



BILL SUMMARY

Health & Human Services (HHS) HF 653

Status of Bill: House Calendar
 Committee: Appropriations (passed Committee 15-9)
 Lead Democrats: Rep. Heddens
 Floor Manager: Rep. Heaton
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Summary

- Provides funding for the Departments of Aging, Human Resources, Public Health, and Veterans Affairs.
- Eliminates the Medicaid Family Planning Waiver and replaces it with a state-only funded plan.
- Underfunds Child Care Assistance by \$4.3 million.
- This budget does not include any funding for MCO rate increases, which are anticipated.

General Fund	Revised FY 17	Gov's Revised FY 18	HF 653	HF 653 vs. FY 17	HF 653 vs. Gov
Aging	\$13,395,352	\$13,252,757	\$12,202,757	-\$1,192,595	-\$1,050,000
IDPH	\$57,078,445	\$56,504,891	\$51,242,801	-\$5,835,644	-\$5,262,090
VA	\$11,956,603	\$11,712,372	\$11,318,622	-\$637,981	-\$393,750
DHS	\$1,711,935,542	\$1,694,967,182	\$1,691,673,022	-\$20,262,520	-\$3,294,160
Total	\$1,794,365,942	\$1,776,437,202	\$1,766,437,202	-\$27,928,740	-\$10,000,000

FY 2018

IOWA DEPARTMENT ON AGING (IDA)

The Iowa Department on Aging (IDA) is designated as the State Unit on Aging. The IDA advocates for lowans age 60 and older, and works closely with Iowa's six Area Agencies on Aging and other partners to design a system of information, education, support and services for lowans that assists them in maintaining their independence.

The Office of Long-Term Care Ombudsman is funded through the IDA budget unit. The Office advocates for residents and tenants of nursing homes, residential care facilities, assisted living programs and elder group homes. The Office can investigate and resolve complaints that may affect the health, safety, welfare, or rights of residents.

The IDA is funded at \$12.2 million from the general fund. This is a decrease of \$1.2 million from the estimated FY 17 budget and \$1.05 million less than the Governor's recommendations for FY 18.

Aging Programs is funded at a total of \$11.04 million, which is a decrease of \$10.03 million compared to FY 17.

- Reduction to Elder Abuse programs by \$150,000, as a result, \$462,500 is appropriated.
- Reduction to Life Long Links by \$250,000, as a result, \$750,000 remains appropriated for the program.
- General reduction of \$630,000.

Office of Long-Term Care Ombudsman is funded at a total of \$1.16 million, which is a decrease of \$164,000 compared FY 17 due to a general reduction.

DEPARTMENT OF PUBLIC HEALTH (IDPH)

The Department of Public Health (IDPH) works with local public health agencies to ensure quality health services in Iowa communities to provide population based health services and a limited number of personal health services. The IDPH assists in preventing injuries; promoting healthy behaviors; protecting against environmental hazards; strengthening the public health infrastructure; preventing epidemics and the spread of disease; and preparing for, responding to, and recovering from public health emergencies.

The IDPH is funded at \$51.243 million from the general fund, which is a decrease of \$5.8 million compared to the FY 17 budget and \$5.3 million less than the Governor’s recommendations for FY 18.

Addictive Disorders provides funding for programs that help reduce and prevent the use of tobacco, alcohol, and other drugs. This includes treatment of individuals affected by addictive behaviors, as well as substance abuse and gambling treatment and prevention services. Addictive Disorders is funded at a total of \$24.985 million, which is \$1.3 less compared to FY 17.

- Reduction of \$1 million to Tobacco Cessation and Prevention programs, as a result, \$4.02 million remains appropriated for the programs.
- Eliminates the Culturally Competent Substance Abuse Pilot Program, -\$272,600.

Healthy Children & Families provides funding for programs that assure access to preventive child health services and link children and families with community-based preventive health and family support services. Health Children and Families are funded at a total of \$5.3 million, which is a decrease of \$112,000 compared to FY 17 due to eliminating the Childhood Obesity state allocation.

Chronic Conditions provides funding for programs and services to adults and children identified as having chronic conditions or special healthcare needs, including functional limitations, the need for ongoing medical care, and a prolonged course of illness that lasts months, years, or is incurable. Chronic Conditions is funded at a total of \$4.17 million, a net decrease of \$658,170 compared to FY 17.

