



TANF and Block Grants

**Temporary Assistance for Needy Families
Social Services Block Grant
Mental Health Block Grant**

Temporary Assistance for Needy Families



Purpose

Temporary Assistance for Needy Families (TANF) is a federal block grant that allows states flexibility in using funds to: help needy families care for children; end dependence on public benefits by promoting work; reduce out-of-wedlock pregnancies; and encourage the formation and maintenance of two-parent families.

Who Is Helped

TANF was created under the welfare reform legislation of 1996. Reform eliminated Aid to Families with Dependent Children (AFDC), ending federal entitlement and creating a flexible funding source for states to use in helping needy families achieve self-sufficiency.

TANF funds are used to:

- Assist needy families so that children can be cared for in their own homes or in the homes of relatives.
- Reduce the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.

States must define “needy” through income and/or resource limits, and can have different limits for different programs.

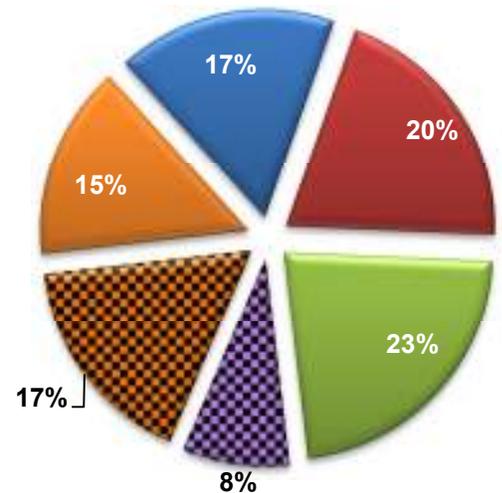
- Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual goals for preventing and reducing the incidence of these pregnancies.
- Encourage the formation and maintenance of two-parent families.

States are not required to use income or resource limits to establish eligibility or benefit levels.

Flexibility in the program allows transfer of a combined total of 30 percent of annual TANF funds to the Child Care Development Fund (CCDF) and the Social Services Block Grant (SSBG).

Utilization of TANF by Program SFY17 (Reflects adjustments made during 2017 Legislative Session)

- Family Investment Programs (17%)
- Child Welfare (20%)
- Service Delivery (23%)
- SSBG Transfer (8%)
- CCDF Transfer (17%)
- Direct Child Care (15%)



Combined CCDF and SSBG Transfer = 25%.
Combined CCDF Transfer and Direct TANF for CCA = 32%.

- ✓ *Cash assistance is limited to five years (lifetime) and includes assistance received in other states.*
- ✓ *The SFY18 Enacted Appropriation maximizes the combined amount of TANF transferred to CCDF and SSBG. Additional TANF funds are appropriated for direct child care assistance use.*

<p>Services</p>	<p>TANF funds are used for benefits and services targeted to needy families, as well as for service delivery and administrative expenses.</p> <p>The Family Investment Program (FIP) is the primary program that assists needy families so that children can be cared for in their own homes or in the homes of relatives.</p> <p>Programs designed to reduce dependence of needy parents on government benefits include:</p> <ul style="list-style-type: none"> • PROMISE JOBS • Family Development and Self-Sufficiency (FaDSS) • Family Self-Sufficiency Grants (FSSG) <p>Preventing and reducing the incidence of out-of-wedlock pregnancies and encouraging the formation and maintenance of two-parent families is supported by the following programs:</p> <ul style="list-style-type: none"> • Pregnancy Prevention • Child Abuse Prevention • Child Welfare (selected programs) • Promoting Healthy Marriage <p>Transfers to support other programs include</p> <ul style="list-style-type: none"> • Child Care Assistance • Social Services Block Grant • Service Delivery <p>✓ <i>Using a small portion of TANF funding for promoting healthy marriage allows the state to expand categorical eligibility for food assistance thus providing food assistance benefits to more lowans in need.</i></p> <p>✓ <i>Use of TANF funds for administration of TANF programs is limited to 15 percent; Iowa spends less than 10 percent.</i></p>
<p>Goals & Strategies</p>	<p>Goals, strategies, and performance results for TANF are incorporated into the programs that TANF funds support.</p> <p>✓ <i>Current funding and authorization for TANF expires September 30, 2018. The last true reauthorization of TANF was under the Deficit Reduction Act of 2005. Since then, authority and funding have continued under a number of continuing resolutions and similar legislation with no major policy changes.</i></p> <p>✓ <i>The President's FFY18 budget calls for eliminating funding for the Social Service Block Grant (SSBG) and reducing each state's annual TANF award by 10 percent.</i></p> <p>✓ <i>A number of bills have also been introduced that would make selective changes to TANF; some significant, others less so. It is unknown whether any changes may occur before September 30, 2018.</i></p>
<p>Funding Sources</p>	<p>The total SFY18 Enacted Appropriation for TANF funds is \$131,992,100.</p> <p>The Iowa Legislature allocates the grant award annually under the general categories described above. TANF funds not spent in the year awarded remain available to the state for future years.</p> <p>Iowa's annual TANF award is \$131,524,959; however, the federal law authorizing and funding TANF through September 30, 2018, reduces states' awards for FFY17 and FFY18 by 0.33 percent and reserves those funds for research and evaluation projects. In addition, federal law allows Indian Tribes to apply to operate Tribal Family Assistance programs. Tribes approved to operate Tribal TANF programs are allocated a portion of the state's annual TANF award based on the amount of federal funds expended by specified pre-TANF programs for Native Americans in the geographic area to be served by the Tribal TANF program.</p>

