STATE OF IOWA DEPARTMENT OF Health and Human services

Iowa Council on Health and Human Services Budget Submission

State Fiscal Year 2025

Director Kelly Garcia

Link to Budget Materials on HHS Website: https://hhs.iowa.gov/budget-reports (will be updated on 9/14/23)

STATE OF IOWA DEPARTMENT OF Health and Human Services

September 7, 2023

Rebecca Peterson, Chairperson Iowa Council on Health and Human Services

Dear Rebecca:

The Department's budget request for state fiscal year 2025 (SFY25) is submitted for consideration by the Council on Health and Human Services. The SFY25 request is largely status quo in both structure and funding.

With the implementation of alignment and our agency's new organizational structure, there are many moving parts that impact our budget. In addition to these structural changes, COVID-related federal funding has assisted our budget needs over the last couple of years. As a result, this one-time funding has allowed the Department to carry forward state funding, meeting one-time and short-term needs. The remaining funds will continue to supplement agency programs through SFY25. We will closely monitor funding as we finish closing SFY23 and over the next quarter and will work closely with the Governor's office to fill any additional identified needs for SFY25. The Department will also be working with the administration to review our funding structure and make changes to the layout of our budget that more effectively reflect alignment.

Please review the enclosed documents prior to the Council meeting on September 14, 2023. For more detailed and up-to-date program data, please see the <u>agency dashboards</u> available in the reports section under the about HHS tab of the <u>website</u>. Our budget discussion on that date will focus on the executive summary documents enclosed. Our leadership team will be present at this meeting to respond to any questions the Council may have.

After your review and approval, the budget will be forwarded to the Governor. These documents will also be posted on the HHS website and accessible to individuals and organizations interested in our work on the day of the Council meeting.

Again, I look forward to meeting with you on September 14, 2023.

All my best,

Kelly Amia

Kelly Garcia Director

cc: Council Members

HHS

Table of Contents

Preface	
List of Council Members	1
Comments From Director Garcia	2
<u>Annual Report</u> Expenditures & Payments Recommendations as to Changes in Law	4
Agency Dashboard Initiative	5
Budget OverviewHHS Budget Submission to Council by Funding SourceWhere Does the Money Go – SFY24 Total FundsHHS Clients Served – SnapshotHHS Staff Salary ComparisonHHS Comparison of SFY24 Appropriation and SFY25 RequestOther Fund Appropriations	6 7 8 9 10 12
Budget Summaries by DivisionDivision of AdministrationDivision of ComplianceDivision of Strategic OperationsDivision of MedicaidDivision of State-Operated FacilitiesDivision of Behavioral HealthDivision of Public HealthDivision of Community AccessDivision of Family Well-Being and ProtectionDivision of Aging and Disability Services	13 14 15 16 17 18 19 20 21 22

HHS

IOWA COUNCIL ON HEALTH AND HUMAN SERVICES

Rebecca Peterson, Chairperson

Andrew Allen

Kay Fisk

Monika Jindal

Dr. Donald Macfarlane

Sandra McGrath

Samantha Rozenboom

Sam Wallace

John (Jack) Willey

EX-OFFICIO MEMBERS

State Senator Jeff Edler State Senator Sarah Trone Garriott State Representative Ann Meyer State Representative Heather Matson

COMMENTS FROM DIRECTOR GARCIA

The lowa Department of Health and Human Services, (lowa HHS) is in its first year as a new agency, after considerable transformation and with significant system changes on the horizon. The lowa Department of Public Health (IDPH) and Department of Human Services (DHS) merged on July I, 2022, to form one agency, lowa HHS. During the 2023 Legislative Session, Governor Reynolds proposed a State Government Alignment & Reorganization Bill (SF 514, 2023 lowa Acts, Ch. 19), which was enacted July I, 2023. lowa HHS has welcomed additional programs and services as part of the Governor's State Alignment Initiative. Our agency's mission is clear: to protect and improve the health and resiliency of individuals, families, and communities in Iowa. To accomplish that goal, our teams have spent the last year aligning structures, assessing gaps, reviewing funding opportunities, building new, evidence-based systems, and clearly defining outcomes. Data is at the core of every decision made and transparent, accountable work is the standard we hold ourselves to. While much of this transformative work is still in progress, we're already seeing tangible results. Below is a high-level summary of key efforts.

lowa HHS engaged Mathematica and The Harkin Institute to find out how lowans' access and use services within lowa Medicaid and Mental Health and Disability Services regions. Through this Community-Based Services Evaluation (CBSE), Iowa HHS is improving equitable access to high-quality, community-based behavioral health, disability, and aging services. Iowa HHS published the results of the CBSE in a Final Evaluation Report in early 2023, which includes recommendations on how Iowa HHS might transform community-based services. The next phase of this work includes building Iowa's new Medicaid waiver structure, supporting Iowans to thrive in the community of their choice. Named, HOME (Hope and Opportunity in Many Environments), this second phase of work will fundamentally change the way Iowans with disabilities access community supports.

During the summer and fall of 2023, Iowa HHS began working with Health Management Associates (HMA) to study the delivery of health and human service programs in our state. With the alignment of public health and human services to a single agency in 2022, HHS has the opportunity to leverage lessons learned from the pandemic and this assessment to begin addressing challenges and improve the HHS system for everyone who calls Iowa home. We've aligned the Department, it's time to align the full HHS system.

