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Summary of Health and Human Services Budget Increases
(compared to estimated FY2014—based on Notes on Bills and Amendments)

Department on Aging	Funding for Office of Substitute Decision Maker	0
	Funding for the Involuntary Discharge Specialist in the Office of the State Long-Term Care Ombudsman	0
	<i>Full coverage of the above issues and the movement of the health and human services budget bill begins on page 6 of this edition.</i>	
Department of Public Health	Dental Services Program for indigent elderly and disabled individuals	43,043
	Medical Residency Training Program	1,000,000
	Implementation of an Integrated Psychiatric Primary Care Model	100,000
	EMS Software Maintenance	65,000
	EMS benchmarks, indicators, and scoring trauma assessment	75,000
	Community Water Fluoride Education	50,000
	Psychologist Licensing Requirements	7,900
Dept. of Veteran Affairs	Home Ownership Assistance Program	900,000



Budget Increases

Department of Human Services	State Child Care Assistance	9,214,423
	Family Investment Program (FIP) Eligibility Determination System	1,499,098
	Family Investment Program (FIP) - MOE Requirements	3,502,157
	Promise Jobs—MOE Requirements	774,528
	New Eligibility System (ELIAS) - Operation and Maintenance	422,157
	Child Support Recovery—Replace lost federal incentives and other one-time funding	483,963
	Child Support Recovery—Increased costs of service	212,186
	Medicaid Program—Funding Shortfall	38,192,881
	Medicaid Program—Reduction of Federal Medical Assistance Percentage (FMAP)	35,139,094
	Medicaid Program—Replacement of one-time funding and expiring revenue sources	16,191,074
	Growth for mental health services, enrollment, and FMAP	13,366,589
	Home and Community-Based Services (HCBS) Waiver and Home Health Inflation	8,076,590
	Medicaid Program—Carryforward replacement	7,385,771
Managed Care growth	5,369,431	

Budget Increases

Department of Human Services

Reduction of HCBS Waiver waiting list	4,847,559
Behavioral health services contract increase	3,831,362
Fee-for-service enrollment increase	2,696,082
Nursing Facility bed day increase	2,114,318
Targeted Case Management increase	1,872,169
Medicaid Program—miscellaneous program growth	1,351,060
Increased eligibility for Miller Trusts	252,000
Iowa Health and Wellness Program (I-HAWP) - increase in administrative costs	1,597,515
Increased contract operations and information technology costs	1,223,367
Pharmaceutical Settlement Account—replacement for one-time funding	1,182,436
Autism Treatment Program	1,000,000
Children’s Health Insurance Program (hawk-i) - Replace revenues from trust fund	3,080,838
Hawk-I—Growth in caseloads	3,063,803
Hawk-I—Increase in premiums	1,482,307
Hawk-I—Reduction in FMAP rate	1,433,789
Child Care Assistance—One-time replacement of TANF funds	3,000,000

Budget Increases		
Department of Human Services	Child Care Assistance—One-time replacement of carry forward funds	1,818,140
	Child Care Assistance—replacement of CCDF grant	472,547
	Child Care Assistance—replacement of one-time funding for Child Care Facility Fund records checks	318,572
	Juvenile Facilities—maintenance of facility grounds, security, maintenance, and utilities	780,765
	Eldora Training School—funding to meet new federal sexual harassment and abuse prevention standards	168,140
	Eldora Training School—increase costs for pharmacy, food, transportation, utilities, and Workers' Compensation	63,756
	Placement of female children adjudicated delinquent and male and female CINA (Child In Need of Assistance) children	3,892,534
	Compensatory education for children placed at the Iowa Juvenile Home	1,218,000
	Child and Family Services—reduction of FMAP rate	433,084
	Child and Family Services—achieve 80.00% equalization rate based on Foster Group Care Rate Methodology Workgroup recommendations	4,158,395
	Foster Care Youth Councils	9,670
	Tanager Place Mental Health Clinic	160,000
	Adoption Subsidy Program—caseload growth	595,511
Adoption Subsidy Program—reduction of FMAP	1,255,956	

Budget Increases

Department of Human Services

Children-at-Home Program expansion	49,000
Cherokee Mental Health Institute—increased costs for food, pharmaceuticals, transportation, utilities	67,197
Clarinda Mental Health Institute—increased costs for food, pharmaceuticals, transportation, utilities	29,620
Independence Mental Health Institute- increased costs for food, pharmaceuticals, transportation, utilities	114,665
Independence Mental Health Institute- reduction in FMAP rate	35,639
Mt. Pleasant Mental Health Institute- increased costs for food, pharmaceuticals, transportation, utilities	43,735
Glenwood State Resource Center—reduction in FMAP rate	1,346,144
Woodward State Resource Center—reduction in FMAP rate	569,502
Sexually Violent Predators—five additional court-ordered sex offenders	312,469
Sexually Violent Predators—annualized cost for increase in offenders	185,526
New Mental Health Advocate Division—transfer to Department of Inspections and Appeals	250,000
Quality Assurance Trust Fund increase based on additional revenue in the fund	406,736
Property Tax Relief Fund for Mental Health and Disability Services equalization payments to counties	735,345

