

# Iowa Department of Health and Human Services

## **SOCIAL SERVICES BLOCK GRANT INTENDED USE PLAN & PRE-EXPENDITURE REPORT**

State Fiscal Year:  
July 1, 2023 - June 30, 2024

**Public Comment Period:  
May 16- May 30, 2023**

Kelly Garcia, Director  
Iowa Department of Health & Human Services

Jess Benson, Chief Financial Officer  
Iowa Department of Health & Human Services

STATE OF IOWA DEPARTMENT OF  
**Health** AND **Human**  
SERVICES

Kim Reynolds  
GOVERNOR

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Kelly Garcia  
DIRECTOR

May 16, 2023

J. Janelle George  
Deputy Director  
Division of Social Services  
Office of Community Services  
Administration for Children and Families  
U.S. Department of Health and Human Services  
330 C Street S.W., Mailroom 5411  
Washington, D.C. 20201

Dear Ms. George:

Attached are the Social Services Block Grant (SSBG) Intended Use Plan and Pre-Expenditure Report for the State of Iowa. The report covers the State Fiscal Year 2024, for the period of 07/01/23 through 06/30/2024.

Comments or questions regarding this report should be addressed to the Iowa SSBG contact staff:

Matt Uthoff, Executive Officer II  
Iowa Department of Health & Human Services  
Community Access Division  
Hoover State Office Building  
1305 E Walnut Street  
Des Moines, IA 50319-0114  
(O) 515-281-7315  
[muthoff@dhs.state.ia.us](mailto:muthoff@dhs.state.ia.us)

The SSBG official receiving the SSBG Grant Award is:

Kelly Garcia, Director  
Iowa Department of Health & Human Services  
Hoover State Office Building  
1305 E Walnut Street  
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Sincerely,



Jess Benson, Chief Financial Officer  
Department of Health and Human Services

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## **OVERVIEW**

**Mission:** Iowa Department of Health and Human Services (Iowa HHS) provides high quality programs and services that protect and improve the health and resiliency of individuals, families, and communities. We accomplish this by keeping a customer focus, striving for excellence, sound stewardship of state resources, maximizing the use of federal funding and leveraging opportunities, and by working with our public and private partners to achieve results.

**Societal Vision:** Individuals, families, and communities are safe, resilient and empowered to be healthy and self-sufficient.

**Organizational Vision:** Iowa HHS is a trusted leader and partner in protecting health and providing high quality, equitable services.

Iowa HHS provides a variety of statewide social services to help individuals and families improve their lives. Iowa HHS is the State Agency designated to administer the State's SSBG program. The program services are designed to assist individuals or families to become less dependent on others for financial support or personal care; to protect vulnerable children and/or adults; to avoid unnecessary or premature institutionalization; and to gain appropriate placement, if institutionalization is necessary.

This report outlines those services in Iowa funded with federal Social Services Block Grant funds and related state funds during the 2024 State Fiscal Year that begins July 1, 2023, and ends June 30, 2024.

## **GOALS**

Each State has the flexibility to determine what services will be provided, who is eligible to receive services, and how funds are distributed among various services or programs within the State. Target population is determined by each State, according to these needs and must be directed at one or more of the five broad statutory goals.

Iowa's intended use plan for its SSBG allocation is to advance one or more of the following SSBG goals:

- Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
- Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
- Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families;
- Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care;
- Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.

## LEGAL REQUIREMENTS

The federal government established the SSBG in the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35). The SSBG replaced the previous federal social services program known as Title XX and gave the states substantial discretion in the use of block grant funds. Each State's SSBG grant is determined by a statutory formula based on the State's population. States are fully responsible, within the limitations of the law, for determining the use of their grant funds.

The SSBG funds must be spent according to requirements in the Code of Federal Regulations, Title 45, Part 96, as amended. Limitations on the use of grants is outlined in U.S.C. Title 42, §1397d(a)(1-10). Iowa confirms that all uses of SSBG funds are in accordance with the requirements and statutory limitations on the use of the grant.

The Iowa regulations, which apply to SSBG eligibility for services and their delivery, are found in the Iowa Administrative Code 441, Chapters 130 (General Provisions) and 153 (Social Services Block Grant). In addition, the Code of Iowa also covers social services in the "Administrative Procedures Act" (Chapter 17A), "The Department of Human Services" (Chapter 217), and "Child and Family Services" (Chapter 234).

## CHANGES TO THE PRE-EXPENDITURE REPORT

An amendment process makes it possible to respond to changing needs throughout the year. Any decision to add a service, stop a service, or change the period of time a service is available is publicly posted in the full-time Iowa HHS offices. Most of these amendments are posted for 30 days before the change takes place. However, if funding is not available to continue a service, an amendment may take effect as soon as it is posted.

## LEGISLATION AND PUBLIC PARTICIPATION

The Iowa Legislature allocates the anticipated funding from the Social Services Block Grant. The Iowa Legislature passed two appropriation bills related to the use of SSBG funding for SFY24 and SFY25. [HF 709](#), a two-year Federal Block Grant bill which appropriates funds to specific programs within the Department of Human Services was passed by the Iowa House on 05/01/23; it was passed by the Iowa Senate on 04/25/23. [SF 561](#), the SFY24 Health & Human Services Appropriations bill, was passed by the Iowa House on 05/02/23; it was passed by the Iowa Senate on 05/03/23. Both bills are awaiting final action by the Governor.

Iowa publishes the proposed intended use plan and pre-expenditure report to inform Iowa's citizens and decision-makers of its plans for implementing the SSBG program and to meet the SSBG pre-expenditure reporting requirements. The Intended Use Plan and Pre-Expenditure Report were posted on the HHS website for 24-hour access at [Social Services Block Grant Information | Iowa Department of Health and Human Services](#). The public comment period for the SFY24 intended use plan and pre-expenditure report is from May 16 – May 30, 2023.