In November 2022, the Department began contracted work with an independent agency, the Change and Innovation Agency (C!A), to conduct a Child Protective Services Assessment. The goal of this assessment is to answer the question, 'Are families better off because HHS is involved?'. Ultimately this work will reframe our processes in child welfare, allowing more time for our team to spend with families and ensuring better outcomes.

lowa HHS has prioritized reducing disparities to better serve all lowans. There are long-standing, significant disparate outcomes among the populations served by the health and human services system. As part of the State Alignment initiative, the Department of Human Rights has become a part of lowa HHS. This presents an opportunity to better leverage resources and assess the way we serve underrepresented communities in Iowa. The key question we seek to address in this assessment is 'Do all Iowans have equitable access to the services they need?'.

Other efforts we are focused on include strengthening our public health infrastructure, using funds awarded from the CDC to focus on data systems and workforce. We're also focused on building out Certified Community Behavioral Health Clinics (CCBHCs). This is a federally funded effort to expand

HHS

and sustain community behavioral health care. Coupled with the waiver redesign project, launching CCBHCs will better ensure timely access to high-quality, comprehensive, data-driven, evidence-based, coordinated, and integrated care for consumers and families. As the Department of Aging is now a part of lowa HHS, we're working on our Multisector Plan for Aging (MPA). An overwhelming majority of older lowans want to age in current homes and communities, however, the infrastructure for in-home aging services isn't adequate. The MPA looks at how older lowans will be able to maintain a great quality of life as they need services to safely age in place.

As we build out our new structure and address key issues, we're working to find efficiencies in the system to better leverage state workforce. We continue progress toward the closure of Glenwood Resource Center and building out waiver services in the community and better supporting community-based services and providers. As a partner provider, Iowa HHS is specializing services at our state-operated mental health institutes to support children and forensic populations. We are also committed to annual rate reviews; benchmarking Iowa's rate structure to Medicare, when possible, and ensuring policymakers understand where the Medicaid system has gaps in access and may benefit from rate investment.

Alignment also brought opportunity to review funding and, as such, we are looking closely at how we leverage federal funds to better support our work. COVID-related federal funding has enhanced our agency budget in recent years. Additionally, our ability to use carry forward funds has also assisted many one-time budget needs. Together this will largely meet our expected needs through SFY25. As such, we are requesting a status quo budget and structure. If we identify additional needs, we will work with the Governor's Office. Over the next year, HHS will focus on a new approach to our appropriation structure – one that better reflects our new HHS agency and system.

I would be remiss if I didn't call out our team. All of this incredible work is made possible by our team at HHS who work every day to improve the lives of all lowans. We are thankful for the continuous support of the Governor and the Legislature as we work to strategically invest in the HHS system and the people of Iowa.

HHS

Pursuant to §217.21, Annual Report

The department shall, annually, at the time provided by law make a report to the governor and general assembly, and cover therein the annual period ending with June 30 preceding, which report shall embrace:

I. An itemized statement of its expenditures concerning each program under its administration.

2. Adequate and complete statistical reports for the state as a whole concerning all payments made under its administration.

3. Such recommendations as to changes in laws under its administration as the director may deem necessary.

4. The observations and recommendations of the director and the council on health and human services relative to the programs of the department.

5. Such other information as the director or council on health and human services may deem advisable, or which may be requested by the governor or by the general assembly.

EXPENDITURES & PAYMENTS

An itemized statement of the department's expenditures and statistical information regarding all payments made under the department's administration are available to Department of Management (DOM) and Legislative Service Agency (LSA) through the state's Integrated Information for Iowa (I/3) system. The public may access this information through the HHS Dashboard (discussed below), following this link.

RECOMMENDATIONS AS TO CHANGES IN LAWS

The HHS Government Relations team works with the Governor's office and LSA to pre-file departmental requests for legislative changes deemed necessary by the director.

Details about HHS' 2023 Legislative Presentations on such topics as Alignment Updates, Improving the Medicaid Program for Members, Investing in Iowa's Children, State Facilities, Woodward Tunnel Decentralization, and Behavioral Health & Disability Services updates are available on the HHS Website, following this link.

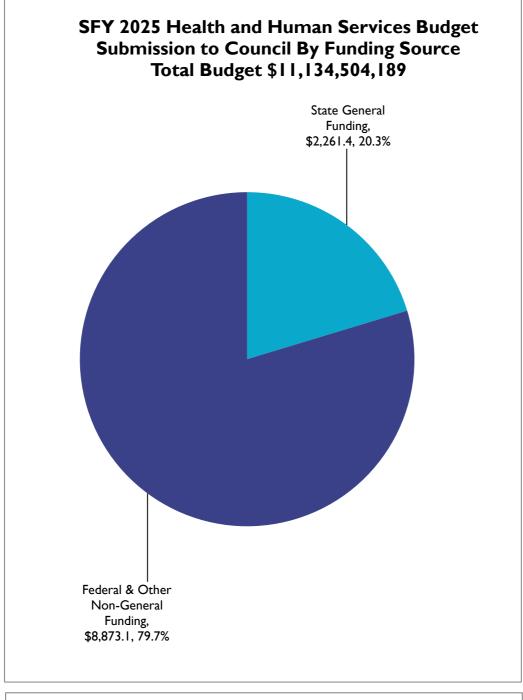
AGENCY DASHBOARD INITIATIVE

HHS has launched informational dashboards to share up-to-date, accurate data with the public to increase awareness of HHS programs and performance. The Department, legislators and stakeholders may use this data to help drive conversations and inform critical decisions that affect the agency. HHS is committed to continuous improvement, transparency, and accountability for results. The Department's Dashboards are available here: <u>https://hhs.iowa.gov/dashboard_welcome</u>.



