beds on a campus consisting of 36 buildings on 361.2 acres. The average daily census in FY2018 was 95.

This appropriation continues last year’s $212,000 increase for a Substance Use Disorder Program on campus. Changes to this year’s budget include funding for an additional youth services technician, clinical supervisor, and a registered nurse.

**Section 19 - Child and Family Services**

<table>
<thead>
<tr>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>$84,939,774</td>
<td>$89,071,761</td>
<td>$4,131,987</td>
</tr>
</tbody>
</table>

The section appropriates money for various child welfare and juvenile justice programs. In FY2018, 28,201 children were at risk and/or were abused. Of those, 25.3% were victims of abuse and received child welfare services. An average of 450 youth age out of the foster care system each year.

DHS has established performance-based contracts with child welfare providers to offer early intervention and prevention services, in-home services that improve parenting skills, out-of-home services that provide a safe environment when a child is not able to remain in the home or able to live with an extended family member. In FY2018, 2065 children were served on average each month in family foster care. There are also currently 12 foster group care contractors, 14 Child Welfare Emergency Services contracts that offer 17 juvenile shelters in the state.

Juvenile justice services are provided to children and their families if they children are at risk of continued delinquent behavior, have committed a delinquent act and have been adjudicated as a delinquent, or have been certified by the child juvenile court officer as eligible for court-ordered services. In FY 2018, Juvenile Court Services received 13,922 referrals against juveniles. Less than 25% of the referrals resulted in a formal request for a delinquency petition.

Funding includes the state funding in this section, along with Title IV-B and IV-E of the Social Security Act, TANF, and the Social Services Block Grant. State funding accounts for approximately 56% of CFS total expenditures.

This funding includes $1.4 million towards 4 projects in certain areas for Systems of Care.

**Section 20 - Adoption Subsidy**

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<tr>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
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</thead>
<tbody>
<tr>
<td>$40,445,137</td>
<td>$40,596,007</td>
<td>$150,870</td>
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</table>

This section appropriates funding to provide financial support to families that adopt special needs children, children that are harder to place due to age, is a member of a sibling group of three or more, or is at risk of developing a diagnosed condition. Children eligible for an adoption subsidy are categorically eligible for Medicaid.
As of July 1, 2018, 10,635 children were eligible for an adoption subsidy. In FY2018, the average per diem subsidy was $21.04, making the average annual cost $7,680.

Federal legislation has required states to calculate the amount of adoption savings that resulted from increased Title IV-E eligible, and requires states to reinvest those savings in other qualified expenditures. To accomplish this, DHS is spending $2.9 million for the Treatment Outcome Package (TOP) assessment tool and plans to use more towards the Subsidized Guardianship Program when administrative rules are finalized. There still remains a current estimated unfunded obligation of $3.9 million. DHS is forming a workgroup over the summer to develop ideas that could address the current obligation.

**Section 22 - Family Support Subsidy Program**

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<thead>
<tr>
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<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
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<tbody>
<tr>
<td></td>
<td>$ 949,282</td>
<td>$ 949,282</td>
<td>$ 0</td>
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The Family Support Subsidy appropriation includes two programs: Family Support Subsidy (FSS) and Children at Home (CAH). These programs assist families of children with developmental disabilities to meet the special needs of their disabled children.

In FY 2010, state legislation ended new enrollment in the FSS program, which is expected to continue till 2024 when the last enrollee turns 18 years of age.

The CAH program is transferred to the Department of Public Health, who has contracted with Visiting Nurse Services to develop statewide standardized payment levels for individual requests and service needs. The average annual cost per child of providing CAH services in FY 2018 was $678.

The General Assembly has chosen to use savings associated with no new enrollees to the FSS Program to expand the CAH Program.

**Section 23 – Conner Training**

This appropriation is to provide training in accord with the consent decree in Conner v. Branstad mandating placement of persons with developmental disabilities in the least restrictive setting possible. DHS contracts with the Center for Excellence at the University of Iowa to provide the training, educational materials, and transition funding to individuals living in the State Resource Centers who wish to move to a home or community-based setting.

