

AGENDA**Wednesday, August 12, 2020****Time: 10:00 a.m. – 11:30 a.m.**Join [Zoom](#) MeetingDial in number: **+1 312 626 6799**Meeting ID #: **93006062460** Passcode: **508911****10:00 a.m.** Call to Order**10:05 a.m.** Rules – **Nancy Freudenberg**

The following amendments to the administrative rules are presented for adoption at the August 12, 2020, Council on Human Services meeting.

R-1. Amendments to Chapter 75, “Conditions of Eligibility,” Iowa Administrative Code (MEPD rules) The proposed rule is amended to adjust the federal poverty levels increments used to assess premiums for applicants and recipients with income over 150% of the federal poverty level under the Medicaid for Employed People with Disabilities (MEPD) program.

R-2. Amendments to Chapter 77, “Conditions of Participation for Providers of Medical and Remedial Care,” Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” and Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care”, Iowa Administrative Code.

(Pharmacy Scope of Practice Rules). The Iowa Board of Pharmacy, in collaboration with the Iowa Department of Public Health, developed statewide protocols for pharmacists ordering and dispensing of naloxone and nicotine replacement therapy (NRT) tobacco cessation products, as well as pharmacists ordering and administering vaccines. In order to allow these expanded pharmacist practice protocols under Medicaid the following changes are proposed:

- Adds “Pharmacist” as a provider type eligible to enroll in the Medicaid program.
- Clarifies qualified prescriber and prescription requirements based on the pharmacist expanded practice standards.

- Amends the section related to pharmacies administering influenza vaccine to children to include all Medicaid covered vaccines for children and adds the administration of adult vaccines, pursuant to 657 IAC 39 and the statewide protocols. Also adds Medicaid verification and reporting requirements. The changes enable pharmacists to take advantage of the expanded practice standards while clarifying the Medicaid verification and reporting requirements for vaccines.
- Amends the section related to basis of reimbursement for vaccines related to pharmacies. All billing and reimbursement of vaccines, regardless of provider type, will be through the healthcare common procedure coding system (HCPCS) to ensure consistency among providers as well as a coordinated Medicaid immunization record for the member.

The following amendments to the administrative rules are presented as Noticed rules.

N-1. Amendments to Chapters 80, “Procedure and Method of Payment,” Chapter 133, “IV-A Emergency Assistance Program,” Chapter 172, “Family-Centered Child Welfare Services,” Chapter 175, “Abuse Of Children,” and Chapter 186, “Community Care,” Iowa Administrative Code. (Contracting Rules) The Family First Act reforms the federal child welfare financing streams. Title IV-E and Tile IV-B of the Social Security Act provide services to families who are at risk of entering the child welfare system. A core expectation under the Family First Act is states must employ evidence-based interventions demonstrated to effectively strengthen and preserve connections between children and their family. The primary focus of these services is to prevent removal of a child and placement into foster care. These changes will positively affect the child welfare contractors who successfully bid on contracts as the evidence-based interventions provide clear expectations to fidelity of models used in service provisions.

N-2 Amendments to Chapter 202, “Foster Care Placement and Services, “Iowa Administrative Code. (Foster Care Placement Services). The Family First Act and 2019 House File 644 requires protocols to ensure children being placed in out of home settings are not inappropriately misdiagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions or developmentally delayed conditions. The proposed rule requires information in case permanency plans for children entering or already in foster care to include efforts to retain existing medical and mental health care providers as well as activities to evaluate service needs.

10:25 a.m. Approval of July 8, 2020 Minutes

10:30 a.m. Public Hearing Presentations:

**Public Hearing on the Department of Human Services
Update to the SFY 2022 budget recommendations
and legislative package.**

11:00 a.m. Director’s Report – **Kelly Garcia**

11:15 a.m. Council Update

11:30 a.m. Adjourn

This meeting is accessible to persons with disabilities. (If you have special needs, please contact the Department of Human Services (515) 281-5452 two days prior to the meeting.)
Note: Times listed on agenda for specific items are approximate and may vary depending on the length of discussion for preceding items. Please plan accordingly.

July 29, 2020

Dear Council Member:

The following amendments to the administrative rules are presented for adoption at the August 12, 2020, Council on Human Services meeting.

R-1. Amendments to Chapter 75, “Conditions of Eligibility,” Iowa Administrative Code (MEPD rules) The proposed rule is amended to adjust the federal poverty levels increments used to assess premiums for applicants and recipients with income over 150% of the federal poverty level under the Medicaid for Employed People with Disabilities (MEPD) program.

R-2. Amendments to Chapter 77, “Conditions of Participation for Providers of Medical and Remedial Care,” Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” and Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care”, Iowa Administrative Code.

(Pharmacy Scope of Practice Rules). The Iowa Board of Pharmacy, in collaboration with the Iowa Department of Public Health, developed statewide protocols for pharmacists ordering and dispensing of naloxone and nicotine replacement therapy (NRT) tobacco cessation products, as well as pharmacists ordering and administering vaccines. In order to allow these expanded pharmacist practice protocols under Medicaid the following changes are proposed:

- Adds “Pharmacist” as a provider type eligible to enroll in the Medicaid program.
- Clarifies qualified prescriber and prescription requirements based on the pharmacist expanded practice standards.
- Amends the section related to pharmacies administering influenza vaccine to children to include all Medicaid covered vaccines for children and adds the administration of adult vaccines, pursuant to 657 IAC 39 and the statewide protocols. Also adds Medicaid verification and reporting requirements. The changes enable pharmacists to take advantage of the expanded practice standards while clarifying the Medicaid verification and reporting requirements for vaccines.
- Amends the section related to basis of reimbursement for vaccines related to pharmacies. All billing and reimbursement of vaccines, regardless of provider type, will be through the healthcare common procedure coding system (HCPCS) to ensure consistency among providers as well as a coordinated Medicaid immunization record for the member.

The following amendments to the administrative rules are presented as Noticed rules.

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N-2 Amendments to Chapter 202, “Foster Care Placement and Services, “Iowa Administrative Code. (Foster Care Placement Services). The Family First Act and 2019 House File 644 requires protocols to ensure children being placed in out of home settings are not inappropriately misdiagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions or developmentally delayed conditions. The proposed rule requires information in case permanency plans for children entering or already in foster care to include efforts to retain existing medical and mental health care providers as well as activities to evaluate service needs.

Sincerely,

Nancy Freudenberg

Nancy Freudenberg
Bureau Chief
Policy Coordination

Enclosures

HUMAN SERVICES DEPARTMENT [441]

Adopted and Filed

The Human Services Department amends Chapter 75, “Conditions of Eligibility,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code section 249A.3.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 249A.3.

Purpose and Summary

This amendment adjusts federal poverty level (FPL) increments used to assess premiums for applicants and recipients with income over 150 percent of the FPL under the Medicaid for Employed People with Disabilities (MEPD) program.

Iowa Code section 249A.3(2)“a”(1)(b) requires that the maximum premium payable by an individual whose income exceeds 150 percent of the official poverty guidelines shall be commensurate with the cost of state employees’ group health insurance in this state. The average cost to the state for state employees’ health insurance for a single person is \$829 effective January 1, 2020. Therefore, the maximum premium cannot be above that amount.

The new premium scale updates the increase in the maximum premium allowed to reflect the increase in the cost of state employees’ health insurance by adding an additional premium tier (1,550 percent of the FPL and above equals the \$829 premium). All other amounts will be increased a small amount.

Fiscal Impact

The impact to members from the increase in premiums is expected to be minimal, so the savings to the State from the premium increase also would be minimal. Based on current members, the average monthly premium increase is expected to be approximately \$1.20. With approximately 4,200 members paying premiums each month, this equates to an annual revenue increase of approximately \$61,000 (total), of which \$23,000 is the State share.

Jobs Impact

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

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441—1.8(17A,217).

Public Comment

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on July 7, 2020. Comments should be directed to:

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

Public Hearing

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

Review by Administrative Rules Review Committee

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

The following rule-making action is adopted:

Amend subparagraph **75.1(39)“b”(3)** as follows:

(3) Premiums shall be assessed as follows:

IF THE INCOME OF THE APPLICANT IS ABOVE:	THE MONTHLY PREMIUM IS:
150% of Federal Poverty Level	\$34 <u>\$35</u>
165% of Federal Poverty Level	\$47 <u>\$48</u>
180% of Federal Poverty Level	\$56 <u>\$57</u>
200% of Federal Poverty Level	\$66 <u>\$67</u>
225% of Federal Poverty Level	\$77 <u>\$79</u>
250% of Federal Poverty Level	\$89 <u>\$92</u>
300% of Federal Poverty Level	\$112 <u>\$115</u>
350% of Federal Poverty Level	\$137 <u>\$140</u>
400% of Federal Poverty Level	\$161 <u>\$165</u>
450% of Federal Poverty Level	\$186 <u>\$190</u>
550% of Federal Poverty Level	\$232 <u>\$237</u>
650% of Federal Poverty Level	\$280 <u>\$286</u>
750% of Federal Poverty Level	\$329 <u>\$337</u>
850% of Federal Poverty Level	\$389 <u>\$398</u>
1000% of Federal Poverty Level	\$467 <u>\$477</u>
1150% of Federal Poverty Level	\$547 <u>\$559</u>

IF THE INCOME OF THE APPLICANT IS ABOVE:	THE MONTHLY PREMIUM IS:
1300% of Federal Poverty Level	\$631 <u>\$644</u>
1480% of Federal Poverty Level	\$729 <u>\$744</u>
<u>1550% of Federal Poverty Level</u>	<u>\$829</u>



Iowa Department of Human Services
Information on Proposed Rules

Name of Program Specialist Melissa Boens	Telephone Number 515-725-2015	Email Address mboens@dhs.state.ia.us
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1. Give a brief purpose and summary of the rulemaking:

This rule is amended to adjust the federal poverty level increments used to assess premiums for applicants and recipients under the Medicaid for Employed People with Disabilities (MEPD) program with income over 150% of the federal poverty level (FPL).

The Department is requesting these changes because Iowa Code section 249A.3(2)(a)(1)(b) requires that “the maximum premium payable by an individual whose income exceeds one hundred fifty percent of the official poverty guidelines shall be commensurate with the cost of state employees’ group health insurance in this state.” The average cost to the state for state employees’ health insurance for a single person is \$829 effective January 1, 2020. Therefore, the maximum premium must not be above that amount.

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

Code of Iowa 249A.3(2)(a)(1)(b); 441 IAC 75.1(39)“b”; and Social Security Act section 1916A(a)(2)(B), (b)(1)(B)(ii), (b)(2)(A) (42 USC § 1396o-1(a)(2)(B), (b)(1)(B)(ii), (b)(2)(A)).

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

MEPD members will see an increase in premiums.

The new premium scale reflects the increase in the maximum premium allowed to reflect the increase in the cost of state employees’ health insurance by adding an additional premium tier (1,550% FPL and above = \$829 premium). All other premium amounts will be increased.

MEPD eligibility is based upon countable household income of no more than 250% of the FPL for the household size. MEPD premiums are assessed based on gross individual income. Currently, there are no MEPD members with gross individual income higher than 550% of the FPL.

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

This amendment does not provide for waivers in specific situations because all members should be subject to the same sliding scale for MEPD premiums.

5. What are the likely areas of public comment?

No specific topics of issue are foreseen.

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

This change will not have any impact on private sector jobs.



Administrative Rule Fiscal Impact Statement

Date: March 4, 2020

Agency: Human Services
IAC citation: 441 IAC 75.1(39)"b"(3)
Agency contact: Melissa Boens 725-2015

Summary of the rule:

The sliding scale used to determine premiums for medical assistance benefits under the Medicaid for Employed People with Disabilities (MEPD) program is revised to adjust the federal poverty level increments at which premiums are assessed.

Fill in this box if the impact meets these criteria:

- No fiscal impact to the state.
- Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
- Fiscal impact cannot be determined.

Brief explanation:

[Budget Analysts must complete this section for ALL fiscal impact statements.](#)

The impact to members from the increase in premiums is expected to be minimal so the savings to the state from the premium increase also would be minimal. Based on current members, the average monthly premium increase is expected to be approximately \$1.20. With approximately 4,250 members paying premiums each month, this equates to an annual revenue increase of approximately \$61,000 (total); \$23,000 (state share).