House File 2463—Status Quo for Department on Aging

A health and human services budget bill, House File 2463, was introduced Wednesday in the House. The bill moved through the [House Appropriations Subcommittee on Health and Human Services](#) on Wednesday and through the [House Appropriations Committee](#) on Thursday.

The bill does not provide any increases to the Iowa Department on Aging. Two increases were sought by the Iowa Department on Aging and were included in the Governor's budget proposal. These increases are as follows:

1. Funding for the Office of Substitute Decision Maker – [House File 2463](#) does not include a \$325,000 appropriation to reestablish the Office of Substitute Decision Maker, an appropriation included in the Governor's proposed budget.

The Office of Substitute Decision Maker would serve as a last resort decision maker for those who have no one to make health care and financial management decisions on their behalf.

The State Office was initially established in 2007 with only \$250,000, but was defunded in 2009 before local programs could be established. Since being defunded, the Office of Substitute Decision Maker has been raised by advocates as a needed service in every legislative session.

The Office of the Governor included funding for the Office of Substitute Decision Maker in his proposed budget to address financial exploitation and elder abuse in the State. The Governor's position and the need for the Office of Substitute Decision Maker were reinforced by the Elder Abuse Task Force, which identified the Office of Substitute Decision Maker as a necessary component to address elder abuse in Iowa in both the 2012 and 2013 Task Force Reports. A full article regarding the Office of Substitute Decision Maker can be found [here](#).

2. Funding for the Involuntary Discharge Specialist in the Office of the State Long-Term Care Ombudsman - [House File 2463](#) does not include a \$107,608 appropriation to fund an involuntary discharge specialist, an appropriation included in the Governor's proposed budget.

Last year alone, approximately 350 residents and tenants endured the process of being told to leave their home when they received an involuntary discharge notice. The advocate that these residents and tenants turned to was the Local Long-Term Care Ombudsman. These involuntary discharge concerns

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need time and attention which can only be adequately addressed through an individual assigned to specifically handle only involuntary discharges. This individual can then ideally assist in bringing resolution to the issue before discharge is considered. A full article regarding the involuntary discharge specialist can be found [here](#).

The Iowa Department on Aging is the only Department within the Health and Human Services budget bill that did not receive an increase, as illustrated in the [Notes on Bills and Amendments for HF 2463](#).

Click here for the increases and decreases within the [Notes on Bills and Amendments \(NOBA\) prepared by the Legislative Services Agency](#).

Call to Action

Session will likely move quickly toward adjournment, with sine die occurring as soon as April 22. Individuals who would like to see changes to this bill are urged to contact their legislators immediately.

Readers can locate their Senator and Representative [here](#).

A listing of members of the Senate Appropriations Committee can be found [here](#). A listing of members of the House Appropriations Committee can be found [here](#).

It is anticipated that [House File 2463](#) will be debated in the House this week.

Once approved by the House, the bill is sent to the Senate Appropriations Committee and then to the Senate floor for debate.

Conference committees, comprised of ten legislative members from both chambers, may be formed to negotiate and reach an agreement in regard to the budget.

If agreement is reached and the bill passes both chambers, it is sent to the Governor to sign. The Governor has the ability to item veto.

Keep in mind, the process can be complicated and is often not easy to track.

A flow sheet of the appropriations process can be found [here](#) and an outline of the budget process can be found [here](#).

Please feel free to forward AgingWatch to others who are interested in issues and programs that impact older Iowans.

Next Aging Watch:

- **Continued updates regarding the budget process**
- **Status update: Legislation that has been signed by the Governor and bills left behind.**

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AgingWatch will be published regularly during the legislative session and monthly in the interim by the Iowa Department on Aging. Recipients of the e-mail notice of publication are encouraged to share it with others.

The current issue may be found on the Department's website, www.iowaaging.gov. Past issues are archived in the "[Document Center/Publications/Newsletters/AgingWatch](#)" section.



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The Mission of the Iowa Department on Aging is to develop a comprehensive, coordinated and cost-effective system of long term living and community support services that help individuals maintain health and independence in their homes and communities.