The appropriation is the same as last year at $ 33,632. In FY2017, funding for transition supported 15 individuals moving to a community setting, and helped two individuals remain in their communities.

**Section 24 – Mental Health Institutes**

This section sets out the funding for the state’s two mental health institutes.

**Cherokee Mental Health Institute**

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<thead>
<tr>
<th></th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
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<tbody>
<tr>
<td></td>
<td>$ 13,870,254</td>
<td>$ 14,216,149</td>
<td>$ 345,895</td>
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</table>

There are 24 adult psychiatric beds and 12 child and adolescent beds at the Cherokee MHI. This appropriation includes funding for an addition 3.5 Security Staff and 3 Support Staff.
There are 40 adult psychiatric beds and 20 child and adolescent beds at the Cherokee MHI. This appropriation includes funding for an addition 3.5 Security Staff FTEs.

**Section 25 – State Resource Centers**

The section appropriates money to the State Resources Centers in Glenwood and Woodward, which are intermediate care facilities for individuals with intellectual disabilities. Individuals who are admitted to the Resource Centers have typically gone through multiple community-based providers and have not been able to find one that meets their needs.

Both facilities had a decrease compared to estimated net FY 2018 due to an adjustment in the FMAP rate.

**Glenwood State Resource Center**

<table>
<thead>
<tr>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
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<tbody>
<tr>
<td>$16,858,523</td>
<td>$16,048,348</td>
<td>$(810,175)</td>
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Glenwood Resource Center serves 219 individuals with severe intellectual disabilities, most of whom have a dual diagnosis of mental illness.

With recent severe flood in Glenwood, 80 individuals have been temporarily transferred from Glenwood to Woodward to save water after the City of Glenwood’s water treatment plant failed. Individuals will be transferred back to Glenwood in stages.

The majority of the Glenwood budget is funded through the Medicaid Program. The annual budget is approximately $79.4 million, with 25% coming from the state general fund, 51% is federal funding and 14% is other funding and client participation.

**Woodward State Resource Center**

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<tr>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
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<tbody>
<tr>
<td>$11,386,679</td>
<td>$10,872,356</td>
<td>$(514,323)</td>
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Woodward Resource Center serves 132 individuals with severe intellectual disabilities, most of whom have a dual diagnosis of mental illness. The majority of the Woodward budget is also funded through the Medicaid Program. The annual budget is approximately $58.1 million, with 33% coming from the state general fund, 45% is federal funding and 22% is other funding and client participation.

**Section 26 – Civil Commitment Unit for Sexual Offenders at Cherokee**

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<tr>
<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
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<tbody>
<tr>
<td>$10,864,747</td>
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<td>$1,188,346</td>
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CCUSO at Cherokee provides secure, long-term, and highly structured treatment for sexually violent predators. The individuals committed to CCUSO have served their prison sentences, but in a separate civil trial have been found likely to reoffend. As of July 1, 2017, there were 114 men receiving treatment at CCUSO.
Last session, CCUSO was provided an increase of $1,400,000 and many FTE positions compared to estimated net FY 2018 due to an additional 27 offenders anticipated at the facility due to Iowa vs. Iowa District Court for Jones County. This budget also expects increased patient growth and funds an additional 7 Clinical and Support Staff.

**Section 27 – Field Operations**

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<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
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<tr>
<td></td>
<td>$49,074,51</td>
<td>$55,396,906</td>
<td>$6,322,389</td>
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The section sets the FY 2020 appropriation for local DHS offices and service area offices. This funding directly and indirectly supports the delivery of protection services, case management services, eligibility determinations, basic support services, and support for providers. DHS divides the field operations unit into five service areas: Northern, Western, Eastern, Des Moines, and Cedar Rapids. In FY 2018, field staff consisted of social workers (22%), abuse assessors (14%), income maintenance workers (36%), supervisors (9%), managers (4), and support staff (15%).

Federal funding supports $80.9 million of all Field Operations funding.