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

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

Assumptions:

Describe how estimates were derived:

Estimated Impact to the State by Fiscal Year

	<u>Year 1 (FY 2021)</u>	<u>Year 2 (FY 2022)</u>
Revenue by each source:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	28,133.00	61,380.00
TOTAL REVENUE	28,133.00	61,380.00
Expenditures:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
TOTAL EXPENDITURES	_____	_____
NET IMPACT	28,133.00	61,380.00
<input checked="" type="checkbox"/> This rule is required by state law or federal mandate. <i>Please identify the state or federal law:</i> Identify provided change fiscal persons: Code of Iowa 249A.3(2)(a)(1)(b)		
<input type="checkbox"/> Funding has been provided for the rule change. <i>Please identify the amount provided and the funding source:</i>		
<input checked="" type="checkbox"/> Funding has not been provided for the rule. <i>Please explain how the agency will pay for the rule change:</i> The increase in premium revenue will result in a small savings to the Medical Assistance appropriation.		
<i>Fiscal impact to persons affected by the rule:</i> MEPD members will see an increase in premiums.		
<i>Fiscal impact to counties or other local governments (required by Iowa Code 25B.6):</i> No impact.		
Agency representative preparing estimate: Jason Buls Telephone number: 515-281-5764		

HUMAN SERVICES DEPARTMENT [441]

Adopted and Filed

Rule making related to Pharmacy Providers

The Human Services Department hereby amends Chapter 77, “Conditions of Participation for Providers of Medical and Remedial Care,” Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” and Chapter 79, “Other Policies Relating To Providers Of Medical And Remedial Care,” Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is adopted under the authority provided in Iowa Code chapter 39 and Iowa Code section 249.4.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code chapter 39 and Iowa Code section 249.4.

Purpose and Summary

The Iowa Board of Pharmacy, in collaboration with the Iowa Department of Public Health, developed statewide protocols for pharmacists ordering and dispensing naloxone and nicotine replacement therapy (NRT) tobacco cessation products, as well as for pharmacists ordering and administering vaccines. In order to allow these expanded pharmacist practice protocols under Medicaid, the following changes are proposed:

- Adding “pharmacist” as a provider type eligible to enroll in the Medicaid program.
- Clarifying qualified prescriber and prescription requirements based on the pharmacist expanded practice standards.
- Amending the section related to pharmacies administering influenza vaccine to children to apply to pharmacists providing all Medicaid-covered vaccines to children and adults, pursuant to 657—Chapter 39 and the statewide protocols. The rule making also proposes adding Medicaid verification and reporting requirements. The proposed changes would enable pharmacists to take advantage of the expanded practice standards while clarifying the Medicaid verification and reporting requirements for vaccines.
- Amending the section for basis of reimbursement for vaccines related to pharmacists. All billing and reimbursement of vaccines, regardless of provider type, would be through the Healthcare Common Procedure Coding System (HCPCS) to ensure consistency among providers as well as a coordinated Medicaid immunization record for the member.

Public Comment and Changes to Rule Making

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on March 11, 2020, as **ARC 4964C**.

The Department received four comments from 46 respondents on the proposed rules. The comments and corresponding responses from the Department are divided into 4 topic areas as follows:

A. Enrollment of Pharmacists. *There was one comment in this topic area.*

Twenty-four respondents expressed support in allowing pharmacists to enroll as providers, which included updating the list of qualified prescribers.

Department Response: The Department agrees with the comment, and this was the reason the Department initiated addition of a pharmacist as a new provider type, as well as updates to the qualified prescriber rule section.

B. Vaccine Administration Fee. *There was one comment in this topic area.*

Forty-five respondents requested reconsideration of a higher amount for the vaccine administration fee or the ability of pharmacists to bill additional codes (consistent with what other providers are authorized to do) to compensate for the services. Additionally comments indicated pharmacists should be reimbursed for vaccine administration consistent with other health care providers and not reimbursed at a reduced rate. Comments also indicated the fee would be insufficient to allow many pharmacies to continue providing this service.

Department Response: As noted in the proposed rules, the vaccine administration reimbursement for a pharmacist is set at the physician fee schedule. Pharmacists will be reimbursed consistent with other providers, as the physician fees are the

basis for reimbursement of vaccine administration for other provider types. Any increase to the fee schedule would require additional funding which has not been appropriated. While the fiscal in the proposed rules referenced two vaccine administration procedure codes, there are six procedure codes reimbursed by Iowa Medicaid for vaccination administration. These codes take into consideration the age of the patient, the order and route of vaccines administered, and whether face-to-face counseling was provided. The administration codes 90460–90461 or 90471–90474, are reported in addition to the vaccine product code.

- Codes 90460 and 90461 do not differentiate by routes of administration just identifies order of "first" versus "each additional" administration.
- The age designation for codes 90460 and 90461 (i.e., through age 18) is consistent with the age requirements under the federal Vaccines for Children (VFC) program.
- When the physician or qualified health care professional (e.g., nonphysicians if allowed under state scope of practice) provides face-to-face counseling for the patient and family during the administration of a vaccine to a patient 18 years or younger, code 90460 or a combination of codes 90460 and 90461 are reported. The medical record documentation must support that the physician or other qualified health care professional provided the vaccine counseling.
- When the physician or qualified health care professional does not perform the vaccine counseling to the patient or family, or when vaccines are administered to patients older than 18 years, with or without counseling, codes 90471– 90474 are reported instead of codes 90460–90461.
- 90471 or 90473 is reported for the “first” vaccine administered to a patient on a calendar date, and codes 90472 and 90474 are reported for “each additional vaccine” given on the same date based on its route of administration.

If an immunization is the only service rendered, no enrolled Medicaid provider is authorized to bill additional codes; only the appropriate vaccine administration code and drug product code are to be billed for reimbursement.

The process to review the reimbursed rates for the codes is to use the current Medicare rate, if one exists, and determine the fiscal impact of changing the rate. The administration rates have only changed with legislative direction.

They were updated to the Medicare rate for two years due to the Affordable Care Act, and then dropped back to the original Medicaid rates. The last update was a 1% increase effective July 1, 2013. The administration codes, descriptions and reimbursed amount are listed below.

	Procedure Description	Fee
Use the following codes for vaccine administration, to patients 18 and under, with face-to-face counseling of the patient/family during the vaccine administration		
90460	Immunization administration through 18 years of age by any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	\$19.68 VFC \$20.90 non-VFC
90461	Immunization administration through 18 years of age by any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)	\$10.51 VFC and non-VFC
Use the following codes for vaccine administration to patients of any age when the administration is not accompanied by any face-to-face counseling under 18, or for administration to patients over 18 with or without counseling		
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine or toxoid) with no counseling under 18 years of age, or when vaccines are administered to patients older than 18 years	\$5.09
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine or toxoid) with no counseling under 18 years of age, or when vaccines are administered to patients older than 18 years (List separately in addition to code for primary procedure)	\$5.09
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine or toxoid) with no counseling under 18 years of age, or when vaccines are administered to patients older than 18 years	\$12.88
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine or toxoid) with no counseling under 18 years of age, or when vaccines are administered to patients older than 18 years (List separately in addition to code for primary procedure)	\$6.86

Refer to the fee schedule in the Provider Services section of the Iowa Medicaid Enterprise (IME) website for the most up-to-date rate information.

C State Immunization Registry. *There was one comment in this topic area.*

One respondent commented that by only requiring one type of vaccinators (pharmacist) to report to the state immunization registry it creates uneven and unnecessary administrative burdens. The respondent also provided in-text edits of the proposed rule to remove section 78.42(3) *Verification and reporting*.

Department Response: No changes will be made in this area. This section of the proposed rules replicates what is required under 657-Chapter 39 and the statewide protocols related to vaccine administration by pharmacists. The exception is the proposed rule defines the reporting period specifically as 30 calendar following the administration of any vaccine, rather than “as soon as reasonably possible.”

D. Department of Health Vaccines for Children (VFC) Program. *There was one comment in this topic area.*

One respondent recommended consideration by the Department of Health’s VFC Program to make updates to the program to overcome operational and administrative barriers, including inventory management and ordering processes. The respondent also provided in-text edits of the proposed rule in section 78.42(1) by striking “Payment will be made for the vaccine cost only if the VFC program stock has been depleted” and adding “Pharmacists will be allowed to use their own vaccine stock instead of the VFC program stock and be reimbursed for the cost of vaccine”.

Department Response: The proposed rule does not address the operational or administrative requirements under the Iowa Department of Public Health VFC program. Rather the proposed rule continues the requirement that providers enroll and obtain vaccines from the VFC program if being administered to a Medicaid enrolled child. Payment by Medicaid is only made for the vaccine cost only if the VFC program stock has been depleted. Section 13631 of the Omnibus Budget Reconciliation act (OBRA) of 1993 created the VFC program as section 1928 of the Social Security Act on August 10, 1993. Consistent with the program requirements, Medicaid eligible children must receive vaccines through that program when available.

No changes from the Notice have been made.

Adoption of Rule Making

This rule making was adopted by the Human Services Department on August 12, 2020.

Fiscal Impact

To the extent that naloxone and NRT are currently being provided to Medicaid members based on a currently authorized prescriber prescription, the proposed changes would be a different access point to the products. If a Medicaid member is not currently accessing these products through a currently authorized Medicaid provider, the proposed changes could increase the number of prescriptions for these categories of drugs, resulting in an increase in expenditures. The extent of this potential fiscal impact can't be determined. To the extent pharmacists are currently administering vaccines dispensed through Pharmacy point of sales, there could be two potential fiscal impacts depending on the route of vaccine administration.

Jobs Impact

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

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to 441-1.8(217A).

Review by Administrative Rules Review Committee

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

Effective Date

This rule making will become effective on June 1, 2021.

The following rule-making action is adopted:

See attached pages.

PHARMACY RULES

ITEM 1. Adopt the following **new** rule 441—77.57(249A):

441—77.57(249A) Pharmacists. An authorized pharmacist licensed to practice in the state of Iowa is eligible to participate in the program.

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

ITEM 2. Amend subrule 78.2(1) as follows:

78.2(1) Qualified prescriber. All drugs are covered only if prescribed or ordered by ~~a legally qualified practitioner~~ an Iowa Medicaid-enrolled practitioner licensed or registered to prescribe as specified in Iowa Code section 155A.3(38). ~~Pursuant to Public Law 111-148, Section 6401, any practitioner prescribing drugs must be enrolled with the Iowa Medicaid enterprise in order for such prescribed drugs to be eligible for payment.~~

ITEM 3. Amend subrule 78.2(2) as follows:

78.2(2) Prescription required. As a condition of payment for all drugs, including “nonprescription” or “over-the-counter” drugs that may otherwise be dispensed without a prescription or drug order, a prescription or drug order shall be transmitted as specified in Iowa Code sections 124.308, 155A.3 and 155A.27 by the practitioner to the pharmacy, subject to the provisions of Iowa Code section 155A.29 regarding refills. All prescriptions or drug orders shall be available for audit by the department.

ITEM 4. Rescind rule 441—78.42(249A) and adopt the following **new** rule in lieu thereof:

441—78.42(249A) Pharmacists providing covered vaccines. When the authorized pharmacist providing the vaccine meets all Iowa board of pharmacy expanded practice standards and Medicaid requirements, payment will be made for the following:

78.42(1) Vaccines administered to children. Payment will be made to an enrolled provider for an administration fee for vaccines available through the Vaccines for Children (VFC) program administered by the department of public health if the provider is enrolled in the VFC program. Payment will be made for the vaccine cost only if the VFC program stock has been depleted.

78.42(2) Vaccines administered to adults. Payment will be made to an enrolled provider for an administration fee and vaccine cost.

78.42(3) Verification and reporting. Prior to the ordering and administration of an immunization pursuant to statewide protocol, the authorized pharmacist shall consult and review the Iowa Immunization Registry Information System (IRIS) or Iowa Health Information Network (IHIN). Within 30 calendar days following administration of any vaccine, the pharmacist shall report such administration to the patient’s primary health care provider, primary physician, and IRIS or IHIN. If a patient does not have a primary health care provider, the pharmacist shall provide the patient with a written record of the vaccine administered to the patient and shall advise the patient to consult a physician.

