HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Rule making related to contracting.

The Human Services Department hereby amends Chapter 2, "Contracting Out Department of Human Services Employees and Property," Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code section 225C.4.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 225C.4.

Purpose and Summary

The Department is updating the administrative rules for entering into contracts with Department employees in a service program or for the use of buildings and grounds of state institutions. This will allow the rules to come into alignment with current practices and will also eliminate outdated definitions.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on December 29, 2021, as ARC 6116C.
No public comments were received.
No changes from the Notice have been made.

Adoption of Rule Making

This rule making was adopted by the Council on Human Services on February 10, 2022.

Fiscal Impact

No fiscal impact expected.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any pursuant to rule 441_1.8(17A, 217).

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rule making will become effective on May 1, 2022.

The following rule-making action is adopted:

ITEM 1. Amend rule 441—2.1(23A,225C), definitions of "Division," "Lessee," "State institutions" and "Superintendents," as follows:

"*Division*" includes the divisions of mental health and ~~developmental disabilities~~ disability services; and adult, children and family services.

"*Lessee*" means a nonprofit provider of services or other approved activity or other nonprofit entity as defined by Iowa Code chapter 504A that has been permitted to lease space in certain buildings or grounds on one or more of the mental health institutes, state ~~hospital schools~~ resource centers, the ~~Iowa Juvenile Home at Toledo, Iowa, or the State Training School~~ state training school at Eldora, Iowa, or the civil commitment unit for sexual offenders at Cherokee, Iowa, from the department.

"*State institutions*" (also referred to as campuses), for the purposes of this chapter, include: the Glenwood and Woodward state ~~hospital schools~~ resource centers; the Cherokee ~~, Clarinda,~~ and Independence ~~, and Mt. Pleasant~~ mental health institutions; ~~the Iowa Juvenile Home in Toledo; and~~ the ~~State Training School~~ state training school in Eldora; and the civil commitment unit for sexual offenders in Cherokee.

"*Superintendents*" are the administrators of these state institutions as defined by Iowa Code chapter 218 as well as those administrators appointed by the director of the department of human services pursuant to Iowa Code ~~chapters~~ chapter 233A ~~and 233B~~ at the ~~Iowa Juvenile Home in Toledo and the State Training School~~ state training school in Eldora.

ITEM 2. Amend subrule 2.5(1) as follows:

2.5(1) *Referral to contract manager.* A campus superintendent or designee may show available space to a potential lessee but has no authority to approve any leasing arrangements or to commit buildings or grounds to potential lessees. Superintendents shall notify the contract manager if contacted by a potential lessee. If space is available or expected to be available on the campus, the superintendent shall direct all entities interested in pursuing lease arrangements to ~~write~~ contact the contract manager in the department's central office.

ITEM 3. Amend subrule 2.5(3) as follows:

2.5(3) *Evaluation of proposals.* The contract manager, in collaboration with the respective division administrator and the respective superintendents, shall evaluate all proposals to determine if they meet the general principles identified above. The ~~contract manager~~ division administrator in collaboration with the respective superintendent(s) shall recommend whether to proceed with the leasing process to the director or designee. The contract manager shall notify the potential lessee in writing of the director's or designee's decision and, if applicable, identify the reasons for denial. All decisions are considered final and binding and are not subject to appeal.

Iowa Department of Human Services

Information on Proposed Rules

Name of Program Specialist	Telephone Number	Email Address
Mark Swore	515-281-8575	mswore@dhs.state.ia.us

1. Give a brief purpose and summary of the rulemaking:

   To bring Chapter 29 into alignment with current practices and eliminate outdated terms

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

   Per Iowa Code 17A.7(2), all state agencies are required to do a periodic and comprehensive review of all of the agency's rules every five years.

3. Describe who this rulemaking will positively or adversely impact.

   This will have no impact on operations or those served.

4. Does this rule contain a waiver provision? If not, why?

   No.

5. What are the likely areas of public comment?

   There is no anticipated public comment.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)

   No impact.

Administrative Rule Fiscal Impact Statement

Date: November 23, 2021

Agency: Human Services

IAC citation: 441 IAC 29

Agency contact: Mark Swore

Summary of the rule:

To bring Chapter 29 Mental Health Institutes into alignment with current practices and eliminate outdated terms

Fill in this box if the impact meets these criteria:

☒ No fiscal impact to the state.

☐ Fiscal impact of less than $100,000 annually or $500,000 over 5 years.

☐ Fiscal impact cannot be determined.

Brief explanation:

Budget Analysts must complete this section for ALL fiscal impact statements.

This change is to align the rule with current practices. There is no fiscal impact.

Fill in the form below if the impact does not fit the criteria above:

☐ Fiscal impact of $100,000 annually or $500,000 over 5 years.

Assumptions:

Describe how estimates were derived:

Estimated Impact to the State by Fiscal Year

	Year 1 (FY 2022)	Year 2 (FY 2023)
Revenue by each source:		
General fund		
Federal funds		
Other (specify):		
TOTAL REVENUE		
Expenditures:		
General fund		
Federal funds		
Other (specify):		
TOTAL EXPENDITURES		
NET IMPACT	0.00	0.00

☐ This rule is required by state law or federal mandate.
Please identify the state or federal law:
Identify provided change fiscal persons:

☐ Funding has been provided for the rule change.
Please identify the amount provided and the funding source:

☐ Funding has not been provided for the rule.
Please explain how the agency will pay for the rule change:

Fiscal impact to persons affected by the rule:
No fiscal impact.

Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):
No fiscal impact.

Agency representative preparing estimate: Lanny Nihart JH 11/23/2021

Telephone number: 515-281-7822

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Rule making related to admission to state mental institution.

The Human Services Department hereby amends Chapter 34, "Alternative Diagnostic Facilities," Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code section 225C.14.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 225C.14.

Purpose and Summary

The Department is revising outdated language used when a person is being assessed for admission to a state mental health institution on a voluntary basis. The outdated language would be replaced with more current, person-centered language to be consistent with best practices for persons with mental illness.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on December 29, 2021, as ARC 6114C.
No public comments were received.
No changes from the Notice have been made.

Adoption of Rule Making

This rule making was adopted by the Human Services Department on February 10, 2022.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any pursuant to rule 441_1.8(17A,217).

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rule making will become effective on May 1, 2022.

The following rule-making action is adopted:

ITEM 1. Amend rule 441—34.1(225C), definitions of "Alternative diagnostic facility" and "Mental health professional," as follows:

"*Alternative diagnostic facility*" means any organization or individual designated by the county board of supervisors to implement the preliminary diagnostic evaluation policy (Iowa Code section 225C.14) when a county is not served by a community mental health center capable of the diagnostic evaluations. An alternative diagnostic facility may be the outpatient service of a state mental health institute or any organization or individual able to furnish the requisite skills and to meet the standards set forth in this chapter by the mental health and ~~mental retardation~~ disability services commission.

"*Mental health professional*" means ~~a person who~~ an individual who has either of the following qualifications:

~~1. Holds at least a master's degree in a mental health field, including, but not limited to, psychology, counseling and guidance, nursing and social work; or is a doctor of medicine (M.D.) or doctor of osteopathic medicine and surgery (D.O.); and~~

~~2. Holds a current Iowa license when required by Iowa licensure law; and~~

~~3. Has at least two years of postdegree experience, supervised by a mental health professional, in assessing mental health problems and needs of individuals and in providing appropriate mental health services for those individuals.~~

1. The individual meets all of the following requirements:

● Holds at least a master's degree in a mental health field, including, but not limited to, psychology, counseling, guidance, nursing, or social work; or is an advanced registered nurse practitioner, a physician assistant, or a physician and surgeon; or is an osteopathic physician and surgeon.

● Holds a current Iowa license if practicing in a field covered by an Iowa licensure law.

● Has at least two years of postdegree clinical experience, supervised by another mental health professional, in assessing mental health needs and problems and in providing appropriate mental health services.

2. The individual holds a current Iowa license if practicing in a field covered by an Iowa licensure law and is a psychiatrist, an advanced registered nurse practitioner who holds national certification in psychiatric mental health care and is licensed by the board of nursing, a physician assistant practicing under the supervision of a psychiatrist, or an individual who holds a doctorate degree in psychology and is licensed by the board of psychology.

ITEM 2. Amend subrule 34.2(2) as follows:

34.2(2) Assist the court and, insofar as possible, provide or designate a physician or mental health professional to perform a prehearing examination of a respondent required under Iowa Code section ~~229.8, subsection 3, paragraph "*b.*"~~ 229.8(3)"*b.*"

ITEM 3. Amend subrule 34.3(7) as follows:

34.3(7) The facility shall comply with procedures for uniform reporting of statistical data as established by the division of mental health ~~, mental retardation, and developmental disabilities~~ and disability services.

ITEM 4. Amend subrule 34.3(8) as follows:

34.3(8) The facility shall comply with the standards for the maintenance and operation of public and private facilities offering services to ~~mentally ill~~ persons with mental illness as adopted by the mental health and ~~mental retardation~~ disability services commission.

Iowa Department of Human Services

Information on Proposed Rules

Name of Program Specialist	Telephone Number	Email Address
Derek Hess, J.D., Ph.D.	515-281-4778	dhess@dhs.state.ia.us

1. Give a brief purpose and summary of the rulemaking:

   Revising outdated language and proposing more current, person-centered language to be consistent with best practices for persons with mental illness.

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

   Per Iowa Code 17A.7(2), all state agencies are required to do a periodic and comprehensive review of all of the agency's rules every five years.

3. Describe who this rulemaking will positively or adversely impact.

   It will positively impact the people being served by being consistent with best practices for persons with mental illness. It has no adverse impact.

4. Does this rule contain a waiver provision? If not, why?

   No. Changes are to revise outdated language to be current with existing Iowa Code

5. What are the likely areas of public comment?

   There is no anticipated public comment.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)

   No.

Administrative Rule Fiscal Impact Statement

Date: November 8, 2021

Agency: Human Services

IAC citation: 441 IAC Chapter 34

Agency contact: Derek Hess

Summary of the rule:

The rule package revises outdated language to IAC 441-34 and proposes more current, person-centered language to be consistent with best practices for persons with mental illness.

Fill in this box if the impact meets these criteria:

☒ No fiscal impact to the state.

☐ Fiscal impact of less than $100,000 annually or $500,000 over 5 years.

☐ Fiscal impact cannot be determined.

Brief explanation:

Budget Analysts must complete this section for ALL fiscal impact statements.

Changes are to revise outdated language to be current with existing Iowa Code.

Fill in the form below if the impact does not fit the criteria above:

☐ Fiscal impact of $100,000 annually or $500,000 over 5 years.

Assumptions:

Describe how estimates were derived:

Estimated Impact to the State by Fiscal Year

	Year 1 (FY 2022)	Year 2 (FY 2023)
Revenue by each source:		
General fund		
Federal funds		
Other (specify):		
TOTAL REVENUE		
Expenditures:		
General fund		
Federal funds		
Other (specify):		
TOTAL EXPENDITURES		
NET IMPACT	0.00	0.00

☐ This rule is required by state law or federal mandate.
Please identify the state or federal law:
Identify provided change fiscal persons:

☐ Funding has been provided for the rule change.
Please identify the amount provided and the funding source:

☐ Funding has not been provided for the rule.
Please explain how the agency will pay for the rule change:

Fiscal impact to persons affected by the rule:
None anticipated.

Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):
None anticipated.

Agency representative preparing estimate: Lanny Nihart JH 11/11/21

Telephone number: 515-281-7822

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Rule making related to diabetic education.

The Human Services Department hereby amends Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code section 249A.4.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 249A.4.

Purpose and Summary

This rule making eliminates the "once per lifetime" policy for diabetic education for Medicaid members. This change will allow a Medicaid member to receive additional timely education in order to manage the Medicaid member's diabetes. In many cases, once-in-a-lifetime education is not adequate for treatment, especially with the prevalence of diabetes in the national population. The Department has already been paying for more than one education series for some members, and this change will allow the rule to match the current practice. Members will continue to need a provider's referral for the education.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on December 15, 2021, as ARC 6081C.

No public comments were received.

No changes from the Notice have been made.

Adoption of Rule Making

This rule making was adopted by the Council on Human Services on February 10, 2022.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any pursuant to rule 441_1.8(17A,217).

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rule making will become effective on May 1, 2022.

The following rule-making action is adopted:

Amend subparagraph 78.31(4)"f"(6) **as follows:**

(6) Restrictions and limitations on payment. Medicaid will pay for a diabetic self-management education program. Diabetic education programs will include follow-up assessments at 3 and 12 months without charge. ~~A complete diabetic education program is payable once in the lifetime of a recipient.~~

Iowa Department of Human Services

Information on Proposed Rules

Name of Program Specialist	Telephone Number	Email Address
Anna Ruggle	515-201-4713	aruggle@dhs.state.ia.us

1. Give a brief purpose and summary of the rulemaking:

   This rule eliminates the one time per lifetime policy for diabetic education for Medicaid members. This rule will allow Medicaid members to receive timely and additional education in order to manage their diabetes.

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

   249A.4

3. Describe who this rulemaking will positively or adversely impact.

   This will positively impact diabetic Medicaid members to receive the education needed to manage their diabetes.

4. Does this rule contain a waiver provision? If not, why?

   This amendment does not include a waiver provision because it confers a benefit on those affected. Individuals may request a waiver under the Department's general rule on exceptions at Iowa Admin, Code 441-1.8.

5. What are the likely areas of public comment?

   The likely areas of public comment will be the increase in the additional education and will be supportive.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)

   This rule does not have an impact on private-sector jobs and employment opportunities in Iowa.

Administrative Rule Fiscal Impact Statement

Date: October 19, 2021

Agency: Human Services

IAC citation: 441 IAC 78.31(4)f.(6)

Agency contact: Anna Ruggle

Summary of the rule:

This rule eliminates the one time per lifetime policy for diabetic education for Medicaid members. This rule will allow Medicaid members to receive timely and additional education in order to manage their diabetes.

Fill in this box if the impact meets these criteria:

☒ No fiscal impact to the state.

☐ Fiscal impact of less than $100,000 annually or $500,000 over 5 years.

☐ Fiscal impact cannot be determined.

Brief explanation:

Budget Analysts must complete this section for ALL fiscal impact statements.

This rule eliminates the one time per lifetime policy for diabetic education for Medicaid members and will allow Medicaid members to receive timely and additional education in order to manage their diabetes. The amount of future additional access to the diabetic education program cannot be determined; however, fiscal impact is expected to be minimal. Any expenditures will be absorbed within the Medical Assistance appropriation.

Fill in the form below if the impact does not fit the criteria above:

☐ Fiscal impact of $100,000 annually or $500,000 over 5 years.

Assumptions:

Describe how estimates were derived:

Estimated Impact to the State by Fiscal Year

	Year 1 (FY 2022)	Year 2 (FY 2023)
Revenue by each source:		
General fund		
Federal funds		
Other (specify):		
TOTAL REVENUE		
Expenditures:		
General fund		
Federal funds		
Other (specify):		
TOTAL EXPENDITURES		
NET IMPACT		

☐ This rule is required by state law or federal mandate.
Please identify the state or federal law:
Identify provided change fiscal persons:

☒ Funding has been provided for the rule change.
Please identify the amount provided and the funding source:
Expenditures will be absorbed within the Medical Assistance appropriation

☐ Funding has not been provided for the rule.
Please explain how the agency will pay for the rule change:

Fiscal impact to persons affected by the rule:
None anticipated.

Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):
None anticipated.

Agency representative preparing estimate:	Soraya Miller	JH 10/19/21, JS 10/20/21
Telephone number:	515-281-6017	

HUMAN SERVICES DEPARTMENT[441]

DRAFT ONLY: Dates herein may not comply with Schedule for Rule Making.

Adopted and Filed

Rule making related to nursing facilities.

The Human Services Department hereby amends Chapter 81, "Nursing Facilities," Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code section 249A.4.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 249A.4.

Purpose and Summary

The current rule requires that patient days in nursing facilities for purposes of the calculation of per diem for administrative, environmental, and property expenses shall be the greater of actual patient days or 85 percent of the licensed capacity of the facility. In accordance with 2021 Iowa Acts, House File 891, division VII, section 39, these amendments decrease the minimum occupancy limitation to 70 percent, because of concerns that providers will continue to experience a decrease in nursing facility occupancy due to the public health emergency. The cost reports for 2022 fiscal year ending (FYE) will be used in the rebase for state fiscal year (SFY) 2024 rates.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on December 15, 2021, as ARC 6097C.

No public comments were received.

No changes from the Notice have been made.

Adoption of Rule Making

This rule making was adopted by the Council on February 10, 2022.

Fiscal Impact

These rules are for SFY24 and 2025 and the cost report data is not yet available. Therefore, the fiscal impact cannot be determined. There will be no impact in SFY22 or SFY23.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any pursuant to 441_1.8(17A, 217)

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rule making will become effective on July 1, 2022.

The following rule-making action is adopted:

ITEM 1. Amend subparagraph 81.6(16)"a"(1) as follows:

(1) Non-state-owned nursing facilities. Effective December 1, 2009, patient days for purposes of the computation of administrative, environmental, and property expenses for non-state-owned facilities shall be inpatient days as determined in subrule 81.6(7) or 85 percent of the licensed capacity of the facility, whichever is greater. For the reimbursement period beginning July 1, 2023, and ending June 30, 2025, patient days for purposes of the computation of administrative, environmental, and property expenses for non-state-owned facilities shall be inpatient days as determined in subrule 81.6(7) or 70 percent of the licensed capacity of the facility, whichever is greater. Patient days for purposes of the computation of all other expenses shall be inpatient days as determined in subrule 81.6(7).

ITEM 2. Amend numbered paragraph 81.6(16)"h"(9)""1" as follows:

1. Effective December 1, 2009, total patient days shall be determined using the most current submitted financial and statistical report or using the estimated total patient days as reported in the request for the add-on. For purposes of calculating the add-on, total patient days shall be the greater of the estimated annual total patient days or 85 percent of the facility's estimated licensed capacity. For the period beginning July 1, 2023, and ending June 30, 2025, patient days for purposes of the computation of administrative, environmental, and property expenses for non-state-owned facilities shall be inpatient days or the minimum occupancy of 70 percent of the licensed capacity of the facility, whichever is greater.

ITEM 3. Amend numbered paragraph 81.6(16)"h"(12)""1" as follows:

1. Effective December 1, 2009, for purposes of recalculating the capital cost per diem instant relief add-on, total patient days shall be based on the greater of the number of actual patient days during the period in which the add-on was paid or 85 percent of the facility's actual licensed bed capacity during the period in which the add-on was paid. For the period beginning July 1, 2023, and ending June 30, 2025, patient days for purposes of the computation of administrative, environmental, and property expenses for non-state-owned facilities shall be inpatient days or the minimum occupancy of 70 percent of the licensed capacity of the facility, whichever is greater.

ITEM 4. Amend rule 441—81.6(249A), implementation sentence, as follows:

This rule is intended to implement Iowa Code sections 249A.4 and 249A.16~~, Iowa Code chapter~~ and chapters 249K~~,~~ and ~~2009 Iowa Code Supplement chapter~~ 249L.

ITEM 5. Amend rule 441—81.23(249A), implementation sentence, as follows:

This rule is intended to implement Iowa Code ~~Supplement~~ section 249A.30A.