Public notices were posted to provide the public an opportunity to submit comments. Iowa considers all feedback received from the public, including service recipients, service

providers, and other stakeholders, throughout the program year and in its preparation of updates, if necessary, to reflect substantial changes. There were no inquiries or comments received during the public comment period; no substantive changes to the Intended Use Plan were required.

## **POLICY ON NONDISCRIMINATION**

It is the policy of the Iowa Department of Health and Human Services to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, religion, age, disability, political belief, or veteran status.

If any applicant for or recipient of services has reason to believe Iowa HHS or any of its vendors, providers, or contractors have discriminated against him or her for any of the reasons stated above, the person may use the discrimination complaint procedures of the following agencies:

- (1) Iowa Department of Health and Human Services;
- (2) Iowa Civil Rights Commission (if a person feels he or she was treated differently because of his or her race, creed, color, national origin, sex, religion, or disability); or
- (3) U.S. Department of Health and Human Services, Office for Civil Rights.

For assistance or consultation, the person may contact a HHS office, a member of the HHS Affirmative Action committee, or:

Iowa Civil Rights Commission  
Grimes State Office Building  
400 E. 14th Street  
Des Moines, IA 50319-1004  
Phone: 515-281-4121  
Toll Free: 1-800-457-4416  
Fax 515-242-5840

U.S. Department of Health and Human Services  
Office for Civil Rights, Region VII  
601 East 12th Street, Room 248  
Kansas City, Missouri 64106

## **APPLICATION FOR SERVICES**

A person may request service at any Iowa HHS field office. The services and programs that are included in this Intended Use Plan are intended to be available on a statewide basis; there are no geographic limitations within the state of Iowa for any service covered by SSBG funds.

The request for services will be acted upon within 30 days of the date the application form is completed unless otherwise indicated in the Iowa Administrative Code. There is no fee for application, however there may be a cost to the client for services that are received based upon income.

## ELIGIBILITY

To be eligible for a service a person must be found to need the service and be a resident of the state of Iowa. For some services, financial eligibility may also be required. To be financially eligible, the family income must fall within the income guidelines in Table 1, as defined in [Iowa Administrative Code 441—130.3\(1\)"d"\(2\)](#).

Persons who qualify for an income maintenance program such as the Family Investment Program (FIP), Supplemental Security Income (SSI), or State Supplemental Assistance (SSA) are considered financially eligible.

<b>MONTHLY GROSS INCOME LIMITS</b>	
<b><u>Family Size</u></b>	<b><u>Monthly Gross Income Limits For Services</u></b>
1	583
2	762
3	942
4	1121
5	1299
6	1478
7	1510
8	1546
9	1581
10	1612
*	*Add \$33 for each additional person up to 20 members

Certain services are provided without regard to income, which means family income is not considered in determining eligibility. The services provided without regard to income are court-ordered services, information and referral, child abuse investigation, child abuse treatment, child abuse prevention services, including protective child care services, family-centered services, dependent adult abuse evaluation, dependent adult abuse treatment, dependent adult abuse prevention services, and purchased adoption services to individual and families referred by the department.

The Iowa Department of Health and Human Services monitors TANF transfers to SSBG to ensure TANF eligibility standards are met.

- SSBG programs using transferred TANF funds are generally child welfare in nature, and do not have income eligibility limits. However, the 200% of poverty limit requirement effectively establishes an income limit with respect to the use of transferred TANF funds.
- States are allowed to estimate TANF expenditures under certain circumstances. (See reference: <https://www.acf.hhs.gov/ofa/resource/recovery/tanf-faq>). As noted, ACF has clarified that states do not have to use individualized income determinations when eligibility is determined by financial need.
- As SSBG funded child welfare programs do not use individualized income determinations, expenditures using transferred TANF funds on behalf of children under 200% of poverty must be estimated.
- The latest annual KidsCount report by Annie E. Casey uses Census data to show that 32% of all Iowa children live in families with income < 200% of the federal poverty limit (2021 data, updated September 2022):

[Children below 200% poverty | KIDS COUNT Data Center \(aacf.org\)](#)

- The department's budget analyst and TANF program staff performed actual calculations, using the SFY22 SSBG Post-Expenditure Report to determine the amount of TANF transferred to SSBG; which programs used the funds (limited to Case Management and Home-Based services); and the percentage of total expenditures paid with TANF. These staff also did a similar calculation for allocating administrative costs based on the percentage of SSBG recipients who were children.

Using the most recent KidsCount report as a guide, HHS has looked at the number of people served by different SSBG programs by age category as well as the amount of expenditures and corresponding funding sources, including transferred TANF, to show that TANF funds transferred to SSBG are used only on behalf of services for children. The amount of transferred TANF funds expended for these services expressed as a percentage of the total expenditures for each of these services is less than the percentage of children under age 18 in families with income < 200% of the federal poverty level than occurs in the general population. The proportionate amount of administrative costs for these services funded with transferred TANF is also less than the percentage of children under age 18 in families with income < 200% of the federal poverty level than occurs in the general population.



## GLOSSARY OF TERMS

Note: The definitions in this glossary include brief descriptions of block grant funded services. The full legal definitions may be found in the Iowa Administrative Code, [Section 441](#), or as noted below.

**Adult** - A person over eighteen years of age who has received a high school diploma or high school equivalency diploma does not meet the definition of “child” (see below) and therefore would be considered an adult.

**Adult Support** - Community–based assistance services, individual treatment services, social contact services, and supervisory services. These services encourage and assist adults, persons aged eighteen and older who do not meet the definition of “child” (see below), to obtain or more fully use community services that promote health and well-being.

**At-Risk Adult** - means an adult who, because of a significant impairment due to a physical or mental disability or both, is unable to meet essential daily needs without assistance and whose personal health or safety is at risk due to such impairments, the environment, substance abuse problems, a lack of services or social supports, a refusal to accept services, or other risk factors identified through an assessment.