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

ITEM 5. Amend subrule **79.1(2)**, provider category of “Pharmacy administration of influenza vaccine to children,” as follows:

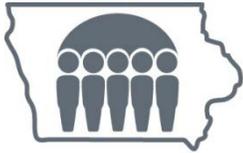
Pharmacy Pharmacist vaccine administration of influenza vaccine to children	Physician fee schedule for immunization administration	Fee schedule in effect 6/30/13 plus 1%.
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ITEM 6. Amend paragraph **79.1(8)“a,”** introductory paragraph, as follows:

a. Except as provided below in paragraphs 79.1(8)“d” through ~~“i,”~~ “h,” all providers are reimbursed for covered drugs as follows:

ITEM 7. Rescind paragraph **79.1(8)“i.”**

ITEM 8. Reletter paragraphs **79.1(8)“j”** to **“i”** as **79.1(8)“i”** to **“k.”**



Iowa Department of Human Services
Information on Proposed Rules

Name of Program Specialist Susan Parker	Telephone Number 256-4634	Email Address sparker2@dhs.state.ia.us
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1. Give a brief purpose and summary of the rulemaking:

The Iowa Board of Pharmacy, in collaboration with the Iowa Department of Public Health, developed statewide protocols for pharmacist ordering and dispensing of naloxone and nicotine replacement therapy (NRT) tobacco cessation products, as well as pharmacist ordering and administering vaccines. In order to allow these expanded pharmacist practice protocols under Medicaid the following changes are proposed:

- Adds “Pharmacist” as a provider type eligible to enroll in the Medicaid program.
- Clarifies qualified prescriber and prescription requirements based on the pharmacist expanded practice standards.
- Amends the section related to pharmacies administering influenza vaccine to children to include all Medicaid covered vaccines for children and adds the administration of adult vaccines, pursuant to 657 IAC 39 and the statewide protocols. Also adds Medicaid verification and reporting requirements. The changes enable pharmacists to take advantage of the expanded practice standards while clarifying the Medicaid verification and reporting requirements for vaccines.
- Amends the section related to basis of reimbursement for vaccines related to pharmacies. All billing and reimbursement of vaccines, regardless of provider type, will be through the healthcare common procedure coding system (HCPCS) to ensure consistency among providers as well as a coordinated Medicaid immunization record for the member.

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

Iowa Code 249A.4; 657 IAC Chapter 39.

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

The addition of pharmacists as a provider type accommodates the expanded practice standards under the Iowa Board of Pharmacy rules and protocols. The proposed changes will provide an additional access point for Medicaid members to obtain naloxone, NRT and vaccines without the need for an office appointment.

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

This amendment does not provide for waiver in specified situations because the policies addressed should apply in all cases and because a waiver can be requested under the Department’s general rule on exceptions at Iowa Admin. Code r. 441--1.8.

5. What are the likely areas of public comment?

Pharmacists and presumably other providers, will be supportive of the pharmacist enrollment changes to allow ordering as limited by the Board of Pharmacy as the rules and protocols are already in effect.

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

No.



Administrative Rule Fiscal Impact Statement

Date: August 15, 2019

Agency: Human Services
IAC citation: 441 IAC – 77, 78 & 79
Agency contact: Susan Parker

Summary of the rule:

The Iowa Board of Pharmacy, in collaboration with the Iowa Department of Public Health, developed statewide protocols for pharmacist ordering and dispensing of naloxone and nicotine replacement therapy (NRT) tobacco cessation products, as well as pharmacist ordering and administering vaccines. The proposed changes will allow these expanded pharmacist practice protocols under Medicaid. Additionally changes are proposed to the basis of reimbursement for vaccines to accommodate these changes.

Fill in this box if the impact meets these criteria:

- No fiscal impact to the state.
- Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
- Fiscal impact cannot be determined.

Brief explanation:

[Budget Analysts must complete this section for ALL fiscal impact statements.](#)

To the extent that naloxone and NRT are currently being provided to Medicaid members based on a currently authorized prescriber prescription, the proposed changes would just be a different access point to the product(s). If a Medicaid member is not currently accessing these products through a currently authorized Medicaid prescriber, the proposed changes could increase the number of prescriptions for these categories of drugs, resulting in an increase in expenditures. The extent of this potential fiscal impact cannot be determined.

Programming changes are required under both the MMIS and Pharmacy Point of Sale (POS) however there are no associated costs under either contract related to these changes.

To the extent pharmacist are currently administering vaccines "dispensed" through Pharmacy POS, there could be two potential fiscal impacts depending on the route of vaccine administration.

- a. There could potentially be savings related to the difference in the current dispensing fee (\$10.07) paid under pharmacy policy and the transition to the reimbursement of the 90471 (percutaneous, intradermal, subcutaneous or intramuscular injections) administration fee (\$5.09) under medical policy.
- b. There could be an increased cost related to the difference in the current dispensing fee (\$10.07) paid under pharmacy policy and the transition to the reimbursement of the 90473 (intranasal or oral route) administration fee (\$12.88) under medical policy.

Additionally there is a potential for an increase in the number of vaccines billed by the pharmacy with these proposed changes, which could lead to an increase in total vaccine expenditures (product plus administration cost). The extent of this potential fiscal impact cannot be determined.

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

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

Funding has not been provided for the rule.
Please explain how the agency will pay for the rule change:
The fiscal impact is not known.

Fiscal impact to persons affected by the rule:
The extent of any fiscal impact cannot be determined.

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

Agency representative preparing estimate: Jason Buls
Telephone number: 515-281-5764

HUMAN SERVICES DEPARTMENT [441]

Notice of Intended Action

Proposing rule making related to contracts under the Family First Act and providing an opportunity for public comment.

The Human Services Department hereby proposes to amend Chapter 80, "Procedure and Method of Payment," Chapter 133, "Iv-A Emergency Assistance Program," Chapter 172, "Family-Centered Child Welfare Services," Chapter 175, "Abuse Of Children," and Chapter 186, "Community Care," Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code chapter 234.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code chapter 234.

Purpose and Summary

The Family First Act reforms the federal child welfare financing streams. Title IV-E and Tile IV-B of the Social Security Act provide services to families who are at risk of entering the child welfare system. A core expectation under the Family First Act is states must employ evidence-based interventions demonstrated to effectively strengthen and preserve connections between children and their family. The primary focus of these services is to prevent removal of a child and placement into foster care.

These changes will positively affect the child welfare contractors who successfully bid on contracts as the evidence-based interventions provide clear expectations to fidelity of models used in service provisions.

Fiscal Impact

There will be a cost associated with the implementation of Family First prevention services. Costs include DHS and provider implementation activities; accreditation and licensing of providers and increased costs for services above what the department is currently paying. The costs of these items is uncertain given that implementation is still in process and the new services have not yet started. In addition, the Family First provision provided for 50% federal IV-E match for eligible services, but federal guidance has not been given on which services meet this claiming criteria. As a result, the amount of the federal match and resulting state cost is also not known. In addition, access to high quality prevention services should ultimately reduce the need for foster care services, but the timing and degree of those services is not yet known.

Jobs Impact

The current procurement for family-centered services allows more flexibility on staff qualifications based upon selected evidence-based interventions rather than specific education and experience requirements. The flexibility in staff qualifications for the identified evidence based interventions will most likely increase the pool of candidates for employment statewide based upon skill set, rather than a set standard of education and experience. The services will now be provided statewide, with a maximum of two contracts per each of the five agency service areas.

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441-1.8, (17A, 217).

Public Comment

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on September 1, 2020. Comments should be directed to:

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

Public Hearing

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

Review by Administrative Rules Review Committee

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

The following rule-making action is proposed:

See Attached

Proposed Rule Changes

ITEM 1. Amend chapter title and preamble as follows:

CHAPTER 172

FAMILY-CENTERED CHILD WELFARE

SERVICES

PREAMBLE

These rules define and describe procedures for delivery of family-centered child welfare services. The rules describe the service definitions, and eligibility criteria, ~~contractor selection and contracting processes, performance measures, billing and payment methods, and~~ procedures for client appeals, and ~~service review and audit procedures.~~

ITEM 2. Amend existing or add new definitions in 441 – 172.1(234) as follows:

“Agency” means the Iowa department of human services.

“Agency child welfare service case” means at least one child in a household is involved in agency services with an agency assigned social work case manager.

“Agency worker” means the agency child welfare worker who has been assigned responsibility for a child and family’s case, either to perform a child abuse assessment, family assessment, or child in need of assistance (CINA) assessment or assume case management responsibility for ongoing agency child welfare service cases.

“Candidate for foster care” means a child who is identified in a prevention plan as being at imminent risk of entering foster care but who can remain safely in the child’s home or in a kinship placement as long as services or programs that are necessary to prevent the entry of the child into foster care are provided. It includes a child whose

Proposed Rule Changes

adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement.

“Child”, “children”, or “youth” means a person or persons who meets the definition of a child in Iowa Code section 234.1(2).

“Child abuse” means one or more of the categories of child abuse defined in Iowa Code section 232.68.

“Child abuse assessment” means an assessment process by which the agency responds to all accepted reports of child abuse that allege child abuse as defined in Iowa Code section 232.68(2) “a” (1) through (3) and (5) through (11); or that allege child abuse as defined in Iowa Code section 232.68(2) “a” (4) that also allege imminent danger, death, or injury to a child. A child abuse assessment results in a disposition and a determination of whether a case meets the definition of child abuse and a determination of whether criteria for placement on the registry are met.

“Child in Need of Assistance” or “CINA” means a child adjudicated by juvenile court to be a child in need of assistance pursuant to Iowa Code section 232.2.

“Child vulnerability” means the degree that a child cannot on the child’s own avoid, negate, or minimize the impact of present or impending danger.

“Conditionally safe” means that one or more signs of present or impending danger to a child that are identified on the safety assessment form are not offset by the child’s degree of vulnerability or the caretaker’s protective capacity. A safety plan is required.

“Contractor” means a private organization authorized to do business in Iowa that has entered into a contract with the agency to provide one or more of the services defined in this chapter. “Contractor” refers to the organization that is named as the

Proposed Rule Changes

responsible party in the contract and whose authorized representative has signed the contract.

"Family assessment" means an assessment process by which the agency responds to all accepted reports of child abuse that allege child abuse as defined in Iowa Code section 232.68(2)"a"(4), but do not allege imminent danger, death, or injury to a Child. A family assessment does not include a determination of whether a case meets the definition of child abuse and does not include a determination of whether criteria for placement on the registry are met.

"Family-centered services" means the services provided by contract pursuant to this chapter.

"Family Preservation Services" or "FPS" are short-term, intensive, home-based, crisis interventions targeted to families that have children at imminent risk of removal and placement in foster care. Family preservation services combine skill-based interventions and flexibility so that services are available to families according to their individual needs.

"Fictive kin" means a person who is unrelated to a child by blood, adoption, or marriage, but who has an emotionally significant relationship with the child or the child's family.

"Household" means the place where a child resides.

"Kinship caregiver" means a relative or fictive kin providing care for a child.

"Family safety, risk, and permanency service" means a service that uses strategies and interventions designed to achieve safety and permanency for a child with an open agency-child welfare case, regardless of the setting in which the child resides.

Proposed Rule Changes

“Non-agency involved case” means a case in which no one in the household is involved with an agency-assigned social work case manager.

“Permanency” means a child has a safe, stable, custodial environment in which to grow up and a lifelong relationship with a nurturing caregiver.

“Protective capacities” means the family strengths or resources that reduce, control, or prevent risks from arising or from having an unsafe impact on a child.

“Risk” means the probability or likelihood that a child will experience maltreatment.

“Safe” means that no signs of present or impending danger to a child are identified or that one or more signs of present or impending danger are identified but the child’s degree of vulnerability or the caregiver’s protective capacities offset the current threat. The child is safe when the child is not likely to be in imminent danger of maltreatment.

“SafeCare[®]” means an evidence-based training curriculum for parents who are at risk or have been reported for child abuse. Through SafeCare, parents receive weekly home visits to improve skills in several areas, including home safety, healthcare, and parent-child interaction.

~~“Safety plan service” means a service that is designed to monitor the safety of a child during the agency’s child protective assessment or child in need of assistance assessment process.~~

~~“Service area manager” means the agency official responsible for managing the agency’s programs, operations, and budget within one of the agency service areas.~~

“Solution Based Casework[®]” or “SBC” means an evidence-base, family-centered model of child welfare assessment, case planning, and ongoing casework. The goal of SBC is to work in partnership with the family to help identify the family’s strengths, to focus on

Proposed Rule Changes

everyday life events, and to help the family build the skills necessary to manage difficult situations.

ITEM 3. Amend 441 – 172.2(234) and add (c) under subrule 172.2(1) and add (d) under subrule 172.2(2) and add subrules 172.2 (4), (5) (6) and (7) as follows:

441—172.2(234) Purpose and scope. Family-centered child-welfare services are designed for the child, parent, or kinship caregiver of the child when the needs of the child, parent, or kinship caregiver for the services are directly related to the to achieve safety, permanency, and or well-being for children of the child, or to prevent the child from entering foster care. The outcome of the services may be to maintain the child with a parent or in the home of the kinship caregiver, to reunify the child safely with a parent or kinship caregiver, or to achieve permanent family connections for the child.

172.2(1) Family-centered child-welfare services provide interventions and supports based on identified needs for of children and families that have come to the agency's attention because of:

- a. ~~Allegations of child abuse;~~ Evaluation of the findings of a child abuse assessment report and the family's risk assessment score; or
- b. ~~Juvenile court action to adjudicate the child as a child in need of assistance. The child's adjudication as a child in need of assistance pursuant to Iowa Code section 232.2;~~ or
- c. The child's placement out of home under the agency's care and supervision.