This general fund appropriation includes an additional 29 FTE positions to relieve caseloads and 6 FTE positions related to eligibility determinations.

**Section 28 – General Administration**

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<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
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<tr>
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<td>$13,833,040</td>
<td>$13,833,040</td>
<td>$0</td>
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This section funds the central office activities of DHS, which includes Iowa Medicaid Enterprise, Mental Health and Disability Services, Adult, Children, and Family Services, Field Operations, Child Support Recovery Unit, Data Management, Fiscal Management, and Policy Coordination. The current staff of 274 employees provides leadership, management, and support for the delivery of human services to more than 988,324 individuals.

This section also allocates $300,000 to the DHS for one FTE position to support the work of the children’s system state board and implementation of the services.

**Section 29 - Department-Wide Duties**

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<th>FY 2019</th>
<th>FY 2020</th>
<th>Difference</th>
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<tr>
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<td>$2,879,274</td>
<td>$2,879,274</td>
<td>$0</td>
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This appropriation is to ensure adequate staffing among DHS facilities and transfer staff as needed, while remaining within the set number of authorized positions.

**Section 30 – Volunteers**

The section sets the FY 2020 appropriation at $84,686 for the development and coordination of volunteer services, which is the same as FY 2019. Volunteers under the supervision of paid staff assist in providing services and completing administrative tasks. Appropriated funds are used to pay for contracts with organizations that recruit and coordinate volunteers. In FY2018, nearly 8,000 persons volunteered 104,000 hours to the DHS.

This line-item is also supported by federal funds annually through the Social Services Block Grant in the amount of approximately $63,000.
**Section 31 - Corporate Technology**
This is a new appropriation for FY 2020 of $824,832 to support the purchase of DHS-wide technology and software updates.

**Standing Appropriations**
This Budget also funds the standing appropriations of $232,570 towards Child Abuse Prevention, $1,394 towards the Commission of Inquiry, and $142,802 towards Nonresident Mental Illness Commitment. These appropriations have not changed over the last fiscal year.

The Child Abuse Prevention funding goes towards Prevent Child Abuse Iowa to provide local community-based prevention volunteer councils and conduct research. The Program’s administrative costs are funded solely by this appropriation, and make up 14% of the Iowa Child Abuse Prevention Program’s overall budget.

The Commission of Inquiry funds go towards reimbursement of commission members that are appointed to review the need for a person to be committed when they have filed a complaint with the district court alleging that they are seriously mentally impaired. This reimbursement has remained stable and minimal.

The Nonresident Commitment for Mental Illness standing unlimited appropriation provides reimbursement for the costs and expenses of taking into custody, caring for, and investigating an individual who has been admitted or committed to a State hospital, Veterans hospital, or other agency of the United States government, for persons with mental illness who have no residence in Iowa or whose residence is unknown.

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**DIVISION VI**

**HEALTH CARE ACCOUNTS AND FUNDS**

*Section 37 – Pharmaceutical Settlement Account*
The section appropriates the funds received from legal settlements with prescription drug manufacturers related to pharmaceuticals provided by the Medicaid Program in the pharmaceutical settlement account to the Department of Human Services for the Medical Contracts line item. This year’s amount was a decrease of 1.2 million due to decreased settlements.

*Section 38 – Quality Assurance Trust Fund*
For FY 2020, $58.5 million will be appropriated from the quality assurance trust fund to DHS for Medicaid. This is a $21.9 million increase due to last year’s HHS Budget eliminating the 3% cap on the nursing facility provider assessment. This fund is used to supplement nursing facilities under the Medicaid program. The new assessment fee is set at 3.95% and has been approved by CMS effective July 1, 2019. These funds do not revert back to the general fund and remain in the medical assistance program at the close of the fiscal year.