- Reduction of \$124,400 due to the transfer of the Prescription Drug Donation to the Community Capacity budget area.
- Reduction of \$512,000 due to the transfer of ADAP (Aids Drug Assistance Program) to the Infectious Diseases budget area.
- Reduction of \$100,000 to Cervical Cancer Screenings, as a result, \$87,500 is appropriated for the programs.
- Increase of \$50,000 for melanoma research and clinical trials, for a total of \$150,000.
- Increase of \$28,300 for Child Health Specialty Clinics, for a total of \$809,550.

Community Capacity provides funding intended to strengthen the public health system at the local level. This is achieved through programs run by the IDPH and also programs run by third-party entities. Community Capacity is funded at a total of \$2.8 million, a decrease of \$3.9 million compared to FY 17.

- Reduction of \$1.1 million due to the transfer of Essential Public Health Services from the Community Capacity budget area.
- Reduction of \$48,000 due to the transfer of the Iowa Coalition Against Sexual Assault program to the Public Protection budget area.
- Increase of \$124,400 due to the transfer of the Prescription Drug Donation Program from the Chronic Conditions budget area.
- Reduction of \$2 million due to the suspension of the Medical Residency Program, this will suspend the Program for one year.
- Elimination of the Cherokee Mental Health Program, -\$8,000.
- Reduction of \$90,400 to the Iowa Donor Registry, as a result, \$150,000 is appropriated.
- Reduction of \$104,000 to the Direct Care Worker Association, as a result, \$104,000 is appropriated.

- Increase of \$25,000 for Rural Clinics, which replaces previous funding cuts.
- Elimination of the Direct Care Worker Scholarship, -\$72,100.
- Reduction of \$35,000 to the Bureau of Oral Health and Health Delivery Systems, as a result, \$231,670 is appropriated.
- Elimination of one time funding for the Workforce Initiative Report, -\$96,100.
- Elimination of the Office of the Minority and Multicultural Health, -\$74,400.
- Elimination of the Child Vision Screening program, -\$17,000.
- Elimination of the Iowa Primary Care Association state funding, -\$178,130.
- Elimination of the Specialty Health Care state funding, \$205,500.
- Elimination of the UIHC Primary Care Model for Mental Health Treatment, \$78,300.

Essential Public Health Services provides funding for services intended to optimize the health status of elderly Iowans. This includes public health nursing (home visits for regular and chronic care) and Home Care Aide Services (personal care and services to avoid institutional care). This is formerly known as Healthy Aging. Essential Public Health Services is funded at \$8.2 million, which is \$1.1 million more compared to FY 17 due to a transfer of funding from Community Capacity.

Infectious Diseases provides funding for activities to reduce the incidence and prevalence of communicable and infectious diseases. This includes the Center for Acute Disease Epidemiology (CADE), Immunization Program, and Prescription Services Program. Infectious Diseases is funded at a total of \$1.65 million, which is a net increase of \$398,000 compared to FY 17.

- Increase of \$512,000 due to the transfer of ADAP (Aids Drug Assistance Program) from the Chronic Conditions budget area.
- Elimination of the Viral Hepatitis Education/Treatment/Prevention, -\$114,030.

Public Protection provides funding for activities related to protecting the health and safety of the public through establishment of standards and enforcement of regulations. This includes professional licensing and regulation, Iowa's Trauma System, the Emergency Medical Services System, the State Medical Examiner, Environmental Hazards, Sexual Violence Prevention, and Certificate of Need. Public Protection is funded at a total of \$4.2 million, which is a net decrease of \$52,000 compared to FY 17.

- Increase of \$48,070 due to the transfer of the Iowa Coalition Against Sexual Assault program from the Community Capacity budget area.
- Decrease of \$100,000 due to transferring funds from the EMS Services Fund.

Resource Management provides general administration and finance operations for the entire department. Resource management is funded at a total of \$971,000, which is status quo compared to FY 17.

IDPH General Reduction; a general reduction of \$1.3 million.

IOWA DEPARTMENT OF VETERANS AFFAIRS (IDVA)

The IDVA provides services to veterans regarding federal and state benefits, maintaining the Veterans Cemetery, and providing assistance for the County Grant Program.