172.2(2) Family-centered child-welfare services shall be designed to:

- a. Identify and build on the family's strengths and enhance the family's protective capacities;

Proposed Rule Changes

b. Address the risk factors that affect the child's safety, permanency, and well-being; and

c. Strengthen Help the family become connected connections with to community resources and informal support systems in order to promote greater self-reliance; and

d. Remain culturally competent and respectful of the family's cultural, ethnic, and racial identity and values.

172.2(3) Family-centered ~~child~~ welfare services shall utilize evidence-based interventions to the greatest possible extent.

172.2(4) Family-centered services shall include the following persons:

a. A child eligible for services under this rule, as defined by the agency;

b. Any sibling of that child who resides in the same household at the time of service referral or moves into the household during the service delivery period; and

c. A parent, stepparent, or kinship caregiver of the child.

172.2(5) Family-centered services shall include solution based casework for agency child welfare service cases and non-agency involved cases when criteria is met in subrule 172.2(1).

172.2(6) Based on child and family needs, a child and family with an open agency child welfare service case that are receiving solution based casework may also be approved to receive the following additional services, which are referred separately:

a. SafeCare

b. Family preservation services

c. Family team decision-making (FTDM) and youth transition decision-making (YTDM) meeting facilitation.

Proposed Rule Changes

172.2(7) Case Management. During the time that a child and the child's family are approved to receive family-centered services on open agency child welfare service case, the agency worker shall be responsible for maintaining contact with the child and family to ensure that:

a. The factors that present risks of harm to the safety and well-being of all children in the family are being adequately addressed; and

b. Services and supports are in place to achieve the child's permanency goal.

ITEM 4. Amend 441 – 172.3(234) as follows:

441—172.3(234) Authorization. When the agency has approved provision of family-centered child welfare services for a child and family, the agency worker shall notify the contractor by issuing the referral and authorization for child welfare services form.

This referral authorization form shall indicate:

1. The specific service category authorized (~~safety plan; family safety, risk, and permanency~~); and
2. The duration of the authorization.

ITEM 5. Amend 441 – 172.4(234) by deleting 172.4, 172.4(1) and 172.4(2) and marking this section as "Reserved":

~~**441—172.4(234) Reimbursement.** Billed services that meet the requirements of this chapter and the contract between the agency and the contractor shall become a liability of the state. The format and process for submitting billings to the agency and for receiving agency payments shall be specified in all contracts. The agency shall process claims for payment promptly upon submission by the contractor.~~

Proposed Rule Changes

~~172.4(1)~~ The contractor shall bear ultimate responsibility for the completeness and accuracy of all billings submitted.

~~172.4(2)~~ The contractor shall maintain all financial and service records that are necessary to substantiate the contractor's claims submitted for reimbursement for services provided to agency clients as specified in the contract.

ITEM 6. No changes to 441 – 172.5(234):

~~441—172.5(234)~~ **Client appeals.** Clients may appeal the agency's decision pursuant to 441—Chapter 7 when:

1. The client's application for services as described in this chapter is denied, or
2. The services are terminated.

ITEM 7. Amend 441 – 172.6(234) by deleting and marking this section as "Reserved":

~~441—172.6(234)~~ **Reviews and audits.** Contractors for the services described in this chapter shall be subject to review and audit procedures established by the agency. Information on these procedures shall be included in the request for proposals and in contracts resulting from the procurement process.

ITEM 8. No change to 441 – 172.7 to 172.9:

~~441- 172.7 to 172.9~~ Reserved.

ITEM 9. Rescind Division II title and preamble:

~~DIVISION II SAFETY~~

~~PLAN SERVICES~~

~~PREAMBLE~~

Proposed Rule Changes

~~Family-centered safety plan services are designed to maintain children safely in their own families whenever possible. These services use strategies and interventions to monitor and evaluate the safety of children who, during a child protective assessment or during the agency's child in need of assistance assessment, are assessed to be conditionally safe.~~

ITEM 10. Rescind 441 – 172.10(234):

~~**441—172.10(234) Service requirements.** A contractor providing a safety plan service shall meet the following requirements:~~

~~**172.10(1)** The service shall meet the minimum expectations defined in the contract.~~

~~**172.10(2)** The contractor shall provide interventions and supports based on the particular service needs identified for each child and family.~~

~~**172.10(3)** The contractor shall design interventions that:~~

~~a. Promote identification and enhancement of family strengths and protective capacities;~~

~~b. Address the factors that have placed the child in “conditionally safe” status;~~

~~c. Strengthen family connections to community resources and informal supports;~~

~~and~~

~~d. Are culturally competent and respectful of the family's cultural, ethnic, and racial identity and values.~~

ITEM 11. Rescind 441 – 172.11(234):

~~**441—172.11(234) Contractor selection.** Family-centered safety plan services shall be available on a statewide basis and shall be purchased through a formal competitive selection process according to the requirements of 11—Chapters 118 and 119.~~

Proposed Rule Changes

~~172.11(1)~~ The agency shall issue a request for proposals at the state level to seek applications from organizations interested in providing family-centered safety plan services within specific geographic areas.

~~172.11(2)~~ The request for proposals shall specify:

- ~~a.~~ The minimum qualifications and requirements for consideration as a contractor;
- ~~b.~~ The scope of services to be purchased; and
- ~~c.~~ The duration of contracts to be awarded.

~~172.11(3)~~ The agency shall select one or more contractors within each agency service area based on service needs and the number and quality of contractor proposals.

~~172.11(4)~~ When multiple contractors are selected to serve the same geographic area, the agency shall implement a fair and equitable case referral process.

ITEM 12. Rescind 441 – 172.12(234):

~~441 – 172.12(234)~~ **Service eligibility.**

~~172.12(1)~~ The agency may refer a family for family-centered safety plan services when:

- ~~a.~~ A child in the family is alleged to be a victim of abuse (an “alleged child victim”) on a child protection assessment or is the subject of a child in need of assistance assessment (a “child subject”); and
- ~~b.~~ During the child protective assessment or child in need of assistance assessment, the agency determines that the alleged victim or child subject is conditionally safe.

Proposed Rule Changes

~~172.12(2)~~ When the agency approves a case for safety plan services, the following persons may be included in service provision:

- ~~a.~~ The alleged child victim or child subject;
- ~~b.~~ Any whole, half, or step siblings of the alleged child victim or child subject who reside in the same household; and
- ~~c.~~ The parents, stepparents, adoptive parents, or caretakers of the alleged child victim or child subject.

ITEM 13. Rescind 441 – 172.13(234):

~~441 – 172.13(234) Service components.~~

~~172.13(1) Strategies and interventions.~~ Safety plan services shall provide a flexible array of strategies and interventions to:

- ~~a.~~ Monitor, evaluate, and intervene to ensure the child's safety; and
- ~~b.~~ Evaluate and supplement the protective capacities of the child's caregivers.

~~172.13(2) Service activities.~~ The activities to be provided by safety plan services shall be as described in the scope of services section of the request for proposals and in the contract. At a minimum, a contractor for safety plan services shall do all of the following:

- ~~a.~~ Be available 24 hours a day, seven days per week.
- ~~b.~~ Respond to the agency worker within one hour after the contractor receives a referral call.
- ~~c.~~ Initiate face-to-face contact with the alleged child victim or child subject and the child's parents within 24 hours of the referral call from the agency worker.

Proposed Rule Changes

~~d. — Make daily face-to-face contact with the alleged child victim or child subject and the child's parents as identified in the safety plan form and the safety plan services referral face sheet. The frequency of contact with siblings and others involved in the case shall be as identified on the safety plan service referral face sheet.~~

~~e. — Provide an electronic communication to update the agency worker by the end of the next calendar day after each contact with a person included in service provision.~~

~~f. — Attend all family team meetings held on behalf of the family during the service delivery period.~~

~~g. — Respond within two hours to any family crisis during the service delivery period.~~

~~(1) — The response may be made either face to face or by telephone, depending on the situation.~~

~~(2) — Immediately following the response, the contractor shall report the crisis and the response to the agency worker or the worker's supervisor via telephone or electronic communication.~~

~~h. — Attend court hearings about the child upon request of the court or the agency worker.~~

~~**172.13(3) Additional services available.** Based on child and family needs and subject to approval by the agency worker, a child and family who are receiving safety plan services may also receive the following services, which shall be purchased and funded separately, in addition to the activities listed in subrule 172.13(2):~~

~~a. — Drug testing as provided in subrule 172.30(1).~~

~~b. — Family team meeting facilitation as provided in subrule 172.30(2).~~

Proposed Rule Changes

~~e. Legal services for permanency as provided in subrule 172.30(3).~~

~~d. Payment of foster family care maintenance costs under rule 441—156.6(234)~~

~~if the child is placed in foster family care.~~

~~e. Shelter care payment as provided in rule 441—156.11(234) if the child is placed in shelter care.~~

ITEM 14. Rescind 441 – 172.14(234):

~~441—172.14(234) Monitoring of service delivery.~~

~~172.14(1) Case management. During the time a child and the child's family are approved to receive safety plan services, the agency worker shall be responsible for providing case management. The agency worker shall maintain contact with the family and the family's contractor to ensure that factors that present risks to the safety and well-being of children in the family are being adequately addressed.~~

~~172.14(2) Contractor progress reports. A contractor for safety plan services shall submit client reports in accordance with the requirements concerning format, content, and frequency that are specified in the contract.~~

~~172.14(3) Outcome measures. The agency shall establish outcome-based performance measures for safety plan services. These performance measures shall:~~

~~a. Be specified in each contract; and~~

~~b. Be aligned with the measures defined by the federal government as part of the child and family services review process.~~

ITEM 15. Rescind 441 – 172.15(234):

~~441—172.15(234) Billing and payment.~~

Proposed Rule Changes

~~172.15(1) Unit of service. Safety plan services shall be delivered based on a 15-calendar day unit of service with an established per-unit payment rate that shall be specified in each contract. The agency worker may purchase up to two units of service for a case.~~

~~172.15(2) Performance-based payments. Contracts for safety plan services may contain provisions under which a portion of the payment to the contractor is connected to the contractor's level of achievement on specified outcome-based performance measures. Any provisions for performance-based payments shall be described in the agency's request for proposals and in the contract.~~

ITEM 16. Rescind 441 172-16 to 172.19:

~~441—172.16 to 172.19 Reserved.~~

ITEM 17. Rescind Division III and preamble:

DIVISION III

FAMILY SAFETY, RISK, AND

PERMANENCY SERVICES

PREAMBLE

~~Family safety, risk, and permanency services provide family-focused interventions and supports to improve parents' capacity to keep their children safe. The purpose of these services is to achieve safety and permanency for children, regardless of the setting in which the children reside. The outcome may be to maintain children safely within their own families or with relatives, to reunite children safely with their parents or other relatives, or to achieve alternative permanent family connections for the child.~~

ITEM 18. Rescind 441 – 172.20(234):

Proposed Rule Changes

~~441—172.20(234) Service requirements.~~ Family safety, risk, and permanency services shall meet the following requirements:

~~172.20(1)~~ The service shall meet the minimum expectations defined in the contract.

~~172.20(2)~~ The contractor shall have flexibility to select interventions and supports based on the particular service needs identified for each child and family.

~~172.20(3)~~ The contractor shall:

- ~~a.~~ Identify family strengths and protective capacities;
- ~~b.~~ Build on these strengths in the contractor's interventions with children and families;
- ~~c.~~ Participate in family team meetings and court hearings;
- ~~d.~~ Be culturally competent and respectful of the family's cultural, ethnic, and racial identity and values;
- ~~e.~~ Work to connect children and families with community resources and informal support systems to promote family self-reliance;
- ~~f.~~ Use evidence-based models of intervention to the greatest extent possible;
- ~~g.~~ Address risk factors and needs that are barriers to the child's safety, permanency, and well-being.

ITEM 19. Rescind 441 – 172.21(234):

~~441—172.21(234) Contractor selection.~~ Family safety, risk, and permanency services shall be available on a statewide basis and shall be purchased through a formal competitive selection process according to the requirements of 11—Chapters 118 and 119.

Proposed Rule Changes

~~172.21(1)~~ The agency shall issue a request for proposals at the state level to seek applications from organizations interested in providing family safety, risk, and permanency services within specific geographic areas.

~~172.21(2)~~ The request for proposals shall specify:

- ~~a.~~ The minimum qualifications and requirements for consideration as a contractor;
- ~~b.~~ The scope of services to be purchased; and
- ~~c.~~ The duration of contracts to be awarded.