*Section 39 – Hospital Health Care Access Trust Fund – Department of Human Services*
$33,920,554 will be appropriated from the Hospital Health Care Access Trust Fund to DHS for Medicaid in FY 2020. This fund receives revenue from an assessment place on Prospective Payment System hospitals, which are then matched with federal money. Division XIII immediately extends the repeal date from July 1, 2019 to July 1, 2021 for this assessment. These funds do not revert back to the general fund and remain in the medical assistance program at the close of the fiscal year.
DIVISION VII
Graduated Sanction, Court-Ordered, and Group Foster Care Services and Funding Workgroup

This division requires the Department of Human Rights to convene a workgroup to review and develop a plan to transfer the administration of graduated sanctions and court-ordered services and funding and the oversight of group foster care placements for eligible children from DHS to the office of the state court administrator. This plan shall ensure that the state court administrator has the capacity, resources, and expertise to manage the funding and services effectively.

The workgroup shall include the judicial branch, the state court administrator, a juvenile court judge, at least one juvenile court officer, DHS, Department of Justice, Juvenile Justice Advisory Committee, members and nonmembers of the coalition for family and children’s services in Iowa, providers of community-based services for children, providers of group foster care, attorneys who represent children in juvenile justice proceedings, county attorneys, and individuals who formerly received services as eligible children or their parents. The members shall also include 4 non-voting members of the legislature.

This workgroup shall develop an action plan to transfer the administration by July 1, 2020, evaluate current resources to determine the most efficient means of equipping the office of the state court administrator, determine the impact and role of the Family First Prevention Services Act relative to the various funding streams and services, and determine the role of the decategorization of child welfare and juvenile justice funding initiative.

This workgroup shall submit a report of the findings and recommendations to the governor and legislature by December 15, 2019.

DIVISION VIII
Plan for Transfer of Substance Abuse from DPH to DHS

This Division requires DPH and DHS to collaborate to develop a plan to transfer the duties, FTEs, all funds and operations of the Bureau of Substance Abuse to DHS. The plan shall be submitted to the governor and general assembly by December 15, 2019.

DIVISION IX
Medicaid Managed Care Contracts Notification

This Division requires DHS to notify the legislature within 30 days of the execution of a Medicaid managed care contract or amendment and within 30 days of the determination by DHS whether to return the incentive payment withhold amount to the MCOs based upon performance and the criteria used in making the determination.
DIVISION X
IOWA DEPARTMENT ON AGING – MEDICAID CLAIMING

This Division continues to require IDA and DHS to develop a cost allocation plan requesting federal Medicaid administrative funds for the Aging and Disability Resource Center. Administrative claiming provides federal financial participation to cover activities that contribute to the efficient and effective administration of the Medicaid program. Many states have applied or are preparing to apply for a Medicaid state plan amendments on this topic since CMS and ACL have endorsed this cost allocation plan. This concept was presented to the HHS Budget Subcommittee last year on January 18, 2018.

This Division requires DHS to submit a state plan amendment to CMS by January 1, 2021.

DIVISION XI
DECATEGORIZATION

This Division transfers to Medicaid decategorization funds that would have previously reverted to the General Fund. It is estimated that $500,000 will be transferred to Medicaid in FY 2020. This Division is effective upon enactment and retroactive to July 1, 2018.

DIVISION XII
PRIOR YEAR APPROPRIATIONS AND OTHER PROVISIONS

• Amends the distribution of TANF funds and FIP funds for FY2019.
• Provides for the FY2019 Medicaid Supplemental at $150.3 million. The major contributors toward the need for a Medicaid supplemental appropriation include:
  o $105.9 million increase in capitation payments to the MCOs for FY2019. This increase resulted from the annual capitation rate setting process, which used the base data time period of FY2017 and was designed to provide reasonable, appropriate and attainable rates for the expected experience in the FY 2019 contract period.
  o $12.5 million in decreased revenue to the Health Care Trust Fund, which consists of the revenues generated from the tax on cigarettes and tobacco products. Revenue estimates for this fund are established by the Department of Revenue.
  o One-time payments related to the MCOs:
    ▪ $21.8 million risk corridor payments
      • LTSS Contract Year 1 Risk Corridor Payment – previous actuary estimated this would cost the state $100,000. The current actuary estimated it to be at $4.5 million state funding.
      • FY2018 Amerigroup Risk Corridor – state share is $17.4 million
        ▪ $11.1 million to the habilitation risk pool
        ▪ $11.4 million in MCO incentives
        ▪ $14.6 million for the CY 2018 Health Insurer Fee
  o It should also be noted that in FY 2018, enrollment with the Iowa Health and Wellness Plan increased by 9.8% with an additional 14,719 individuals enrolled increasing the program to 165,509 members. So far in FY 2019, IHWP membership has increased by 3.5% or 5,843 individuals and 3,461 individuals to the traditional Medicaid program.
• Allows funds appropriated towards Group Foster Care in FY2019 to also be used for family foster care, independent living, family safety, risk and permanency services if there are excess funds.
• Also allows more flexibility for shelter care funds during this fiscal year and other child welfare services.