Administrative Rule Fiscal Impact Statement

Date: 9/22/21

Agency: Human Services

IAC citation: 441 IAC 441-IAC CH 81.6(16)a(1), 81.6(16)h(9)1., 81.6(16)h(12)1

Agency contact: Jessica McBride/Andy Johnson

Summary of the rule:

Iowa Administrative Code (IAC) 441-81.6 requires that patient days for purposes of the calculation of per diem administrative, environmental, and property expenses shall be the greater of actual patient days or 85% of the licensed capacity of the facility. The minimum occupancy limitation is being decreased to 70% because of the concerns that providers will continue to experience a decrease in nursing facility occupancy due to the PHE. The cost reports for 2022 FYE will be used in the rebase for SFY 2024.

Fill in this box if the impact meets these criteria:

☐ No fiscal impact to the state.

☐ Fiscal impact of less than $100,000 annually or $500,000 over 5 years.

☒ Fiscal impact cannot be determined.

Brief explanation:

Budget Analysts must complete this section for ALL fiscal impact statements.

The minimum occupancy limitation is being decreased from 85% to 70% to accommodate facilities for variations in lost occupancy attributed to the public health emergency. For the period, July 1,2023 through June 30, 2025 (SFY24 and SFY25), planned nursing facility rebasing will use cost reports from year ending 2022. The computation of administrative, environmental, and property expenses for non-state-owned facilities shall use inpatient days or the minimum occupancy of 70 percent of the licensed capacity of the facility, whichever is greater. These rules are for SFY 2024 and 2025 and the cost report data is not yet available; therefore, the fiscal impact cannot be determined. There will be no impact in SFY22 or SFY23.

Fill in the form below if the impact does not fit the criteria above:

☐ Fiscal impact of $100,000 annually or $500,000 over 5 years.

Assumptions:

Describe how estimates were derived:

Estimated Impact to the State by Fiscal Year

	Year 1 (FY 22)	Year 2 (FY 23)
Revenue by each source:		
General fund		
Federal funds		
Other (specify):		
TOTAL REVENUE	0.00	0.00
Expenditures:		
General fund		
Federal funds		
Other (specify):		
TOTAL EXPENDITURES	0.00	0.00
NET IMPACT	0.00	0.00

☒ This rule is required by state law or federal mandate.
Please identify the state or federal law:
Identify provided change fiscal persons:
2021 session HF 891

☐ Funding has been provided for the rule change.
Please identify the amount provided and the funding source:

☒ Funding has not been provided for the rule.
Please explain how the agency will pay for the rule change:
This change will not be effective until SFY24.

Fiscal impact to persons affected by the rule:
The fiscal impact is unknown.

Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):
None anticipated.

Agency representative preparing estimate:	Soraya Miller	JH 11/11/21
Telephone number:	515-281-6017	

HUMAN SERVICES DEPARTMENT[441]

DRAFT ONLY: Dates herein may not comply with Schedule for Rule Making.

Adopted and Filed

Rule making related to nursing facilities.

The Human Services Department hereby amends Chapter 81, "Nursing Facilities," Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code section 249A.4.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 249A.4.

Purpose and Summary

The current rule requires that patient days in nursing facilities for purposes of the calculation of per diem for administrative, environmental, and property expenses shall be the greater of actual patient days or 85 percent of the licensed capacity of the facility. In accordance with 2021 Iowa Acts, House File 891, division VII, section 39, these amendments decrease the minimum occupancy limitation to 70 percent, because of concerns that providers will continue to experience a decrease in nursing facility occupancy due to the public health emergency. The cost reports for 2022 fiscal year ending (FYE) will be used in the rebase for state fiscal year (SFY) 2024 rates.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on December 15, 2021, as ARC 6097C.

No public comments were received.

No changes from the Notice have been made.

Adoption of Rule Making

This rule making was adopted by the Council on February 10, 2022.

Fiscal Impact

These rules are for SFY24 and 2025 and the cost report data is not yet available. Therefore, the fiscal impact cannot be determined. There will be no impact in SFY22 or SFY23.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any pursuant to 441_1.8(17A, 217)

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rule making will become effective on July 1, 2022.

The following rule-making action is adopted:

ITEM 1. Amend subparagraph 81.6(16)"a"(1) as follows:

(1) Non-state-owned nursing facilities. Effective December 1, 2009, patient days for purposes of the computation of administrative, environmental, and property expenses for non-state-owned facilities shall be inpatient days as determined in subrule 81.6(7) or 85 percent of the licensed capacity of the facility, whichever is greater. For the reimbursement period beginning July 1, 2023, and ending June 30, 2025, patient days for purposes of the computation of administrative, environmental, and property expenses for non-state-owned facilities shall be inpatient days as determined in subrule 81.6(7) or 70 percent of the licensed capacity of the facility, whichever is greater. Patient days for purposes of the computation of all other expenses shall be inpatient days as determined in subrule 81.6(7).

ITEM 2. Amend numbered paragraph 81.6(16)"h"(9)""1" as follows:

1. Effective December 1, 2009, total patient days shall be determined using the most current submitted financial and statistical report or using the estimated total patient days as reported in the request for the add-on. For purposes of calculating the add-on, total patient days shall be the greater of the estimated annual total patient days or 85 percent of the facility's estimated licensed capacity. For the period beginning July 1, 2023, and ending June 30, 2025, patient days for purposes of the computation of administrative, environmental, and property expenses for non-state-owned facilities shall be inpatient days or the minimum occupancy of 70 percent of the licensed capacity of the facility, whichever is greater.

ITEM 3. Amend numbered paragraph 81.6(16)"h"(12)""1" as follows:

1. Effective December 1, 2009, for purposes of recalculating the capital cost per diem instant relief add-on, total patient days shall be based on the greater of the number of actual patient days during the period in which the add-on was paid or 85 percent of the facility's actual licensed bed capacity during the period in which the add-on was paid. For the period beginning July 1, 2023, and ending June 30, 2025, patient days for purposes of the computation of administrative, environmental, and property expenses for non-state-owned facilities shall be inpatient days or the minimum occupancy of 70 percent of the licensed capacity of the facility, whichever is greater.

ITEM 4. Amend rule 441—81.6(249A), implementation sentence, as follows:

This rule is intended to implement Iowa Code sections 249A.4 and 249A.16~~, Iowa Code chapter~~ and chapters 249K~~,~~ and ~~2009 Iowa Code Supplement chapter~~ 249L.

ITEM 5. Amend rule 441—81.23(249A), implementation sentence, as follows:

This rule is intended to implement Iowa Code ~~Supplement~~ section 249A.30A.

HUMAN SERVICES DEPARTMENT[441]

Adopted and Filed

Rule making related to the Iowa Juvenile Home.

The Human Services Department hereby amends Chapter 101, "Iowa Juvenile Home," Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code section 218.4.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 218.4.

Purpose and Summary

The Department has eliminated Chapter 101 in its entirety, because the Iowa Juvenile Home is closed. Administrative rules on this children's institution are no longer needed.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on December 29, 2021, as ARC 6109C.

No public comments were received.

No changes from the Notice have been made.

Adoption of Rule Making

This rule making was adopted by the Council on Human Services on February 10, 2022.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441_1.8(17A,217).

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

Effective Date

This rule making will become effective on May 1, 2022.

The following rule-making action is adopted:

Rescind and reserve 441—Chapter 101.

Iowa Department of Human Services

Information on Proposed Rules

Name of Program Specialist	Telephone Number	Email Address
Eric W. DeTemmerman, MHA	515-725-2237	edetemm@dhs.state.ia.us

1. Give a brief purpose and summary of the rulemaking:

   Chapter 101 is obsolete. Chapter 101 in its entirety should be eliminated. Iowa Juvenile Home is closed

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

   Per Iowa Code 17A.7(2), all state agencies are required to do a periodic and comprehensive review of all of the agency's rules every five years.

3. Describe who this rulemaking will positively or adversely impact.

   The change noted is to eliminate a Chapter that is no longer relevant. Iowa Juvenile Home is closed.

4. Does this rule contain a waiver provision? If not, why?

   No.

5. What are the likely areas of public comment?

   No anticipated public comment.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)

   No new employment impact.

Administrative Rule Fiscal Impact Statement

Date: November 8, 2021

Agency: Human Services

IAC citation: 441 IAC

Agency contact: Eric W. DeTemmerman, MHA

Summary of the rule:

This rule package eliminates IAC 441-101 Iowa Juvenile Home as the facility has closed and is no longer in operation.

Fill in this box if the impact meets these criteria:

☒ No fiscal impact to the state.

☐ Fiscal impact of less than $100,000 annually or $500,000 over 5 years.

☐ Fiscal impact cannot be determined.

Brief explanation:

Budget Analysts must complete this section for ALL fiscal impact statements.

The change noted is to eliminate a Chapter that is no longer relevant. Iowa Juvenile Home is closed.

Fill in the form below if the impact does not fit the criteria above:

☐ Fiscal impact of $100,000 annually or $500,000 over 5 years.

Assumptions:

Describe how estimates were derived:

Estimated Impact to the State by Fiscal Year

	Year 1 (FY 2022)	Year 2 (FY 2023)
Revenue by each source:		
General fund		
Federal funds		
Other (specify):		
TOTAL REVENUE		
Expenditures:		
General fund		
Federal funds		
Other (specify):		
TOTAL EXPENDITURES		
NET IMPACT	0.00	0.00

☐ This rule is required by state law or federal mandate.
Please identify the state or federal law:
Identify provided change fiscal persons:

☐ Funding has been provided for the rule change.
Please identify the amount provided and the funding source:

☐ Funding has not been provided for the rule.
Please explain how the agency will pay for the rule change:

Fiscal impact to persons affected by the rule:
None anticipated.

Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):
None anticipated.

Agency representative preparing estimate: Lanny Nihart JH 11/11/21

Telephone number: 515-281-7822

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Proposing rule making related to health home programs and providing an opportunity for public comment.

The Human Services Department hereby proposes to amend Chapter 77, "Conditions of Participation for Providers of Medical and Remedial Care," Chapter 78, "Amount, Duration and Scope of Medical and Remedial Services," and Chapter 79, "Other Policies Relating to Providers of Medical and Remedial Care," Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code section 249A.4.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 249A.4.

Purpose and Summary

The Department is proposing to update rules for the Integrated Health Homes and for the Chronic Health Homes based on the deficiencies identified in the audit completed in 2019 by the Office of Inspector General (OIG) for the Health Home (HH) programs for the State Fiscal Years 2013 through 2016.

The proposed rules add greater clarification around operationalization of the HH programs and overall quality improvement. The audit recommended the Department improve its monitoring of the HH program to ensure that HH providers comply with federal and state requirements for maintaining documentation to support the services for which the providers billed and received payments. The audit also recommended the Department revise the state plan to define the documentation requirements that HH providers must follow to bill and receive higher in-home health payments for intensive services and educate providers on these requirements. Recommendations were also made that the state plan be revised to define the documentation requirements the HH providers must follow to bill and receive IHH payments for outreach services and also educate providers on these requirements.

State plan amendments have now been submitted and approved. The Department developed an ongoing audit process to be completed by Iowa Medicaid and the Managed Care Organizations that ensures the HH services are appropriately documented. Iowa Medicaid hosted a face-to-face training and plans additional opportunities for training providers on core services and documentation. Monthly webinars, bi-annual face-to face training and individual technical assistance based on provider needs has been implemented.

Fiscal Impact

This rule making has no fiscal impact to the State of Iowa.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any pursuant to 441_1.8(17A,217).

Public Comment

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on March 15, 2022. Comments should be directed to:

Nancy Freudenberg
Iowa Department of Human Services
Hoover State Office Building, Fifth Floor
1305 East Walnut Street
Des Moines, Iowa 50319-0114
Email: appeals@dhs.state.ia.us

Public Hearing

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)"b," an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making action is proposed:

Please see attached.

Proposed Rule Changes

ITEM 1. Rescind rule 441—77.47(249A) and adopt the following **new** rule in lieu thereof**:**

441—77.47(249A) Health home services providers. Subject to the requirements of this rule, a provider may participate in the medical assistance program as a provider of health home services.

77.47(1) *Definitions*

"Chronic condition" means, for purposes of this rule, one of the conditions outlined in 441—subparagraph 78.53(3)"a"(1).

"Chronic condition health home" means a provider enrolled to deliver personalized, coordinated care for members with one chronic condition and at risk of developing another.

"Functional impairment" means the loss of functional capacity that (1) is episodic, recurrent, or continuous; (2) substantially interferes with or limits the achievement of or maintenance of one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills; and (3) substantially interferes with or limits the individual's functional capacity with family, employment, school or community. It does not include difficulties resulting from temporary and expected responses to stressful events in a person's environment. The level of functional impairment must be identified by the assessment completed by a mental health professional as defined in rule 441—24.1(225C).

"Health home" means a chronic condition health home or an integrated health home.

"Integrated health home" means a provider enrolled to integrate medical, social, and

behavioral health care needs for adults with a serious mental illness and children with a serious emotional disturbance.

"Lead entity" means a managed care organization that supports and oversees the chronic condition health home and the integrated health home network.

"Managed care organization" means an entity that (1) is under contract with the department to provide services to Medicaid recipients and (2) meets the definition of "health maintenance organization" as defined in Iowa Code section 514B.1.

"Serious emotional disturbance" means, for a child, a diagnosable mental, behavioral, or emotional disorder that is (1) specified within the most current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association or its most recent International Classification of Diseases equivalent, (2) has resulted in a functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities, and (3) has been verified within the past year. "Serious emotional disturbance" may co-occur with substance use disorder, developmental, neurodevelopmental, or intellectual disabilities, but those diagnoses may not be the clinical focus for health home services. "Serious mental illness" means, for an adult, a persistent or chronic mental health, behavioral, or emotional disorder that (1) is specified within the most current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association or its most recent International Classification of Diseases, and (2) causes serious functional impairment and substantially interferes with or limits one or more major life activities including functioning in the family, school, employment or

community. “Serious mental illness” may co-occur with substance use disorder, developmental, neurodevelopmental or intellectual disabilities but those diagnoses may not be the clinical focus for health home services.

77.47(2) *Chronic Condition Health Home Provider Qualifications*.

a. A chronic condition health home must be one of the following:

(1) Physician(s).

(2) Clinical practice or clinical group practice.

(3) Rural health clinic.

(4) Community health center.

(5) Chapter 24 accredited community mental health center.

(6) Federally qualified health clinic.

b. A chronic condition health home may include multiple sites when those sites are identified as a single organization or medical group that shares policies, procedures, and electronic systems across all of their practice sites.

c. A chronic condition health home shall achieve accreditation, recognition, or certification as a patient-centered medical home (PCMH) through a national accreditation or certification entity recognized by the department within the first year of operation and maintain the accreditation, recognition, or certification for the duration of enrollment as a health home. A chronic condition health home failing to achieve accreditation, recognition, or certification within the first year of enrollment will have their enrollment terminated unless granted an extension by the department.

d. A chronic condition health home must complete a self-assessment when enrolling as a new health home and annually thereafter.

e. A chronic condition health home must meet the requirements, qualifications, and standards outlined in the chronic condition health home state plan amendment.

f. A chronic condition health home must participate in monthly, quarterly, and annual outcomes data collection and reporting.

g. At a minimum, a chronic condition health home must fill the following roles:

(1) Designated practitioner: The chronic condition health home must have at least one physician with an active Iowa license and credentialed with at least one managed care organization. If a chronic condition health home has multiple sites, a specific site may have a nurse practitioner or physician's assistant, so long as the chronic condition health home has as least one physician.

(2) Dedicated care manager: The chronic condition health home must have at least one nurse care manager who is a registered nurse or has a bachelor of science in nursing, with an active Iowa license.

(3) Health coach: The chronic condition health home must have at least one trained health coach.

441--77.47 (3) *Integrated Health Home Provider Qualifications.*

a. An integrated health home must be one of the following:

(1) Chapter 24 accredited community mental health center.

(2) Licensed mental health service provider.

(3) Licensed residential group care setting.

(4) Licensed psychiatric medical institution for children (PMIC).

(5) Provider accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) to provide behavioral health services.

(6) Provider accredited by the Council on Accreditation for behavioral health or child, youth and family services.

(7) Provider accredited by the Joint Commission for behavioral health care services.

b. An integrated health home may include multiple sites when those sites are identified as a single organization or medical group that shares policies, procedures, and electronic systems across all of their practice sites.

c. An integrated health home must complete a self-assessment when enrolling as a new health home and annually thereafter.

d. An integrated health home must meet the requirements, qualifications, and standards outlined in the integrated health home state plan amendment.

e. An integrated health home must participate in monthly, quarterly, and annual outcomes data collection and reporting.

f. At a minimum, an integrated health home must fill the following roles:

1. If serving adults:

(a) Nurse care manager: The integrated health home must have a nurse care manager who is a registered nurse or has a bachelor of science in nursing with an active Iowa license.

(b) Care coordinator: The integrated health home must have a care coordinator who has a bachelor of science in social work, or a bachelor of science or bachelor of arts degree in a related field.

(c) Trained peer support specialist: The integrated health home must have a peer support specialist who has completed a department-recognized training program and passed the competency exam within six months of hire.

2. If serving children:

(a) Nurse care manager: The integrated health home must have a nurse care manager who is a registered nurse or has a bachelor of science in nursing with an active Iowa license.

(b) Care coordinator: The integrated health home must have a care coordinator who has a bachelor of science in social work or a bachelor of science or bachelor of arts degree in a related field.

(c) Family peer support specialist: The integrated health home must have a family peer support specialist who has completed a department-recognized training program and passed the competency exam within six months of hire.

441--77.47 (4) *Lead Entity Qualifications*

a. A lead entity must meet the following requirements:

(1) The lead entity must be licensed and in good standing in the state of Iowa as a health maintenance organization in accordance with 191--Chapter 40.

(2) The lead entity must have a statewide integrated network of providers to serve members with serious mental illness and serious emotional disturbance.

(3) The lead entity must complete a self-assessment at the time of enrollment and annually thereafter.

(4) The lead entity must meet requirements, qualifications, and standards outlined in the state plan.

(5) The lead entity must participate in monthly, quarterly, and annual outcomes data collection and reporting.

b. At a minimum, a lead entity must fill the following roles:

(1) Physician: The lead entity must have at least one physician to support the health home in meeting provider standards. The physician must have an active Iowa license and be credentialed with at least one managed care organization.

(2) Nurse care coordinators: The lead entity must have nurse care managers to support the health home in meeting provider standards. The nurse care managers must be registered nurses or have bachelor of science in nursing degrees with an active Iowa license.

(3) Social workers: The lead entity must have a care coordinator with a bachelor of science/bachelor of arts degree in social work or a related field (including sociology, counseling, psychology, or human services), to support the health home in meeting the provider standards and delivering health home services.

(4) Behavioral health professionals: The lead entity must have a psychiatrist to support the health home in meeting provider standards and to deliver Health Home Services. The psychiatrist must have an active Iowa license and be credentialed with at least one managed care organization.

77.47(5) *Health Home General Requirements.*

a. *Whole-person orientation*. The health home is responsible for providing wholeperson care which includes:

(1) The health home shall provide or take responsibility for appropriately arranging care with other qualified professionals for all the member's health care needs. This

includes care for all stages of life, acute care, chronic care, preventive services, long-term care, and end of life care.