~~172.21(3)~~ The agency shall select one or more contractors within each agency service area based on service needs and the number and quality of contractor proposals.

~~172.21(4)~~ When multiple contractors are selected to serve the same geographic area, the agency shall implement a fair and equitable case referral process.

ITEM 20. Rescind 441 – 172.22(234):

~~441—172.22(234) Service eligibility.~~ Family safety, risk, and permanency services may be provided when the child meets the criteria in subrules ~~172.22(1)~~ and ~~172.22(2)~~.

~~172.22(1)~~ The child is eligible for child welfare services based on:

- ~~a.~~ The child's adjudication as a child in need of assistance; or
- ~~b.~~ The child's placement out of home under the care and supervision of the agency; or
- ~~c.~~ Evaluation of the findings of a child abuse assessment report and the family's risk assessment score.

~~172.22(2)~~ The child is in need of services:

Proposed Rule Changes

~~a. To maintain the child's placement safely within the child's own family or in the home of a relative or other suitable person; or~~

~~b. To reunify the child safely with the child's birth family or with another relative following placement with a relative or in a foster family, shelter care facility, group care facility, or other placement setting; or~~

~~c. To move the child toward an alternative permanent family connection.~~

~~172.22(3) When the agency approves a case for family safety, risk, and permanency services, the following persons may be included in service provision:~~

~~a. A child or children who are determined eligible for service under this rule;~~

~~b. Any whole, half, or step siblings of that child or children who:~~

~~(1) Reside in the same household at the time of service referral;~~

~~(2) Move into the household during the service delivery period, or~~

~~(3) Are in placement under the care and supervision of the agency; and~~

~~c. The parents, stepparents, adoptive parents, or caretakers of that child or children and any adult who has a significant relationship with that child or children.~~

ITEM 21. Rescind 441 – 172.23(234):

~~441- 172.23(234) Service components.~~

~~172.23(1) Strategies and interventions. Family safety, risk, and permanency services shall be designed to deliver a flexible array of strategies and interventions to promote achievement of the goals of child and family safety, risk reduction, and permanency for children. It is expected that:~~

Proposed Rule Changes

~~a. The specific interventions and supports delivered and service intensity will vary depending on child and family needs identified during the course of the family's child welfare involvement with the agency; and~~

~~b. The contractor will use evidence-based models of intervention when possible as well as develop creative and innovative service models.~~

~~172.23(2) Service activities. Specific minimum service standards and expectations for family safety, risk, and permanency services shall be as described in the request for proposals issued by the agency. The contractor shall be responsible for meeting identified needs of referred children and families through interventions that may include, but are not limited to, the following:~~

~~a. Assistance and instruction for parents in life skills and household management.~~

~~b. Family functioning assessment.~~

~~c. Crisis intervention response.~~

~~d. Support for a plan of family visits when children are placed out of home, and supervision of visits, if necessary.~~

~~e. Safety checks and supervision to ensure that children are safe within their environments.~~

~~f. Transportation assistance for children and families to access needed services and supports.~~

~~g. Interventions to enhance family functioning skills, which may include interventions and instruction in one or more of the following areas:~~

~~(1) Communication and social interaction skills.~~

Proposed Rule Changes

~~(2) Family relationship enhancement.~~

~~(3) Parenting education and behavior management of children. (4) Consumer education instruction.~~

~~(5) Advocacy skill enhancement.~~

~~(6) Transitional life skills for adolescents.~~

~~h. Activities to help connect the child and family with mental health and substance abuse services and with community resources and informal supports to promote self-reliance.~~

~~i. Activities to support the families' participation in services related to mental health, domestic violence, and substance abuse.~~

~~j. Family reunification interventions.~~

~~k. Permanency planning activities, including help in identifying and achieving alternative permanent family connections for the child.~~

~~l. Provision of tangible supports for children and families.~~

~~**172.23(3) Additional services available.** Based on child and family needs and subject to approval by the agency worker, a child and family who are receiving family safety, risk, and permanency interventions may also be approved to receive the following services, which shall be purchased and funded separately:~~

~~a. Drug testing as provided in subrule 172.30(1).~~

~~b. Family team meeting facilitation as provided in subrule 172.30(2).~~

~~c. Legal services for permanency as provided in subrule 172.30(3).~~

~~d. Foster care maintenance payments under rule 441—156.6(234) if the child is placed in foster family care.~~

Proposed Rule Changes

~~e. Shelter care payment as provided in 441—subrule 156.11(3) if the child is placed in shelter care.~~

~~f. Group care maintenance and group care child welfare services under rule 441—156.9(234) if the child is placed in group care.~~

~~g. Supervised apartment living maintenance and services under rule 441—156.12(234) if the child is placed in supervised apartment living placement.~~

ITEM 22. Rescind 441 – 172.24(234):

~~441—172.24(234) Monitoring of service delivery.~~

~~172.24(1) Case management. During the time that a child and the child's family are approved to receive family safety, risk, and permanency services, the agency worker shall be responsible for maintaining contact with the child and family to ensure that:~~

~~a. The factors that present risks of harm to the safety and well-being of all children in the family are being adequately addressed; and~~

~~b. Services and supports are in place to achieve the child's permanency goal.~~

~~172.24(2) Contractor progress reports. A contractor for family safety, risk, and permanency services shall submit service progress reports in accordance with the format, content, and frequency requirements as specified in the agency's request for proposals and in the contract.~~

~~172.24(3) Outcome measures. The agency shall establish outcome-based performance measures for family safety, risk, and permanency services. These performance measures shall:~~

~~a. Be specified in each contract; and~~

Proposed Rule Changes

~~b. Be aligned with the measures defined by the federal government as part of the child and family services review process.~~

ITEM 23. Rescind 441 – 172.25(234):

~~441—172.25(234) Billing and payment.~~

~~172.25(1) Unit of service. Family safety, risk, and permanency services shall be purchased based on a calendar month as one unit of service.~~

~~a. A monthly payment rate shall be established for each contract.~~

~~b. When services are opened or closed with agency worker approval during a calendar month, payment shall be prorated based on the number of days the case was approved for services during the month, including both the beginning and ending dates of service. The amount paid for each day of service shall be the contractor's monthly rate divided by 30.~~

~~172.25(2) Performance-based payments. Contracts for family safety, risk, and permanency services may contain provisions under which a portion of the contractor's payment is connected to the contractor's level of outcome-based performance achievement. Any performance-based payment provisions and procedures shall be described in the agency's request for proposals and in each contract.~~

ITEM 24. Rescind 441 – 172.26 to 172.29:

~~441—172.26 to 172.29 Reserved.~~

ITEM 25. Rescind Division IV preamble:

DIVISION IV

FAMILY-CENTERED SUPPORTIVE

SERVICES

Proposed Rule Changes

PREAMBLE

~~Family-centered supportive child welfare services are specific services that agency workers may approve and deliver at various points during the course of a child's and family's involvement with the agency's child welfare system to address the children's safety, permanency, and well-being.~~

ITEM 26. Rescind 441 – 172.30(234):

~~441—172.30(234) Service components.~~ Family-centered supportive services include the following components:

~~172.30(1) Drug testing.~~ At a minimum, drug testing contractors shall be responsible for the costs associated with all of the following activities:

- ~~a.~~ Collection of samples from adults or children or installation of sweat patches or other drug-testing devices;
- ~~b.~~ Purchasing of collection supplies and devices;
- ~~c.~~ Preservation and documentation of the chain of evidence for collected samples;
- ~~d.~~ Laboratory testing and analysis fees;
- ~~e.~~ Reporting of test results to the referring worker; and
- ~~f.~~ Provision of court testimony, if requested, concerning testing results.

~~172.30(2) Family team meeting facilitation.~~ Meeting facilitation shall:

- ~~a.~~ Be provided in accordance with the agency's family team meeting model of practice and family team meeting standards; and
- ~~b.~~ Include activities involved in:
 - ~~(1)~~ Planning, preparing for, arranging, facilitating, and reporting on a family team meeting for a child welfare case; and

Proposed Rule Changes

~~(2) Coaching and mentoring new facilitators.~~

~~**172.30(3)** *Legal services for permanency.* Payment for legal services shall include:~~

~~a. Providing funding to an attorney for legal services associated with achieving greater permanency for children through either:~~

~~(1) Modification of a child custody order; or~~

~~(2) Creation of a guardianship or adoptive relationship for a child who is residing with a relative or another suitable caretaker; and~~

~~b. Payment of related legal fees, such as filing costs and reporting fees.~~

~~**172.30(4)** *Service area specific services.* A service area manager shall have the authority to use a portion of the child welfare funds allocated to that service area to fund family-centered services specific to that agency service area. Service area specific services shall be designed to:~~

~~a. Address unique child welfare needs within the service area;~~

~~b. Allow flexibility and innovation in intervention approach; and~~

~~c. Promote safety, permanency, and well-being for children.~~

ITEM 27. Rescind 441 – 172.31(234):

~~**441—172.31(234) Contractor selection.** With the exception of legal services for permanency, family-centered supportive services shall be purchased through a formal competitive selection process according to the requirements of 11—Chapters 118 and 119. With the exception of service area specific services, family-centered supportive services shall be available on a statewide basis.~~

~~**172.31(1)** The agency shall procure family-centered supportive services within specific geographic areas.~~

Proposed Rule Changes

~~172.31(2)~~ The request for proposals shall specify:

- ~~a.~~ The minimum qualifications and requirements for consideration as a contractor;
- ~~b.~~ The scope of services to be purchased;
- ~~c.~~ The specific geographic areas to be covered; and
- ~~d.~~ The duration of contracts to be awarded.

~~172.31(3)~~ The agency shall select one or more contractors within each geographic area based on service needs and the number and quality of contractor proposals.

~~172.31(4)~~ When multiple contractors are selected to serve the same geographic area, the agency shall implement a fair and equitable case referral process.

ITEM 28. Rescind 441 – 172.32(234):

~~441—172.32(234) Service eligibility.~~ Supportive child welfare services are designed to provide services for children when:

- ~~1.~~ The agency has initiated a child protective assessment in response to receipt of child abuse allegations concerning the child or another child within the same family;
- or
- ~~2.~~ The agency has assumed care and supervision of a child placed in out-of-home care; or
 - ~~3.~~ The agency has opened a child welfare service case on the child or family following a child abuse assessment or juvenile court action; or
 - ~~4.~~ A child in need of assistance petition has been filed on behalf of the child and the court has set a date for the prehearing conference or adjudication hearing.

ITEM 29. Rescind 441 – 172.33(234):

~~441—172.33(234) Monitoring of service delivery.~~

Proposed Rule Changes

~~172.33(1) Case management.~~ When the agency approves a child and family to receive one or more family-centered supportive service components, the child's agency worker shall be responsible for providing case management. Case management shall include maintaining contact with the child, the family, and the contractor to ensure that approved services:

- ~~a.~~ Are delivered in a manner that will be most effective; and
- ~~b.~~ Are helping to achieve identified goals and objectives.

~~172.33(2) Contractor progress reports.~~ The agency shall establish and define mandated contractor reporting requirements for each family-centered supportive service component and include these requirements in the agency's request for proposals and contracts developed as a result of the procurement process.

ITEM 30. Rescind 441 – 172.34(234):

~~441—172.34(234) Billing and payment.~~ The units of service for family-centered supportive service components shall be as follows:

~~172.34(1) Drug testing.~~ The unit of service for drug testing shall be completion of one drug testing procedure, as defined in the agency's request for proposals.

~~172.34(2) Family team meeting facilitation.~~

~~a.~~ Family team meeting facilitation shall be purchased based on either:

- ~~(1)~~ A payment rate for each facilitated family team meeting; or
- ~~(2)~~ A monthly payment to a contractor to facilitate family team meetings.

Proposed Rule Changes

~~b. Regardless of the purchasing method, facilitation services shall include: (1) Completion of necessary pre-meeting planning activities;~~

~~(2) Facilitation of the meeting; and~~

~~(3) Completion of a written report of meeting results.~~

~~**172.34(3) Legal services for permanency.** The unit of service for legal services shall be a variable amount per client, based on the actual costs of legal services and related court costs necessary to achieve the desired legal result, up to the limits applicable to nonrecurring expenses for adoption subsidy as described in 441—subparagraph 201.6(1)“a”(7).~~

~~**172.34(4) Service area specific services.** The unit of services and unit cost for service area specific services shall be defined in the request for proposals and contracts resulting from the procurement process.~~

CHAPTER 186

COMMUNITY CARE

ITEM 1. Rescind all of Chapter 186.