This Division is effective upon enactment and retroactive to July 1, 2018.

DIVISION XIV
MHDS – TRANSFER OF FUNDS BY POLK COUNTY

Allows Polk County to transfer funds to the County Mental Health and Disability Services Fund for 1 year. The county must submit a report to the governor and general assembly by September 1, 2020 that includes the source of any funds transferred, the amount of the funds transferred, and the mental health and disability services provided with the transferred funds.

DIVISION XV
4 Board Executive Directors Oversight

This Division is identical to House File 710 as amended that passed the House Floor on March 19, 2019 with a vote of 51 to 46.

Section 59 - Requires the executive director of the board of nursing, board of medicine, dental board, and board of pharmacy to be appointed pursuant to Section 60.

Section 60 - Requires the Director of the Iowa Department of Public Health to appoint and supervise the executive directors of the board of medicine, board of nursing, dental board, and board of pharmacy. The respective licensing boards will advise the DPH Director in evaluating potential candidates for the position of executive director, the hiring of the position, and reviewing the performance of the executive director in his/her duties.

This section also clarifies that the core functions of each board (policymaking, advocating for and against legislation, rulemaking, licensing, licensee investigations, licensee disciplinary proceedings and oversight of the professional health programs) remain with the board even with the executive director being overseen by the DPH director.

Sections 61-63 - Make conforming code changes based on Section 60.

Amendment Analysis

H-1172 by Kressig and Brown-Powers
Appropriates an additional $100,000 to be used by DPH to administer program to assist parents with costs resulting from the death of a child.
This amendment makes the following changes:

- Significantly changes the RFP requirements within DPH based on feedback from DPH and stakeholders. The remaining programs with this requirement will remain in effect until the RFP is issued by January 1, 2020. The only remaining programs that will require a RFP are:
  - Healthy Opportunities for Parents to Experience Success (HOPES)-Healthy Families Iowa (HFI) program. DPH is already in the process of administering a RFP for this program.
  - Free Clinics of Iowa, Iowa Association of Rural Health Clinics, and Polk County Medical Society. The Amendment allows DPH to combine these allocations for the purposes of issuing a single RFP.
  - Sexual Violence Prevention Programming

- Based on the changes to the direct appropriations within this amendment, this amendment requires DPH to submit a report to the legislature by December regarding a proposal for the distribution of funds that more clearly reflects the department’s state priorities and goals, provides increased flexibility in the distribution of funds to meet these priorities and goals, and ensures stakeholder accountability and a discernable return on investment.

- Revises the lobbyist prohibition language

- Moves the Child Support Recovery Unit Collections Revenue back to the recommendation made by the Governor

- Adds language back into the bill regarding cost management efforts by DHS and allowing DHS to transfer funds as long as LSA and DOM are notified of changes.

- Removes the specific appropriation of $1.5 million for cost-based reimbursement for Critical Access Hospitals from language, but still requires DHS to implement this change no matter the cost for managed care and FFS.

- Clarifies that the facilities receiving increased appropriations for staff may utilize comparable staff if they are unable to hire specifically the ones listed in the bill.

- Allows the child protection center appropriation to be awarded to develop and maintain satellite centers in underserved areas.