The Iowa Veterans Home (IVH) is funded through the IDVA budget unit. The IVH provides services to veterans and spouses at the facility in Marshalltown, including domiciliary, residential, and pharmaceutical services. It is the largest long-term facility in Iowa.

Iowa Department of Veterans Affairs, including the Iowa Veterans Home, is funded at \$12.285 million from the general fund, which is status quo compared to FY 16 and the Governor's recommendations for FY 17.

- **IDVA General Administration** is funded at \$1.14 million, which is a decrease of \$8,000 compared to FY 17 due to a general reduction.

- **Veterans Home Ownership Program** is funded at \$2 million, a decrease of \$500,000 compared to FY 17 due to a general reduction.
- **Veterans County Grants** is funded at \$948,000, which is a decrease of \$42,000 compared to FY 17 due to a general reduction.
- **Iowa Veterans Home** is funded at \$7.2 million, which is a decrease of \$88,000 compared to FY 17 due to a general reduction.

DEPARTMENT OF HUMAN SERVICES (DHS)

The Department of Human Services (DHS) is responsible for administering cash assistance for needy families (Family Investment Program), food assistance, child support enforcement, subsidized adoption, child abuse assessments, dependent adult abuse assessments, foster care, various family preservation and strengthening programs, child care registration and subsidy, one institution for juveniles, refugee services, and services for the mentally ill and developmentally disabled, including the operation of two mental health institutes and two resource centers for people with mental retardation and part of Medicaid. DHS is a pass through for most Medicaid funding, since managed care was implemented.

The DHS is funded at \$1.692 billion from the general fund, which is a decrease of \$20.26 million compared to the FY 17 budget. This is \$3.3 million less than the Governor's recommendations for FY 18.

Family Investment Program (FIP) & Promoting Independence and Self Sufficiency through Employment

(PROMISE JOBS) FIP provides funding for cash assistance under the Temporary Assistance for Needy Families (TANF) Block Grant and provides services are designed to help those families become self-sufficient. PROMISE JOBS provides funding for work and training services for FIP participants. FIP & PROMISE JOBS are funded at a total of \$43 million, which is a net increase of \$6.8 million compared to FY 17.

- Increase of \$12.4 million to backfill one-time FY 17 reduction.
- Decrease of \$5.7 million due to the decreased need for FIP cash assistance/Promise Jobs.

Child Support Recoveries provides funding to assist custodial parents in receiving court-ordered child support and determine paternity in non-marital births. Child Support Recoveries is funded at a total of \$12.58 million, which is a net decrease of \$2 million compared to FY 17.

- Increase of \$1.6 million to replace the loss of federal funding.
- Reduction of \$1.6 million due to a general reduction.
- Reduction of \$2 million, which will be replaced by one-time funding from the Collection Services Refund Account.

Medical Assistance (Medicaid) provides funding for medically necessary health care coverage for financially needy adults, children, parents with children, people with disabilities, elderly people, and pregnant women. State funds are matched two to one with federal funds. Nearly all of the Medicaid services are administered by managed care organizations (MCO), and a small portion is still administered by the State. Funding is split between the State of Iowa and federal matching funds. Federal Medical Assistance Percentages (FMAP) are the percentage rates used to determine the matching funds rate allocated annually. Medicaid is funded at a total of \$1.284 billion, a net decrease of \$18.585 million compared to FY 17. Medicaid is funded \$5.9 million below the estimate for FY 18.

- Increase of \$36.4 million to meet the revised DOM estimated need.
- Increase of \$2.5 million for Nursing Home Rebasing.
- Decrease of \$9.5 million due to one-time FY 17 carryforward funding from performance payments
- Decrease of 12.5 million due to one-time FY 18 projected reduction from performance payments.
- Decrease of \$1.2 million due to the continuation of the Prescription Rebate trend.
- Decrease of \$4.3 million due to eliminating the 3 month retroactive eligibility provision for new Medicaid members.
- Decrease of \$500,000 due to the elimination of consultation codes.
- Decrease of \$10 million due to applying an inpatient Hospital DRG outlier threshold

- Decrease of \$5 million due to ending the ACA primary care physician increase rates to Medicaid levels.
- Decrease of \$3.1 million to align anesthesiologist payment to Medicare Rates.
- Decrease of \$2 million due to site of service.
- Decrease of \$7.7 million due to eliminating crossover claims payments.
- Decrease of \$1.7 million due to process improvements.