CHAPTER 175

ABUSE OF CHILDREN

ITEM 1. Amend 441 -175.21(232,235A) by deleting the definition of “Community Care”:

Proposed Rule Changes

~~“Community care”, as provide in rule 441-186.1(234), means child and family-focused services and supports provided to families referred from the department. Services shall be geared toward keeping the children in the family safe from abuse and neglect; keeping the family intact; preventing the need for further intervention by the department, including removal of the child from the home; and building ongoing linkages to community-based resources that improve the safety, health, stability, and well-being of families served.~~

CHAPTER 133

IV-A EMERGENCY ASSISTANCE PROGRAM

ITEM 1. Amend 441 -133.1(235) by revising the definition of Emergency

Assistance as follows:

“Emergency assistance” means any one or more of the following services provided in response to a IV-A emergency assistance application:

1. Family-centered child-welfare services as set forth in 441 – Chapter 172.

ITEM 2. Amend 441 -133.3(4), subrule (a) by revising as follows:

133.3(4) Service need. The applicant must demonstrate a need for one or more of the emergency assistance services as follows:

- a. Family-centered child-welfare services as established at rule ~~441-172.12(234)~~ or ~~441-172.22(234)~~.

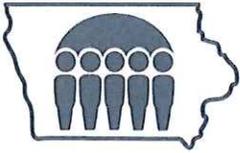
CHAPTER 80

PROCEDURE AND METHOD OF PAYMENT

Proposed Rule Changes

ITEM 1. Amend 441-80.2(2)(g) by revising as follows:

g. Case management providers billing services shall submit claims on Form 470-2486, Claim for Targeted Medical Care, for services provided pursuant to 441 - Chapter 90 to Fee for Service members shall submit claims using a HIPAA compliant electronic claim. Paper claims are no longer accepted effective August 1, 2019. and on FACS-generated claims for services provided pursuant to 441 Chapter 186.



Iowa Department of Human Services
Information on Proposed Rules

Name of Program Specialist	Telephone Number	Email Address
Mindy Norwood	281.4212	mnorwoo@dhs.state.ia.us

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

Revisions to Chapter 172 and Chapter 186 are required to align with the Family First Prevention Services Act (Family First). The Agency (DHS) is in the process of procuring contracts for family-centered services, which will replace the current child welfare services of Safety Plan Services and Family Safety, Risk, and Permanency (FSRP) Services and Community Care.

Due to the changes under Chapter 172 and the rescinding of Chapter 186, other chapters are affected, including: Chapter 175, Chapter 133, and Chapter 80.

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

The Family First Prevention Services Act (Family First) was signed into law as part of the Bipartisan Budget Act on February 9, 2018. This Act reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act to provide services to families who are at risk of entering the child welfare system.

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

A core expectation under Family First is that states must employ evidence-based interventions (EBIs) demonstrated to effectively strengthen and preserve connections between children and their family.

The changes to family-centered services will positively affect the children and families in Iowa receiving these services with the use of evidence-based interventions. The primary focus of these services is to prevent removal of a child and placement into foster care.

The changes will also positively affect the child welfare service contractors who successfully bid on contracts as the EBIs provide clear expectations to fidelity of models used in service provision. Unlike FSRP Services, family-centered services encompass different service packages with separate payment for referred services. By including services once provided under one statewide contract for Community Care into the family-centered services procurement/contracts, additional contractors will provide services to the non-Agency involved cases across the service areas as a separate package.

The changes may adversely affect the current contractor providing Community Care as this contract will be terminated and replaced with family-centered services effective July 1, 2020. The current contractor has been the successful bidder for the Community Care contract during all prior rounds of procurement.

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

No. One is not required as there is an overall exception rule.

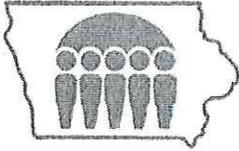
5. What are the likely areas of public comment?

It is a federal requirement that the state of Iowa must implement new services to align with Family First. The new service packages allow for a more focused delivery of services based on need to children and families.

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

Yes. The current procurement for family-centered services allows more flexibility on staff qualifications based upon selected EBIs rather than specific education and experience requirements. The flexibility in staff qualifications for the identified EBIs will most likely increase the pool of candidates for employment statewide based upon skill set, rather than a set standard of education and experience.

Beginning July 1, 2020, the services once provided under the Safety Plan Services and FSRP Services contract and the Community Care contract, will now be under one contract of family-centered services. All services will be provided statewide, with a maximum of two contracts per each of the five agency service areas (maximum of 10 statewide contracts).



Administrative Rule Fiscal Impact Statement

Date: January 31, 2020

Agency: Human Services
IAC citation: 441 IAC 172, 186, 175, 133, and 80
Agency contact: Mindy Norwood

Summary of the rule:

Revisions to Chapter 172 and Chapter 186 are required to align with the Family First Prevention Services Act (Family First). The Agency (DHS) is in the process of procuring contracts for family-centered services, which will replace the current child welfare services of Safety Plan Services and Family Safety, Risk, and Permanency (FSRP) Services and Community Care.

Due to the changes under Chapter 172 and the rescinding of Chapter 186, other chapters are affected, including: Chapter 175, Chapter 133, and Chapter 80.

Fill in this box if the impact meets these criteria:

- No fiscal impact to the state.
- Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
- Fiscal impact cannot be determined.

Brief explanation:

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

There will be a fiscal impact associated with the implementation of Family First prevention services. Costs include:

1. DHS and provider implementation activities
2. Accreditation and licensing of providers
3. Increased cost for services above what the department is currently paying for Safety Plan Services, FSRP, and Community Care.

The cost associated with these items is uncertain given that implementation is still in process and the new services have not yet started. In addition, the Family First provisions provide for 50 percent federal IV-E match for eligible services, but final guidance has not been given on which services meet this claiming criteria. As a result, the amount of federal match, and resulting state cost, is also not known. In addition, access to high quality prevention services should ultimately reduce the need for foster care services, but the timing and degree of these potential savings is not known.

For the above reasons, the department is not able to calculate with certainty the expected cost of these Family First provisions. It is very likely that a portion (if not the majority) of the new service array will qualify for federal match. In addition, the department has other revenue sources available to fund cost increases (federal transition funding, adoption incentives/reinvestment revenue). For these reasons, it is expected that the cost of these new prevention services can be funded within the Governor's SFY21 recommended funding level.

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

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

Funding has not been provided for the rule.

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

It is expected that the cost of these new prevention services can be funded within the Governor's SFY21 recommended funding level.

Fiscal impact to persons affected by the rule:

The fiscal impact cannot be determined.

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

The fiscal impact cannot be determined.

Agency representative preparing estimate: David Philmon

Telephone number: 515-281-6856

JH
2-3-20

ADD

HUMAN SERVICES DEPARTMENT [441]**Notice of Intended Action****Proposing rule making related to foster care placement services and services and providing an opportunity for public comment.**

The Human Services Department hereby proposes to amend Chapter 202, "Foster Care Placement and Services," Iowa Administrative Code.

Legal Authority for Rule Making

This rule making is proposed under the authority provided in Iowa Code section 217.6.

State or Federal Law Implemented

This rule making implements, in whole or in part, Iowa Code section 217.6.

Purpose and Summary

The Family First Act (422(b)(15)(A)(vii)) and 2019 House File 644 requires protocols to ensure children being placed in out of home settings are not inappropriately misdiagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions or developmentally delayed conditions. The proposed rule requires information in case permanency plans for children entering or already in foster care to include efforts to retain existing medical and mental health care providers as well as activities to evaluate service needs.

Fiscal Impact

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

Jobs Impact

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

Waivers

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to rule 441-1.8, (17A, 217).

Public Comment

Any interested person may submit written comments concerning this proposed rule making. Written comments in response to this rule making must be received by the Department no later than 4:30 p.m. on September 1, 2020. Comments should be directed to:

Nancy Freudenberg
Iowa Department of Human Services
Hoover State Office Building, Fifth Floor
1305 East Walnut Street

Des Moines, Iowa 50319-0114
Email: appeals@dhs.state.ia.us

Public Hearing

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

Review by Administrative Rules Review Committee

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

The following rule-making action is proposed:

See attached

ITEM 1. Amend rule 441-202.1(234) as follows:

“Case permanency plan” shall mean the plan identifying goals, needs, strengths, problems, services, time frames for meeting goals and for delivery of the services to the child and parents, objectives, desired outcomes, and responsibilities of all parties involved and reviewing progress. This includes information describing efforts to retain existing medical and mental health care providers for a child entering or in foster care and activities to evaluate service needs to avoid inappropriate diagnoses of mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities.



Iowa Department of Human Services
Information on Proposed Rules

Name of Program Specialist Dawn Kekstadt	Telephone Number 515-281-3012	Email Address dkeksta@dhs.state.ia.us
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1. Give a brief purpose and summary of the rulemaking:

The Family First Act (422(b)(15)(A)(vii)) requires protocols to ensure that children being placed in an out-of-home setting are not inappropriately misdiagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities. The proposed rule changes require that information in the case permanency plan for children entering or in foster care include efforts to retain existing medical and mental health care providers as well as activities to evaluate service needs.

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

Per IC 217.6, DHS is responsible for to write rules for foster care placement and services.

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

This will help avoid inappropriate diagnosis of mental illness, other emotional or behavioral disorders, medically fragile conditions and developmental disabilities for children entering or in foster care by ensuring that efforts are made to retain existing medical, dental, and/or mental health providers.

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

No

5. What are the likely areas of public comment?

No resistance is expected.

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

These rules do not have an impact on private-sector jobs and employment opportunities in Iowa.

Proposed Rule Changes

ITEM 1. Amend rule 441-202.1(234) as follows:

“Case permanency plan” shall mean the plan identifying goals, needs, strengths, problems, services, time frames for meeting goals and for delivery of the services to the child and parents, objectives, desired outcomes, and responsibilities of all parties involved and reviewing progress. This includes information describing efforts to retain existing medical and mental health care providers for a child entering or in foster care and activities to evaluate service needs to avoid inappropriate diagnoses of mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities.



Administrative Rule Fiscal Impact Statement

Date: January 14, 2020

Agency: Human Services

IAC citation: 441 IAC 202.1(234)

Agency contact: Dawn Kekstadt

Summary of the rule:

The proposed rule changes require that information in the case permanency plan for children entering or in foster care include efforts to retain existing medical and mental health care providers as well as activities to evaluate service needs.

Fill in this box if the impact meets these criteria:

- No fiscal impact to the state.
- Fiscal impact of less than \$100,000 annually or \$500,000 over 5 years.
- Fiscal impact cannot be determined.

Brief explanation:

[Budget Analysts must complete this section for ALL fiscal impact statements.](#)

These activities are a part of the monitoring and case planning process that our case managers currently engage in. There is no fiscal impact.

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

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

Assumptions:

Describe how estimates were derived:

Estimated Impact to the State by Fiscal Year

	<u>Year 1 (FY 2021)</u>	<u>Year 2 (FY 2022)</u>
Revenue by each source:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
TOTAL REVENUE	_____	_____
Expenditures:		
General fund	_____	_____
Federal funds	_____	_____
Other (specify):	_____	_____
TOTAL EXPENDITURES	_____	_____
NET IMPACT	_____	_____

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

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

- Funding has not been provided for the rule.
Please explain how the agency will pay for the rule change:
There is no fiscal impact.

Fiscal impact to persons affected by the rule:

None anticipated.

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

None anticipated.

Agency representative preparing estimate: David Philmon

Telephone number: 515-281-6856

Council on Human Services Public Hearing
Wednesday, August 12, 2020

Time	Presenter	Organization
10:30 a.m.	Peggy Huppert	NAMI Iowa
10:40 a.m.	Merea Bentrott	Iowa Healthcare Association



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Peggy Huppert

July 24, 2020

Iowa Council on Human Services
Attn Julie McCauley
Hoover State Office Building, 5th floor
1305 E. Walnut St
Des Moines, IA 50319

Dear Council:

On behalf of NAMI Iowa, we thank Governor Reynolds for her investment in and continued commitment to mental health services in Iowa. A comprehensive mental health system is critical to address the stress and uncertainty that a global health pandemic has brought to our state and nation. The \$50 million in CARES act funding for Medicaid mental health and substance use disorder providers and Mental Health Disability Service (MHDS) Regions provided some immediate relief to a mental health system that is facing significant strains on revenue streams, staff availability, and client accessibility. This funding was necessary in many regions to fill gaps and ensure basic services continue to be available for those who need them.

While we applaud this one-time funding, we know that Iowa's Mental Health and Disability Service (MHDS) regions and mental health and substance use providers need stable and predictable ongoing funding to assure quality services beyond the pandemic. MHDS regions are struggling with provision of core services for adults let alone the build out of children's services. Thirty-seven services were mandated in the adult core and children's system legislation with no additional state dollars or ability to increase the property tax levy to pay for them. This path is unsustainable. NAMI-Iowa encourages the DHS Council to recommend ongoing sustainable funding for mental health services in every region of the state. There are many options – adjusting state law restricting local property taxes, state appropriations, some combination of these or other revenue streams.