**Dependent Adult** - means a person eighteen years of age or older who is unable to protect the person’s own interests or unable to adequately perform or obtain services necessary to meet essential human needs, as a result of a physical or mental condition which requires assistance from another.

**Eligible Adult (specifically for Foster Care Services – Adults, aka Family-Life Home)** - means a person eighteen years of age or older who meets the eligibility requirements for services or is a recipient of protective services, and who is considering or needs a living arrangement in a family-life home.

**Case Management** (Field Operations Social Services Casework) - Means working with the client to:

- a) Assess and identify individual and family strengths and needs,
- b) Develop a case plan to provide appropriate supports and services,
- c) Implement the case plan using community resources,
- d) Coordinate and monitor the provision of services,
- e) Evaluate client progress and the case plan to determine continued need for services, and
- f) Plan for discharge.

**Central (General) Administration** - The Central (General) Administration appropriation provides for the administrative direction and coordination for all programs and services provided by the Department, including program planning, policy formulation, budget formulation, purchasing, accounting, data processing, and systems development to generate provider payments.

**Child** (as defined by [Iowa Code 234.1\(2\)](#)) - means either a person less than eighteen years of age or a person eighteen, nineteen, or twenty years of age who meets all of the following conditions:

- a) The person was placed by court order issued pursuant to [Iowa Code Chapter 232](#) in foster care or in an institution listed in [Iowa Code 218.1](#) and either of the following situations apply to the person:
  - (1) After reaching eighteen years of age, the person has remained continuously and voluntarily under the care of an individual, as defined in [Iowa Code 237.1](#), licensed to provide foster care pursuant to [Iowa Code Chapter 237](#) or in a supervised apartment living arrangement, in this state.
  - (2) The person aged out of foster care after reaching eighteen years of age and subsequently voluntarily applied for placement with an individual, as defined in [Iowa Code 237.1](#), licensed to provide foster care pursuant to chapter 237 or for placement in a supervised apartment living arrangement, in this state.
- b) The person has demonstrated a willingness to participate in case planning and to complete the responsibilities prescribed in the person's case permanency plan.
- c) The department has made an application for the person for adult services upon a determination that it is likely the person will need or be eligible for services or other support from the adult services system.

**Child and Family Services** - The Child and Family Services appropriation provides funds for services to children and families and for activities to support those services. Services are designed to protect children from abuse and neglect, prevent out-of-home placement, provide temporary foster care for children unable to remain in their own homes, and provide permanent homes for children who cannot return home. SSBG funds may be used for family centered child welfare services (i.e., Family Preservation Services (FPS), Child Safety Conferences (CSCs), Solution Focused Meetings (SFM) and Youth Transition Decision-Making (YTDM) Meetings, SafeCare®, and Solution Based Casework® (SBC)), and Child Welfare Emergency Services (CWES).

**Child Welfare Emergency Services** (as defined in the Department of Human Services' CWES contracts) - An array of short term and temporary interventions that are provided to the target population by the child welfare system and focus on children's safety, permanence, and well-being. CWES range from the least restrictive approaches that can be used, e.g., crisis interventions such as family conflict mediations or in-home interventions, to more restrictive emergency services including out-of-home placements with relatives, foster families, or emergency juvenile shelter care (as permitted by the Iowa Code).

**County Administration** - Local agency expenses, including the portion of the cost of maintaining a local office in order to effectively and efficiently provide an array of case management services to eligible persons, which is reimbursed to the county.

**Dependent Adult Protection** (Protective Services - Adults) - A service in which a HHS worker provides an evaluation of a reported abuse of a dependent adult which occurred

because of the actions or omissions of caretakers or of dependent adults themselves. Some examples of abuse are non-accidental physical injury, sexual abuse, inadequate food, clothing, shelter, or items necessary for the dependent adult's health and welfare. This service also includes providing or arranging for intervention or court referral that remedies an actual or potential abuse problem.

**At-risk Adult** - means an adult who, because of a significant impairment due to a physical or mental disability or both, is unable to meet essential daily needs without assistance and whose personal health or safety is at risk due to such impairments, the environment, substance abuse problems, a lack of services or social supports, a refusal to accept services, or other risk factors identified through an assessment.

**Dependent Adult** - means a person eighteen years of age or older who is unable to protect the person's own interest or unable to adequately perform or obtain services necessary to meet essential human needs, as a result of a physical or mental condition which requires assistance from another.

**Family** (as defined by [Iowa Code 239B.1\(5\)](#)) - Means a family unit that includes at least one child and at least one parent or other specified relative of the child.

**Family-Centered Services (FCS)** (as defined by Iowa HHS RFP and Contracts for FCS as well as [IAC 441- Chapter 172](#)) - use strategies and family focused interventions designed to deliver a flexible array of culturally sensitive interventions and supports to achieve safety and permanency for a child or children with an open Iowa HHS child welfare case, regardless of the setting in which the child resides. FCS is the primary family-centered service intervention purchased by the Department. The outcome may be to maintain children safely within their own families or with kin or fictive kin, to reunite children safely with their parents or other kin or fictive kin, or to achieve alternative permanent family connections for the child.

This service includes Family Preservation Services (FPS) which provides oversight of children who are assessed by the Iowa HHS worker to be conditionally safe and in need of interventions (services and activities) to move them from conditionally safe to safe status during a time-limited Child Protective, CINA Assessment or ongoing case by providing culturally sensitive assessment and interventions. Services assure that the child(ren) will be safe and that without such services the removal of the child(ren) from the home or current placement will likely occur. The services shall provide a flexible array of strategies and interventions to monitor, evaluate, and intervene to ensure the child's safety; and evaluate and supplement the protective capacities of the child's caregivers. This service remediates the circumstances that brought the child to the attention of the Department.

This service includes facilitation of Child Safety Conferences (CSC) which are utilized for children at risk of removal and placement in foster care. Parents are invited to collaborate on solutions that allow the child(ren) and family to remain together. The goals of the conference are to develop a plan for keeping the child safe, while also preserving and strengthening the family connection.