DASHBOARD EXAMPLES

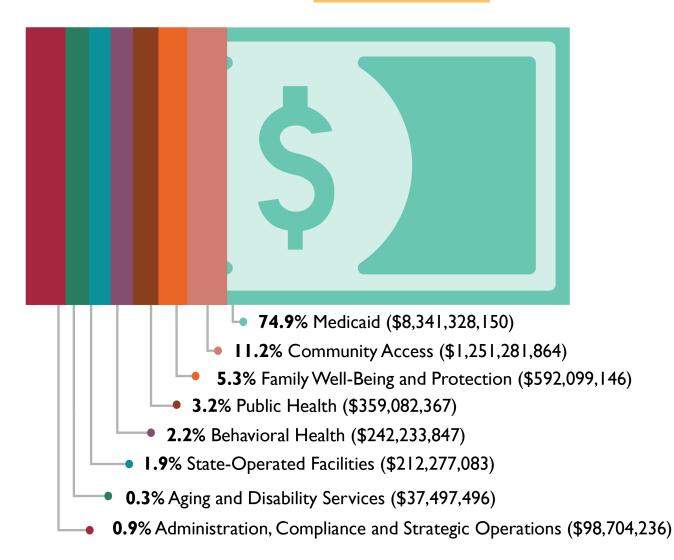




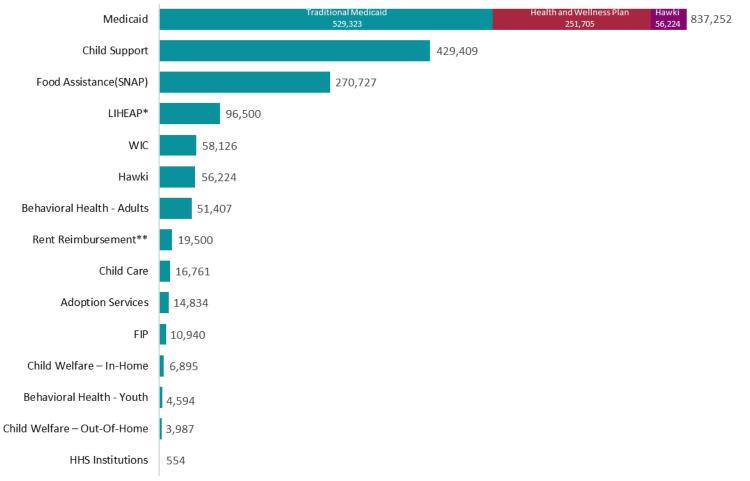
The Health and Human Services budget request for SFY25 provides resources needed to deliver services to Iowa's most needy and vulnerable citizens.

Where Does the Money Go?

SFY24 Total Funds \$11,134,504,189



HHS Clients Served – Snapshot

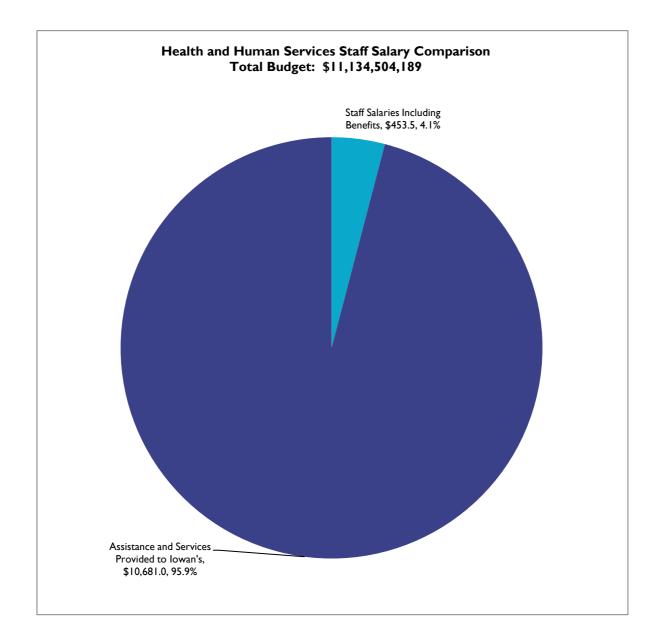


Data as of June 2023: This report shows lowans served by HHS in a single month. Some individuals may be included in more than one program.

Note: HHS began the COVID-19 continuous coverage unwind in February 2023; to determine who remains qualified for Medicaid coverage under normal operations.

*LIHEAP is a seasonal Program. The chart shows the estimated number of individuals receiving Regular Heating Assistance and Crisis Assistance this past winter. There may be individuals receiving both types of assistance.

**Rent Reimbursement is a once-a-year application. The chart shows the estimated number of individuals who will be approved in CY23.



Health and Human Services

SFY25 Budget Request

Comparison of the SFY24 Enacted Appropriation and the SFY25 Department Request

			SFY25 Total
	SFY24 Enacted	SFY25 Adjusted	General Fund
Appropriation	(Status Quo)	Request	Request
Legacy DHS			
Medical Assistance*	\$1,543,626,779		\$1,543,626,779
CHIP	38,661,688		38,661,688
Health Program Operations	17,446,067		17,446,067
State Supplementary Assistance	7,349,002		7,349,002
Cherokee	15,923,252		15,923,252
Independence	19,811,470		19,811,470
Glenwood	16,255,132		6,255, 32
Woodward	13,389,577		13,389,577
Conner Training	33,632		33,632
CCUSO	14,865,337		14,865,337
Department-Wide Duties	2,157,590		2,157,590
MHDS Regional Funding**	127,723,160	6,698,554	134,421,714
Child Abuse Prevention	232,570		232,570
Child and Family Services	79,027,794		79,027,794
Adoption	40,883,507		40,883,507
Eldora	17,568,511		17,568,511
Family Support Subsidy	949,282		949,282
Family Investment Program	41,003,575		41,003,575
Child Care Assistance	64,223,730		64,223,730
Child Support Recovery Unit	15,914,329		15,914,329
Field Operations	72,056,945		72,056,945
Volunteers	84,686		84,686
General Administration	18,913,662		18,913,662
Commission of Inquiry	1,394		1,394
Non Resident Commitment	142,802		142,802
Rent Reimbursement	13,320,000		13,320,000
Legacy DHS Subtotal	\$2,181,565,473	\$6,698,554	\$2,188,264,027