(2) The health home shall complete status reports to document member's housing, legal, employment status, education, custody, and other social determinants of health, as applicable.

(3) The health home shall implement a formal screening tool to assess behavioral health (mental health and substance abuse) treatment needs along with physical health care needs.

(4) The health home shall work with the lead entity or Iowa Medicaid to develop capacity to receive members redirected from emergency departments, engage in planning transitions in care with area hospitals, and to follow-up on hospital discharges, including psychiatric medical institutions for children.

(5) The health home shall provide bi-directional and integrated primary care and behavioral health services through use of a contract, memoranda of agreement or other written agreements approved by the department.

(6) The health home shall initially and annually provide letters of support from at least one area hospital and two area primary care practices that agree to collaborate with the health home on care coordination and hospital/emergency department notification.

(7) The health home shall advocate in the community on behalf of their members, as needed.

(8) The health home shall be responsible for preventing fragmentation or duplication of services provided to members.

b. Coordinated integrated care. The health home shall provide coordinated integrated care.

(1) The health home shall ensure that the nurse care manager is responsible for assisting members with medication adherence, appointments, and referral scheduling, tracking follow-up results from referrals, understanding health insurance coverage, reminders, transition of care, wellness education, health support or lifestyle modification, and behavior changes.

(2) The health home shall utilize member-level information, member profiles, and care coordination plans for high-risk individuals.

(3) The health home shall incorporate tools and evidenced-based guidelines designed for identifying care opportunities across the age and diagnostic continuum, integrating clinical practices, and coordinating care with other providers.

(4) The health home shall conduct interventions as indicated based on the member's level of risk.

(5) The health home shall communicate with the member, authorized representative, and caregivers in a culturally appropriate manner for the purposes of assessment of care decisions, including the identification of authorized representatives.

(6) The health home shall monitor, arrange, and evaluate appropriate evidence-based and evidence-informed preventive services.

(7) The health home shall coordinate or provide access to the following services:

1. Mental health.
2. Oral health.
3. Long-term care.

4. Chronic disease management.
5. Recovery services and social health services available in the community.
6. Behavior modification interventions aimed at supporting health management (including, but not limited to, obesity counseling, tobacco cessation, and health coaching).
7. Comprehensive transitional care from inpatient to other settings, including appropriate follow-up.
8. Crisis services.

(8) The health home shall assess social, educational, housing, transportation, and vocational needs that may contribute to disease and present as barriers to selfmanagement.

(9) The health home shall coordinate with community-based case managers, case managers, and service coordinators for members that receive service coordination activities.

(10) The health home shall maintain a system and written standards and protocols for tracking member referrals.

c. Enhanced Access. The health home shall provide enhanced access for members and member caregivers, including access to health home services 24 hours per day, seven days per week. The health home shall use email, text messaging, patient portals and other technology to communicate with members.

d. Emphasis on Quality and Safety. The health home shall emphasize quality and safety in the delivery of health home services.

(1) The health home shall have an ongoing quality improvement plan to address gaps and identify opportunities for improvement.

(2) The health home shall participate in ongoing process improvement on clinical indicators and overall cost effectiveness.

(3) The health home shall demonstrate continuing development of fundamental Health Home functionality through an assessment process applied by the department.

(4) The health home shall have strong, engaged organizational leadership who are personally committed to and capable of:

1. Leading the health home through the transformation process and sustain transformed practice, and
2. Participating in learning activities including in person sessions, webinars, and regularly scheduled meetings.

(5) The health home shall participate in or convene ad hoc or scheduled meetings with lead entities and the department to plan and discuss implementation of goals and objectives for practice transformation, with ongoing consideration of the unique practice needs for adult members with serious emotional disturbance and child members with a serious emotional disturbance and their families.

(6) The health home shall participate in CMS and department-required evaluation activities.

(7) The health home shall submit information as requested by the department.

(8) The health home shall maintain compliance with all of the terms and conditions of the integrated health home or chronic condition health home provider agreement.

(9) The health home shall use an interoperable patient registry and certified electronic health record within a timeline approved by the lead entity or the department, to input clinical information to track and measure care of members, automate care reminders, and produce exception reports for care planning.

(10) The health home shall complete web-based member enrollment, disenrollment, members' consent to release to information, and health risk questionnaires for all members.

(11) The health home shall use a certified electronic health record to support clinical decision making within the practice workflow and establish a plan to meaningfully use health information in accordance with the federal law.

(12) The health home shall implement state-required disease management programs based on population-specific disease burdens. The health home may choose to identify and operate additional disease management programs at any time.

e. Case Management. The integrated health home shall provide case management services as defined in and required by 441—chapter 90 to eligible members in an integrated health home. Requirements in 441—chapter 90 are the minimum criteria for intensive care management for members enrolled in the 1915(i) Habilitation Program or the 1915(c) Children's Mental Health Waiver.

f. Policies and procedures. The health home shall have policies and processes in place to ensure compliance with federal and state requirements, including but not

limited to statutes, rules and regulations, and sub-regulatory guidance. The health home shall maintain documentation of its policies and processes and make those policies and processes readily available to any state or federal officials upon request.

g. Report on quality measures. A health home must collect and report quality data to the lead entity and the department as specified by the department.

h. Health home termination. If the health home intends to stop providing health home services, the health home shall provide notice of termination a minimum of 60 days prior to the date of termination by submitting form 470-5465 Provider Request to Terminate Enrollment to the department. The health home must notify members of termination 60 days prior to the termination date and provide for a seamless transition of enrollees to other health home providers.

ITEM 2. Rescind rule 441—78.53(249A) and adopt the following **new** rule in lieu thereof:

441—78.53 (249A) *Health home services.*

78.53(1) *Definitions*

“Chronic condition” means, for purposes of this rule, one of the conditions outlined in 441—subparagraph 78.53(3)”a”(1).

“Chronic condition health home” means a health home that meets the criteria in 441--subrule 77.47(2).

“Health home” means a chronic condition health home or an integrated health home.

“Integrated Health Home” means a health home that meets the criteria in 441 subrule-77.47(3).

"Patient-centered care plan" means a care plan created through the person-centered planning process, directed by the member or the member's guardian or representative, for a member receiving non-intensive care management or chronic condition health home services, to identify the member's strengths, capabilities, preferences, needs, goals, and desired outcomes.

"Person-centered service plan" or "service plan" means a service plan (1) created through the person-centered planning process in accordance with rules 441--78.27(249A) and 441--83.127(249) and 441-paragraph 90.4(1) "b"; (2) which is directed by the member or the member's guardian or representative; (3) for a member receiving intensive care management services; and (4) for the purposes of identifying the member's strengths, capabilities, preferences, needs, and desired outcomes.

78.53(2) *Covered services.* A health home provides team-based, whole-person, patientcentered, coordinated care for all aspects of the member's life and for transitions of care that the individual may experience. A health home provides the following core services:

a. Comprehensive care management. Comprehensive care management is the initial and ongoing assessment and care management services aimed at the integration of primary, behavioral and specialty healthcare, and community support services, using a comprehensive person-centered care plan or service plan that addresses all clinical and non-clinical needs and promotes wellness and management of chronic conditions in pursuit of optimal health outcomes.

b. *Care coordination.* Care coordination includes assisting members with medication adherence, appointments, referral scheduling, understanding health insurance coverage, reminders, and transition of care, wellness education, health support and/or lifestyle modification, and behavior changes. The health home shall work with providers to coordinate, direct, and ensure results are communicated back to the health home.

c. *Health promotion.* Health promotion includes the education and engagement of a member in making decisions that promote health management, improved disease outcomes, disease prevention, safety and an overall healthy lifestyle.

d. *Comprehensive transitional care*. Comprehensive transitional care is the facilitation of services for the member that provides support when the member is transitioning between levels of care (nursing facility, hospital, rehabilitation facility, community-based group home, family, self-care, or another health home).

e. *Individual and Family Support.* Individual and family support services include communication with the member, family and caregivers to maintain and promote quality of life, with particular focus on community living options. Support will be provided in a culturally appropriate manner.

f. *Referral to community and social support services.* Referral to community and social support services includes coordinating or providing recovery services and social health services available in the community, including to resources for understanding eligibility for various health care programs, disability benefits, and identifying housing programs.

78.53(3) *Member eligibility for health home services.*

a. Chronic condition health home member eligibility criteria.

(1) To be eligible for chronic condition health home services, the member must have one of the following chronic conditions and is at risk of having a second chronic condition:

1. A mental health disorder
2. A substance use disorder
3. Asthma
4. Diabetes
5. Heart disease
6. Being overweight, as evidenced by:

(a) Having a body mass index (BMI) over 25 for an adult, or

(b) Weighing over the 85th percentile for the pediatric population.

7. Hypertension
8. Chronic obstructive pulmonary disease
9. chronic pain

(2) "At risk" means a documented family history of a verified heritable condition described above, a diagnosed medical condition with an established comorbidity to a condition described above, or a verified environmental exposure to an agent or condition known to be causative of a condition from a condition described above.

b. Integrated health home eligible member criteria. To be eligible for integrated health home services, the member must have a serious mental illness or serious emotional disturbance, as such terms are defined in 441--subrule 77.47(1).

78.53(4) *Member Identification and Enrollment.*

a. Eligible members are identified though a referral from the department, lead entity, primary care provider, hospital, other providers, or the member.

b. The health home confirms eligibility for health home services by obtaining assessment documentation from the member's licensed mental health professional or the Patient Tiering Assignment Tool (PTAT).

c. The health home must explain to the member, in a format easily understood by the member, how the team works together with the member at the center to improve the member's care as well as all team member's roles and responsibilities.

d. The health home must advise members of their ability and the process to opt-out of health home services at any time.

e. Eligible members must agree to participate in the health home program and the health home must document the member's agreement in the member's record before submitting an enrollment request. A member cannot be in more than one health home at the same time.

f. The health home must assess the member's continued eligibility for health home services on an annual basis to ensure the member remains eligible to participate in the program.

78.53 (5) *Health home documentation.* A health home shall maintain adequate supporting documentation in readily reviewable form to assure all state and federal requirements related to health home services have been met. All health home services must be documented in accordance with rule 441--79.3(249A). At a minimum, the health home shall document the following:

a. Eligibility. Eligibility documentation includes but is not limited to the following:

(1) How the member presented to the health home, including the referral.

(2) Identified needs and plan to assess for eligibility.

(3) Documentation that the member is eligible for health home services. If a member is not eligible, the health home must document the plan to support the member.

(4) Qualifying diagnosis that makes the member eligible for health home services.

(5) Member agreement and understanding of the program.

(6) Enrollment request.

(7) Enrollment with the health home.

(8) Plan to complete the comprehensive assessment.

(9) Documentation of eligibility and member's agreement to continue participation in the program, obtained on an annual basis.

b. Comprehensive assessment. The comprehensive assessment shall include all aspects of a member's life, and satisfy the following requirements:

(1) The comprehensive assessment must be completed within 30 days of enrollment, and at least every 365 days, or more frequently when the member's needs or circumstances change significantly or at the request of the member or member's support.

(2) The comprehensive assessment for members enrolled to receive non-intensive care management or enrolled in the chronic condition health home shall include:

1. Assessment of the member's current and historical information provided by the member, the lead entity, and other health care providers that support the member;
2. A physical and behavioral assessment, medication reconciliation, functional limitations, and appropriate screenings;

3. Assessment of the member's social environment so that the plan of care incorporates areas of needs, strengths, preferences, and risk factors; and
4. Assessment of the member's readiness for self-management using screenings and assessments with standardized tools.

(3) The comprehensive assessment for members enrolled to receive intensive care management shall be in a format designated by the department and shall include:

1. The member's relevant history including the findings from the independent evaluation of eligibility, medical records, an objective evaluation of functional ability, and any other records or information needed to complete the comprehensive assessment.
2. The member's physical, cognitive, and behavioral health care and support needs, strengths and preferences, available service and housing options, and if unpaid caregivers will be relied upon to implement any elements of the person-centered service plan, a caregiver assessment.
3. Documentation that no state plan HCBS are provided which would otherwise be available to the member through other Medicaid services or other federally funded programs.
4. For members receiving state plan HCBS and HCBS approved under 441—Chapter 83, documentation that HCBS provided through the state plan and waiver are not duplicative.

c. Person-centered service plan and patient-centered care plan.

(1) For members receiving non-intensive care management or enrolled in the chronic condition health home, documentation must include a patient-centered care

plan that meets the requirements of subrule 78.53(1) and the health home state plan amendment.

(2) For members receiving intensive care management, documentation must include a service plan that meets the requirements of rule 441--78.27(249A) or 441--83.127(249A), and 441—paragraph 90.4(1)“b.”

(3) Documentation must reflect an update of the plan no less often than every 365 days and when significant changes occur in the member’s support needs, situation, condition, or circumstances.

d.Core Services. Documentation must reflect monthly provision of one of the six core health home services as outlined in subrule 78.53(2), based on the member’s identified needs in the member’s patient-centered care plan or person-centered service plan.

e.Intensive health home services. A health home must provide documentation to justify provision of more intensive health home services, including documentation that the member is enrolled to receive services through the HCBS Habilitation program or the HCBS Children’s Mental Health Waiver program.

f. Continuity of Care.

(1) The health home must maintain a continuity of care document in each enrolled member’s record and provide this document to the department, lead entity and the member’s treating providers upon request.

(2) The continuity of care document must include, at a minimum, all aspects of the member’s medical and behavioral health needs, treatment plan, and medication list.

g. Disenrollment. Members are able to opt-out of health home services at any time. The health home shall document a member's request to disenroll from health home services, the reason for disenrollment, how the member's needs will be supported after disenrollment, and that the health home has advised the member of his or her ability to re-enroll if circumstances change.

78.53(6) *Payment*.

a. Payment will be made for health home services when:

(1) The member is eligible for Medicaid and enrolled in the health home for the month of service, and

(2) The health home provides at least one of the six core health home services described in subrule 78.53(2) during the month, and

(3) The health home maintains the documentation outlined in paragraph 78.53(5)"e."

b. A unit of service is one member month.

c. The health home shall report the informational only code in addition to the billing procedure code and modifier for one or more of the core services provided to the member during the month on the claim for payment.

ITEM 3. Amend subparagraph 441—79.3(2)"d."(40) as follows:

(40) Health home services:

1. Member's eligibility.

2. Comprehensive assessment.

~~1.~~ 3. Comprehensive care management plan for members receiving chronic condition health home services, or comprehensive person-centered care plan or service plan for members receiving integrated health home services.

~~2.~~ 4. Care coordination and health promotion plan.

~~3.~~ 5. Comprehensive transitional care plan, including appropriate follow-up~~, from inpatient to other settings~~.

6. Continuity of Care document.

~~4.~~ 7. Documentation of member and family support (including authorized representatives).

~~5.~~ 8. Documentation of referral to community and social support services, if relevant.

9. Service notes or narratives.

10. Other documentation as applicable, including as outlined in 441—subrule 78.53(5).

ITEM 4. Amend paragraph 441—79.14(2)"c." as follows:

c. With the application form 470-5273, or as a supplement to a previously submitted application, providers of health home services shall submit Form 470-5100, Health Home Provider Agreement or 470-5160 Integrated Health Home Provider Agreement.

ITEM 5. Add the implementation statements for the following rules:

After rules 77.1(249A), 77.2(249A), 77.4(249A) , 77.5(249A), 77.6(249A), 77.7(249A), 77.8(249A), 77.9(249A), 77.10(249A), 77.11(249A), 77.21(249A), 77.24(249A), and 77.29(249A)

This rule is intended to implement Iowa Code section 249A.4.

Proposed Rule Changes

ITEM 6: Update the implementation statement for the following rule:

78.12(249A) This rule in intended to implement Iowa Code section 249A.4 ~~and 2010 Iowa Acts, chapter 1192, section 31.~~

ITEM 7. Add the implementation statement for the following rule:

78.13(249A) This rule is intended to implement Iowa Code section 249A.4

ITEM 8. Update the implementation statement for the following rule:

78.47(249A) This rule in intended to implement Iowa Code section 249A.4 ~~and 2000 Iowa Acts, chapter 128, section 9.~~

ITEM 9. Update the implementation statement for the following rule:

78.52(249A) this rule is intended to implement Iowa Code section 249A.4 ~~and 2005 Iowa Acts, chapter 167, section 13 and chapter117, section 3.~~

ITEM 10. Update the implementation statement for the following rule:

78.53(249A). This rule is intended to implement Iowa Code section 249A.4 ~~and 2011 Iowa Acts, chapter 129, section 10.~~

ITEM 11. Update the implementation statement for the following rule:

78.54(249A). This rule is intended to implement Iowa Code section 249A.4 ~~and 2012 Iowa Acts, Senate File 2158.~~

ITEM 12. Update the implementation statement for the following rule:

78.55(249A) This rule in intended to implement Iowa Code section 249A.4 ~~and 2015 Iowa Acts, Senate File 505, division V, section 12(23).~~

Proposed Rule Changes

ITEM 13. Add the implementation statement for the following rule:

78.56(249A) This rule is intended to implement Iowa Code section 249A.4.

ITEM 14. Add the implementation statement for the following rule:

79.7(249A) This rule is intended to implement Iowa Code section 249A.4.

ITEM 15. Update the implementation statement for the following rule:

79.9(249A) This rule in intended to implement Iowa Code section 249A.4 ~~and 2014 Iowa Acts, Senate File 2320.~~

Iowa Department of Human Services

Information on Proposed Rules

Name of Program Specialist	Telephone Number	Email Address
LeAnn Moskowitz	515-321-8922	lmoskow@dhs.state.ia.us

1. Give a brief purpose and summary of the rulemaking:

   The purpose of the proposed rules is to adopt the CMS approved changes to the Health Home programs as outlined in SPA IA 20-011 for the Integrated Health Homes and IA 20-012 for the Chronic Condition Health Homes. These SPAs respond to the deficiencies identified in the Office of Inspector General (OIG) 2019 Audit of the Health Home (HH) Programs for the period of State Fiscal Year (SFY) 2013 through SFY 2016. The proposed rules add greater clarification around operationalization of the HH programs and overall quality improvement.

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

   Iowa Code 249A.4

3. Describe who this rulemaking will positively or adversely impact.

   This rule will positively impact the Health Home Programs by clarifying the standards and qualifications for Health Home program eligibility and program implementation.

   This rule may adversely impact those Health Home Programs who have not been in compliance with the standards and requirements for Health Home program operation.

4. Does this rule contain a waiver provision? If not, why?

   A waiver provision is not necessary. 441 -1.8(17A, 217) provides for waiver of administrative rules in exceptional circumstances.

5. What are the likely areas of public comment?

   Likely areas of public comment include:
   - Disagreement with the requirement for the Integrated Health Home to have proof that a child has a mental health diagnosis and functional impairment to have a qualifying Serious Emotional Disturbance prior to enrollment in the Integrated Health Home. The Department has clarified this requirement through an IL and trainings that the diagnosis and FI must come from a Licensed Mental Health Professional within the last 365 days and must be updated on an annual basis.
   - Disagreement with the documentation requirements as too labor intensive. The Department has clarified this requirement through an IL and trainings since 2019 and continue to educate Health Home Providers. This rule provides additional guidance and clarification.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)
   - There is no known impact on private sector jobs as a result of the proposed rules.