This service includes SafeCare® which is an evidence-based, intensive parenting program provided as an in-home service. It is a structured curriculum designed to teach

core parenting skills in the following 3 areas: Health Module, Home Safety Module, and Parent-Child/Parent-Infant Interactions (PCI/PII) Module.

This service includes Solution Based Casework® which is used as the core framework of service delivery in partnership with families intended to support the family members during crisis, connect them with resources, and give structure and focus as the individuals in the family work on targeted goals. The casework model prioritizes working with the families to help them identify strengths, focus on everyday life events, and help the family to build the skills necessary to manage difficult situations.

**Family-Life Home** (Foster Care Services – Adults as defined by [IAC 441 – Chapter 111](#)) - A program for adults who want and need family-type living arrangements. The department certifies provider families who furnish a home for not more than two clients at a time, giving them room, board, laundry, and encouragement to share in family living and participate in the social, cultural, educational, religious, and other activities of the community.

**Eligible Adult** - means a person eighteen years of age or older who meets the eligibility requirements for services or is a recipient of protective services, and who is considering or needs a living arrangement in a family-life home.

**Field Operations** - The Field Operations appropriation funds the Iowa HHS service delivery system provided by front-line field staff who deliver and coordinate an array of social services and economic assistance to children, families and dependent adults throughout the State. Staff are located in county-based offices across Iowa in order to provide services at a local level, whenever possible. There are five service delivery areas that span the State, and a sixth, centralized area for common services, such as child care assistance and reporting of changes to households, in order to gain efficiencies and provide cost effective solutions.

**Iowa HHS** - The Iowa Department of Health and Human Services.

**SSBG** - Funds provided by the federal government for social services described in Title XXIII, Subtitle C, "Block Grants for Social Services of the Omnibus Budget Reconciliation Act of 1981" of Public Law 97-35. SSBG stands for Social Services Block Grant.

**Supervised Apartment Living (SAL) Services** (as defined in [IAC 441 – Chapters 108 & 202](#)) & **Preparation for Adult Living (PAL) Services and Aftercare Services** (as defined in [IAC 441 – Chapter 187](#)) - **SAL** is the least restrictive foster care placement in Iowa. Youth either live in a cluster site living arrangement or in a scattered site living arrangement. The living arrangement must provide the youth with an environment in which the youth can experience living in the community with less supervision than other types of foster care placements. Contractors must provide life-skills training services to youth in SAL. **PAL and Aftercare** are transition services to support youth age 18-23 who age out of foster care. Emphasis is placed on aftercare life skills, housing, employment, education, budgeting, and relationships. Youth receive individualized services from case managers, called Self Sufficiency Advocates from a network of eight child welfare providers that comprise the Iowa Aftercare Services Network.

**Volunteers** - The costs for an individual or agency to perform a variety of services in support of a structured volunteer program to enhance departmental programs. Services include volunteer recruitment, screening, orientation, recognition, training, and other appropriate activities.

## FUNDING

The Iowa Legislature allocates the anticipated funding from the Social Services Block Grant (as described on page 5). **Table 2** provides the estimated amounts and sources of funding anticipated for Social Services Block Grant related services in state fiscal year 2024.

**Table 2**  
**SOCIAL SERVICES BLOCK GRANT**

**PROPOSED FUNDING BY SOURCE AND CATEGORY OF EXPENDITURE**

**SFY 2024**

HHS BUDGET CATEGORY	FEDERAL	STATE	COUNTY	TOTAL
<b>FIELD OPERATIONS</b>	\$12,055,502	\$25,282,930		\$37,338,432
<b>COUNTY ADMINISTRATION</b>	\$577,636		\$3,981,284	\$4,558,920
<b>CHILD &amp; FAMILY SERVICES</b>	\$13,907,824	\$6,380,423		\$20,288,247
<b>VOLUNTEERS</b>	\$63,241	\$84,686		\$147,927
<b>CENTRAL ADMINISTRATION</b>	\$1,680,805	\$1,681,332		\$3,362,137
<b>TOTAL</b>	\$28,285,008	\$33,429,371	\$3,981,284	\$65,695,663

**NOTES:**

Federal funds include the total planned SSBG Expenditures, including both the SSBG Allocation and TANF funds used to replace reduced SSBG funding.

The state dollars represent funds available based on projected SFY24 appropriations.

Prepared by: David Philmon, MBA, MSBA  
HHS-Fiscal Management  
May 10, 2023

**Table 3** displays the corresponding Iowa HHS programs and services that are funded within the categories of expenditure from Table 2 and cross-walked with the proposed SSBG Expenditures by Service in the Pre-Expenditure Report.

**Table 3  
SOCIAL SERVICES BLOCK GRANT  
CATEGORIES OF EXPENDITURE**

<b>Expenditure Report Line # and SSBG Service Name</b>	<b>IA HHS Budget Category</b>	<b>IA HHS Program/Service</b>
2. Case Management	Field Operations	Case Management
	County Administration	County Administration (Local Agency Expenses)
10. Foster Care - Adult	Field Operations	Family-Life Homes
13. Home-Based Services	Child & Family Services	Family-Centered Child Welfare Services (i.e., Family Preservation Services, Child Safety Conferences, Solution Focused Meetings and Youth Transition Decision-Making Meetings, SafeCare®, Solution Based Casework® and Child Welfare Emergency Services)
16. Independent/ Transitional Living Services	Child & Family Services	Preparation for Adult Living Services (PALS) & Supervised Apartment Living (SAL)
21. Protective Services - Adult	Field Operations	Dependent Adult Protection (Protective Services-Adult)
29. Other Services	Volunteers	Volunteers
31. Administrative Costs	Central Administration	Central Administration (General Administration)

## **FINANCIAL OPERATIONS SYSTEMS**

Iowa HHS uses a methodology of calculating the final costs for the Field Operations budget category (for case management, county administration-local agency expense, family-life homes, and dependent adult protection) based on random moment time studies and approved federal cost allocation plan and principles.