NOTES:

*The Medicaid request assumes the Managed Care Organization (MCO) Premium tax of 2.5% passed in HF 685 (FY24 Medicaid, Liens, and Third-Party Recovery Act) will be approved by the Center for Medicare and Medicaid Services. The tax is estimated to generate \$155.8 million in revenue for Medicaid in SFY 25, decreasing to \$103.9 million in SFY 26 and subsequent fiscal years.

**The MHDS regional funding increase reflects current law. Iowa Code section 225C.7A increases the appropriation for the MHDS regions from \$40.00 per capita in SFY24 to \$42.00 per capita in SFY25.

Health and Human Services

SFY25 Budget Request

Comparison of the SFY24 Enacted Appropriation and the SFY25 Department Request

			SFY25 Total
	SFY24 Enacted	SFY25 Adjusted	General Fund
Appropriation	(Status Quo)	Request	Request
Legacy DPH			
Addictive Disorders	\$23,656,992		\$23,656,992
Healthy Children and Families	5,815,491		5,815,491
Chronic Conditions	4,256,595		4,256,595
Community Capacity	7,435,682		7,435,682
Essential Public Health Services	7,662,464		7,662,464
Infectious Diseases	1,795,902		1,795,902
Public Protection	4,581,792		4,581,792
Resource Management	933,543		933,543
Iowa Registry for Congenital & Inherited Disorders	223,521		223,521
Psychiatry Residency & Fellowship Program	1,200,000		1,200,000
Legacy DPH Subtotal	\$57,561,982	\$0	\$57,561,982
Legacy IDA			
Operations	\$11,799,361		\$11,799,361
Office of Long-Term Care Resident's Advocate	1,148,959		1,148,959
Legacy IDA Subtotal	\$12,948,320	\$0	\$12,948,320
Legacy DHR			
Human Rights Administration	\$186,913		\$186,913
Community Advocacy and Services	956,894		956,894
Criminal & Juvenile Justice	1,318,547		1,318,547
Single Grant Program	140,000		140,000
LiHEAP Weatherization Assistance Program Support			
Legacy DHR Subtotal	\$2,602,355	\$0	\$2,602,355
	\$7 254 678 130	¢6 608 554	\$7 761 376 684

HHS GRAND TOTAL

\$2,254,678,130

\$6,698,554 \$2,261,376,684

Other Fund Appropriations

OVERVIEW

Other State fund appropriations are funds appropriated in the Health and Human Services Appropriations Bill on an annual basis. Funding is included in the table below.