- Requires a legislative interim committee to review the collection, maintenance, and dissemination of hospital inpatient, outpatient, and ambulatory data, and report findings and recommendations to the legislature by December.

- Strikes the date for the transition plan from Division VII, giving DHS and the Courts the ability to figure out the appropriate date.

- Revises Division VIII to instead require DPH and DHS to develop recommendations for the enhanced delivery of co-occurring conditions services and examine ways to reduce the administrative burden on the departments and providers and create a structure for ongoing collaboration. The directors shall submit a report including a five-year plan to address co-occurring conditions across providers types and payors to the legislature by December.

- Managed Care:
  - Requires DHS to have a uniform forms, information requirements, and time frames, to request prior authorizations by October.
  - Requires DHS to review the costs associated with expanding the MMIS to integrate a single, statewide system to serve as a central portal for prior auth requests, with a report due in March.
  - Requires DHS to require exiting MCOs to expedite claims dispute process for all outstanding claims, and requires such MCOs to report all disputed claims being processed and the outcomes of such disputed claims to DHS on a monthly basis for at least 2 years following the termination of the MCO’s contract with the state.

- Incorporates HF726 on health related boards and commissions, as passed the House on March 20th with a vote of 77-20.
**H-1180 by Hall**
Changes back the appropriation for health care and public health workforce initiatives to a $15,000 appropriation to DPH based on a 2012 report by the direct care worker advisory council, and a $176,000 appropriation to Iowa CareGivers for recruitment and retention initiatives for direct care workers.

**H-1184 by Bennett**
Requires DPH to review current data on STDs to determine the causes for increases nationally and the best strategies to enhance public awareness about the risks and means of avoiding transmission and the importance of testing. A report is due to the legislature by December.

**H-1167 by Heddens**
Revises the RFP language under the DPH and DHS divisions to state that the departments shall continue their contracts with existing contractors, but shall issue a RFP for the contracts by January 1, 2021.

**H-1168 by Heddens**
Distributes $5.6 million of Medicaid funding to adjust SCL tiered rates starting July 1, 2019, yet this amendment does not increase the Medicaid appropriation. This amendment also distributes $4 million of Medicaid funding to SCL tiered rates in FY2019, but also does not increase the Medicaid appropriation. The amendment does not discuss where the funding will be removed from in the Medicaid budget or how DHS will distribute the funding between the six tiers in FY2019 and FY2020. We are 3/4s of the way through FY2019.

**H-1178 by Forbes**
Requires DHS to audit all prescription drug benefit claims managed by a PBM under the Medicaid program. This amendment does not appropriate any funds for the audit.

**H-1189 by Mascher**
Requires DHS to study the prevalence of child care deserts in Iowa and report to the legislature by December. The amendment defines a child care desert as “any census tract in the state with more than 50 children under 5 years of age that contains either no child care provider or so few options that there are more than 3 times as many children as licensed child care slots.”

**H-1175 by Steckman and Kressig**
Requires $50,000 of the CPC appropriation to go towards establishing a satellite child protection center in Mason City.

**H-1185 by Bearinger**
Requires the state to pay for all charges and expenses for the safekeeping and maintenance of a MHI resident who is confined as a prisoner in a county jail.

**H-1199 by Hall**
Allows DHS to reimburse substance abuse providers at community mental health center rates starting June 30, 2019.

**H-1186 by M. Smith**
Reverses the direction in which the substance abuse bureau is transferred in Division VIII and instead requires DHS to transfer the bureau of community services and planning in the MHDS Division to DPH, with a plan submitted to the legislature by December.
H-1179 by Prichard
Requires the State Auditor to audit each MCO under contract with the state to determine the balance of all outstanding unpaid or disputed Medicaid provider clean claims, and notify the general assembly of the balance applicable to each MCO by December.

H-1174 by Heddens
Requires that MCOs only receive the $11.4 million incentive payment and the $105.9 Medicaid rate increase following verification by DHS that payment of all clean claims for services billed by Medicaid providers before June 30, 2019, have been paid in full by the MCOs.