## **STANDARDS FOR LIVING ARRANGEMENTS FOR SSI RECIPIENTS**

Some of the people who use SSBG services are Supplemental Security Income (SSI) recipients. The following standards apply to residential facilities for these recipients.

Standards for Family Life Homes, corresponding to Foster Homes in Public Law 94-566, are the responsibility of the Iowa Department of Health and Human Services. A Family Life Home is a private household offering a protective social living arrangement for one or two eligible adults. These standards, along with procedures for enforcement of these standards are contained in the [Iowa Administrative Code 441--Chapter 111](#). There is no provision for waiving family life home standards. Homes which do not meet standards are either denied certification or the existing certification is revoked. A list of homes having violated these standards, including deficiencies involved in each violation which have come to the attention of the Iowa HHS, are available free from:

Iowa Department of Health and Human Services  
Division of Adult, Children, and Family Services  
Hoover State Office Building - 5th Floor  
Des Moines, Iowa 50319

Family Life Home standards include a section on definition of terms, procedures for application for certification, provisions of certification, requirements for certification pertaining to physical standards, personal characteristics of the family, health of family, activities for residents, medical requirements, eligibility requirements, confidentiality, placement agreements, and emergency care.



**Estimated Expenditures**

OMB NO.: 0970-0234

	Service Supported with SSBG Expenditures	SSBG Expenditures		Expenditures of All Other Federal, State and Local funds**	Total Expenditures	Provision Method	
		SSBG Allocation	Funds transferred into SSBG*			Public	Private
1	Adoption Services						
2	Case Management	5,791,699	6,608,812	28,134,186	40,534,697	X	
3	Congregate Meals						
4	Counseling Services						
5	Day Care--Adults						
6	Day Care--Children						
7	Education and Training Services						
8	Employment Services						
9	Family Planning Services						
10	Foster Care Services--Adults	1,183	0	5,746	6,929	X	
11	Foster Care Services--Children	0	0	0	0	X	X
12	Health-Related Services						
13	Home-Based Services	5,224,784	5,583,040	5,916,421	16,724,245	X	X
14	Home-Delivered Meals						
15	Housing Services						
16	Independent/Transitional Living Services	3,100,000	0	464,002	3,564,002	X	X
17	Information & Referral						
18	Legal Services						
19	Pregnancy & Parenting						
20	Prevention & Intervention						
21	Protective Services--Adults	231,445	0	1,124,282	1,355,727	X	
22	Protective Services--Children						
23	Recreation Services						
24	Residential Treatment						
25	Special Services--Disabled						
26	Special Services--Youth at Risk						
27	Substance Abuse Services						
28	Transportation						
29	Other Services***	63,241	0	84,686	147,927	X	
30	SUM OF EXPENDITURES FOR SERVICES	14,412,352	12,191,852	35,729,323	62,333,527		
31	Administrative Costs	910,649	770,156				
32	SUM OF EXPENDITURES FOR SERVICES AND ADMINISTRATIVE COSTS	29,735,353	25,153,860				

OMB NO.: 0970-0234

## Estimated Recipients

Service Supported with SSBG Expenditures		Children	Adults			Total Adults	Total
			Adults Age 59 Years & Younger	Adults Age 60 Years & Older	Adults of Unknown Age		
1	Adoption Services						
2	Case Management	15,000				0	15,000
3	Congregate Meals						
4	Counseling Services						
5	Day Care--Adults						
6	Day Care--Children						
7	Education and Training Services						
8	Employment Services						
9	Family Planning Services						
10	Foster Care Services--Adults	0	1			1	1
11	Foster Care Services--Children	0				0	0
12	Health-Related Services	0				0	0
13	Home-Based Services	13,600				0	13,600
14	Home-Delivered Meals						
15	Housing Services						
16	Independent/Transitional Living Services	60	810			810	870
17	Information & Referral						
18	Legal Services						
19	Pregnancy & Parenting						
20	Prevention & Intervention						
21	Protective Services--Adults	0	2040	3620	20	5680	5,680
22	Protective Services--Children						
23	Recreation Services						
24	Residential Treatment						
25	Special Services--Disabled						
26	Special Services--Youth at Risk						
27	Substance Abuse Services						
28	Transportation						
29	Other Services***	5,130	4,990	3,800	0	8,790	13,920
30	SUM OF RECIPIENTS OF SERVICES	33790	7841	7420	20	15281	49071

## **APPENDICES**

Attached at the end of the Final SFY 2024 Intended Use Plan & Pre-Expenditure Report:

- Appendix A: Copy of Public Notice
- Appendix B: Certifications:
  - Drug-Free Workplace Requirements Certification
  - Environmental Tobacco Smoke Certification
  - Lobbying Certification
  - Debarment, Suspension and Other Responsibility Matters Certification
- Appendix C: Proof of Audit
- Appendix D: Application SF-424 M
- Appendix E: FFR SF-425

## Public Notice

The Iowa Department of Human Services has developed a proposed plan for providing a number of social services funded by the federal government's Social Services Block Grant and other state and county funds. For each service, the plan describes what the service is and its funding source for the state fiscal year 2024 (i.e., July 1, 2023, through June 30, 2024).