(TANF) v (TANF) v Gambling Treatment - Sports Wagering 1,750,000 T Receipts Fund (SWRF) v Health Program Operations — Pharmaceutical 234,193 T Settlement Account (PSA) v Medical Assistance - Medicaid Fraud Fund 150,000 T (MFF) v Medical Assistance - Medicaid Fraud Fund 150,000 T	The Temporary Assistance for Needy Families TANF block grant was enacted in 1996 to replace the Aid to Families with Dependent Children (AFDC) entitlement program. TANF provides states with a flexible funding source to use in helping needy families achieve self- sufficiency. This flexibility allows funding to be adapted to meet the unique needs of the multiple programs it funds. This appropriation from the SWRF is to supplement the Iowa Gambling Treatment Program, which also receives funding through
Gambling Treatment - Sports Wagering Receipts Fund (SWRF) Health Program Operations — Pharmaceutical Settlement Account (PSA) Medical Assistance - Medicaid Fraud Fund (MFF) ISE ISE ISE ISE ISE ISE ISE ISE ISE ISE	Children (AFDC) entitlement program. TANF provides states with a flexible funding source to use in helping needy families achieve self- sufficiency. This flexibility allows funding to be adapted to meet the unique needs of the multiple programs it funds. This appropriation from the SWRF is to supplement the Iowa
Gambling Treatment - Sports Wagering 1,750,000 T Receipts Fund (SWRF) C t Health Program Operations — Pharmaceutical 234,193 T Settlement Account (PSA) p A Medical Assistance - Medicaid Fraud Fund 150,000 T (MFF) C C C	flexible funding source to use in helping needy families achieve self- sufficiency. This flexibility allows funding to be adapted to meet the unique needs of the multiple programs it funds. This appropriation from the SWRF is to supplement the Iowa
Gambling Treatment - Sports Wagering 1,750,000 T Receipts Fund (SWRF) C t Health Program Operations — Pharmaceutical 234,193 T Settlement Account (PSA) P A Medical Assistance - Medicaid Fraud Fund 150,000 T (MFF) C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C	sufficiency. This flexibility allows funding to be adapted to meet the unique needs of the multiple programs it funds. This appropriation from the SWRF is to supplement the Iowa
Image: state of the system	unique needs of the multiple programs it funds. This appropriation from the SWRF is to supplement the Iowa
Gambling Treatment - Sports Wagering 1,750,000 T Receipts Fund (SWRF) c t Health Program Operations — Pharmaceutical 234,193 T Settlement Account (PSA) p a Medical Assistance - Medicaid Fraud Fund 150,000 T (MFF) c c	This appropriation from the SWRF is to supplement the Iowa
Receipts Fund (SWRF) Health Program Operations — Pharmaceutical Settlement Account (PSA) Medical Assistance - Medicaid Fraud Fund (MFF) Contemporation - Medicaid Fraud Fund (MFF) Contemporation - Medicaid Fraud Fund (MFF) (M	
t Health Program Operations — Pharmaceutical 234,193 T Settlement Account (PSA) P A Medical Assistance - Medicaid Fraud Fund 150,000 T (MFF) C P	Gambling Treatment Program, which also receives funding through
Health Program Operations — Pharmaceutical 234,193 T Settlement Account (PSA) p A Medical Assistance - Medicaid Fraud Fund 150,000 T (MFF) c	Cambing Treathener Togran, when also receives funding through
Settlement Account (PSA)	the Addictive Disorders General Fund appropriation.
Medical Assistance - Medicaid Fraud Fund I 50,000 T (MFF) P c	The Pharmacutical Settlement Account collects moneys from legal
Medical Assistance - Medicaid Fraud Fund I 50,000 T (MFF) P C P C C C C C C C C C C C C C C C C C	settlements with prescription drug manufacturers relating to
A Medical Assistance - Medicaid Fraud Fund I 50,000 T (MFF) C P C C C C C C C C C C C C C C C C C	pharmaceuticals provided by the Medicaid Program. Funds from the
Medical Assistance - Medicaid Fraud Fund I 50,000 T (MFF) P C P c	Account are used to support the Health Programs Operations
(MFF)	appropriation.
C P c	The Medicaid Fraud Fund consists of moneys collected from
р с	penalties, investigative costs recouped by the Medicaid Fraud
c	Control Unit, and other amounts received as a result of
	prosecutions stemming from DIA investigations and audits to ensure
	compliance with the Medicaid Program. The balance of the fund is
a	appropriated to Medicaid annually.
Medical Assistance - Health Care Trust Fund I 89,860,000 T	The Health Care Trust Fund collects all tax receipts related to the
(HCTF) s	sale of tobacco products. The balance of the fund is appropriated to
1	Medicaid annually.
Medical Assistance - Quality Assurance Trust III,216,205 A	A quality assurance assessment fee is assessed on nursing facilities
Fund (QATF) fo	for each patient day. The assessment applies to all for-profit and
n	nonprofit private nursing facilities, but not to State nursing facilities.
R	Revenue received from the assessment is deposited in the Quality
A	Assurance Trust Fund. Revenues from the fund are used to
ir ir	increase nursing facility rates.
Medical Assistance - Hospital Health Care 33,920,554 A	A hospital health care access assessment fee is assessed on privately
Access Trust Fund (HHCATF) c	owned hospitals paid on a Prospective Payment System (PPS) basis
b	by Medicare and Medicaid. Revenue received from the assessment is
d	deposited in the Hospital Health Care Access Trust Fund. The
n	moneys in the Fund are used to increase hospital reimbursement for
P	PPS hospitals to the upper payment limit.
Public Assistance Modernization Fund 8,000,000 T	The Public Assistance Modernization Fund was created for the
	purposes of modernizing information technology systems and for
	a de la mais de mais de la factoria de la della come de la contra de la contra de la contra de la contra de la
	other modernization initiatives related to delivery of public assistance
Total \$ 476,111,335	programs.

Division of Administration

The Division of Administration, led by the Chief Operating Officer and one of the Department's two Deputy Directors, oversees the financial, human resources (HR) and information technology (IT) functions of the Department. With the pending retirement of the current COO, HR has moved to the Compliance Division effective July 21, 2023. The current Medicaid Director assumed responsibility for IT July 31, 2023, and will step into the COO role including oversight for finance at the end of the calendar year while retaining the Medicaid Director role.

Headed by the Chief Financial Officer, the Finance team is responsible for budgeting and planning, forecasting, cost allocation, federal reporting and claiming, accounting, payments and receipts, and collections.

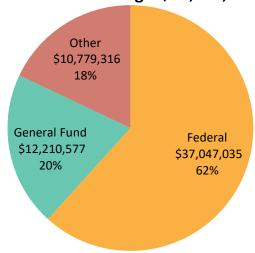
Managed by the Chief Information Officer, the Information Technology team manages all things IT, including hardware, software, data governance, systems modernization, and help desk services. All major IT design, development, and implementation projects are also supported by the IT team. Statewide consolidation of information technology was announced in late August. The HHS IT team will begin reporting to the Iowa Department of Management effective October 13, 2023.

Major Programs:

- Finance
- Information Technology
- Human Resources

STATISTICS (as of June 30, 2023):

- 241,049 claims processed.
- \$361,852,683.18 child support payments to 2,116,401 custodial parents.
- Over 300 funding sources managed.
- 186 IT systems.
- 313 active IT projects and 217 IT projects closed.



SFY24 Total Funding - \$60,036,928

Division of Compliance

The Division of Compliance, led by the Chief of Compliance and one of the Department's two Deputy Directors, is responsible for supporting compliance with federal and state law and regulation. The Division also provides internal legal counsel to HHS Compliance team members and others.