Department of HUMAN SERVICES

Administrative Rule Fiscal Impact Statement

Date: 12/14/2021

Agency: Human Services

IAC citation: 441 IAC 77, 78, 79

Agency contact: LeAnn Moskowitz

Summary of the rule:

The purpose of the proposed rules is to adopt the CMS approved changes to the Health Home programs as outlined in SPA IA 20-011 for the Integrated Health Homes and IA 20-012 for the Chronic Condition Health Homes. These SPAs respond to the deficiencies identified in the Office of Inspector General (OIG) 2019 Audit of the Health Home (HH) Programs for the period of State Fiscal Year (SFY) 2013 through SFY 2016. The proposed rules add greater clarification around operationalization of the HH programs and overall quality improvement.
There is no fiscal impact of these changes..

Fill in this box if the impact meets these criteria:

☒ No fiscal impact to the state.

☐ Fiscal impact of less than $100,000 annually or $500,000 over 5 years.

☐ Fiscal impact cannot be determined.

Brief explanation:

This rule adopts the CMS approved changes to the Health Home programs. These changes are consistent with current policy so do not impact the Health Home (HH) budget or reimbursement rates.

Fill in the form below if the impact does not fit the criteria above:

☐ Fiscal impact of $100,000 annually or $500,000 over 5 years.

Assumptions:

Describe how estimates were derived:

Estimated Impact to the State by Fiscal Year

	Year 1 (FY 2022)	Year 2 (FY 2023)
Revenue by each source:		
General fund		
Federal funds		
Other (specify):		
TOTAL REVENUE	0	0
Expenditures:		
General fund		
Federal funds		
Other (specify):		
TOTAL EXPENDITURES	0	0
NET IMPACT	0	0

☒ This rule is required by state law or federal mandate.

Please identify the state or federal law:

Identify provided change fiscal persons:

To adopt the CMS approved changes to the Health Home programs outlined in SPA IA 20-011 for the Integrated Health Homes and IA 20-012 for the Chronic Condition Health Homes

☒ Funding has been provided for the rule change.

Please identify the amount provided and the funding source:

Expenditures will be absorbed within the Medical Assistance appropriation

☐ Funding has not been provided for the rule.

Please explain how the agency will pay for the rule change:

Fiscal impact to persons affected by the rule:

There is no fiscal impact to persons affected by this rule.

Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):
There is no fiscal impact to counties or other local governments.

Agency representative preparing estimate:	Soraya Miller	JH 12/14/21
Telephone number:	515-281-6017	

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Proposing rule making related to the child care assistance program and providing an opportunity for public comment.

The Human Services Department hereby proposes to amend Chapter 170, "Child Care Services," Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code section 234.6.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 234.6.

Purpose and Summary

These administrative rules implement the new child care assistance (CCA) exit child care program. This new program provides CCA for families with income above 225% of the federal poverty level (current CCA Plus program) and goes to 250% of the FPL. For families with special needs children the income level will be 275% of the FPL. These proposed rules are implementing 2021 Iowa Acts Chapter 178 (HF 302).

These rules revise the CCA family fee chart to update the annual poverty level changes.

Fiscal Impact

As a result of the new CCA exit child care program, it is estimated that seven children will be added each month beginning July 1, 2022 . The average cost per child for CCA Plus is estimated at $414 for SFY23. The resulting average number of children per month for each year as calculated in a regression chart and the annual costs are as follows. SFY23: 45.5 average number served x $414 x 12 = $226,044; SFY24: 129.5 average number served x $414 x 12 = $643,356. There is currently an estimated federal Child Care and Development Fund balance of $67.2 million at the end of SFY22. Based on current Department estimated revenues and expenditures for Child Care, the cost for implementing the changes would be funded through SFY26, without increasing state general funds. This estimate is subject to change depending on the cost of additional Child Care policy changes that could be enacted.

Jobs Impact

After analysis and review of this rule making, no impact on jobs has been found.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any pursuant to 441_1.8 (17A, 217).

Public Comment

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on March 15, 2022. Comments should be directed to:

Nancy Freudenberg
Iowa Department of Human Services
Hoover State Office Building, Fifth Floor
1305 East Walnut Street
Des Moines, Iowa 50319-0114
Email: appeals@dhs.state.ia.us

Public Hearing

No public hearing is scheduled at this time. As provided in Iowa Code section 17A.4(1)"b," an oral presentation regarding this rule making may be demanded by 25 interested persons, a governmental subdivision, the Administrative Rules Review Committee, an agency, or an association having 25 or more members.

Review by Administrative Rules Review Committee

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its regular monthly meeting or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

The following rule-making action is proposed:

Please see attached.

Proposed Rule Changes

Item 1. Amend subparagraph 170.2(1)"a" as follows:

a. *Income limits.*

(1) For initial eligibility, an applicant family's nonexempt gross monthly income as established in paragraph 170.2(1)"c" cannot exceed the amounts in this subparagraph.

1. 145 percent of the federal poverty level applicable to the family size for children needing basic care; or

2. 200 percent of the federal poverty level applicable to the family size for children needing special-needs care; or

3. 85 percent of Iowa's median family income, if that figure is lower than the standard in numbered paragraph "1" or "2."

(2) For ongoing eligibility, at the time of a family's annual eligibility redetermination as described in subrule 170.3(5), ~~the family's nonexempt gross monthly income as established in paragraph 170.2(1)"c" cannot exceed the amounts in this subparagraph~~ if the family's nonexempt gross monthly income as established in paragraph 170.2(1)"c" exceeds the amounts in subparagraph (1), the family may continue to be eligible as long as the family's nonexempt gross monthly income does not exceed the amounts in this subparagraph.

1. 225 percent of the federal poverty level applicable to the family size for children needing basic care or special-needs care; or

2. 85 percent of Iowa's median family income, if that figure is lower than the standard in numbered paragraph "1."

(3) For ongoing eligibility, at the time of a family's annual eligibility redetermination as described in subrule 170.3(5), if the family's nonexempt gross monthly income as established in paragraph 170.2(1)"c" exceeds the amounts in subparagraph (1) and (2), the family may continue to be eligible as long as the family's nonexempt gross monthly income does not exceed the amounts in this subparagraph.

1. 250 percent of the federal poverty level applicable to the family size for children needing basic care; or

2. 275 percent of the federal poverty level applicable to the family size for children needing special needs care.

Item 2. Revise subparagraph 170.4(2) as follows:

Proposed Rule Changes

170.4(2) *Fees*. Fees for services received shall be charged to clients according to the schedules in this subrule, except that fees shall not be charged to clients receiving services without regard to income. For families whose eligibility is established in subparagraph 170.2(1)"a" (1) and (2), the ~~The~~ fee is a per-unit charge that is applied to the child in the family who receives the largest number of units of service. The fee shall be charged for only one child in the family, regardless of how many children receive assistance. For families whose eligibility is established in subparagraph 170.2(1)"a" (3), the fee is a percentage of the cost of child care for each child in the family who receives service.

a. Sliding fee schedule.

(1) For families whose eligibility is established in subparagraph 170.2(1)"a" (1) and (2), the ~~The~~ fee schedule shown in the following table is effective for eligibility determinations made on or after July 1, ~~2021~~ 2022:

	Monthly Income According to Family Size													Unit Fee Based on Number of Children in Care		
Level	1	2	3	4	5	6	7	8	9	10	11	12	13+	1	2	3 or more
A	~~$1,020~~	~~$1,379~~	~~$1,739~~	~~$2,099~~	~~$2,458~~	~~$2,817~~	~~$3,177~~	~~$3,536~~	~~$3,895~~	~~$4,255~~	~~$4,614~~	~~$4,973~~	~~$5,333~~	$0.00	$0.00	$0.00
	$1,076	$1,450	$1,824	$2,197	$2,571	$2,945	$3,318	$3,692	$4,066	$4,439	$4,813	$5,187	$5,560			
B	~~$1,074~~	~~$1,452~~	~~$1,830~~	~~$2,209~~	~~$2,587~~	~~$2,965~~	~~$3,344~~	~~$3,722~~	~~$4,100~~	~~$4,479~~	~~$4,857~~	~~$5,235~~	~~$5,614~~			
	$1,133	$1,526	$1,920	$2,313	$2,706	$3,100	$3,493	$3,886	$4,280	$4,673	$5,066	$5,460	$5,853	0.20	0.45	0.70
C	~~$1,104~~	~~$1,493~~	~~$1,881~~	~~$2,271~~	~~$2,659~~	~~$3,048~~	~~$3,438~~	~~$3,826~~	~~$4,215~~	~~$4,604~~	~~$4,993~~	~~$5,382~~	~~$5,771~~	0.45	0.70	0.95
	$1,165	$1,569	$1,974	$2,378	$2,782	$3,187	$3,591	$3,995	$4,400	$4,804	$5,208	$5,613	$6,017			
D	~~$1,134~~	~~$1,533~~	~~$1,932~~	~~$2,333~~	~~$2,732~~	~~$3,131~~	~~$3,531~~	~~$3,930~~	~~$4,330~~	~~$4,730~~	~~$5,129~~	~~$5,528~~	~~$5,928~~			
	$1,196	$1,611	$2,028	$2,443	$2,858	$3,274	$3,689	$4,104	$4,520	$4,935	$5,350	$5,766	$6,181	0.70	0.95	1.20
E	~~$1,166~~	~~$1,576~~	~~$1,987~~	~~$2,398~~	~~$2,808~~	~~$3,219~~	~~$3,630~~	~~$4,040~~	~~$4,451~~	~~$4,862~~	~~$5,273~~	~~$5,683~~	~~$6,094~~	0.95	1.20	1.45
	$1,230	$1,657	$2,084	$2,511	$2,938	$3,365	$3,792	$4,219	$4,646	$5,073	$5,499	$5,927	$6,354			
F	~~$1,198~~	~~$1,610~~	~~$2,041~~	~~$2,463~~	~~$2,885~~	~~$3,306~~	~~$3,729~~	~~$4,151~~	~~$4,573~~	~~$4,995~~	~~$5,416~~	~~$5,838~~	~~$6,260~~			
	$1,263	$1,702	$2,141	$2,579	$3,018	$3,457	$3,895	$4,333	$4,773	$5,211	$5,649	$6,089	$6,527	1.20	1.45	1.70
G	~~$1,231~~	~~$1,665~~	~~$2,098~~	~~$2,532~~	~~$2,966~~	~~$3,399~~	~~$3,833~~	~~$4,267~~	~~$4,700~~	~~$5,135~~	~~$5,568~~	~~$6,001~~	~~$6,436~~	1.45	1.70	1.95
	$1,299	$1,749	$2,201	$2,652	$3,102	$3,554	$4,004	$4,455	$4,906	$5,357	$5,807	$6,259	$6,710			
H	~~$1,265~~	~~$1,710~~	~~$2,155~~	~~$2,601~~	~~$3,046~~	~~$3,492~~	~~$3,938~~	~~$4,383~~	~~$4,828~~	~~$5,274~~	~~$5,720~~	~~$6,165~~	~~$6,611~~			
	$1,334	$1,797	$2,261	$2,724	$3,187	$3,651	$4,113	$4,576	$5,040	$5,503	$5,966	$6,430	$6,892	1.70	1.95	2.20
I	~~$1,300~~	~~$1,758~~	~~$2,215~~	~~$2,674~~	~~$3,132~~	~~$3,589~~	~~$4,048~~	~~$4,506~~	~~$4,963~~	~~$5,422~~	~~$5,880~~	~~$6,337~~	~~$6,796~~	1.95	2.20	2.45
	$1,372	$1,847	$2,324	$2,800	$3,276	$3,753	$4,228	$4,704	$5,181	$5,657	$6,133	$6,610	$7,085			
J	~~$1,336~~	~~$1,806~~	~~$2,276~~	~~$2,747~~	~~$3,217~~	~~$3,687~~	~~$4,158~~	~~$4,628~~	~~$5,098~~	~~$5,570~~	~~$6,040~~	~~$6,510~~	~~$6,981~~			
	$1,409	$1,898	$2,388	$2,876	$3,365	$3,855	$4,344	$4,832	$5,322	$5,811	$6,300	$6,790	$7,278	2.20	2.45	2.70
K	~~$1,373~~	~~$1,856~~	~~$2,339~~	~~$2,824~~	~~$3,307~~	~~$3,790~~	~~$4,275~~	~~$4,758~~	~~$5,241~~	~~$5,726~~	~~$6,209~~	~~$6,692~~	~~$7,177~~	2.45	2.70	2.95
	$1,448	$1,951	$2,454	$2,957	$3,459	$3,963	$4,465	$4,968	$5,471	$5,974	$6,476	$6,980	$7,482			
L	~~$1,410~~	~~$1,907~~	~~$2,403~~	~~$2,901~~	~~$3,397~~	~~$3,894~~	~~$4,391~~	~~$4,888~~	~~$5,384~~	~~$5,882~~	~~$6,378~~	~~$6,874~~	~~$7,373~~			
	$1,488	$2,004	$2,521	$3,037	$3,553	$4,071	$4,587	$5,103	$5,620	$6,136	$6,652	$7,170	$7,686	2.70	2.95	3.20
M	~~$1,450~~	~~$1,960~~	~~$2,470~~	~~$2,982~~	~~$3,492~~	~~$4,003~~	~~$4,514~~	~~$5,024~~	~~$5,535~~	~~$6,046~~	~~$6,557~~	~~$7,067~~	~~$7,579~~	2.95	3.20	3.45
	$1,529	$2,060	$2,592	$3,122	$3,653	$4,185	$4,715	$5,246	$5,778	$6,308	$6,839	$7,371	$7,901			
N	~~$1,489~~	~~$2,013~~	~~$2,538~~	~~$3,063~~	~~$3,587~~	~~$4,112~~	~~$4,637~~	~~$5,161~~	~~$5,685~~	~~$6,211~~	~~$6,735~~	~~$7,259~~	~~$7,785~~			
	$1,571	$2,116	$2,662	$3,207	$3,752	$4,299	$4,844	$5,389	$5,935	$6,480	$7,025	$7,571	$8,116	3.20	3.45	3.70
O	~~$1,531~~	~~$2,070~~	~~$2,609~~	~~$3,149~~	~~$3,688~~	~~$4,227~~	~~$4,767~~	~~$5,306~~	~~$5,845~~	~~$6,385~~	~~$6,924~~	~~$7,463~~	~~$8,003~~	3.45	3.70	3.95
	$1,615	$2,175	$2,737	$3,297	$3,857	$4,419	$4,979	$5,540	$6,101	$6,662	$7,222	$7,783	$8,344			
P	~~$1,573~~	~~$2,126~~	~~$2,680~~	~~$3,235~~	~~$3,788~~	~~$4,342~~	~~$4,897~~	~~$5,450~~	~~$6,004~~	~~$6,559~~	~~$7,112~~	~~$7,666~~	~~$8,221~~			
	$1,659	$2,235	$2,812	$3,387	$3,963	$4,540	$5,115	$5,690	$6,267	$6,843	$7,418	$7,995	$8,571	3.70	3.95	4.20
Q	~~$1,617~~	~~$2,186~~	~~$2,755~~	~~$3,325~~	~~$3,894~~	~~$4,463~~	~~$5,034~~	~~$5,603~~	~~$6,172~~	~~$6,743~~	~~$7,312~~	~~$7,881~~	~~$8,451~~	3.95	4.20	4.45
	$1,706	$2,297	$2,890	$3,482	$4,074	$4,667	$5,258	$5,850	$6,443	$7,035	$7,626	$8,219	$8,811			

R	~~$1,661~~ $1,752	~~$2,245~~ $2,360	~~$2,830~~ $2,969	~~$3,416~~ $3,577	~~$4,000~~ $4,184	~~$4,585~~ $4,794	~~$5,171~~ $5,401	~~$5,756~~ $6,009	~~$6,340~~ $6,618	~~$6,926~~ $7,226	~~$7,511~~ $7,834	~~$8,095~~ $8,443	~~$8,681~~ $9,051	4.20	4.45	4.70
S	~~$1,707~~ $1,801	~~$2,308~~ $2,426	~~$2,909~~ $3,052	~~$3,512~~ $3,677	~~$4,112~~ $4,302	~~$4,713~~ $4,928	~~$5,316~~ $5,553	~~$5,917~~ $6,177	~~$6,518~~ $6,804	~~$7,120~~ $7,428	~~$7,721~~ $8,053	~~$8,322~~ $8,680	~~$8,924~~ $9,304	4.45	4.70	4.95
T	~~$1,754~~ $1,850	~~$2,371~~ $2,492	~~$2,988~~ $3,135	~~$3,607~~ $3,777	~~$4,224~~ $4,419	~~$4,842~~ $5,062	~~$5,461~~ $5,704	~~$6,078~~ $6,346	~~$6,695~~ $6,989	~~$7,314~~ $7,631	~~$7,931~~ $8,273	~~$8,549~~ $8,916	~~$9,167~~ $9,558	4.70	4.95	5.20
U	~~$1,803~~ $1,902	~~$2,437~~ $2,562	~~$3,072~~ $3,223	~~$3,708~~ $3,883	~~$4,343~~ $4,543	~~$4,977~~ $5,204	~~$5,614~~ $5,864	~~$6,248~~ $6,523	~~$6,883~~ $7,185	~~$7,519~~ $7,844	~~$8,153~~ $8,504	~~$8,788~~ $9,166	~~$9,424~~ $9,825	4.95	5.20	5.45
V	~~$1,852~~ $1,954	~~$2,504~~ $2,631	~~$3,156~~ $3,311	~~$3,809~~ $3,989	~~$4,461~~ $4,666	~~$5,113~~ $5,346	~~$5,766~~ $6,023	~~$6,418~~ $6,701	~~$7,070~~ $7,380	~~$7,724~~ $8,058	~~$8,375~~ $8,736	~~$9,027~~ $9,415	~~$9,681~~ $10,093	5.20	5.45	5.70
W	~~$1,904~~ $2,008	~~$2,574~~ $2,705	~~$3,244~~ $3,404	~~$3,916~~ $4,100	~~$4,586~~ $4,797	~~$5,256~~ $5,495	~~$5,928~~ $6,192	~~$6,598~~ $6,889	~~$7,268~~ $7,587	~~$7,940~~ $8,284	~~$8,610~~ $8,980	~~$9,280~~ $9,679	~~$9,952~~ $10,376	5.45	5.70	5.95
X	~~$1,956~~ $2,063	~~$2,644~~ $2,779	~~$3,332~~ $3,496	~~$4,023~~ $4,212	~~$4,711~~ $4,928	~~$5,399~~ $5,645	~~$6,089~~ $6,361	~~$6,778~~ $7,076	~~$7,466~~ $7,794	~~$8,156~~ $8,509	~~$8,844~~ $9,225	~~$9,533~~ $9,943	~~$10,223~~ ~~$~~10,658	5.70	5.95	6.20
Y	~~$2,010~~ $2,121	~~$2,718~~ $2,857	~~$3,426~~ $3,594	~~$4,135~~ $4,330	~~$4,843~~ $5,066	~~$5,550~~ $5,803	~~$6,260~~ $6,539	~~$6,967~~ $7,274	~~$7,675~~ $8,012	~~$8,385~~ $8,748	~~$9,092~~ $9,483	~~$9,800~~ $10,221	~~$10,509~~ $10,957	5.95	6.20	6.45
Z	~~$2,065~~ $2,179	~~$2,792~~ $2,934	~~$3,519~~ $3,692	~~$4,248~~ $4,448	~~$4,975~~ $5,203	~~$5,702~~ $5,961	~~$6,430~~ $6,717	~~$7,157~~ $7,473	~~$7,884~~ $8,230	~~$8,613~~ $8,986	~~$9,340~~ $9,742	~~$10,067~~ $10,499	~~$10,795~~ $11,255	6.20	6.45	6.70
AA	~~$2,123~~ $2,240	~~$2,879~~ $3,017	~~$3,618~~ $3,795	~~$4,367~~ $4,572	~~$5,114~~ $5,349	~~$5,861~~ $6,128	~~$6,610~~ $6,905	~~$7,359~~ $7,682	~~$8,105~~ $8,461	~~$8,854~~ $9,238	~~$9,601~~ $10,014	~~$10,348~~ $10,793	~~$11,098~~ $11,570	6.45	6.70	6.95
BB	$4,000	$5,000	$6,000	$7,000	$8,000	$9,000	$9,000	$9,000	~~$9,000~~ $9,500	$9,500	~~$10,000~~ $10,500	~~$10,500~~ $11,000	~~$11,500~~ $12,000	6.70	7.20	6.95

(2) To use the chart:

1. Find the family size used in determining income eligibility for service.

2. Move across the monthly income table to the column headed by that number.

3. Move down the column for the applicable family size to the highest figure that is equal to or less than the family's gross monthly income. Income at or above that amount (but less than the amount in the next row) corresponds to the fees in the last three columns of that row.