Total Medicaid Funding	
Carryforward	\$8,700,000
Palo Tax	\$1,100,000
Health Care Trust Fund	\$221,900,000
Nursing Facility Quality Assurance Fund	\$36,705,208
Hospital Trust Fund	\$33,920,554
Medicaid Fraud Fund	\$500,000
Transfer Decat Reversion	\$500,000
General Fund	\$1,284,605,740
Total	\$1,587,931,502

Medical Contracts provides funding to support the duties and functions of the Iowa Medicaid Enterprise (IME). IME provides oversight of the MCO contracts; processing remaining fee-for-service claims, enrolling providers and members, and pursuing cost recovery. Medical Contracts is funded at a total of \$17.6 million, a net increase of \$580,500 compared to FY 17.

- Increase of \$1.27 million to replace a transfer from the Autism program from FY 17.
- Increase of \$800,000 to replace the Pharmaceutical Settlement Account appropriation.
- Reduction of \$437,500 due to a general reduction.
- Reduction of \$1.05 million to reduce the funding to the Autism Support Program, as a result, \$950,000 is appropriated. Of that amount \$202,000 is earmarked one-time for Drake University to establish a Master’s program in applied behavioral analysis.

State Supplementary Assistance (SSA) is a fully state-funded program that provides additional funding to meet the basic needs of elderly and disabled people not met by the standard benefit rate paid by the federal Supplemental Security Income. SSA is funded at a total of \$10.4 million, a decrease of \$349,500 compared to FY 17 due to a decrease in overall program costs.

State Children’s Health Insurance (S-CHIP/HAWK-I) provides funding for health and dental insurance to children who don’t qualify for Medicaid, and the upper income limit is 300% of the Federal Poverty Level. State funds are matched three to one with federal funds. HAWK-I is funded at a total of \$8.5 million, a net decrease of \$917,400 compared to FY 17. This amount fully funds the HAWK-I Program.

- Increase of \$595,270 due to growth.
- Increase of \$142,050 due to performance payments.
- Decrease of \$1.65 million due to the increase of federal matching dollars.

Child Care Assistance (CCA) provides funding to support low-income families with working parents, parents gaining work skills, or parents going to school. In addition to paying for child care, this appropriation supports the regulation of child care providers and quality improvement activities. CCA is funded at a total of \$39.3 million, a net increase of \$7.6 million compared to FY 17. This amount is \$4.3 million below the estimated need.

- Decrease of \$1 million to replace general fund dollars with TANF funding.
- Decrease of \$1.5 million due to carryforward of funding from FY 17.
- Increase of \$7.3 million due to caseload growth and the increase of the cost per case.
- Increase of \$3.52 million due to exit eligibility increase.
- Decrease of \$223,000 due to a one-time replacement of funding from the Child Care Facility Fund.

- Decrease of \$500,000 to Early Childhood Iowa grants, as a result, \$5.85 million is appropriated.

Eldora State Training School provides treatment and educational services within a highly structured setting to assist youth who are adjudicated delinquent. Eldora is funded at a total of \$11.35 million, which is a reduction of \$883,000 compared to FY 17 due to a general reduction.

Child & Family Services provides funding for services and interventions for children, youth, and families, designed to improve safety, permanency, well-being, and community safety. Child & Family Services is funded at a total of \$87.3 million, a net increase of \$3.48 million compared to FY 17.

- Increase of \$5.5 million to replace TANF funding.
- Decrease of \$287,400 due to an increase of federal matching funds.
- Decrease of \$2 million due to a reduced amount of end of fiscal year Decat transfers.
- Decrease of \$287,400 due to general reductions.

Adoption Subsidy provides funding for financial support to families who adopt special needs children. The funds assist families with the cost of raising a child, and costs associated with the needs of the child. Adoption Subsidy is funded at a total of \$40.8 million, a decrease of \$1.9 million compared to FY 17.

- Decrease of \$1.06 million due to the increase of federal matching funds.
- Decrease of \$805,300 due to revised need projections.

Family Support Subsidy (FSS) provides funding to assist families of children with developmental disabilities to meet the special needs of their disabled children. This includes the Children at Home Program. FSS is funded at a total of \$1.07 million, a net increase of \$297,200 compared to FY 17.