You may review the proposed **Social Services Block Grant Pre-Expenditure Report** at a local service area office of the Iowa Department of Health and Human Services (where a service area manager is located\*) during regular business hours from May 16, 2023, through May 30, 2023, or 24 hours a day at our website:

[Social Services Block Grant Information | Iowa Department of Health and Human Services](#)

You may submit written comments to the Iowa Department of Human Services offices or email comments to [muthoff@dhs.state.ia.us](mailto:muthoff@dhs.state.ia.us)

The services and estimate expenditures included in Iowa's SFY2024 intended use plan are:

- ◆ case management for children
- ◆ child and family services, including in-home and supportive services
- ◆ administrative support for volunteers
- ◆ family life home services for adults
- ◆ dependent adult protection
- ◆ preparation for adult living services & supervised apartment living
- ◆ administrative costs (less than 6%)

\*Local Service Area Offices:

- Western Service Area: Pottawattamie County, 417 Kaneshville Blvd, Council Bluffs, IA
- Northern Service Area: Black Hawk County, 1407 Independence Ave, Waterloo, IA
- Eastern Service Area: Scott County, 600 W 4<sup>th</sup> St, 3<sup>rd</sup> Floor, Davenport, IA
- Cedar Rapids Service Area: Linn County, 1240 26<sup>th</sup> Ave Ct. SW, Cedar Rapids, IA
- Des Moines Service Area: Polk County, 2309 Euclid Ave, Des Moines, IA
- Centralized Service Area: Polk County, 2309 Euclid Ave, Des Moines, IA

## **CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS**

Certification Regarding Debarment, Suspension, and Other Responsibility Matters - -  
Primary Covered Transactions

### Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusive-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant

may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

\*\*\*\*\*

#### Certification Regarding Debarment, Suspension, and Other Responsibility Matters - - Primary Covered Transactions

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

#### Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - - Lower Tier Covered Transactions

#### Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other

remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph five of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

\*\*\*\*\*

#### Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - - Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared

ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**Jess Benson** Digitally signed by Jess Benson  
Date: 2023.05.12 07:44:55 -05'00'

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Signature and Date

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Jess Benson

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Printed Name

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Chief Financial Officer

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Title

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Iowa Department of Health and Human Services

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Organization



## **CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

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This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645 (a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

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### Certification Regarding Drug-Free Workplace Requirements (Instructions for Certification)

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need to be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).
8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

*Controlled substance* means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

*Conviction* means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

*Criminal drug statute* means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

*Employee* means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

#### Certification Regarding Drug-Free Workplace Requirements

##### Alternate I. (Grantees Other Than Individuals)

The grantee certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about - -
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will - -
  - (1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within 10 calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted - -

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

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Check if there are workplaces on file that are not identified here.

Alternate II. (Grantees Who Are Individuals)

(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

[55 FR 21690, 21702, May 25, 1990]

**Jess Benson** Digitally signed by Jess Benson  
Date: 2023.05.12 07:47:34 -05'00'

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Signature and Date

Jess Benson

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Printed Name

Chief Financial Officer

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Title

Iowa Department of Health and Human Services

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Organization

**CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children’s services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity by signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act.

The applicant/grantee further agrees that it will require the language of this certification be included in any subawards which contain provisions for the children’s services and that all subgrantees shall certify accordingly.

**Jess Benson** Digitally signed by Jess Benson  
Date: 2023.05.12 07:49:37 -05'00'

Signature and Date

Jess Benson

Printed Name

Chief Financial Officer

Title

Iowa Department of Health and Human Services

Organization

## CERTIFICATION REGARDING LOBBYING

### Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**Jess Benson** Digitally signed by Jess Benson  
Date: 2023.05.12 07:51:58 -05'00'

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Signature and Date

Jess Benson

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Printed Name

Chief Financial Officer

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Title

Iowa Department of Health and Human Services

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Organization

## PROOF OF AUDIT

The Office of Auditor of the State (AOS) of Iowa posted the 2021 Single State Audit, which contains the latest program review of the SSBG program funding, on September 29, 2022.

Link to the 2021 State Auditor Report:

<http://www.auditor.iowa.gov/reports/file/69940/embed>

The Summary of the most recent Independent Auditor's results, including identification of SSBG as a major program and part of the review, can be found on page 49 (Schedule of Expenditure of Federal Award) and page 65 (Summary of Independent Auditor's Results) of the 2021 report. The independent auditor's report on compliance for major programs expressed an unmodified<sup>1</sup> opinion for each of the major programs, including CFDA Number 93.667 – Social Service Block Grant (exception noted for CFDA 17.277). There were no instances of noncompliance for the SSBG program.

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<sup>1</sup> The American Institute of Certified Public Accountants (the "AICPA") Auditing Standards Board (the "ASB") has redrafted the majority of the auditing sections in the Codification of Statements on Auditing Standards: "clean opinion or unqualified opinion" has changed to "unmodified opinion". Unmodified Opinion is where an auditor expresses an opinion that financial statements are presented, in all material respects, in accordance with applicable financial reporting framework.

**APPLICATION FOR FEDERAL ASSISTANCE  
SF - 424 - MANDATORY**

OMB APPROVED  
Control No: 4040-0020  
Expires 01/31/2023  
Version 01.1

<b>* 1.a. Type of Submission:</b> <input type="radio"/> Plan <input checked="" type="radio"/> Funding Request	<b>* 1.b. Frequency:</b> <input checked="" type="radio"/> Annual <input type="radio"/> Other  <b>* Other (Specify)</b>	<b>* 1.c. Consolidated Application/Plan/Funding Request?</b>  <b>Explanation:</b>	<b>* 1.d. Version:</b> <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update
		<b>2. Date Received:</b>	<b>State Use Only:</b>
		<b>3. Applicant Identifier:</b>	<b>5. Date Received By State:</b>
		<b>4a. Federal Entity Identifier:</b>	<b>6. State Application Identifier:</b>
		<b>4b. Federal Award Identifier:</b>	

**7. APPLICANT INFORMATION**

<b>* a. Legal Name:</b> Iowa					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b>	1426004571A1	<b>* c. Organizational DUNS:</b>	137348624	<b>* c. Organizational UEI:</b>	Q7P9B28J8BY4
<b>* d. Address:</b>					
<b>* Street 1:</b>	1305 E. Walnut	<b>Street 2:</b>	Hoover Building, 5th Floor		
<b>* City:</b>	DES MOINES	<b>County:</b>	Polk		
<b>* State:</b>	IA	<b>Province:</b>			
<b>* Country:</b>	United States	<b>* Zip / Postal Code:</b>	50319 - 0014		
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> Iowa Department of Health and Human Services			<b>Division Name:</b> Community Access Division		