MHDS regions like Polk County Health Services and Eastern Iowa, do not have the ability to levy the needed funds to fully operate the adult system. The patchwork funding in Polk has left it impossible for providers to plan growth or expansion in much needed children's areas. Millions of dollars in cuts have been considered in both regions due to lack of provision to increase funding.

*We envision a world in which all people affected by mental illness
experience resiliency, recovery and wellness*

NAMI IOWA (National Alliance on Mental Illness - Iowa)
3839 Merle Hay Rd., Ste. 229, Des Moines, IA 50310
Phone & Fax: (515) 254-0417
Website: www.namiiowa.com

In other MHDS regions, a cautious approach is being taken on the development of desired and needed children's crisis services. Plans are being written including the wording, "subject to available funding" simply because there is no guarantee for ongoing funding to maintain any new programs.

Thank you for your ongoing support for the health and well-being of Iowa's children and families. We ask that you strongly consider making recommendations to replace the one time funding for Cares Act in a sustainable, predictable manner.

Sincerely,

A handwritten signature in black ink that reads "Peggy Huppert". The signature is written in a cursive style with a long horizontal stroke at the end.

Peggy Huppert
Executive Director, NAMI Iowa

July 31, 2020

Pastor Mark Anderson
DHS Council Chairperson
Iowa Department of Human Services
1305 E Walnut St.
Des Moines, Iowa 50319



Dear Pastor Anderson:

The members of Iowa Health Care Association (IHCA) and its divisions, Iowa Center for Assisted Living (ICAL) and Iowa Center for Home Care (IHC), thank you for the opportunity to present our recommendations as the Iowa Department of Human Services (DHS) develops its update for the two-year budget for State Fiscal Year (SFY) 2022-2023.

The IHCA is a nonprofit trade association that serves over 780 member organizations that span the continuum of long-term services and supports, including nursing homes, assisted living facilities and home health agencies. Our members provide critical long-term care services and support to more than 70,000 Iowans. To help ensure Iowans have continued access to the long-term care they need, the IHCA recommends the following budget measures:

1. **Continue to narrow the Medicaid funding gap for Skilled Nursing Facilities (SNFs).**

SNFs have been experiencing funding shortfalls for several years and continue to face a funding shortfall of \$31.5 million to cover costs through SFY 2019. The Legislature appropriated \$23.4 million effective July 1, 2019, as an important step to help reduce this funding shortfall. Most of these funds did not reach providers until May 2020 due to delays in reprocessing of the claims by the managed care organizations (MCOs). To catch up to the fiscal year being discussed by the DHS Council now, two additional years of cost growth will have occurred.

IHCA is committed to working with each branch of the state and federal government to close this funding gap and asks that the state continue to narrow the Medicaid funding gap for SNFs.

2. **Increase the rate floors for specific services provided under the Home- and Community Based Services (HCBS) waiver for Assisted Living Programs**

HCBS allows individuals to continue to receive care in the least restrictive setting while matching up with their individual care needs. Specifically, the HCBS elderly waiver program allows elderly individuals the ability to live at home or in their apartment with the help of supportive services.

During the 2020 legislative session, the elderly waiver monthly budget cap was removed through HF 22691, allowing necessary services to continue to be managed by the MCOs and to be provided in the patient's preferred setting. The elderly waiver is the most frequently billed waiver for those residing in an assisted living setting, though rarely ever covering the cost of care for that individual. This waiver last received a reimbursement increase of 1% in 2016.

ICAL supports increasing rate floors for specific services provided under the elderly waiver to better cover the cost of providing the care.

3. **Eliminate the 14.8% rollback for SFY 2020 and any additional negative inflation to fully fund the Low Payment Utilization (LUPA) rate for Certified Home Health Agencies (HHAs)**

HHAs play an important role in allowing individuals to receive care in their preferred settings, their homes. In order to continue allowing individuals to receive these services in their homes, home health services need to be funded properly. Iowa certified HHAs are funded through Medicare established LUPA rates for Medicaid services. With the current funding level, the LUPA rates are being reduced by 14.8% for SFY 2020. ICHC is working with DHS to determine the amount of funding needed to fund the LUPA rates at 100%.

ICHC supports eliminating the 14.8 percent rollback for SFY 2020 and any additional negative inflation to fully fund LUPA rates for the certified home health agencies.

4. **Identify and deploy resources necessary to address COVID-19 impacts on long-term care**

COVID-19 has taken a devastating financial toll on Iowa's long-term care sector, and action is necessary to ensure its solvency. This virus has introduced extraordinary new costs to long-term care providers to combat the virus and to comply with new state and federal regulations. The volume of personal protective equipment and isolation equipment needed to care for patients and keep staff healthy are being used at levels higher than at any time in history at extraordinary cost. Demand and utilization of agency staff has risen, and agency contract pay rates have exploded during the emergency, leaving providers no choice but to pay exorbitant costs for staffing. Revenue opportunities were placed on hold for several months due to a freeze on elective procedures. This decrease in patient days have remained and have yet to bounce back.

IHCA assesses that the ongoing financial toll on Iowa's long-term care sector has surpassed \$200 million. We will work with DHS to identify and deploy resources necessary to ensure the solvency of the sector and access to long-term care for Iowans.

In conclusion, IHCA, ICAL and ICHC will hold 18 legislative forums at member facilities in late summer and early fall to discuss these issues with Iowa General Assembly members and U.S. Congressional staff.

Thank you for your consideration of these recommendations. If you have any questions or would like additional information, please contact me at brent@iowahealthcare.org or 515-978-2204.

Sincerely,



Brent Willett
President & CEO

To: Iowa Council on Human Services
From: Flora A. Schmidt, Executive Director
Date: 7.30.2020
Re: Comment Public Hearing Budget SFY 2022-2023

In January 2020, Governor Kim Reynolds recognized Substance Abuse and Mental Health providers as a vital part of the behavioral health prevention and treatment solution and demonstrated she truly cares about lowans suffering from substance use disorder and mental health illness by acknowledging the importance of and the vital role of the treatment network in providing these services via inclusion of \$6.2M in her appropriations budget for Substance Abuse treatment, \$5M for telehealth expansion, \$3.3M for community based services and \$80M for the sustainability of regional Mental Health treatment. Granted, COVID19 has since changed many budgetary plans across the state, but it has not curtailed the need for adequate, sustainable funding for the behavioral health industry.

Governor Reynolds' proposed appropriation would have helped to better insure:

- **Behavioral Health providers** who are an **essential piece in the success of both the adult complex needs and children's behavioral health legislation** are able to continue to provide integrated services of SUD & MH treatment across the state including the rural areas. The support of both providers and the regional mental health and disabilities services is vital to the health and well-being of Iowa families.
- **Substance Use Disorder (SUD)** providers were now in-line to receive a more sustainable reimbursement rate. The SUD rates were previously deemed inadequate by a legislative mandate study in 2014 and have remained stagnant for more than two decades. These funding obstacles often placed providers at a crossroads to provide treatment and to maintain their workforce knowing the rates would not cover the base costs for the services.
- Agencies are equipped to better provide **services in alignment with the Families First priorities** which require our state to treat addictions in families to ensure children are safe at home and avoids foster care placement.
- The behavioral health system will be able to incorporate strategies to **address workforce shortages** within the profession including partnerships that align with the Governor's Future Ready Iowa and Criminal Justice Reform initiatives.

State reimbursement policies directly impact a provider's ability to retain a qualified workforce and maintain statewide access to the full continuum of behavioral health services. IBHA members take satisfaction in providing services to lowans regardless of their ability to pay. Governor Reynolds understood an appropriation was critically needed to adjust the reimbursement rates for the cost of the services that so many lowans rely upon. Without this funding, both our clients and our employees will continue to face some unwanted, and potentially dire consequences of needing to find work and services somewhere else, or needing to opt out of treatment due to the difficulty of finding a provider within their area.

We urge you to take this necessary step to fix a system that is not working. We cannot afford to allow current challenges to sidetrack the need to improve the funding formula for the behavioral health system that ensures adequate and timely reimbursement for providers, to safeguard the sustainability of the treatment network across the state, and to build and grow our workforce.

Thank you for your time and consideration.

Respectfully,



Flora A. Schmidt, Executive Director

IBHA is the leading voice for nonprofit licensed/accredited organizations that treat mental health disorders, substance use disorders, and gambling disorders, to enhance their effectiveness and resiliency through advocacy and knowledge sharing representing 29 agencies across Iowa. A listing of member locations as well as programs and services offered is available at:

<https://www.ibha.org/wp-content/uploads/2012/09/IBHA-Agency-Programs-Services-Locations-4.27.2020.pdf>

STATE OF IOWA



Telephone: (515) 281-3592
Toll Free: 1-888-426-6283
TTY: (515) 242-5065
Fax: (515) 242-6007
E-mail: ombudsman@legis.iowa.gov
Website: <http://legis.iowa.gov/ombudsman>

KRISTIE HIRSCHMAN
OMBUDSMAN

OFFICE OF OMBUDSMAN
OLA BABCOCK MILLER BUILDING
1112 EAST GRAND AVENUE
DES MOINES, IOWA 50319

To: Iowa Council on Human Services
From: Kristie Hirschman, Ombudsman 
Date: July 31, 2020
Re: Comments on DHS's 2022-2023 Budget

I write to offer my comments on the Department of Human Services' (DHS) two-year budget for state fiscal years 2022 and 2023.

As you may recall, my office issued a public critical report this past February on the death of Natalie Finn and DHS's involvement with the Finn family.¹ We attributed a number of the problems we identified to a lack of adequate resources. Among our findings was that even though DHS had received increased funding for FY 2020, DHS employees remained overworked, especially those in the Centralized Services Intake Unit (CSIU). We will be issuing another public critical report in the near future related to the death of Sabrina Ray that will make an additional recommendation concerning staffing.

In the Finn investigation, we found CSIU staff to be dedicated professionals with a strong work ethic rooted in a desire to serve victims of abuse and their families, but unrealistic expectations and requirements placed an overwhelming burden on the staff. Staff absence and turnover exacerbate the challenges, particularly when the unit operates at peak call volume. We concluded that the obvious resolution to address these problems was to hire more staff and to create additional efficiencies. To address this problem, I made the following recommendation related to CSIU staffing levels:

- 10. Conduct a systemic review of CSIU operations in light of our findings. The review should include:**
 - a. The adequacy of CSIU staffing levels, including whether it is sufficient to allow intake workers to meet DHS's requirement for ongoing training. If DHS concludes that CSIU is not sufficiently staffed, it should ask the Council on Human Services to make any required personnel and budgetary requests to the Governor and the General Assembly.**

DHS accepted our recommendation and in a recent update, Director Garcia indicated they are in the process of "undertaking this review, and if needed, will make staffing recommendations."

¹ <https://www.legis.iowa.gov/docs/publications/CI/1130515.pdf>

I would strongly encourage the Council to include funding increases for any staffing needs identified by this review, as well as other reviews that DHS undertakes as a result of recommendations contained in our public reports.

In closing, we sincerely appreciate DHS's cooperation with our investigations and their efforts to implement our recommendations. I look forward to continuing to work with Director Kelly Garcia and her staff to ensure the safety of all of Iowa's children.

Thank you for the opportunity to share my concerns. If you have any questions, please do not hesitate to contact me.



July 31, 2020

Iowa Council on Human Services
1305 E. Walnut Street
Des Moines, IA 50319

Pastor Anderson and Director Garcia,

On behalf of the Iowa Primary Care Association (Iowa PCA) and our 14 member community health centers, thank you for the opportunity to submit these comments responding to the Iowa Department of Human Services' update to the two-year budget for state fiscal years 2022-2023.

Infrastructure Resources to Support Community Health Centers

Prior to the COVID-19 pandemic, Iowa's community health centers were bursting at the seams, unable to offer certain services or meet community demand due to too little physical clinical space. The pandemic has ushered in a new era of telehealth but this modality alone will not fully mitigate both patient demand and accommodations for social distancing and other clinical protocols to keep patients and staff safe. The deteriorating economy, which increases demand for community health center services, will only exasperate the problem further. Our community health centers are unable to reopen safely and rebound financially without infrastructure assistance.

There are likely two viable options to distribute funds to community health centers. One would be a typical grant application process. A second and perhaps simpler option would be to distribute funds based on the proportion of clinical visits accommodated in the past year. Each community health center requires modification and should receive support to make those changes. Iowa's community health centers deliver services at 86 locations across the state. The amounts listed below are snapshots in time and priorities may shift as the disease outlook changes.