- Increase of \$297,200 to backfill one-time FY 17 reduction.
- Decrease of \$60,000 due to caseload change.
- Increase of \$60,000 due to an increase for the Children-at-Home Program.

Conner Training provides funding for financial support to transition individuals currently residing in the two State Resource Centers to community living settings of their choice. Conner Training annual appropriation is mandated by a consent decree in 1994. Conner Training is funded at \$33,630, which is status quo compared to FY 17.

Cherokee Mental Health Institution (MHI) provides funding for one of Iowa's two mental health institutes, which provides acute psychiatric treatment and care for children and adults that need mental health treatment. Cherokee MHI is funded at a total of \$13.9 million, which is a decrease of \$788,340 compared to FY 17, due to a general reduction.

Independence Mental Health Institution (MHI) provides funding for one of Iowa's two mental health institutes, which provides acute psychiatric treatment and care for children and adults that need mental health treatment. Independence MHI is funded at a total of \$17.5 million, a decrease of \$950,400 compared to FY 17 due to a general reduction.

Glenwood Resource Center provides funding one of two State Resource Centers that provide a full range of active treatment and habilitation services to individuals with severe intellectual disabilities and it serves to prepare and support them to live safe and successful lives in the home and community of their choice. Glenwood is funded at a total of \$17.9 million, a decrease of \$2.6 million compared to FY 17.

- Decrease of \$1.4 million due to a general reduction.
- Decrease of \$1.2 million due to an increase of federal matching dollars.

Woodward Resource Center provides funding for one of two State Resource Centers that provide a full range of active treatment and habilitation services to individuals with severe intellectual disabilities and it serves to pre-

pare and support them to live safe and successful lives in the home and community of their choice. Woodward is funded at a total of \$12.08 million, a decrease of \$1.9 million compared to FY 17.

- Decrease of \$1.1 million due to a general reduction.
- Decrease of \$812,000 due to an increase of federal matching dollars.

Civil Commitment Unit for Sex Offenders (CCUSO) provides funding for secure, long term, highly structured in-patient treatment for violent sexual predators who have served their prison terms but in a separate civil trial have been found likely to commit further violent sexual offenses. The unit is located on the Cherokee MHI campus. CCUSO is funded at a total of \$9.4 million, a decrease of \$1.2 million compared to FY 17, due to a general reduction.

Field Operations provides funding for staff directly and indirectly support the delivery of DHS' protective, case management, and basic support services and provider support services. Field Operations is funded at a total of \$48.5 million, which is a decrease of \$885,700 compared to FY 17.

- Increase of \$4.5 million to replace TANF funding.
- Decrease of \$590,100 which will be replaced by one-time funding from the Child Care Facility Fund.
- Decrease of \$4.77 million due to a general reduction.

General Administration provides funding for the administrative support and oversight staff of DHS, which includes the responsibility for fiduciary oversight for the budget and for program compliance and integrity for all state and federally funded programs administered by DHS. General Administration is funded at a total of \$13.9 million, a decrease of \$1.565 million compared to FY 17.

- Decrease of \$1.465 million due to a general reduction.
- Decrease of \$100,000 to the Refugee Rise Program.

Volunteers provides funding for individuals, under the supervision of paid staff, to assist in providing compassionate and caring service far beyond the services which could be provided by staff alone. This includes direct service to clients/residents, and indirect service, such as clerical assistance. Volunteers are funded at \$84,690, which is status quo compared to FY 17.

Regional Mental Health Grants for specific Mental Health Regions; elimination of \$3 million to support the Eastern Iowa MH Region and Polk County, which was appropriated last year.

DHS General Reduction; a general reduction of \$1.4 million.

FY 2019

The HHS budget is funded at 50% of the FY 18 level for FY 2019, with some exceptions.

POLICY CHANGES

Iowa Department on Aging (IDA)

- IDA, IDPH, and other state agencies are required to analyze and make recommendations regarding options for coordination between state agencies and private entities to promote increased access to dementia-specific care in both residential and home and community-based settings. A report is due by December 15, 2017.

Iowa Department of Public Health

- IDPH is required to collaborate with stakeholders that support individuals with Alzheimer's disease to identify funding opportunities to support the Health and Resilience Outreach (HERO) project for individuals caring for a family member with Alzheimer's or other forms of dementia.
- Eliminates the Office of Minority and Multicultural Health, which was created in 2006, due to de-funding the Office.