**f. Name and contact information of person to be contacted on matters involving this application:**

<b>Prefix:</b>	<b>* First Name:</b> Matthew	<b>Middle Name:</b> Arthur	<b>* Last Name:</b> Uthoff
<b>Suffix:</b>	<b>Title:</b> Executive Officer 2	<b>Organizational Affiliation:</b> Iowa Department of Health and Human Services	
<b>* Telephone Number:</b> 5152817315	<b>Fax Number:</b>	<b>* Email:</b> muthoff@dhs.state.ia.us	

**\* 8a. TYPE OF APPLICANT:**  
A: State Government

**b. Additional Description:**

**\* 9. Name of Federal Agency:**  
  
Administration for Children and Families, Office of Community Services

	<b>Catalog of Federal Domestic Assistance Number:</b>	<b>CFDA Title:</b>
<b>10. CFDA Numbers and Titles 1</b>	93667	Social Services Block Grant

**11. Descriptive Title of Applicant's Project**

**12. Areas Affected by Funding:**

**13. CONGRESSIONAL DISTRICTS OF:**

<b>* a. Applicant</b> 3	<b>b. Program/Project:</b> Statewide
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Attach an additional list of Program/Project Congressional Districts if needed.

<b>14. FUNDING PERIOD:</b>		<b>15. ESTIMATED FUNDING:</b>	
<b>a. Start Date:</b> 10/01/2022	<b>b. End Date:</b> 09/30/2023	<b>* a. Federal (\$):</b> \$0	<b>b. Match (\$):</b> \$0

**\* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?**

**a. This submission was made available to the State under the Executive Order 12372**

**Process for Review on :**



b. Program is subject to E.O. 12372 but has not been selected by State for review.

c. Program is not covered by E.O. 12372.

\* 17. Is The Applicant Delinquent On Any Federal Debt?

- YES  
 NO

Explanation:

18. By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\*I Agree

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

18a. Typed or Printed Name and Title of Authorized Certifying Official  
Matthew Uthoff

18c. Telephone (area code, number and extension)

18d. Email Address  
muthoff@dhs.state.ia.us

18b. Signature of Authorized Certifying Official



18e. Date Report Submitted (Month, Day, Year)  
01/23/2023

**Attach supporting documents as specified in agency instructions.**

**FEDERAL FINANCIAL REPORT**

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>HHS-ADMINISTRATION FOR CHILDREN &amp; FAMILIES</b>				2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2201IASOSR</b>			
3. Recipient Organization (Name and complete address including Zip code) <b>HUMAN SERVICES, IOWA DEPARTMENT OF</b> <b>1305 E. Walnut, Hoover Building, 5th Floor, DES MOINES, IA 50319-0014 USA</b>							
4a. UEI  <b>Q7P9B28J8BY4</b>	4b. EIN  <b>1426004571A1</b>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)  <b>4799B</b>		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		
8. Project/Grant Period (Month, Day, Year) From: <b>October 1, 2021</b> To: <b>September 30, 2023</b>			9. Reporting Period End Date (Month, Day, Year) <b>September 30, 2022</b>				
<b>10. Transactions</b>					Cumulative		
(Use lines a-c for single or combined multiple grant reporting)							
<b>Federal Cash (To report multiple grants separately, also use FFR Attachment):</b>							
a. Cash Receipts					\$15,344,433.00		
b. Cash Disbursements					\$15,344,433.00		
c. Cash on Hand (line a minus b)					\$0.00		
(Use lines d-o for single grant reporting)							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized					\$15,344,433.00		
e. Federal share of expenditures					\$15,344,433.00		
f. Federal share of unliquidated obligations					\$0.00		
g. Total Federal share (sum of lines e and f)					\$15,344,433.00		
h. Unobligated balance of Federal funds (line d minus g)					\$0.00		
<b>Recipient Share:</b>							
i. Total recipient share required					\$0.00		
j. Recipient share of expenditures					\$0.00		
k. Remaining recipient share to be provided (line i minus j)					\$0.00		
<b>Program Income:</b>							
l. Total Federal share of program income earned					\$0.00		
m. Program income expended in accordance with the deduction alternative					\$0.00		
n. Program income expended in accordance with the addition alternative					\$0.00		
o. Unexpended program income (line l minus line m and line n)					\$0.00		
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:					\$0.00	\$0.00	\$0.00
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
<b>13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b>							
a. Typed or Printed Name and Title of Authorized Certifying Official  <b>Havig, Joe</b> <b>LEAD BUDGET ANALYST</b>				c. Telephone (Area code, number, and extension)  d. Email Address <b>jhavig@dhs.state.ia.us</b>			
b. Signature of Authorized Certifying Official  <b>Havig, Joe</b>				e. Date Report Submitted (Month, Day, Year)  <b>December 15, 2022</b>			

Standard Form 425  
 OMB Approval Number: 4040-0014  
 Expiration Date: 02/28/2025

**Paperwork Burden Statement**  
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 4040-0014. Public reporting burden for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: US Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PRA Reports Clearance Officer

**FEDERAL FINANCIAL REPORT**

(Additional Page)

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Federal Agency & Organization : HHS-ADMINISTRATION FOR CHILDREN & FAMILIES

Federal Grant ID : 2201IASOSR

Recipient Organization : HUMAN SERVICES, IOWA DEPARTMENT OF  
1305 E. Walnut, Hoover Building, 5th Floor, DES MOINES, IA 50319-0014 USA

UEI : Q7P9B28J8BY4

UEI Status when Certified : ACTIVE (as of 12/15/2022)

EIN : 1426004571A1

Reporting Period End Date : September 30, 2022

Status : Awarding Agency Approval

Remarks :

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**Federal Agency Review**

Reviewer Name : Chen, Angel

Phone # : +1 (646) 905-8120


Email : angel.chen@acf.hhs.gov

Review Date : January 4, 2023

Review Comments :