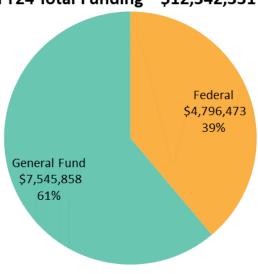
The Contracts and Data teams are responsible for providing centralized procurement and contracting support. The Data team is responsible for ensuring data are appropriately collected and shared, internally and externally. The Internal Controls and Accountability teams are responsible for an annual risk assessment and internal audit plan, consulting services and oversight of functionally independent units including the Office of the Long-Term Care Ombudsman and Child Advocacy Board.

The Operational teams are responsible for managing appeals of Department decisions and eligibility determinations, working with policy teams to draft and adopt administrative rules and processing requests for waiver of rules. This team catalogues and publishes Department wide policies and procedures and manages Department wide MOUs and other agreements. This team also includes legal counsel.

The Human Resources and General Business Services teams are responsible for organizational and individual workforce development and training, human resources operations, goods procurement, fleet management, lease management for HHS office spaces and other general business services activities.

The Bureau of Cannabis Regulation manages Iowa's medical cannabis and consumable hemp regulatory programs, including the patient registry for the medical program.

Major Programs:	STATISTICS:
 HHS Procurement and Contracting Internal Controls and Accountability Compliance Operations Human Resources and General Business Services 	 9,294 appeals closed in SFY23. 2,183 exceptions to policy processed in SFY23. 2,676 active service contracts as of SFY22.



SFY24 Total Funding – \$12,342,331

Division of Strategic Operations

The Division of Strategic Operations works across the Department to support its programs and goals. It provides other divisions with the expertise, skills, and resources they need to accomplish their goals. It works to "connect the dots" and develop overall strategy for the Department.

The Division is comprised of four primary functions:

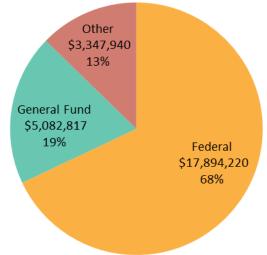
- External Relations this includes Government Affairs (our Legislative Liaisons), Media Relations and the Communications Team, which handles both internal and external communications;
- Performance and Transformation this area is still undergoing development, but its primary deliverables are cross-divisional project support and measuring and reporting internal and external agency performance. Currently, one of its primary responsibilities is coordinating the overall State of Iowa Government Alignment efforts for the Department;
- Human Rights in addition to its Human Rights functions, this bureau includes a focus on health equity, helps coordinate services for lowa's refugee communities, community advocacy and supports criminal and juvenile justice systems and planning across the state; and
- Volunteer Iowa Volunteer Iowa's mission is to improve lives, strengthen communities, and foster civic engagement through service and volunteering. They administer AmeriCorps grants that are used for a variety of program types, including environmental, health, and education.

Major Programs:

- Volunteer Iowa
- <u>Refugee Services</u>
- Criminal and Juvenile Justice Planning (CJJP)

STATISTICS:

- 95,303 volunteers leveraged through Volunteer lowa programs.
- More than 900 refugees directly served by the Bureau of Refugee Services (BRS).
- CJJP supported 350,000 data exchanges between lowa's state, county, and local justice agencies every month.



SFY24 Total Funding – \$26,324,977

Division of Medicaid

The Division of Medicaid, led by the Department's Medicaid Director, provides financial medical assistance to over 800,000 low-income, disabled, and elderly lowans through the Medicaid Program, Iowa Health and Wellness Plan, Hawki, and Dental Wellness Plan. Medicaid is the second largest insurer in the state. Services are primarily facilitated by contracted Managed Care Organizations (MCO) that manage the provision of care to Medicaid members and process provider claims for services rendered. State staff provide overall support for the Medicaid program in a number of ways, including:

- Facilitating provider enrollment;
- Developing state rates for provider reimbursement;
- Oversight of the MCOs and other contractors;
- Ensuring program integrity and compliance with state and federal laws and regulations;
- Developing policy for eligibility, long-term services and support, and overall program direction; and
- Developing medical policy and quality innovation.

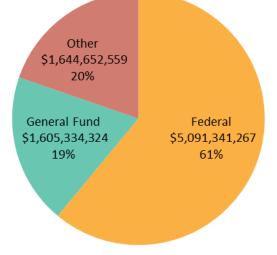
Major Programs:

- Medical Assistance
- <u>Iowa Health and Wellness Plan</u>
- <u>Healthy and Well Kids in Iowa (Hawki)</u>
- Dental Wellness Plan

STATISTICS (as of June 30, 2023):

- 379,682 children 18 years and under, served by Medicaid and Hawki.
- 503,050 adults 19 years and over served by Medicaid.
- 25,685 individuals on a waiver.
- 11,988 individuals served in a facility.

SFY24 Total Funding - \$8,341,328,150



Division of State-Operated Facilities

The Division of State-Operated Facilities Director establishes policies, expectations, and vision for serving the indicated populations below. Within the Division is the Office of Facility Support (OFS), in which staff assist facility leadership teams to help ensure each facility's specific licensure or accreditation requirements, compliance with the lowa code, and any applicable federal requirements.

The Department operates six (6) facilities across the state:

- Two (2) Mental Health Institutes that provide short-term, in-patient psychiatric care and treatment for individuals with severe symptoms of mental illness along with specialized treatment and security for adults ordered by the court into the custody of the state for the purposes of competency restoration, adults who have been acquitted of a crime by reason of insanity, and similarly situated adults in Cherokee, along with specialized treatment of behaviorally complex youth in Independence;
- Two (2) State Resource Centers that provide active treatment and habilitation services for individuals with intellectual and developmental disabilities;
- One (1) State Training School that provides treatment and educational services in a highly structured setting to assist male youth between the ages of 12 and 18 who are adjudicated delinquent; and
- One (1) Civil Commitment Unit for Sexual Offenders (CCUSO) that provides secure, long-term, highly structured treatment for individuals who have been civilly committed by the court.