4. Choose the fee that corresponds to the number of children in the family who receive child care assistance.

(3) For families whose eligibility is established in subparagraph 170.2(1)"a" (3), the fee schedule shown in the following tables is effective for eligibility determinations made on or after July 1, 2022:

Basic Care	**Monthly Income According to Family Size**													**Fee for each Child in Care**
Level	1	2	3	4	5	6	7	8	9	10	11	12	13+	
A	$2,549	$3,434	$4,320	$5,204	$6,089	$6,975	$7,859	$8,744	$9,630	$10,514	$11,399	$12,285	$13,169	33%
B	$2,663	$3,586	$4,512	$5,436	$6,359	$7,285	$8,209	$9,132	$10,058	$10,982	$11,905	$12,831	$13,755	45%
C	$2,776	$3,739	$4,704	$5,667	$6,630	$7,595	$8,558	$9,521	$10,486	$11,449	$12,412	$13,377	$14,340	60%
D	$2,833	$3,815	$4,800	$5,783	$6,765	$7,750	$8,733	$9,715	$10,700	$11,683	$12,665	$13,650	$14,633	60%

Special Needs Care	**Monthly Income According to Family Size**	**Fee for each Child in Care**

Level	1	2	3	4	5	6	7	8	9	10	11	12	13+	
A	$2,549	$3,434	$4,320	$5,204	$6,089	$6,975	$7,859	$8,744	$9,630	$10,514	$11,399	$12,285	$13,169	33%
B	$2,776	$3,739	$4,704	$5,667	$6,630	$7,595	$8,558	$9,521	$10,486	$11,449	$12,412	$13,377	$14,340	45%
C	$3,002	$4,044	$5,088	$6,129	$7,171	$8,215	$9,256	$10,298	$11,342	$12,383	$13,425	$14,469	$15,510	60%
D	$3,116	$4,197	$5,280	$6,361	$7,442	$8,525	$9,606	$10,687	$11,770	$12,851	$13,932	$15,015	$16,096	60%

(4) To use the tables:

1. Determine which table to use for each child in the family by whether the child needs Basic or Special Needs care.

2. Find the family size used in determining income eligibility for service.

3. Move across the monthly income table to the column headed by that number.

4. Move down the column for the applicable family size to the highest figure that is equal to or less than the family's gross monthly income. Income at or above that amount (but less than the amount in the next row) corresponds to the fee for that eligible child in the last column of that row.

5. Repeat for each eligible child in the family.

Item 3. Revise subparagraph 170.4(7)"a" as follows:

Table 1
Half-Day Rate Ceilings for (Licensed Center)

	No ~~QRS~~ Quality Rating		~~QRS~~ Quality Rating 1 or 2		~~QRS~~ Quality Rating 3 or 4		~~QRS~~ Quality Rating 5	
Age Group	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs
Infant and Toddler	$19.30	$51.94	$20.50	$51.94	$21.50	$51.94	$23.21	$51.94

Preschool	$17.00	$30.43	$18.00	$30.43	$18.98	$30.43	$20.00	$30.43
School Age	$13.50	$30.34	$14.75	$30.34	$15.00	$30.34	$16.00	$30.34

Table 2
Half-Day Rate Ceilings for (Child Development Home A or B)

	No QRS Quality Rating		~~QRS~~ Quality Rating 1 or 2		~~QRS~~ Quality Rating 3 or 4		~~QRS~~ Quality Rating 5	
Age Group	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs
Infant and Toddler	$12.98	$19.47	$13.50	$20.25	$13.75	$20.63	$14.00	$21.00
Preschool	$12.50	$18.75	$12.75	$19.13	$13.00	$19.50	$13.75	$20.63
School Age	$10.82	$16.23	$11.25	$16.88	$12.00	$18.00	$12.50	$18.75

Table 3
Half-Day Rate Ceilings for (Child Development Home C)

	No ~~QRS~~ Quality Rating		~~QRS~~ Quality Rating 1 or 2		~~QRS~~ Quality Rating 3 or 4		~~QRS~~ Quality Rating 5	
Age Group	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs	Basic	Special Needs
Infant and Toddler	$14.00	$21.00	$14.50	$21.75	$15.00	$22.50	$15.25	$22.88
Preschool	$13.75	$20.63	$14.50	$21.75	$14.75	$22.13	$15.00	$22.50
School Age	$11.25	$16.88	$12.50	$18.75	$13.00	$19.50	$14.50	$21.75

The following definitions apply in the use of the rate tables:

(1) "Licensed center" shall mean those providers as defined in 170.4(3)"a." "Child development home A/B" or "child development home C" shall mean those providers as defined in 170.4(3)"b." "Child care home (not registered)" shall mean those providers as defined in 441—Chapter 120.

(2) Under age group, "infant and toddler" shall mean age two weeks to three years; "preschool" shall mean three years to school age; "school age" shall mean a child in attendance in full-day or half-day classes.

(3) "No ~~QRS~~ Quality Rating" shall mean a provider ~~who is not participating in the quality rating system~~ does not have a current quality rating.

(4) A provider who is rated under the quality rating system shall be paid according to the corresponding ~~QRS~~ Quality Rating payment level in the tables above only during the period the rating is valid as defined in 441—Chapter 118. If the provider's ~~QRS~~ quality rating expires, the provider shall be paid according to the "No ~~QRS~~ Quality Rating" payment level. Programs whose quality rating has expired, shall not receive backdated payments once a new rating is awarded.

(5) For a provider rated "~~QRS~~ Quality Rating 1" through "~~QRS~~ Quality Rating 4," if the rating period expires before a new ~~QRS~~ quality level is approved, the provider will be paid according to the "No ~~QRS~~ Quality Rating" payment level until the new ~~QRS~~ quality level is approved.

(6) For a provider rated "~~QRS~~ Quality Rating 5," if a renewal application is received before the current rating period expires, the provider will continue to be paid according to the "~~QRS~~ Quality Rating 5" payment level until a decision is made on the provider's application.

(7) "~~QRS~~ Quality Rating 1 or 2" shall mean a provider who has achieved a rating of Level 1 or Level 2 under the quality rating system.

(8) "~~QRS~~ Quality Rating 3 or 4" shall mean a provider who has achieved a rating of Level 3 or Level 4 under the quality rating system.

(9) "~~QRS~~ Quality Rating 5" shall mean a provider who has achieved a rating of Level 5 under the quality rating system.

Iowa Department of Human Services

Information on Proposed Rules

Name of Program Specialist	Telephone Number	Email Address
Mark Adams	281-5688	Madams4@dhs.state.ia.us

1. Give a brief purpose and summary of the rulemaking:

   Revise 441 IAC 170.2 and 170.4 to create the new CCA Exit child care program. This new program begins for families with income above 225% FPL (Current CCA Plus program) and goes to 250% FPL (275% FPL for special needs children). Also, revise the CCA family fee chart to update annual federal poverty level changes.

2. What is the legal basis for the change? (Cite the authorizing state and federal statutes and federal regulations):

   Iowa Code 234.6

3. Describe who this rulemaking will positively or adversely impact.

   More families will remain eligible for child care services.

4. Does this rule contain a waiver provision? If not, why?

   This amendment does not provide a specific waiver authority because families may request a waiver of these provisions in a specified situation under the Department's general rule on exceptions at 441 – 1.8(17A, 217).

5. What are the likely areas of public comment?

   None expected.

6. Do these rules have an impact on private-sector jobs and employment opportunities in Iowa? (If yes, describe nature of impact, categories and number of jobs affected, state regions affected, costs to employer per employee.)

   No.

Administrative Rule Fiscal Impact Statement

Date: January 10, 2022

Agency: Human Services

IAC citation: 441 IAC 170

Agency contact: Mark Adams

Summary of the rule:

Revises 441 IAC 170.2 and 170.4 to create the new CCA Exit child care program. This new program begins for families with income above 225% FPL (Current CCA Plus program) and goes to 250% FPL (275% FPL for special needs children). Also, revise the CCA family fee chart to update annual federal poverty level changes.

Fill in this box if the impact meets these criteria:

☐ No fiscal impact to the state.

☐ Fiscal impact of less than $100,000 annually or $500,000 over 5 years.

☐ Fiscal impact cannot be determined.

Brief explanation:

Budget Analysts must complete this section for ALL fiscal impact statements.

Fill in the form below if the impact does not fit the criteria above:

☒ Fiscal impact of $100,000 annually or $500,000 over 5 years.

Assumptions:

There is no fiscal impact for the CCA family fee chart update.

As a result of the new CCA exit child care program, it is estimated that 7 children will be added each month beginning 7/1/22. The average cost per child for CCA Plus is estimated at $414 for SFY23. The resulting average number of children per month for each year as calculated in a regression chart and the annual costs are shown below.

Describe how estimates were derived:

SFY23: 45.5 average number served x $414 x 12 = $226,044
SFY24: 129.5 average number served x $414 x 12 = $643,356

Estimated Impact to the State by Fiscal Year

	Year 1 (FY 23)	Year 2 (FY 24)
Revenue by each source:		
General fund		
Federal funds	226,044.00	643,356.00
Other (specify):		
TOTAL REVENUE	226,044.00	643,356.00
Expenditures:		
General fund		
Federal funds	226,044.00	643,356.00
Other (specify):		
TOTAL EXPENDITURES	226,044.00	643,356.00
NET IMPACT	0.00	0.00

☒ This rule is required by state law or federal mandate.

Please identify the state or federal law:

Identify provided change fiscal persons:

2021 Iowa Acts Chapter 178 (HF 302)

☒ Funding has been provided for the rule change.

Please identify the amount provided and the funding source:

There is currently an estimated federal CCDF balance of $67.2 million at the end of SFY22. Based on current DHS estimated revenues and expenditures for Child Care, the cost for implementing the changes in this bill would be funded through SFY26 without increasing state general funds. Subject to change depending on the cost of additional Child Care policy changes that could be enacted.

☐ Funding has not been provided for the rule.

Please explain how the agency will pay for the rule change:

Fiscal impact to persons affected by the rule:

The new program created with this rule will make it possible for more families to retain child care assistance.

Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):

None expected.

Agency representative preparing estimate:	Francis Thurman	JH 01/25/22
Telephone number:	515-281-6855	

Department of
HUMAN SERVICES

Iowa Department of Human Services Annual Report, SFY21

December 2021

Iowa Department of Human Services, Annual Report

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:

1. 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 human services relative to the programs of the department.
5. Such other information as the director or council on 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 DHS Dashboard (discussed below).

Recommendations as to Changes in Laws

The department's legislative liaison works with the governor's office and LSA to pre-file departmental requests for legislative changes deemed necessary by the director.

Observations & Recommendations of Director, Kelly Garcia

The Department is submitting a budget for State Fiscal Year 2023 (SFY23) that is generally status quo for the Council's consideration. We will submit an additional general fund request for the Children's Health Insurance Programs and the MHDS Regional Services program.

The COVID-19 pandemic continues to impact spending and service utilization across most of our programs in a variety of ways. Iowa has made good progress with its vaccination campaign, but the prevalence of the Delta variant continues to require an ongoing response and program flexibility. As the public health emergency continues, federal and state waivers and provisions around our programs and services also continue. These include, e.g., temporary suspension of disenrollment from health programs and increased federal matching funds (FMAP). These variables create many

challenges when trying to navigate longer-term projections of needed state general funds.

Many of the challenges we have addressed over the past several months continue to affect the work of the Department. We continue to make solid progress in addressing the class action suit at the Boys State Training School (BSTS) and the Department of Justice (DOJ) findings at the Glenwood Resource Center. We are strengthening our focus on community integration for individuals with intellectual and development disabilities (ID/DD). We are working to assess and build out a true continuum for the mental health needs of Iowans. We also continue to respond to ongoing events, such as the crisis in Afghanistan, in which our Department will be a key support.

Over the next couple of years, we anticipate a need to expand capacity at the Civil Commitment Unit for Sex Offenders (CCUSO). We continue our efforts to build a Family First approach to child welfare including essential work with our child welfare providers. We are also working closely with the administration to address ongoing and emerging childcare challenges in the State of Iowa.

The workforce shortage across sectors presents serious challenges for our agency. While we have faced long-term challenges in filling critical health care and clinical roles, we are now experiencing challenges across all roles. This is compounded by larger shifts in the workforce landscape, including remote work opportunities and highly competitive starting wages. This presents challenges beyond DHS' internal staffing but also extends to our many providers across health care, child welfare and childcare. This is likely to affect provider reimbursement.

In addition, the Department of Human Services, along with the Iowa Department of Public Health, continue our efforts to more effectively align programs, services and operations. The alignment is a purposeful collaboration between our departments to promote improved outcomes for Iowans.

As always, we at DHS remain deeply committed to the more than one million Iowans we serve each year. We are grateful for continued investments Governor Reynolds has made in the Department as well as the legislature's support of these efforts. We will continue to monitor programs, services and operations as we approach the 2022 legislative session and will work closely with the administration to ensure our budget needs are clearly communicated.

I am deeply committed to the incredible work we're doing within our collective health and human services system. I continue to be both awed and humbled by the work our team does every day. With you, and with your support, we will continue to rise to the challenges we face, striving to make a positive difference in the lives of the Iowans we serve.

Other Information about the Department during SFY21:

COVID-19 DHS Resources

The Iowa Department of Human Services (DHS) has taken significant steps to ensure the safety and well-being of our team and those we serve during the COVID-19 pandemic.

Details about DHS' COVID response, including resources for clients and providers, are available on the DHS Website, following this link. For a current, on-going summary of DHS' COVID activities and response, please use this link.

IDPH-DHS Alignment

The Iowa Department of Human Services (DHS) and Iowa's Department of Public Health (IDPH) are exploring options for aligning their programs, services and operations more closely in order to better serve the health and human services needs of Iowans.

By "aligning," we mean using, sharing, coordinating, or structuring two or more things (programs, services, processes, technology, data, access points like buildings or websites, etc.) in new, more closely connected ways.

Details about this initiative, updates and resources, including project plans and news releases, are available through this link.

2021 DHS Legislative Session Presentations

Details about DHS' 2021 Legislative Presentations on such topics as Community Mental Health and Disability Services, Child Care, State Facilities, Medicaid, and Family First Prevention Services are available on the DHS Website, following this link.

Managed Care Organization Reports

Performance monitoring and data analysis are critical components in assessing how well the Managed Care Organizations (MCOs) are maintaining and improving the quality of care delivered to members. The quarterly reports, with a number of elements required through oversight legislation, are comprehensive and focus on compliance areas, as well as health outcomes over time. The Department examines the data from a compliance perspective and conducts further analysis if any issues are identified. While there are specific performance standards in the contract for a limited set of items, not all data reported is directly linked to a contractual requirement.

Historical MCO Quarterly Reports are available on the DHS Website, following this link.

Department of Human Services Agency Dashboard Initiative

DHS is committed to continuous improvement transparency, and accountability for results. To that end, the DHS launched informational dashboards (interactive reports) to share up-to-date, accurate data with the public to increase awareness of our

programs and performance. Our vision for this initiative is to increase comfort and confidence in the quality of services provided by DHS. Stakeholders are encouraged to use this data to help drive conversation and inform decisions that affect the health, wellbeing, and prosperity of Iowans.

DHS plans to continue delivering enhancements to these reports to share additional information and details including targeted performance measures used to evaluate programs.

Details about how to use the Digital Dashboards and to view current data on fiscal summaries, child care, child support, child welfare, facilities, SNAP/FIP, and health programs are available on the DHS Website, following this link.

Mental Health & Disability Services Regional Services Update

SF619, passed by the 2021 Iowa Legislature, modifies the methodology and sources of funding for the regional mental health system in Iowa. A Mental Health and Disability Services Regional Service Fund is created by the Act, and for each fiscal year beginning on or after July 1, 2021, the Act appropriates from the General Fund of the State to the Mental Health and Disability Services Regional Service Fund an amount necessary to make all regional service payments for that fiscal year. The moneys available in a fiscal year are distributed to each mental health and disability services region on a per capita basis and in accordance with performance-based contracts with each region. The per capita amount increases over a period of fiscal years and eventually increases based on the regional service growth factor, as calculated under the Act.

The Act also establishes the incentive fund in the Mental Health and Disability Services Regional Service Fund to provide funding to mental health and disability services regions meeting certain eligibility criteria.

The Act also provides emergency rulemaking authority to DHS and requires DHS to convene a study committee to evaluate the current mental health and disability services region structure and operations and submit a report to the General Assembly and the Governor by December 15, 2022.

Department of Justice (DOJ) Resource Center Investigation

The Department of Human Services (DHS) took immediate action upon notice of the investigation and our efforts are ongoing. We have been in a collaborative role with our federal partners throughout the investigation. We continue to work with them on the best path forward to ensure we provide the best care to those we serve. Just as we have this entire past year, we will continue to keep all of our stakeholders updated, including the families of our residents, legislators and the public. Our highest priority is the care and well-being of those we serve.

Resources regarding of the Department of Justice (DOJ) investigation at the Glenwood and Woodward State Resource Centers are available on the DHS Website, following this link.

Class Action Suit at the Boys' State Training School (BSTS) in Eldora

We are actively making changes to address the concerns raised in the suit. We're committed to sharing information and updates as we make progress. The Iowa Department of Human Services continues its commitment to an open dialog with all stakeholders and building trust through transparency.

Resources regarding a class action suit at the Boys State Training School (BSTS) are available on the DHS Website, following this link.

THE DEPARTMENT OF HUMAN SERVICES

STRATEGIC PLAN 2022

IOWA
Department of
HUMAN SERVICES

Table of Contents

STRATEGIC FRAMEWORK

MISSION, VISION, AND GUIDING PRINCIPLES

Mission

To help Iowans achieve healthy, safe, stable, and self-sufficient lives through the programs and services we provide.