Infrastructure Modifications: \$19 million

- Physical modifications or additional space to allow for social distancing
- Renovations for dental operatories to prevent/avoid aerosol
- Glass barriers in waiting rooms/staff work areas/public areas
- Negative pressure isolation rooms
- Separate patient intake for COVID-19 cases, other illnesses
- Pharmacy drive thru/pick up
- Additional pavement for drive thru/curbside testing
- Installation of automatic doors to minimize patient exposure
- Air handler units

- Infection control rooms
- Air purification systems
- Glass barriers in waiting rooms, offices, etc.

Cleaning and Sanitation: \$1,000,000

- Deep clean of exam rooms, waiting rooms, HVAC systems, etc.
- Commercial washers and dryers
- Hired cleaners
- Sterilizers
- Personal Protective Equipment (PPE)

Access to Care – Community Health Center Incubator

As Iowa communities have identified lack of primary care and worked to pursue Federal funding to start a community health center, it has become increasingly difficult to secure funding as Iowa is not particularly competitive due to our system being relatively well functioning compared to other states. We know there are areas where community health centers are desperately needed, particularly rural areas, and see there is a need for a mechanism to make us more competitive nationally for Federal funding.

Legislative Ask:

Provide two (2) annual \$650,000 community health center incubator grants to support access to comprehensive, integrated primary care services in two underserved areas in Iowa.

Originally created in 2005 by the Iowa Legislature, the Iowa Community Health Center Incubator Program provided underserved communities with funds to start-up a community health center (also known as a Federally Qualified Health Center) as they work to secure New Access Point (NAP) funding from the Federal Government. The funds were used to support a community in starting a community health center including operations, equipment purchases, and clinic renovations.

Impact:

Iowa's community health centers are an important component of the state's healthcare system, serving 17% of the state's Medicaid population. Not only do community health centers provide care to underserved populations in Iowa but are doing so at significantly lower costs. A recent study showed the cost of the care provided by Iowa's community health centers is 27% lower than other providers.

Iowa's community health centers are also economic engines, having a \$328 million economic impact in Iowa which is felt most strongly in rural and underserved areas, bolstering quality of life. In total, Iowa's community health centers employ over 1,800 individuals, often serving as the largest employer in rural areas.

Criteria:

- Eligible applicants must have either applied for a HRSA New Access Point (NAP) grant and been denied funding due to the hyper-competitive nature of the NAP (scored at least 85 points), or

commit to apply for NAP funding within two years of receiving State funding (assuming there is a NAP issued).

- Applicants may receive up to five years of funding.
- Program is administered by the Iowa Department of Public Health through the Primary Care Office.
- Must meet all requirements of a Federally Qualified Health Center and seek Community Health Center look-alike status from the Health Resources and Services Administration (HRSA, the federal agency responsible for the community health center program) within one year of State funding. Look-alike status means that the provider meets all requirements of the federal program but does not yet have the benefits of Federal community health center funding.
- 25% local match required, which could come in the form of infrastructure donations (like a facility that could house a health center).

Thank you again for the opportunity to comment on the Iowa Department of Human Services' update to the two-year budget for state fiscal years 2022-2023. Please do not hesitate to contact us for further information at atodd@iowapca.org.

Respectfully,

A handwritten signature in black ink that reads "Aaron Todd". The signature is written in a cursive, flowing style.

Aaron Todd

Chief Executive Officer

Iowa Primary Care Association

Re: Iowa Council on Human Services' annual public hearing

Dear Pastor Mark Anderson and Director Kelly Garcia,

Thank you for the opportunity to comment regarding the state budget for the fiscal year 2022-2023. The Iowa Developmental Disability Council appreciates this forum that allows us to share our priorities and to seek alignment, and hopefully influence, the shaping of your goals within current budget constraints. The DD council remains committed to creating change with and for persons with developmental disabilities so they can live, work, learn and play in the community of their choosing. The Council is made up of over twenty governor appointed volunteers who represent Iowans with disabilities, family members, service providers, state agencies and organizations concerned with developmental disability issues. I would like to share with you the areas that we hope can be addressed in the determination process of creating a final budget.

1. Sufficient direct support staff to provide needed community services.
The Council continues to advocate for provider reimbursement rates that would allow providers to offer wages, employment benefits, and ongoing training that **attracts** and **retains** the best staff.
2. Eliminate and/or reduce community waiting lists.
We ask that you continue to strive to fund and administer a state Medicaid program that ensures **access** to an array of health care services and community services, including employment supports, for Iowans with developmental disabilities.
3. Continue support of people with disabilities during the pandemic.
As a council we have responded during this time to provide continued access to service and technology, and to reduce the harmful effects of isolation.

In summary, the Iowa Developmental Disability Council's purpose is to assure that individuals with developmental disabilities and their families participate in the design of, and have access to, needed community services, individualized supports and other forms of assistance that promote self-determination, independence, productivity and integration and inclusion in all parts of community life. We appreciate the current climate and difficult budget constraints but we also wanted to take this opportunity to voice the priorities of the council. Thank you each for your commitment to Iowans living with Disabilities, if you have any questions, please do not hesitate to let me know.

Sincerely,

Bill Kallestad
Public Policy Manager
Iowa Developmental Disability Council
515-288-0443

From: [Jenn Wolff](#)
To: [McCauley, Julie](#)
Subject: Statement for the Iowa Council on Human Services meeting Aug 12th
Date: Friday, July 31, 2020 3:36:31 PM

CAUTION: This email originated from outside the Department of Human Services. Do not click links or open attachments unless you recognize the sender and know the content is safe.

To the Iowa Council on Human Services:

#UpgradeMedicaid grew out of the Iowa Chapter of United Spinal advocacy day in 2019 with the when 13 wheelchair users arranged their own transportation and caregivers to get to the Iowa Capitol. They asked their legislators about plans to improve Iowa's Medicaid, as privatization had diminished their ability to be productive. Two years later, there is still denial that changes to Medicaid are needed.

This small group of advocates has become a community of diverse disabilities, caregivers, family members and allies (1000 followers on Facebook and an email list of just under 600).

We are asking "Who IS Accountable" for the MCOs making money off our community while not providing the same level of care that the Fee For Service at DHS did prior to 2016. They continually cut services that allow individuals to maintain function, to raise families, to work/volunteer. Individuals/families are spending hours every month managing care when case managers should be giving more assistance (we realize training is inefficient and based on what is best for the MCOs not the Medicaid members). Caregivers are not paid enough and quitting to get jobs that pay regularly with less responsibility and paperwork, and the list goes on.

We need the Iowa Council on Human Services to join together with groups and organizations, like #UpgradeMedicaid, to inform the current elected officials that they are violating the ADA and the Olmstead decision which state that individuals with disabilities should be able to live in the least restrictive environment, meaning outside of institutions but still have reliable support. Because Governor Branstad allowed the MCOs to take over the work of DHS without setting up policies and procedures that protect individuals and no one is accountable for the loss of our communities civil rights.

We are organizing to empower each other to voice our stories of how Medicaid has negatively impacted our lives as well as work on supporting the candidates who support making "upgrades" to Medicaid in November's election.

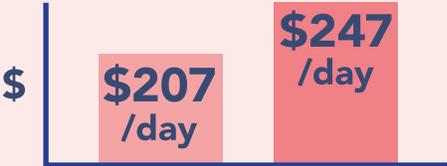
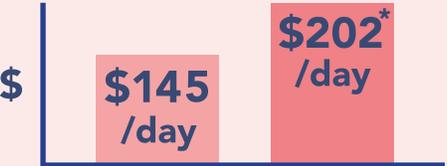
We have ideas on caregiver emergency back up plans, improving waivers, and many others. Our lived experiences give us expertise on what we need and we need our government to listen to our recommendations, not continue to make decisions on our behalf. The MCOs have no regard for the quality of our lives, just our cost, we need our representatives and elected officials to help create the changes that need to happen.

www.upgrademedicaid.com

Jenn Wolff, OTR/L
Waverly, Iowa
#UpgradeMedicaid team member
319-290-9402

TRANSFORMATIONAL CHANGE: STABILIZING THE CHILD WELFARE SYSTEM

The child welfare system needs adequate and sustainable funding now and in the future to build strong families and communities.

PSYCHIATRIC MEDICAL INSTITUTE FOR CHILDREN (PMIC)	QUALIFIED RESIDENTIAL TREATMENT PROGRAMS (QRTP) <small>(AKA Foster Group Care)</small>	FAMILY CENTERED SERVICES
<p>Medicaid</p>	<p>Child Welfare/Juvenile Justice</p>	<p>Child Welfare</p>
<p>Residential-based treatment for children with intensive mental and behavioral health diagnoses.</p> 	<p>Temporary residential environment for children in foster care who are unable to live in a family situation due to social, mental, or emotional challenges.</p> 	<p>To move Iowa toward the requirements of the federal Family First legislation, a proposal for Family-Centered Services (FCS) began July 1, 2020. FCS are designed to be high-quality, evidence-based interventions that keep children safe, improve family functioning, and strengthen communities.</p>
<p>2,600 referrals from Iowa doctors, hospitals, clinics and DHS.</p>	<p>6,805 children were subject to abuse or neglect in SFY 2019 and received child welfare services. </p>	
<p>25% of referrals were declined by PMICs due to inadequate funding.</p>	<p>479 children were served in foster group care per month in SFY 2019 on a “no reject, no eject” basis.</p>	<p>5,333 families were served during SFY 2019 in the current family-centered service delivery system.</p>
 <p>On average, Iowa PMIC providers are losing \$40 per day/per child to provide critical services to children with some of the most intensive mental health issues in Iowa.</p>	 <p>On average, Iowa Foster Group Care providers are losing \$57 per day/per child to serve children in Iowa’s DHS and Juvenile Court systems.</p> <p><small>*based on 2018 cost reports (estimated today’s dollars \$215)</small></p>	<p>Iowa’s provider community analyzed current data and found there are two major gaps that will prevent Iowa from achieving positive outcomes for kids and families.</p> <p>TRANSPORTATION: Providers are required by FCS to travel to help client families maintain relationships. The current system faces a transportation funding gap of \$5.1 million.</p> <p>STAFF WAGES: Providers require an \$8.1 million investment to build, retrain, and retain a workforce that achieves positive outcomes.</p>
<p>Proposed Rate: \$275</p>	<p>SFY 2022 Proposed Rate: \$195 SFY 2023 Proposed Rate: \$218</p>	
<p> INVESTMENT NEEDED: \$3 MILLION</p>	<p> INVESTMENT NEEDED: \$5.2 MILLION</p>	<p> INVESTMENT NEEDED: \$13.2 MILLION</p>

THE SYSTEM SERVING IOWA'S CHILDREN IS CRITICALLY UNDERFUNDED.

IOWA MUST RIGHT-SIZE THE EXISTING SYSTEM IN ORDER TO TRANSFORM FOR THE FUTURE.

Adequate funding will:

1

Allow greater access to additional federal funds.

2

Support a quality workforce in order to transform and enhance a trauma-informed, culturally competent, and family-centered child welfare/juvenile justice system to sustain healthy communities.

3

Help develop and fund the children's behavioral health system by providing prevention services to children and families who are at risk of removal.

OUR CHILD WELFARE FOUNDATION IS NOT STABLE.

Just like constructing a home on a strong foundation prevents structural damages and costly repairs, a weakened foundation in our child welfare system puts our children and families at risk, adds costs to the system, and risks key opportunities for federal Family First funding. Iowa must act now to strengthen its foundational funding to our child welfare system!

STATEWIDE COVERAGE: THE COALITION'S PROVIDER NETWORK SERVES ALL 99 COUNTIES.

American Home Finding Association • Bethany Children Services of Northwest Iowa • Boys Town of Iowa • Children and Families of Iowa • Christian Home Association – Children's Square, USA • Clarinda Academy • Counseling and Family Centered Services, Inc. • Crittenton Center • Family Resources • Families First Counseling Services • First Resources • WYC: Forest Ridge • Foundation 2 • Four Oaks • Hillcrest Family Services • Lutheran Services in Iowa • Midwest Christian Services • Orchard Place • Quakerdale Family Services • Southwest Iowa Family Access Center • WYC: Woodward Academy • WYC: Woodard Community-Based Services • Youth Emergency Services & Shelter • Youth Homes of Mid-America • Young House Family Services • YSS • Youth Shelter Care of North Central Iowa



The Coalition for Family and Children's Services in Iowa is an alliance of member agencies that provide direct service to children and families in the child welfare, juvenile justice, and children's mental health systems.

For more information, contact Kristie Oliver, Executive Director, at 515.244.0074 ext. 1