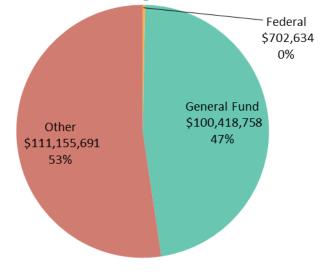
Major Programs:

- Glenwood Resource Center (GRC)
- Woodward Resource Center (WRC)
- Cherokee Mental Health Institute (CMHI)
- Independence Mental Health Institute (IMHI)
- State Training School (STS)
- <u>Civil Commitment Unit for Sexual Offenders</u> (CCUSO)

STATISTICS:

- GRC: Current census of 72.
- WRC: Current census of 126.
- CMHI: 215 Admissions in FY23.
- IMHI: 97 Admissions in FY23.
- STS: Capacity of 64 with increase to 80 after construction.
- CCUSO: 164 committed with 149 in-house.

SFY24 Total Funding - \$212,277,083



Division of Behavioral Health

The Division of Behavioral Health focuses on enhancing lowans' quality of life by ensuring access to a comprehensive array of prevention, treatment and recovery-oriented programs, services, and supports that improve the well-being and resilience of lowa communities. The Division deploys strategies through strong partnerships and support systems to reduce the impacts associated to mental illness, substance use disorder, problem gambling and tobacco use. The Services, Planning, and Performance bureau includes the office of Data Analytics and Reporting and the Initiatives and Grant Planning office, supporting a broad range of programs in the Prevention, Treatment and Recovery Services bureau. The Operations and Compliance bureau supports the Division's contracting, training, and technical assistance as well as oversight and compliance mechanisms such as substance use and problem gambling provider licensure, mental health provider accreditation, and oversight of Mental Health and Disability Services (MHDS) regional operation, policy and administration.

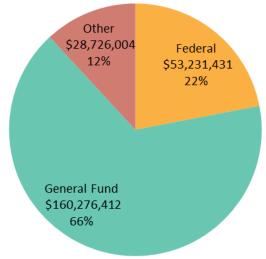
The Division of Behavioral Health is funded through state appropriations as well as multiple sources of federal funding including the Substance Use and Mental Health Block Grants, CDC funds for Tobacco Use, Prevention, and Control, State Opioid Response, and multiple federal discretionary and planning grants.

Major Programs:

- Iowa Provider Network (IPN)
- Your Life Iowa
- <u>988</u>
- <u>Tobacco Community Partnerships</u>
- <u>Crisis Services</u>
- <u>Certified Community Behavioral Health Clinics</u> (CCBHC) transformation planning

STATISTICS:

- IPN providers reported 100,137 services delivered to lowans in SFY23.
- 988 answered 24,820 contacts, in SFY23 89% answered in Iowa, 98% resolved by crisis counselors, 447 resulted in active rescue.
- From 1/1/2023 to 6/30/2023, 379 Mobile Crisis Response calls (through Regions) resulted in 304 crisis interventions; 71% stabilized or referred to outpatient services; 24% hospitalized; and only 5% incarcerated.



SFY24 Total Funding - \$242,233,847

Division of Public Health

The Public Health Division, led by the Department's Medical Director, delivers programs and scientifically sound strategies for improving lowans' quality of life and reducing morbidity and premature mortality. The division is comprised of 10 different bureaus and houses the Iowa State Medical Examiner's Office. Some of the services the division provides include:

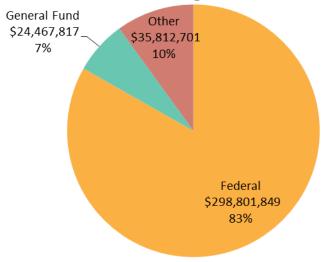
- Maintaining vital records and making them available to the public;
- Providing support for rural healthcare and the healthcare workforce;
- Surveillance for and investigation of infectious disease and other reportable health conditions;
- Serves as the radiation safety authority in lowa;
- System development and licensure for emergency medical services (EMS) and trauma services;
- Serving as the state authority for public health emergency responses across a variety of disciplines;
- Monitoring and measuring public health performance;
- Providing analysis and dissemination of data related to health conditions and the environment to facilitate data-driven public health decisions;
- Reducing the number of children impacted by lead exposure;
- Oversight and tracking of immunizations and instances of tuberculosis; and
- Improving screening rates and prevention strategies for chronic and congenital conditions.

Major Programs:

- Disease Surveillance and Investigation
- Medical Examiner
- Vital Records
- Emergency Medical Services and Trauma

STATISTICS:

- 2-year-old immunization rate is 70.9% for 2022.
- 1,657 autopsies completed in 2022.
- Iowa recorded 36,786 resident live births and 34,216 resident deaths for 2021.
- Iowa authorizes 931 EMS Services and 118 Trauma Centers.



SFY24 Total Funding - \$359,082,367

Division of Community Access

The Division of Community Access serves as an entry point for lowans to numerous services, programs, and benefits offered by the Department. Division staff help lowans understand what programs and services they are eligible for, assist with enrollment, and directly provide health services to families.