Vision

The Iowa Department of Human Services makes a positive difference in the lives of Iowans we serve.

Guiding Principles

Customer Focus: We listen to and address the needs of our customers in a respectful and responsive manner that builds upon their strengths. our services promote meaningful connections to family and community.

Excellence: We are a model of excellence through efficient, effective, and responsible public service. we communicate openly and honestly and adhere to the highest standards of ethics and professional conduct.

Accountability: We maximize the use of resources and use data to evaluate performance and make informed decisions to improve results.

Teamwork: We work collaboratively with customers, employees, and public and private partners to achieve results.

MESSAGE FROM THE DIRECTOR

The Iowa Department of Human Services' (DHS) leadership team has completed a review and updated the Department's strategic plan as required under Iowa Code 8E, the Accountable Government Act. A key component of strategic planning is identifying the priorities that support the agency mission and move the agency forward. This process, when meaningful, aligns our agency's work with the priorities set by the Governor, the Legislature, and external stakeholders.

In our previous Strategic Plan, my team and I committed to furthering this critical work and reviewing our programs and operations. You will see that reflected in this updated plan.

The approach to this effort has been to focus on the following:

- Deeper understanding of programmatic connection points—across child welfare, public health, Medicaid, aging, behavioral health, and other client services as well as how we work across divisions within the agency to shape a holistic approach to how we serve families
- Continued interaction with our front-line teams across the state and in our six facilities to gain their invaluable insight and inform decisions made at state office
- Exploring ways DHS can better collaborate with other departments to really help Iowans thrive
- Ensuring the agency uses and provides clear, accurate and timely information to drive informed decisions
- Setting clear expectations, measurable outcomes and employing a true team approach

Using data and information to build pathways to mitigate future errors.

Over the past two years the team members in our agency have demonstrated a deep commitment to those we serve. During this time Iowans have especially relied on our services, and the gaps in our system have illustrated the need for a clear strategic plan to better coordinate across our system and to be able to make data-informed decisions. Despite the challenges we've faced during the past two years, we've continued to make progress on how we do this work, which is reflected in this plan. I look forward to the continued improvement in the way we support families in the State of Iowa as we bring together our Departments of Public Health and Human Services.

EXECUTIVE SUMMARY

Our 2022 Strategic Plan shares high-priority goals and strategies for each of our divisions.

The Governor’s Vision and 2022 Priorities serve as a guide for this plan. Governor Reynolds’ quote underscores our guiding principles, which drive our practice:

"If anything, this year has shown us what we can accomplish and how fast we can do it. Hold onto that spirit. To that ingenuity and collaboration. To the feeling that we're working for the greater good, and not ourselves. If we can do that -- if we can work with and for each other -- then we will do great things."

THE GOVERNOR'S PRIORITIES FOR 2022 ARE:

- Iowa's Resilient Economy
- Putting Students First
- Creating Universal Broadband Access for Iowans
- Confronting Iowa's Child Care Crisis
- Expanding Housing Opportunities
- Innovating Iowa's Workforce
- Reinvigorating the Iowa Agricultural Economy
- Ensuring Strong, Safe Communities
- Improving Access to Quality Health Care

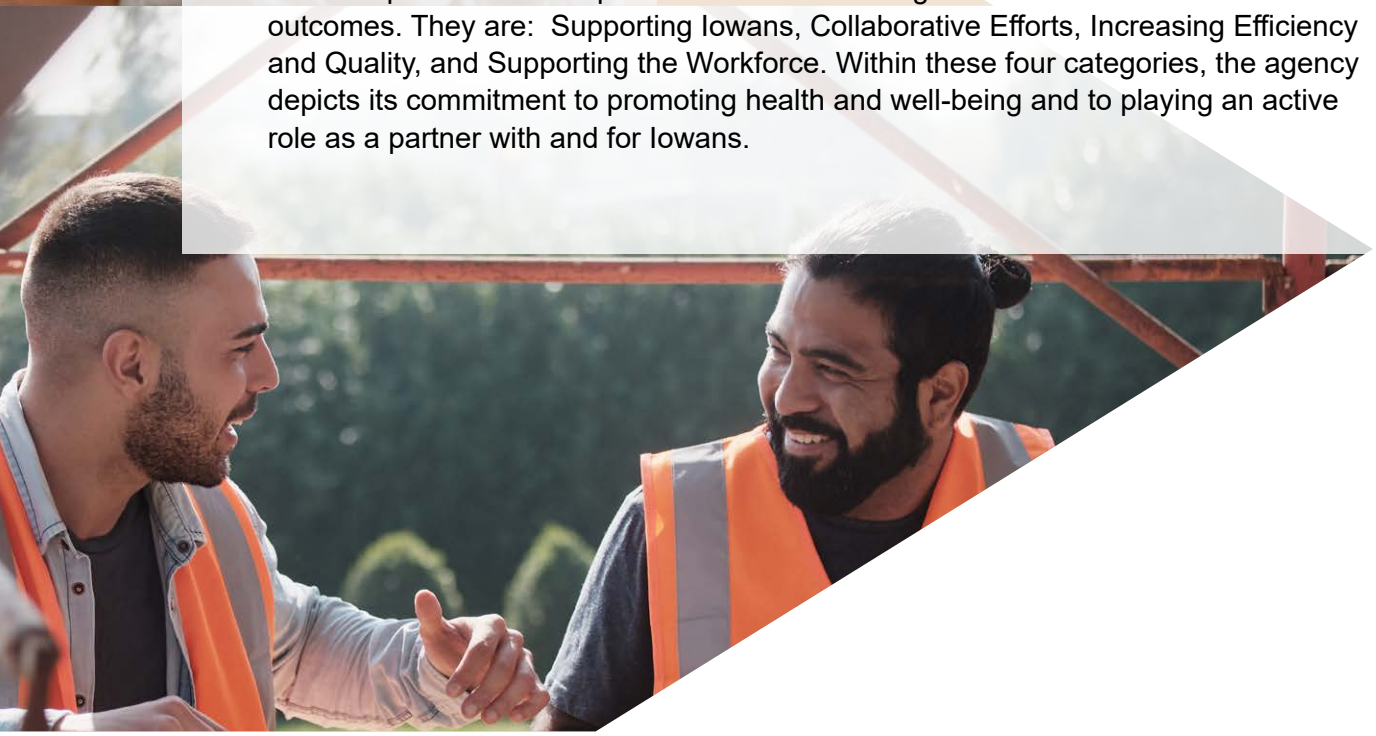
DEVELOPMENT OF THE HEALTH AND HUMAN SERVICES AGENCY

An additional influence on our 2022 plan is the work we are completing to align the Department of Human Services and the Department of Public Health to create one Health and Human Services Agency by the onset of fiscal year 2023.

Between IDPH and DHS, the connections are numerous, and, in many cases, the same families access similar services with no clear pathway to connect them that reaches across departments. The work IDPH and DHS can do to wrap services around a family to ensure better outcomes is significant in terms of impact. Through aligning the two departments into a new, single organizational structure, the team will be able to achieve several goals including opportunities to better leverage funding sources and the ability to identify potential for expanded funding sources; break down siloes to create a unified, integrated behavioral health system; and better access to services and easier navigation of the system for those we serve. Ultimately, better alignment will lead to improved outcomes for individuals, communities, and the state.

INTENDED OUTCOMES

Our Divisions have articulated the intended outcomes of their initiatives and strategies as a component of this report. There are four categories associated with those outcomes. They are: Supporting Iowans, Collaborative Efforts, Increasing Efficiency and Quality, and Supporting the Workforce. Within these four categories, the agency depicts its commitment to promoting health and well-being and to playing an active role as a partner with and for Iowans.



DHS OVERVIEW

The Iowa Department of Human Services provided services to 1,051,720 individuals, 33% of Iowa's population, in State Fiscal Year 2021. These services fall into the following major groups.

Child and Adult Protection

DHS provides an array of services and supports to strengthen families and communities, increasing the likelihood that children and dependent adults are safe, healthy and have consistency and continuity in their lives.

- Child and dependent adult protective services
- Community-based prevention and support services
- Foster care
- Family-centered services
- Adoption
- Independent living for children 16 and older
- Residential treatment
- Shelter care
- Facility-based services for delinquent youth

Economic Support

These services provide direct and indirect economic supports, assist needy families to meet basic needs for good health, safety, and consistency and continuity in their homes, work, and communities.

- Family Investment Program: Cash assistance for basic needs to eligible families with children
- PROMISE JOBS Program
- Supplementary Nutrition Assistance Program (SNAP)
- Child Care
- Child Support Recovery services
- Refugee Services

Health Care and Support Services

Health care programs provide funding for an array of services designed to meet the health care needs of children and adults.

- Medical Assistance
- Hawki Medical and Dental
- Iowa Health and Wellness Program (IHAWP)
- Dental Wellness Plan

Medicaid is a primary funder of both long-term care for seniors and persons with disabilities which includes facility care and alternative choices such as community-based services.

- Medical Assistance State Plan Services
- Home and Community Based Services (HCBS) Waivers
- Nursing Facilities
- Intermediate Care Facilities for persons with Intellectual Disabilities (ICF ID), including State Resource Centers

Medicaid is a primary funder of mental health services for its members. Mental health and disability services regions use state funding to provide support and treatment for non-Medicaid funded services to eligible Iowans. In addition, the department directly operates facilities that provide inpatient hospital care and treatment.

- Outpatient Mental Health Services, including Mental Health Crisis Services
- Medication Assisted Treatment
- Inpatient Psychiatric Services for Adults and Children
- Mental Health Institutes
- Civil Commitment Unit for Sexual Offenders

Resource Management

The department is composed of the following operational units; each unit is integral to carrying out the mission and programs operated by the department:

General Administration staff provides the basic infrastructure support for the department. This team is responsible for fiduciary oversight for the nearly $7.9 billion annual budget, program compliance and integrity for all state and federally funded programs administered by the department. Key functions include budgeting, auditing, contract management, program design, implementation and oversight, development of policy and procedures, support and enhancement of the department's management information systems, oversight of all department operational units and communication with constituents, providers, the public, and policy makers.

Field Operations staff provides child and dependent adult protection, child welfare case management and eligibility determination for economic assistance programs and medical assistance programs. The field is structured into six service areas. Refugee Services, also a component of field operations, provides key relocation support to new families to facilitate their entry into American life.

Targeted Case Management staff provides Medicaid case management services to eligible persons served through various home and community-based services waivers.

State Facilities staff provides 24/7 treatment and support services for the six facilities operated by the department.

Child Support Recovery staff is in 23 locations across the state performing a range of functions that provide a safety net for children through securing of child support payments for custodial parents.

EXTERNAL AND INTERNAL ASSESSMENT

An environmental scan is an important tool for planning and decision-making. The external scan enables the department to recognize and, where possible, minimize the potential challenges to accomplishing our work as well as to maximize opportunities. The internal scan enables the department to identify internal strengths and weaknesses that impact our success and to then capitalize on strengths and address weaknesses.

External Assessment

OPPORTUNITIES	CHALLENGES
✚ Demand for department services and public support for expanded services	✖ Staffing: Number and availability, recruitment, retention, and training
✚ Use of data to improve outcomes	✖ Public perception and knowledge
✚ Demand for efficiency and transparency	✖ State and Federal budgetary constraints
✚ Modernizing technology	✖ Federal government gridlock
✚ One-time funding	✖ Complexity of the strategies needed to institute change
	✖ Need for interdisciplinary approaches to resolve difficult problems
	✖ Limitations associated with reporting and data analysis

Internal Assessment

STRENGTHS	WEAKNESSES
✚ Committed, experienced staff	✖ Public perception and knowledge
✚ Awareness of expectations, perceptions, and commitment to program goals	✖ Staffing: Number and availability, recruitment, retention, and training
✚ Expanded use of technology	✖ State and Federal budgetary constraints
✚ Focus on best practice	✖ Federal government gridlock
✚ Recognize need for increased coordination and alignment across programs	✖ Complexity of the strategies needed to institute change
	✖ Need for interdisciplinary approaches to resolve difficult problems

Legislative Session Overview

Changes to laws, rules, and regulations have an impact on DHS services and programs. During the 2021 legislative session, several initiatives were passed and several more were considered. Ongoing review of legislative priorities and the assessment of these legislative changes assist the Agency to identify areas of importance and urgency and to expand upon future strategic needs and approaches.

PASSED LEGISLATION

Some of the changes made in 2021:

- HF 196: Health Care Professional Recruitment Program
- HF 835: ABLE Saving Trust Retention of Benefits
- HF 302: CCA eligibility phase out
- HF 260: Number of children served in childcare homes
- HF 891: HHS appropriation bill – appropriates general funds for all services
- SF 619: Tax Reform - included methodology and sources of funding for regional MH system in Iowa by transferring funding from local property tax to state funding
- HF 862: RIIF (Rebuild Iowa Infrastructure & Technology Reinvestment funds) – special project funding. Funds were applied to the Boys State Training school remodel, autism support services, and poison control.

CONSIDERED LEGISLATION

These changes, presented by Division, were considered but not advanced during the 2021 legislative session. DHS monitored these deliberations and provided feedback to legislators and other stakeholders as needed.

IME

- Medicaid Post-Partum Coverage
- Maternal & Child Health care
- Telehealth Services
- Transportation for Reginal MHDS
- Demonstration Waiver for delivery of MH services
- Emergency substance abuse & MH treatment
- Medicaid reimbursement for special education services
- Medicaid waiver for substance abuse
- Provider rates for substance abuse and behavioral health services

ACFS

- Childcare home registration
- Unlicensed childcare facilities
- Childcare Assistance reimbursement
- Childcare Assistance eligibility and rates
- Childcare funding and employer innovation fund
- Childcare crisis eligibility
- Child development services
- Onsite childcare – high quality jobs credits

2022 GOALS AND GOVERNOR'S PRIORITIES

The DHS Strategic Plan is comprised of six goals that support one or more of the Governor's priorities. Alignment between these goals and the Governor's Priorities for 2022 is highlighted below.

Goal 1: Improve Iowans' Health Status

This goal includes the functions of Medical Assistance, Children's Health Insurance, Health Program Operations, and State Supplementary Assistance.

- Governor's Priority: Improving Access to Quality Health Care

Goal 2: Improve Iowans' Behavioral and Disabilities Health Status

This goal includes the functions of the Mental Health Institutes, State Resource Centers, Conner Training, Civil Commitment Unit for Sexual Offenders, Department-Wide Duties, and MHDS Regional Programs.

- Governor's Priorities: Improving Access to Quality Health Care; Innovating Iowa's Workforce

Goal 3: Improve Safety, Well-Being, and Permanency for Iowa's Adults and Children

This goal includes the functions of adult and child abuse prevention, child and family services, adoption subsidy, Boys State Training School, and Family Support Programs.

- Governor's Priority: Ensuring Strong, Safe Communities

Goal 4: Improve Iowans' Employment and Economic Security

This goal includes the functions of the Family Investment Program, PROMISE JOBS, Child Care Assistance, and Child Support Recovery.

- Governor's Priorities: Iowa's Resilient Economy; Expanding Housing Opportunities; Innovating Iowa's Workforce; Reinvigorating the Iowa Agricultural Economy; Putting Students First; Confronting Iowa's Childcare Crisis

Goal 5: Effectively Manage Resources

This goal includes the functions of Field Operations, Volunteers, and General Administration.

- Governor's Priorities: Iowa's Resilient Economy; Ensuring Strong, Safe Communities

Goal 6: TANF and Block Grants

This goal includes the functions of Temporary Assistance for Needy Families, the Social Services Block Grant, and the Mental Health Block Grant.

- Governor's Priorities: Iowa's Resilient Economy; Expanding Housing Opportunities; Innovating Iowa's Workforce

2022 STRATEGIC INITIATIVES BY GOAL

There are several strategic initiatives planned in 2022. Many of the initiatives are associated with recent American Rescue Plan Act (ARPA) funding. Due to the innovative and highly collaborative nature of these projects, process measures have been assigned to gauge progress toward the intended outcomes. As the initiatives mature, outcome measures will be selected to assess achievement.

GOAL 1 Improve Iowans' health status

Initiative 1: Improve Maternal Health

Intended Outcomes:

- Increase the rate of maternal health visits
- Decrease infant and maternal mortality

Strategy 1: Build capacity for collaboration between DHS and IDPH by sharing expertise, planning frameworks, and external partnerships	
Strategy 2: Assess disparate outcomes for minority & rural populations and the impact of decreases in the number of obstetric departments in hospitals.	
ACTION STEPS	**MEASUREMENT**
1. Conduct baseline measurement.	1. A strategic framework for measurement is implemented through a collaborative process. Baselines are established.
2. Identify benchmarks for improvement.	2. Benchmarks are aligned with those articulated in other state and national initiatives such as the IDPH Maternal Health Strategic Plan and Iowa's Maternal Quality Care Collaborative. A plan for reporting is established. Improvement plans are developed and implemented.

Initiative 2: Build a Coordinated System of Care for Behavioral Health, Mental Health, and Disabilities

Intended Outcomes:

- Increase partnerships and collaboration across the system
- Efficient and effective use of funding
- Reduce duplication of services

- Improve case management services
- Address and minimize gaps in service

Strategy 1: Establish a collaborative agreement between DHS and the Departments of Aging, Education, Corrections, and Public Health.	
Strategy 2: Utilize American Rescue Plan Act (ARPA) funds to conduct an evaluation and implement recommendations.	
ACTION STEPS	**MEASUREMENT**
1. Issue a Request for Proposals and Award a Contract for execution of an evaluation of the system.	1. A contractor is selected, and an evaluation plan is developed. Stakeholders are engaged.
2. Review the results and recommendations from the evaluation and work to develop an implementation plan to begin in 2023.	2. Results are conveyed, and stakeholders collaborate to implement strategies to address system-wide improvements.