Department of Human Services

- Eliminates the Medicaid Family Planning Waiver, and creates a state-only funded State Family Planning Services Program. The program contains no tiered system, but limits it to facilities that do not perform abortions. **Abortion** does not include the treatment of a woman for a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death, or the treatment of a woman for a spontaneous abortion (miscarriage), when not all of the products of human conception are expelled. In addition, family planning services program funds distributed cannot be used for direct or indirect costs, including but not limited to administrative costs or expenses, overhead, employee salaries, rent, and telephone and other utility costs, related to providing abortions. DHS is given emergency rule-making authority for these new requirements and these take effect upon enactment.
- Requires DHS to discontinue application of the retrospectively limited cost settlement methodology based on submission of required cost reports and to implement tiered rates for providers of supported community living, day habilitation, and adult day services for persons with an intellectual disability under the HCBS Waiver program. The tiered rates must be implemented in a phased-in approach to accommodate transition of providers to the revised reimbursement model. DHS and the MCOs may also establish tiered rates for other services. These provisions are effective upon enactment.
- Requests Legislative Council to establish a study committee to examine issues relating to telehealth parity for private insurance and state employee health plans. A report is due by December 15, 2017.
- Extends the Hospital Provider Tax is extended by two years until July 1, 2019.
- Beginning July 1, 2017, privately operated custodial care facilities are reimbursed based upon the maximum per diem rates established by the Legislature.
- Increase the statewide juvenile bed cap from 262 beds to 282 beds, starting July 1, 2017.
- Expands DHS's ability to transfer funds between institutions, including now CCUSO.
- Prohibits a health care professional or health care student from performing a pelvic exam if the patient is anesthetized or unconscious unless one of the following conditions are met:
 - The patient or the patient's authorized representative provides prior written informed consent to the pelvic examination, and the pelvic examination is necessary for preventive, diagnostic, or treatment purposes.
 - The patient or the patient's authorized representative has provided prior written informed consent to a surgical procedure or diagnostic examination to be performed on the patient, and the pelvic examination is within the scope of care ordered for that surgical procedure or diagnostic examination.
 - The patient is unconscious and incapable of providing prior informed consent, and the pelvic examination is necessary for diagnostic or treatment purposes.
 - A court has ordered the performance of the pelvic examination for the purposes of collection of evidence.

A person who violates this is subject to a serious misdemeanor, which is punishable by up to one year in jail and up to \$1,875 in fines.

- When the Pharmaceutical and Therapeutics Committee and the Drug Utilization Review Committee is making recommendations or determinations regarding Medicaid beneficiary access to drugs and biological products for rare diseases and drugs and biological products that are genetically targeted, they must request and consider information from individuals who possess scientific or medical training with respect to the drug, biological product, or rare disease.
- Amends HF 531, Oversight of Medicaid Asset Verification, to include the national accuracy clearinghouse in the pilot efforts DHS is to explore in addressing program integrity for public assistance programs.
- Requires DHS and the Department of Public Safety (DPS) to jointly review private sector alternatives to the performance of state mandated criminal background checks currently performed solely by DPS. A report is due by December 15, 2017.
- Requires MHIs and hospitals to use the psychiatric bed tracking system. In addition, they must update the psychiatric bed tracking system at least two times a day. The updates must show the availability of inpatient

child, adult, and geriatric psychiatric beds staffed and available, and information on the gender that can be accepted for each available bed.

- Requires DHS to request proposals based upon recommendations for the development and implementation of children's well-being collaboratives described in the Children's Mental Health and Well-Being Workgroup final report submitted by DHS in December of 2016, to issue grants to children's well-being collaboratives. Each selected entity is required to submit two reports, one by December 15, 2017, and one by April 15, 2018. In addition, DHS is required to create and provide support to a Children's Mental Health and Well-Being Advisory Committee to continue efforts relating to improving children's mental health crisis services and children's well-being learning labs and supporting the children's well-being collaboratives.
- Child Care Assistance (CCA) intent language - Although CCA is not an entitlement and services are limited to the extent of the funds appropriated for CCA, it is the intent of the Legislature to provide sufficient funding for CCA in FY 2018 to avoid the establishment of a waiting list.

Iowa Veterans Home

- Requires the IVH to expand the annual discharge report to include applicant information, demographic information, and the level of care for which individuals applied for admission.