This Division houses Child Support Services which helps families receive the child support they need to be able to meet the financial and health needs of children. The Economic Assistance Programs team combines policy, operations, and field services to help lowans access and maintain services such as Medicaid, SNAP, and Rent Reimbursement.

The Wellness and Preventive Health team offers services to support the health and well-being of Iowa families and communities, including reproductive health, child and adolescent health, oral health, WIC and nutrition and physical activity. The Community Action Agencies team delivers services and programs to address economic barriers for Iowans, including family development services, weatherization, and energy assistance.

The Temporary Assistance for Needy Families (TANF) block grant provides states with a flexible funding source to use in helping needy families achieve self-sufficiency. Funding is used to provide Iowa's cash assistance program for families – the Family Investment Program (FIP).

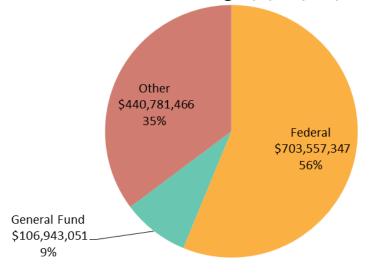
Major Programs:

- <u>Child Support Services</u>
- <u>Community Action Agencies</u>
- Women, Infant and Children
- Family Health
- <u>Supplemental Nutrition Assistance Program</u> (SNAP)
- <u>Rent Reimbursement</u>
- Temporary Assistance for Needy Families (TANF)

STATISTICS:

- Child Support Services served 494,356 parents and children on 139,547 cases in SFY23.
- 278,729 individuals and 120,720 households served in SFY22 by Community Action Agencies.
- WIC participants will redeem \$52,279,604 in WIC food benefits in 2023.
- Provided SNAP to an average of 135,427 households per month (\$315 average benefit).
- Provided Rent Reimbursement to 17,463 persons as of June 30, 2023.

SFY24 Total Funding - \$1,251,281,864



Iowa Department of Health and Human Services

Division of Family Well-Being and Protection

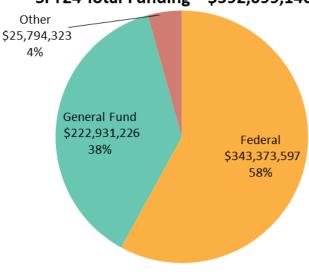
The Division of Family Well-Being and Protection is dedicated to serving and protecting Iowa families; in particular, children. Programs include: Family Centered Services, Adoption Services, Qualified Residential Treatment Programs, and Shelter Services.

The Child Care team sets direction and policy for Child Care Assistance in Iowa, including ways to expand eligibility, support accessibility to quality child care, and targeted strategies to address child care "deserts."

Child Protective Services combines policy development with operations to help ensure safety, permanency and well-being for children and families of Iowa.

Early Intervention & Support includes a network of primary prevention programs and services that are accessible throughout lowa's communities.

Major Programs:	STATISTICS (as of June 30, 2023):
Child Care Assistance	Child Care
<u>Child Protective Services</u>	• Avg. monthly children served by CCA: 17,078. Child Protective Services
Adoption Subsidy	• 18 new abuse cases per worker each month.
<u>Early Childhood Iowa</u>	• 22 social work cases per worker each month.
 <u>Child Abuse Prevention (ICAPP)</u> <u>MIECHV Home Visiting</u> 	 5,829 children in foster care. Early Intervention & Support Family Support, home visiting, and parent development
More Options for Maternal Supports (MOMS)	programs are implemented by community providers through Early Childhood Iowa, the Maternal, Infant, and Early Childhood program, and the Child Abuse Prevention Program.
	• Overall, 7,017 families were served.



SFY24 Total Funding - \$592,099,146

Division of Aging and Disability Services

The Division of Aging and Disability Services brings together the legacy Department on Aging alongside legacy-DHS disability and aging related services. This Division focuses on informed decision-making, long-term services and supports, dependent adult abuse protection, and elder abuse awareness and prevention to ensure that lowans with aging or disability-related needs can live, learn, work, and participate fully in their chosen communities. The Division achieves this by supporting:

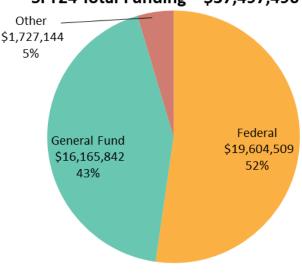
- Iowa's Area Agencies on Aging (AAA);
- Aging and Disability Resource Centers (ADRC);
- Home and Community Based Services (HCBS) policy for non-Title 19 funded HCBS;
- Individuals with Intellectual and Developmental Disabilities;
- Activities that ensure the State's compliance with Olmstead Community Integration mandate, and the Older Americans Act (OAA);
- Provision of Targeted Case Management for fee-for-service Medicaid waiver recipients;
- Elder Abuse Prevention and Awareness; and
- Adult Protective Services, including Dependent Adult Protection Services and Guardianship & Supported Decision-Making Services.

Major Programs:

- Dependent Adult Protection Services
- Office of Public Guardian
- <u>Supportive Services including information</u>, referral, and Service Access Assistance.
- <u>Targeted Case Management and Complex Care</u> Coordination/ Community Integration

STATISTICS:

- 32,394 Older lowans and Caregivers received a meal and/or healthy activity service.
- 5,718 dependent adult abuse assessments were initiated for assessment/evaluation.
- Office of Public Guardian served 103 clients, has 83 applications on the waiting list and 13 cases pending review.
- 49,454 Older lowans and Caregivers received information, referral, or supportive services.
- 905 individuals received targeted case management or complex care coordination.



SFY24 Total Funding – \$37,497,496