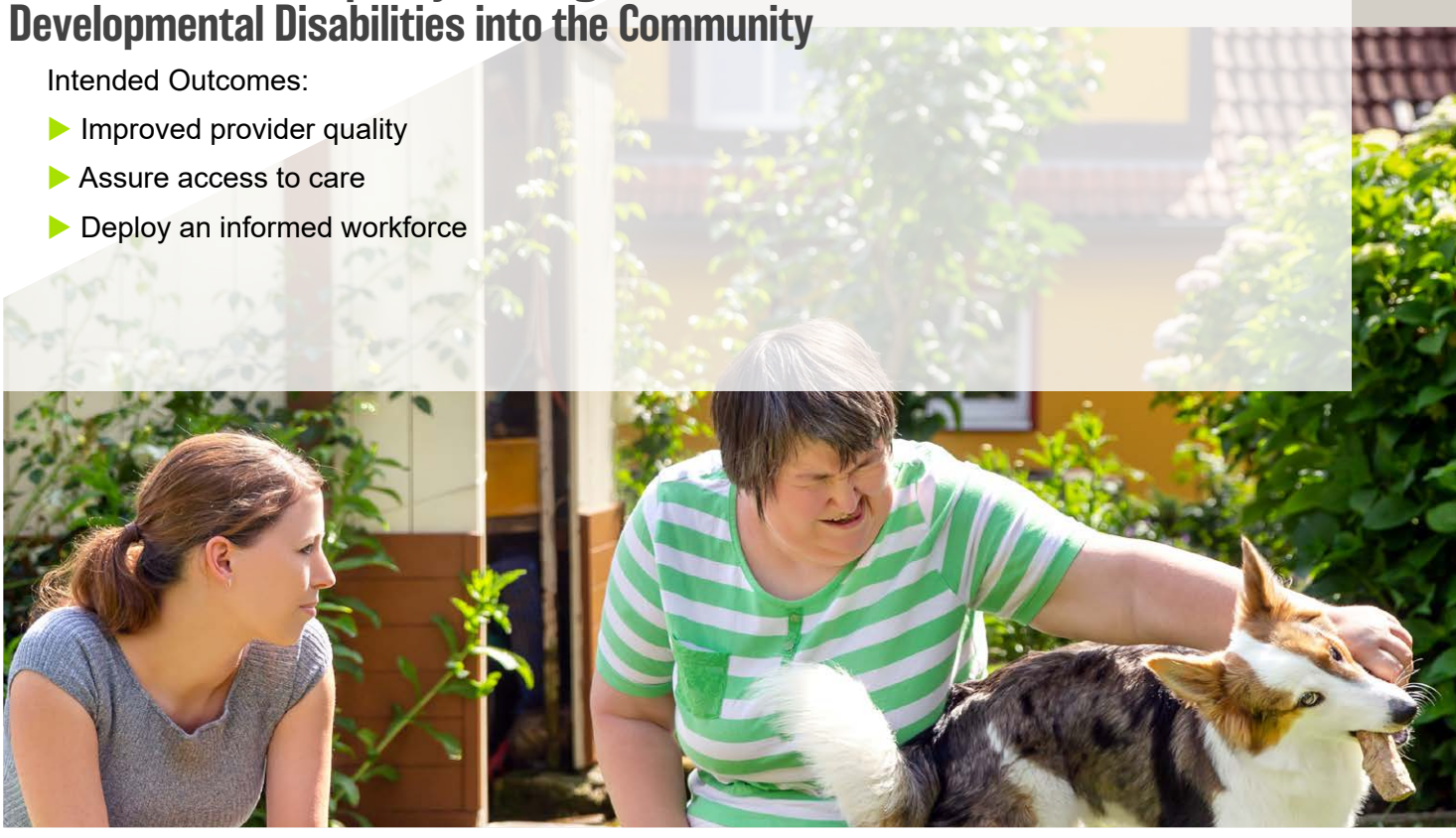
GOAL 2

Improve Iowans' Behavioral and Disabilities Health Status & GOAL 6: TANF and Block Grants

Initiative 1: Build Capacity to Integrate Individuals with Intellectual and Developmental Disabilities into the Community

Intended Outcomes:

- Improved provider quality
- Assure access to care
- Deploy an informed workforce



Strategy 1: Support Performance of Iowa's Long-term Services and Supports Providers	
ACTION STEPS	**MEASUREMENT**
1. Identify quality measures for assessing performance.	1. Measures are selected, and baselines are developed.
2. Incorporate these measures into relevant contracts.	2. All relevant contracts include regular reporting and assessment of performance benchmarks for all providers and the number of individuals served by providers in various categories of quality is tracked.
3. Share performance measurements with the public.	3. Methods for sharing provider performance with the public are identified and implemented.
Strategy 2: Increase crisis services provider knowledge and improve practice	
ACTION STEPS	**MEASUREMENT**
1. Utilize ARPA funds to develop Crisis Response Provider Training.	1. Develop and implement training.
2. Deploy Crisis Response Provider Training to HCBS providers, mental health providers, law enforcement, and first responders.	2. Capture types of providers trained, percentage of providers trained, and increase in knowledge due to training.

Initiative 2: Implementation of the 988 Hotline for Mental Health Emergencies

Intended Outcome:

- Improve responsiveness to mental health emergencies for all Iowans

Strategy 1: Ensure a seamless transition from the existing hotline	
ACTION STEPS	**MEASUREMENT**
1. Strategic deployment of the new system.	1. System is implemented by the federal deadline.
2. Implement training protocols.	2. Training materials are developed and deployed; all relevant staff are trained.
3. Launch a public service campaign to increase awareness.	3. The public is aware of the new system as evidenced by call volumes and call center statistics.

GOAL 3

Improve Safety, Well-Being, and Permanency for Iowa's Adults and Children

Initiative 1: Enhance Adult Protective Services

Intended Outcomes:

- Enhancing referrals and investigations
- Improving reporting, response, and follow-up
- Increasing communication across stakeholders
- Building capacity and quality within the Adult Protective Services workforce

Strategy 1: Technology System Improvements	
ACTION STEPS	**MEASUREMENT**
1. Expand data report production.	1. Reports will be immediately available to Adult Protective Services supervisor and administrator to facilitate real-time oversight.
2. Improve functionality.	2. The system will identify and prompt users when data is incomplete.
3. Enhance interoperability between systems.	3. Increased ability to identify trends for Adult Protective Services in Iowa.
4. Improve National Adult Maltreatment Reporting System (NAMRS) data collection and reporting.	4. There is increased efficiency in tabulating NAMRS data.
Strategy 2: Adult Protective Services Staffing and Staffing supports	
ACTION STEPS	**MEASUREMENT**
1. Hire one additional permanent Adult Protective Services administrator.	1. Program oversight is strengthened.
2. Assign project manager for Iowa's Adult Protective Services Operational Improvement Plan.	2. The strategies and actions within the Adult Protective Services Operational Plan are supported and progress is documented.

(continued)

Strategy 3: Adult Protective Services System Improvements and Enhancements	
ACTION STEPS	**MEASUREMENT**
1. Develop and implement training for Adult Protective workers, targeted disciplines, and mandatory reporters to assist in identifying, reporting, and responding to adult abuse.	1. Increase in knowledge for reporters, adult protection staff, and public on adult protective service issues.
2. Contracts to support investigation of financial exploitation cases.	2. There is a consistent analysis of financial information to identify exploitation and abuse.
3. Create and maintain a centralized and public facing adult abuse platform.	3. Data is used to inform decision-making.
Strategy 4: Goods and Services to Adult Protective Services Clients	
ACTION STEP	**MEASUREMENT**
Execute contracts to meet identified needs for Adult Protective Services clients.	More goods and services are available to quickly mitigate risk and safety issues, support care transitions, and increase stability of vulnerable adults.

Initiative 2: Enhance Support for Iowa's Children and Families

Intended Outcomes:

- Policies enhance independence and success for Iowa's families.
- Ensure access to high-quality residential care for youth in need of this level of care
- Outcomes for children and dependent adults are improved through system improvements.

Strategy 1: Pursue a Comprehensive Policy Strategy	
ACTION STEP	**MEASUREMENT**
Produce a package of high impact changes to Iowa Code, removing barriers to success for individuals and families.	The package of changes is adopted and implemented.
Strategy 2: Conduct Targeted Rate Reviews for Residential Program Providers	
ACTION STEP	**MEASUREMENT**
Identify opportunities to reduce the financial shortfall experienced by residential providers.	Contracts with providers will reflect improved rates and payment methodologies which will result in delivery of high-quality residential care for those who need it.

(continued)

Strategy 3: Complete an Assessment and Evaluation of the Child and Dependent Adult Welfare Systems	
ACTION STEP	**MEASUREMENT**
Engage a third-party vendor via contract to conduct an assessment and evaluation of the existing child and dependent adult welfare systems.	The vendor provides actionable recommendations for changes to structure, policy, and process to improve outcomes across the two systems.

GOAL 4

Improve Iowans' Employment and Economic Security & Goal 6: TANF and Block Grants

Initiative 1: Enhance the Childcare System

Intended Outcomes:

- Strengthen the childcare workforce
- Support childcare providers
- Ensure childcare is affordable
- Improve childcare quality

Strategy 1: Stabilize the Childcare Workforce	
ACTION STEPS	**MEASUREMENT**
1. Pay retention bonuses .	1. Bonuses are paid, and employees are retained.
2. Implement fingerprinting requirements in collaboration with the Department of Public Safety	2. Requirements are implemented and the action steps for compliance are outlined and shared with stakeholders
Strategy 2: Reduce regulatory burdens for providers	
ACTION STEPS	**MEASUREMENT**
1. Implement fingerprinting requirements in collaboration with the Department of Public Safety.	1. Requirements are implemented and the action steps for compliance are outlined and shared with stakeholders.
2. Modify staff to child ratio rules.	2. Ratios are modified, and providers experience decreased staffing burden.
3. Modify rules to reduce regulatory requirements for childcare centers.	3. Rule modifications are proposed and selected, and changes are incorporated and communicated with stakeholders.

(continued)

Strategy 3: Increase the quality of childcare throughout Iowa.	
ACTION STEPS	**MEASUREMENT**
1. Modify the Quality Rating System (QRS) to increase provider advancement through QRS levels	1. Modifications are proposed and selected, and changes are incorporated and communicated with stakeholders. There are more providers enrolled in advanced QRS tiers.
2. Increase QRS advancement by offering financial incentives	2. Financial incentives are developed and communicated with stakeholders. There are more providers enrolled in advanced QRS tiers.

GOAL 5 Effectively Manage Resources

Initiative 1: Redesign Income Maintenance Business Processes

Intended Outcomes:

- Identify root causes of economic benefit errors across income maintenance programs with a focus on the SNAP error rate
- Identify strengths, inefficiencies, inconsistencies, and Adult Protective Services in customer service in the eligibility process

Strategy 1: Reduce SNAP case errors.	
ACTION STEP	**MEASUREMENT**
Identify and implement targeted error-reduction strategies.	The SNAP error rate is reduced to and maintained at an acceptable federal rate.
Strategy 2: Reduce variation and promote cohesive processes across Service Areas.	
ACTION STEP	**MEASUREMENT**
Develop a common onboarding model for all Income Maintenance Workers.	Onboarding procedures are standardized, and Income Maintenance Workers are supported to provide the highest quality service to all customers.

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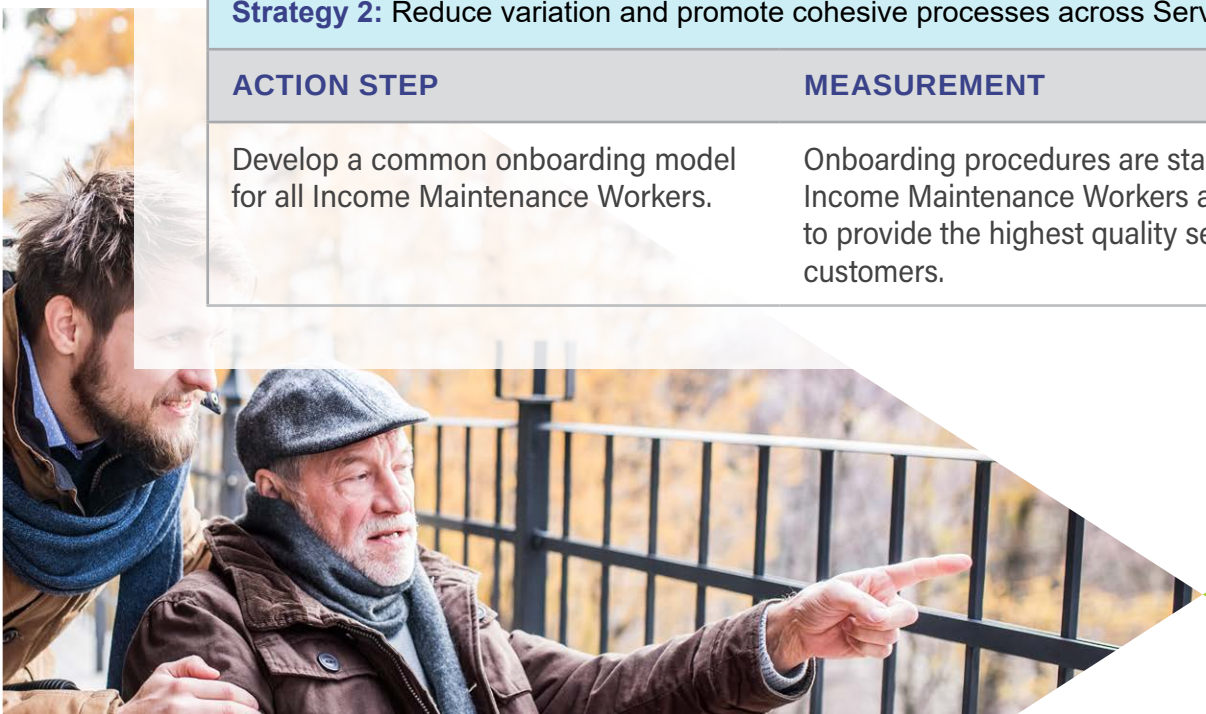


Strategy 3: Improve the development, communication, and monitoring of policies, procedures, and training for all Income Maintenance staff.	
ACTION STEP	**MEASUREMENT**
Align policy and procedure updates and communications.	Policy and procedure updates are documented and delivered in a consistent manner and communication loops are complete, resulting in a high level of satisfaction among Income Maintenance Workers and customers.

Initiative 2: Align Administrative Functions to Support the Health and Human Services Agency

Intended Outcomes:

- Ensure Federal financial opportunities are maximized and compliant with established requirements
- Promote integrity in procurement and contracting
- Functions are coordinated and consistent

Strategy 1: Ensure appropriate management and use of new COVID funding sources.	
ACTION STEP	**MEASUREMENT**
Establish separate accounting and ensure regular reporting and reconciliation are in place.	Reports provide complete and accurate accounting procedures for all new funding sources.
Strategy 2: Implement Workday Financial.	
ACTION STEP	**MEASUREMENT**
Meet implementation deadlines set by OCIO and DAS.	Active participation in implementation activities and timely compliance with deadlines.
Strategy 3: Review Information Technology (IT) cost management practices and cost allocation plans.	
ACTION STEP	**MEASUREMENT**
Develop cost allocation methodologies to support appropriate claiming of federal funding for IT solutions.	Methodologies are developed and approved by federal partners to support claiming of federal funding sources.

(continued)

Initiative 3: Transformation through Technology

Intended Outcomes:

- Create a modern and nimble organization

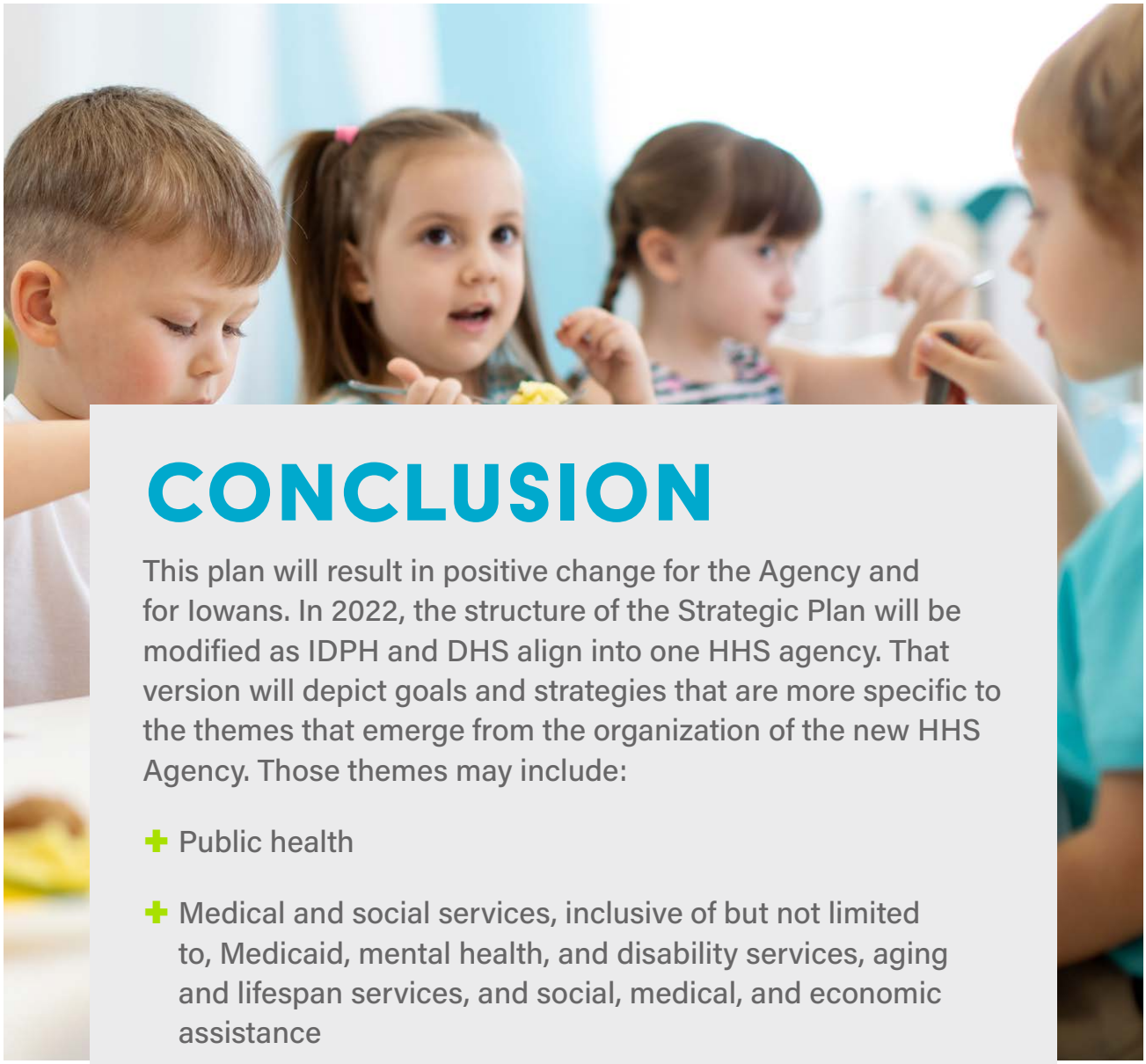
Strategy 1: Infuse human-centric design.	
ACTION STEP	**MEASUREMENT**
Incorporate human-centric design into new agency projects	Assess the process and results of initiatives and applications developed using human-centric design and incorporate lessons learned into future efforts.
Strategy 2: Replace legacy systems.	
ACTION STEP	**MEASUREMENT**
Identify legacy systems that are ready for replacement and prioritize them.	One priority, the IOWA child welfare system (FACS), is enhanced to meet new guidelines (CCWIS).
Strategy 3: Standardize technology.	
ACTION STEP	**MEASUREMENT**
Promote an enterprise-wide data strategy to support program decisions and strategic initiatives	Communicate the data strategy with business teams and enhance the strategy based on expressed needs
Strategy 4: Innovate for the workforce.	
ACTION STEP	**MEASUREMENT**
Deploy technology to enable employees to perform work from any location.	Employees will maintain productivity based on supports that enable remote work.

GOAL 6 TANF and Block Grants

This goal is comprised of three Federal grants:

- Temporary Assistance for Needy Families (TANF)
- Social Services Block Grant
- Mental Health Block Grant.

The DHS services associated with Goal 6 fall under Goal 2: Improve Iowans' Behavioral and Disabilities Health Status and Goal 4: Improve Iowans' Employment and Economic Security. The Agency's initiatives, strategies, action steps, and measurements for Goal 6 are synthesized with those of Goals 2 and 4.