H-1171 by Wessel-Kroeschell
This amendment removes Division XV from the bill and replaces it with a legislative task force on accountability and transparency in executive branch administration with a report due in December. This task force will make recommendations regarding the oversight and supervision of the executive or administrative head of an agency of state government and the process for employees to address human resource matters. The task force will consist of the DAS director, a representative of the governor’s office, members of the general assembly, and at least one individual with HR management experience.

H-1181 by Wessel-Kroeschell to H-1171
This is a strike after second degree amendment that requires a similar legislative task force as above but specific to the executive directors of the board of medicine, the board of nursing, the board of pharmacy, and the dental board.

H-1158 by Salmon
This amendment relates to the distribution of federal funds for family planning and teen pregnancy prevention to abortion providers. Specifically, the amendment prohibits Title X funding, the personal responsibility education program, the sexual risk avoidance education program, and the community adolescent pregnancy prevention grant program from entering into contracts with entities that perform abortions or maintain or operate a facility where abortions are performed after July 1, 2019. There is an exemption from the abortion prohibition for UnityPoint providers that do not provide abortions.

The amendment also includes a prioritization list for distribution of Title X funds and requires DPH to submit a report annually to the governor and general assembly identifying any entities lowest in the prioritization schedule that received Title X funds instead of an entity higher in prioritization schedule during the preceding calendar year. The amendment also includes severability provisions.

H-1169 by Heddens
This amendment requires DHS to terminate contracts with MCOs for the Medicaid LTSS population, following a 60-day transition period. LTSS will be moved back to FFS. The transition plan should be submitted to the council on human services and the MAAC for review. This amendment also requires DHS to utilize claims paid data from April 2015 to March 2016 to develop capitation rates for the ID waiver.

H-1170 by Heddens
This amendment requires MCOs to be responsible for the discharge planning and relocation of a Medicaid member transitioning from one level of care or placement to another. This amendment also prohibits the MCOs from denying payment for services to a Medicaid provider who provides services to a Medicaid member, and prohibits the MCO from recouping those funds if it is later determined that the member was not eligible for the services.
This amendment also requires 12% interest payment to providers of the total amount of clean claims not paid in full within the time frame of the contract, as well as claims that were later found incorrectly denied or underpaid through an appeals process.

This amendment also requires DHS to contract with a third party to administer the SIS assessment for the ID Waiver.

_H-1173 by Donahue and Matson_
Repeals the state family planning service program and returns Iowa to a federal family planning program as was operated in the state prior to July 2017. This amendment also reverts the unused funds for the state family planning program to the office of long-term care ombudsman for 2 managed care ombudsmen (at $160,000 total) and the remained to DHS for crisis intervention services for children.

_H-1176 by Abdul-Samad, Gaines, R. Smith, and Thede_
Minority impact statement for each bill and join resolution prior to debate on the floor of a chamber.

_H-1177 by Bennett_
Requires high school health education classes to also include mental health awareness, coping skills and suicide prevention.

_H-1188 by Kressig_
Requires the state employee health care plan, small group plans, and individual marketplace plans (which cover about 12% of Iowans) to cover mental health services provided in schools. The commissioner of insurance, in collaboration with the state board of education, may adopt rules to administer this amendment.

_H-1190 by Ehlert_
Requires DHS to adopt rules to allow registered child development homes providing care to school-aged children to exceed the child-staff ration for school-aged children when a school-aged child’s school starts late, is dismissed early, or is canceled due to inclement weather or structural damage regardless of whether the child development home provider is able to be assisted by a DHS-approved assistant or co-provider, provided the child is currently enrolled at the registered child development home and the registered child development home does not exceed the child development home’s licensed capacity.

_H-1191 by Heddens_
Requires a legislative interim committee to review the facilities and programs under the purview of DHS, including institutions controlled by DHS and privately managed facilities and programs on DHS campuses. The interim committee shall perform site visits and receive testimony from stakeholders and report findings and make recommendations.