**Department of Health and Human Services**  
**Administration for Children and Families**  
**Temporary Assistance for Needy Families (TANF) ACF - 196R Financial Report**  
**Part 1: Expenditure Data**

State IOWA	Grant Year 2022	Fiscal Year 2022	Report Quarter Ending 09/30/2022	Next Quarter Ending 03/31/2023	Report is Submitted as: <input type="radio"/> New <input checked="" type="radio"/> Revised <input type="radio"/> Final
	(A) Federal Funds State Family Assistance Grant	(B) State Funds	(C) State Funds	(D) Federal Funds Contingency Funds Award Reconciliation FS at FMAP Rate of .6834	
1. Awarded	\$130,558,068.00			\$0.00	
2. Transferred to CCDF Discretionary	\$26,205,412.00				
3. Transferred to SSBG	\$12,962,008.00				
4. Adjusted Award	\$91,390,648.00				
5. Carryover	\$0.00				
<b>Expenditure Categories</b>	<b>Federal TANF Expenditures</b>	<b>State MOE Expenditures in TANF</b>	<b>MOE Expenditures Separate State Programs</b>	<b>Expenditures with Contingency Funds</b>	
6. Basic Assistance	\$267,714.30	\$23,045,049.72	\$0.00	\$0.00	
6.a. Basic Assistance (excluding Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies)	\$267,714.30	\$23,045,049.72	\$0.00	\$0.00	
6.b. Relative Foster Care Maintenance Payments and Adoption and Guardianship Subsidies	\$0.00	\$0.00	\$0.00	\$0.00	
7. Assistance Authorized Solely Under Prior Law	\$0.00			\$0.00	
7.a. Foster Care Payments	\$0.00			\$0.00	
7.b. Juvenile Justice Payments	\$0.00			\$0.00	
7.c. Emergency Assistance Authorized Solely Under Prior Law	\$0.00			\$0.00	
8. Non-Assistance Authorized Solely Under Prior Law	\$0.00			\$0.00	
8.a. Child Welfare or Foster Care Services	\$0.00			\$0.00	
8.b. Juvenile Justice Services	\$0.00			\$0.00	
8.c. Emergency Services Authorized Solely Under Prior Law	\$0.00			\$0.00	
9. Work, Education, and Training Activities	\$919,415.20			\$0.00	
9.a. Subsidized Employment	\$0.00	\$0.00	\$0.00	\$0.00	
9.b. Education and Training	\$0.00	\$0.00	\$1,525.58	\$0.00	
9.c. Additional Work Activities	\$919,415.20	\$1,510,311.12	\$4,104,520.77	\$0.00	

10. Work Supports	\$150,270.31	\$3,519.09	\$89,040.60	\$0.00
11. Early Care and Education	\$0.00	\$0.00	\$16,016,920.22	\$0.00
11.a. Child Care (Assistance and Non-Assistance)	\$0.00	\$0.00	\$16,016,920.22	\$0.00
11.b. Pre-Kindergarten/Head Start	\$0.00	\$0.00	\$0.00	\$0.00
12. Financial Education and Asset Development	\$0.00	\$0.00	\$0.00	\$0.00
13. Refundable Earned Income Tax Credits	\$0.00	\$0.00	\$23,960,757.34	\$0.00
14. Non-EITC Refundable State Tax Credits	\$0.00	\$0.00	\$0.00	\$0.00
15. Non-Recurrent Short Term Benefits	\$186,152.79	\$51,011.48	\$0.00	\$0.00
16. Supportive Services	\$0.00	\$0.00	\$0.00	\$0.00
17. Services for Children and Youth	\$0.00	\$0.00	\$0.00	\$0.00
18. Prevention of Out-of-Wedlock Pregnancies	\$364,656.57	\$0.00	\$0.00	\$0.00
19. Fatherhood and Two-Parent Family Formation and Maintenance Programs	\$5,073.45	\$0.00	\$0.00	\$0.00
20. Child Welfare Services	\$38,937,702.28	\$0.00	\$0.00	\$0.00
20.a. Family Support/Family Preservation /Reunification Services	\$19,753,835.00	\$0.00	\$0.00	\$0.00
20.b. Adoption Services	\$0.00	\$0.00	\$0.00	\$0.00
20.c. Additional Child Welfare Services	\$19,183,867.28	\$0.00	\$0.00	\$0.00
21. Home Visiting Programs	\$0.00	\$0.00	\$0.00	\$0.00
22. Program Management	\$5,029,434.08	\$6,243,103.56	\$0.00	\$0.00
22.a. Administrative Costs	\$2,116,121.15	\$1,409,695.42	\$0.00	\$0.00
22.b. Assessment/Service Provision	\$2,507,968.07	\$3,914,411.78	\$0.00	\$0.00
22.c. Systems	\$405,344.86	\$918,996.36	\$0.00	\$0.00
23. Other	\$0.00	\$0.00	\$0.00	\$0.00
24. Total Expenditures	\$45,860,418.98	\$30,852,994.97	\$44,172,764.51	\$0.00
25. Transitional Services for Employed	\$0.00	\$0.00	\$0.00	\$0.00
26. Job Access	\$0.00	\$0.00	\$0.00	\$0.00
27. Federal Unliquidated Obligations	\$0.00			\$0.00
28. Unobligated Balance	\$45,530,229.02			\$0.00
29. State Replacement Funds		\$0.00		
Quarterly Estimate		Estimate of TANF Funds Requested		
30. Estimate of TANF Funds Requested for the Following Quarter		\$32,639,517.00		
THIS IS TO CERTIFY THAT THE INFORMATION REPORTED ON ALL PARTS OF THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.				
Signature, Approving State Official 		State Official Name Joe Havig	State Official Title	State Official Agency IOWA
Signature Date: 11/15/2022		Date Submitted: 11/15/2022		