CONCLUSION

This plan will result in positive change for the Agency and for Iowans. In 2022, the structure of the Strategic Plan will be modified as IDPH and DHS align into one HHS agency. That version will depict goals and strategies that are more specific to the themes that emerge from the organization of the new HHS Agency. Those themes may include:

- Public health
- Medical and social services, inclusive of but not limited to, Medicaid, mental health, and disability services, aging and lifespan services, and social, medical, and economic assistance
- Administration and strategic operations
- Facilities operations

Our commitment to serving Iowans will continue to a primary driver of our goals, initiatives, and strategies. The outcomes of individuals, families, and communities will be a measure of our success.

Department of HUMAN SERVICES

Key Reporting Tools

Comm. 641 (02/22)

Documents	Components	Due Date/Timing	Submit To
Agency Strategic Plan By All Agencies §8E	▶ Assessment ▶ Vision ▶ Mission and Core Functions ▶ Goals with Measures ▶ Strategies ▶ Action Plan	Typically January-February, or due date set by DOM *(3-5 year cycle with annual updates if warranted)*	Department of Management Director
Annual Agency Performance Plan By All Agencies §8E	▶ Core Functions ▶ Outcomes ▶ Performance Measures (outcome) and Targets ▶ Services, Products and/or Activities ▶ Performance Measures and Targets ▶ Strategies/Recommended Actions	Typically August 1, or due date set by DOM Performance information must be entered into I/3 budget	Department of Management
Annual Agency Performance Report By All Agencies §8E	▶ Introduction ▶ Agency Overview ▶ Strategic Plan Results ▶ Performance Plan Results ▶ Resource Reallocation	Typically December, or due date set by DOM	Department of Management
Annual Report §217.21	▶ Itemized statement of expenditures	(available in I/3)	Department of Management
	▶ Statistical reports on payments	(available in I/3)	
	▶ Recommendations for changes in laws	NLT 45 days prior to start of legislative session, or due date set by LSA	DOM & LSA
	▶ Observations & recommendations of Director and Council	Annually, October 1	
	▶ Other information advisable or requested	Annually, October 1	
Annual Department Estimates §8.23	▶ Annual Budget Request ▶ Annual Salary Requests ▶ Annual Capital Requests ▶ Annual Technology Requests ▶ Other Budget Needs/ Issues	Annually, October 1	Department of Management
	▶ Estimates of receipts & expenditure requirements from federal and other non-state grants	Annually, November 15	DOM & LSA
Medicaid Reference Guide	▶ Provides overview of the Medicaid and CHIP – targeted at answering central questions about programs: • Caseload count & trends • Cost information • System forecasting		
Business Plan	▶ Business (strategic) Plan: • Commitments, Agency Overview, Budget Summary • Initiatives • Goals-Strategies-Deliverables		
Dashboards	▶ Fiscal ▶ Child Care ▶ Child Support ▶ Child Welfare ▶ Facilities ▶ SNAP/FIP ▶ Health ▶ SDOH		

Department of HUMAN SERVICES

Iowa Supreme Court Juvenile Justice Taskforce

DHS Discussion Points

January 26, 2022

Department of HUMAN SERVICES

Community-Based Services and Transition to Re-Entry

12:50 to 1:30 p.m.

Community-Based Services and Transition to Re-Entry

- Early Identification
- Early Wrap Around Services
- Evidence-Based Programs
  - Model Selection
  - Matching Workforce and Model
  - Fidelity
  - Measurement

Department of HUMAN SERVICES

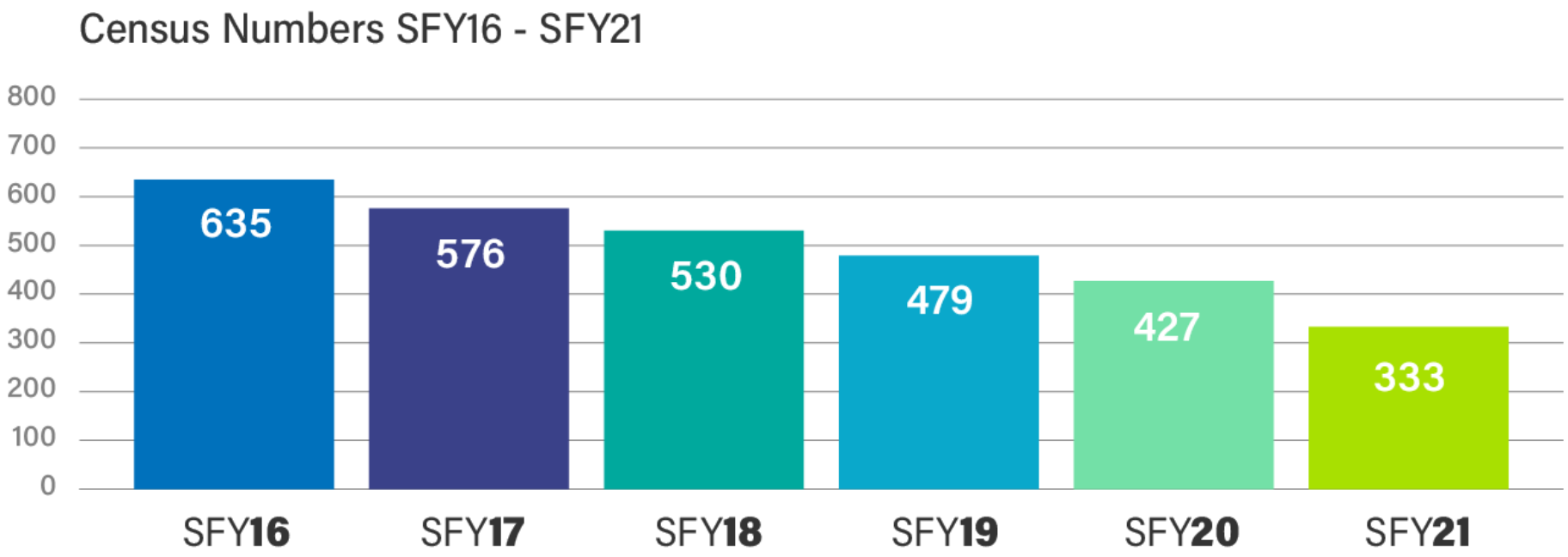
Congregate Care and the Boys State Training School

1:30 to 2:15 p.m.

Congregate Care and the Boys State Training School (BSTS)

- DHS is committed to rightsizing residential.

Number of youth in group care on average from 2016 to now.



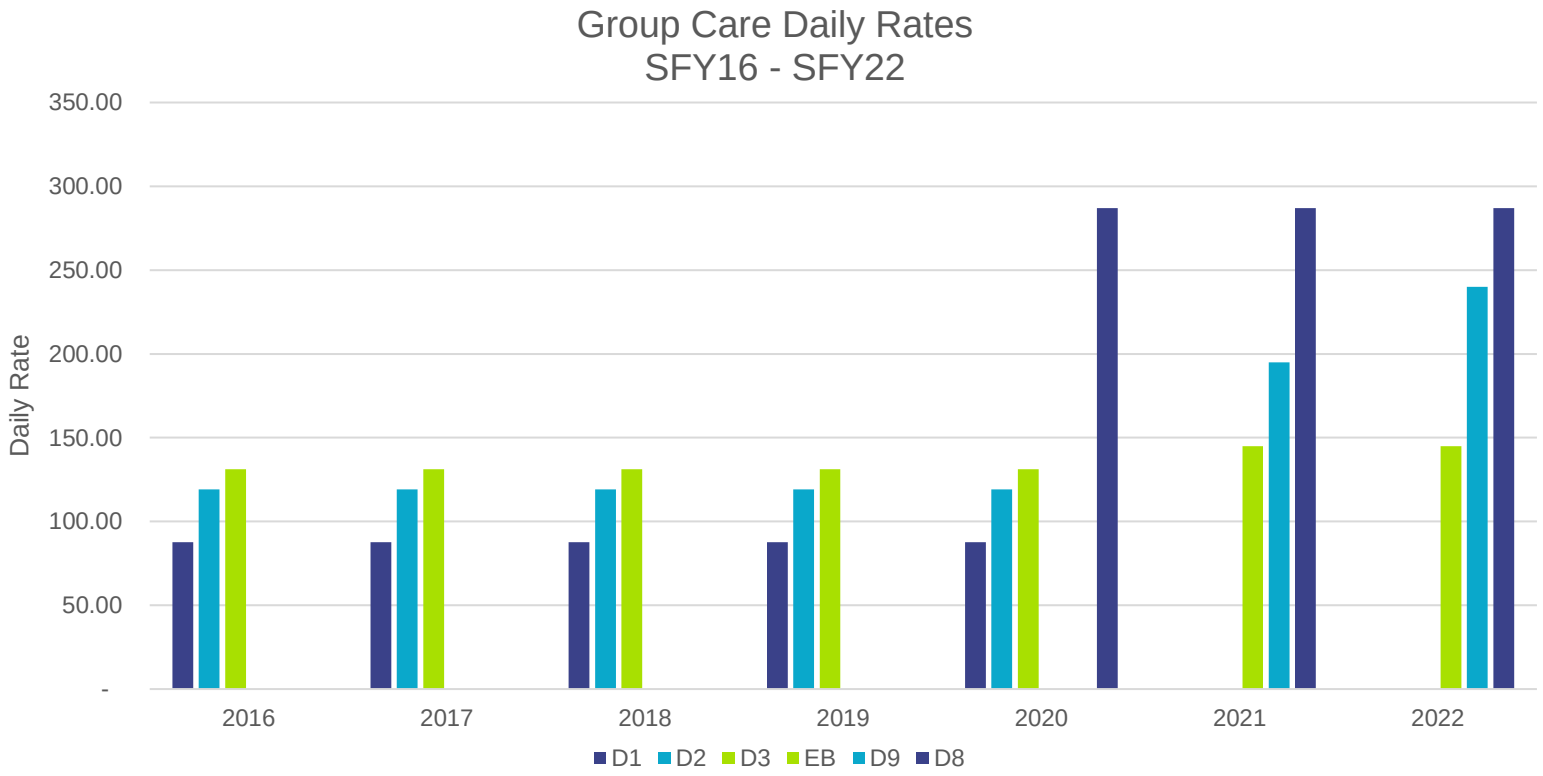
Congregate Care and the Boys State Training School (BSTS)

Family First: Key Challenges

- Iowa group care providers financially relied on out-of-state placements to cover cost of providing services.
- Increased costs resulted in programs closing:
  - Three providers closed permanently (Clarinda, Forest Ridge and Beloit/LSI).
  - One provider reduced beds by 25%.
- Complex needs and high acuity of youth in group care.
- Low wages lead to staff turnover.
- COVID has had additional effects:
  - Youth needing to quarantine and isolate
  - Staff infections trigger more staff working overtime
  - Residents on campus more due to school shutdown, reduced home visits, COVID exposure
  - 6 providers temporarily closed due to infectious outbreak
- IMD Exclusion

Congregate Care and the Boys State Training School (BSTS)

Family First: Maintaining Momentum



Congregate Care and the Boys State Training School (BSTS)

Family First: Specialized Beds

- Specialized Beds in the QRTP Array:
  - Problematic Sexualized Behavior (PSB): 68
  - Neurodevelopment and Comorbid Condition (NACC): 8
  - Specialized Juvenile Delinquency: 18
  - **Number of specialized beds: 94**
  - **Number of QRTP Beds: 264**
  - **Total number of QRTP beds statewide: 358**
- Greater Separation between DHS and JCS youth:
  - Reviewing data
  - Ensuring capacity
  - Maintaining connections to communities

Congregate Care and the Boys State Training School (BSTS)

Family First: Next Steps

- Therapeutic Foster Care
- Greater Separation Between JCS and DHS Youth

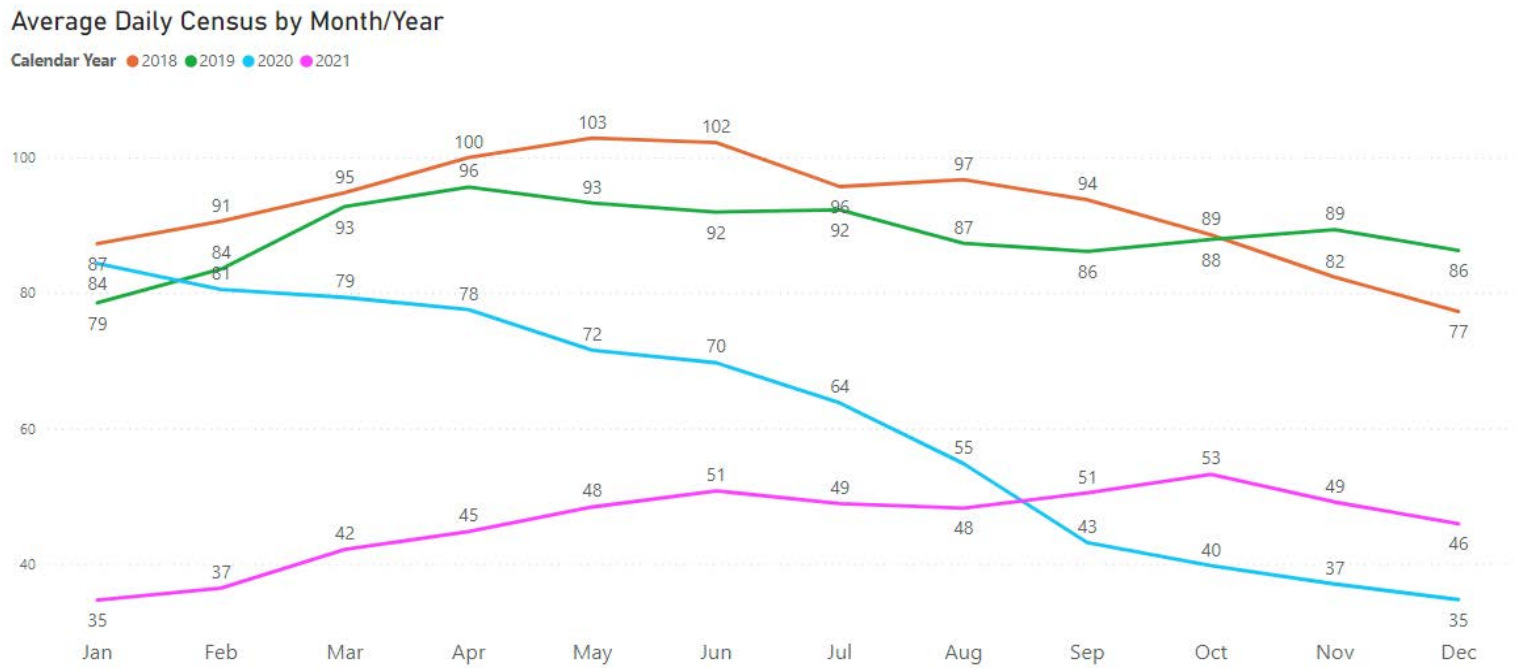
Congregate Care and the Boys State Training School (BSTS)

BSTS: Improvements in Therapeutic Care

- New or revised policies and staff training on mental health services, suicide and crisis management, health records, room confinement, security restraints, and behavior management.
- Increased use of evidence-based therapy, skills training, and restraint reduction interventions.
- Improved coordination with Juvenile Court Services (JCS).
- Clearer protocols for connecting youth with hospital level of care.
- A new approach for improving students' behavior, skills, and coping mechanisms.

Congregate Care and the Boys State Training School (BSTS)

BSTS: Census



Congregate Care and the Boys State Training School (BSTS)

BSTS: Ongoing Considerations

- Admission Criteria
  - Placement occurs once highly acute.
  - Placement occurs after continuous failed placements.
  - There needs to be an upstream focus.
- Placement for Girls
  - There is no BSTS-analogous facility for girls.
  - Girls are being sent out of state.

Department of HUMAN SERVICES

Dual System Youth

2:15 to 2:45 p.m.

Dual System Youth

- Policies, Procedures and Standardization
  - DHS oversees CINA youth; JCS oversees delinquent youth.
  - DHS is the State Child Welfare Agency and is responsible for SS Act IVE and IVB claiming.
- There is a Lack of Firm Procedures
  - DHS and JCS create policies and practices separately.
  - Considerable staff time is needed for training, coordination and problem solving.
- There is Confusion on Who is Lead
  - Risk of federal penalty if found noncompliant.
  - Conflicting obligations at the case level.
  - Youth outcomes may be impacted by lack of coordination.

Department of HUMAN SERVICES

Governance, Funding and Data Collection

2:45 to 3:15 p.m.

Governance, Funding and Data Collection

State Funding

- Graduated Sanction State allocation via DHS: $12,253,000/yr
- Court Ordered Services State allocation via DHS to State Court Administration: $3,290,000/yr

Federal Funding

- Criminal and Juvenile Justice Planning Federal funding allocation via CJJP: $329,793/yr

The Family First Act provided an opportunity for Judicial partners to begin drawing federal IVE funding through DHS for juvenile justice administrative activities. An MOU is in place. The most recent one quarter claim is for $565,914.

441—153.17(232)

Governance, Funding and Data Collection

Graduated Sanction Services

- Juvenile Court Officers purchase services on behalf of eligible youth through contracts that are secured and monitored for compliance by the judicial districts.
- These contracts include standards that providers must comply with to ensure quality service is provided. DHS provides administrative oversight and payment service for these agreements.

	Graduated Sanction Services
Service Provider	Private or public agency identified by judicial branch
Provider Standards	Enforced through service contract negotiated by judicial branch and paid by DHS
State Funds Used	Graduated Sanctions, Court Ordered Services
State Funds Admin	Allocated by DHS to the judicial districts; Judicial branch secures and verifies service provision; DHS processes payment and tracks account balances

Governance, Funding and Data Collection

Graduated Sanction Services

- Graduated sanction services may be paid through state funds or by a third-party like a private insurer or Medicaid.
- When state funds are used, one of two appropriations are utilized:
  - Graduated Sanctions Appropriation: Funds services ordered by the court that are provided in community-based settings to an eligible child who is adjudicated delinquent or who is at risk of adjudication.
  - Court Ordered Services Appropriation: Funds care and treatment ordered by the court for an eligible child and for which no other payment source is available to cover the cost.

Governance, Funding and Data Collection

Graduated Sanction Services

- DHS receives these state funds. DHS works with State Court Administration each year to allocate both funds across the eight judicial districts based on child population data from the most recent census.
- State Court Administration also uses some of the funds for program administration, including the hiring of a contract accounting position in each judicial district.
- Services purchased with the funds are verified for accuracy by the judicial districts and sent to DHS for payment.

Governance, Funding and Data Collection

Decategorization

- Decategorization of child welfare and juvenile justice funding is a project that uses categorical funding programs and funding sources to redirect child welfare and juvenile justice funding to services which are more preventive, family centered and community-based.
- 441-151 Juvenile Court Services allows transfer of unused Graduated Sanctions and Court Ordered Services funds at the end of the year, but only to decategorization projects.
  - Transfer letters are created by JCS and delivered to DHS.
  - Transfers made to DECAT for JCS DECAT contracts exceeded $5million.
  - The funds may also be used for DECAT purposes such as DECAT coordination expenses.

Governance, Funding and Data Collection

- Data:
  - Data must interface.
  - How is data used to inform decisions?
  - How are contracts leveraged?
- Centralized Approach:
  - Increase statewide coordination.
  - Ensure data consistency.
  - There's more progress to make.