Two Tribal TANF programs currently operate in the state: the Winnebago Tribe has been allocated \$531,007 to provide TANF funded services to Native Americans in Woodbury County; while the Omaha Tribe has been allocated \$1,852 to provide TANF services to Native Americans in Monona County

The amount of funds from the state's annual TANF award available after the 0.33 percent (\$434,032) reduction and allocations for Tribal programs is \$130,558,068 for FFY17 and FFY18. The SFY18 enacted appropriation for TANF funds (\$131,992,100) is \$1,434,032 above this funding level. The difference is expected to be covered by TANF surplus in SFY18 and SFY19, but in future years, the TANF appropriation may need to be reduced in order to align with the federal grant award.

- ✓ *State funds of at least 80 percent of spending under the prior AFDC programs (pre-reform) must be expended as Maintenance of Effort (MOE). This requirement is reduced by the same proportion that TANF funds are allocated for Tribal TANF programs. Iowa is waiting for clarification of its MOE requirement for FFY17 and FFY18 due to the impact of the 0.33 percent reduction in conjunction with the Tribal TANF award amounts.*

Social Services Block Grant



Purpose

Social Services Block Grant (SSBG) funded programs assist individuals or families to become less dependent on others for financial support or personal care; protect vulnerable children and/or adults; preserve or reunite families; support transition to independence; and avoid unnecessary or premature institutionalization.

Who Is Helped

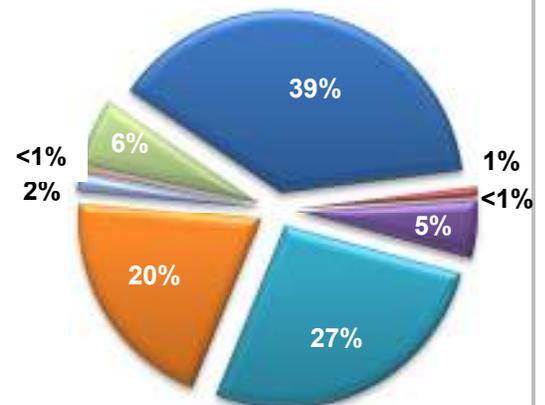
Iowa's intended use plan* for the state's SSBG allocation advances the following SSBG goals on behalf of Iowans:

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

*The 2018 SSBG Pre-Expenditure Report (intended use plan) is available on the DHS website under Reports.

SFY18 Projected Use of SSBG Funds, by Program

- Case Management (39%)
- Protective Services-Adult (1%)
- Foster Care - Adults (< 1%)
- Foster Care - Children (5%)
- Home - Based Services (27%)
- Indep/Transitional Living Services (20%)
- Special Services - Disabled (2%)
- Other - Volunteers (< 1%)
- Administrative Costs (6%)



- ✓ *Prior to the mandatory sequestration in March 2013, as outlined in the Budget Control Act of 2011, the federal SSBG allocation remained consistent at approximately \$16.6 million from 2008-2013.*
- ✓ *Sequestration and reallocations based on the most recent census reduced Iowa's allocation from \$16.6 million to \$15.8 million for FFY 2014 and to \$15.3 million for FFY 2015 - FFY 2018.*
- ✓ *This federal block grant continues to be threatened by Congressional actions:*
 - *Potential future reductions for non-exempt mandatory programs, including SSBG.*
 - *Total elimination of the block grant under various Presidential and Congressional federal funding proposals.*

Goals & Strategies

Goal: Promote Iowans' Behavioral Health Status

Strategies:

- Provide access to mental health services.

Goal: Improve safety, permanency, and well-being for Iowa's children

Strategies:

- Provide access to child welfare services.
- Promote best practice in service delivery.

SFY 17 key performance

- 11 people (unduplicated) were served by the State Payment Program (SPP). They all had a mental illness diagnosis.
- Although states are no longer ranked nationally on timeliness of adoption, DHS finalized over 70 percent of adoptions within 24 months of a child's removal from home for the past two state fiscal years.
- 97.3 percent of abuse assessment reports meet timeliness requirements.
- 87.8 percent of children are safe from re-abuse.
- Based on a survey of 456 PAL and Aftercare youth (91 percent participation rate) clients reported 96.3 percent have a safe and stable place to live; 79.3 percent have positive personal relationships with adults in the community; and 73.6 percent had enough resources to meet living expenses.
- Home-Based child welfare services, which include Safety Plan Services, Community Care, and FSRP services, serve an average combined total of over 4,700 families per month.

✓ *HHS' Administration for Children & Families (ACF) has implemented new performance measure strategies to improve States' efficiency in planning for the use of SSBG funding.*

- *States will receive an overall performance score reflecting the percentage of all SSBG allocated dollars that were spent as the state projected in their Intended Use Plan. The target is 85 percent. Iowa's performance on this measure has exceeded 90 percent for the the last ten years, based on aggregate SSBG expenditures.*
- *In addition, ACF expects the percentage of SSBG funding used for administrative costs to be 10 percent or less; this will be formalized in a performance measure in the future. Iowa's intended use plans for 2015-2018 have actual or anticipated administrative cost use of less than six percent.*

Funding Sources

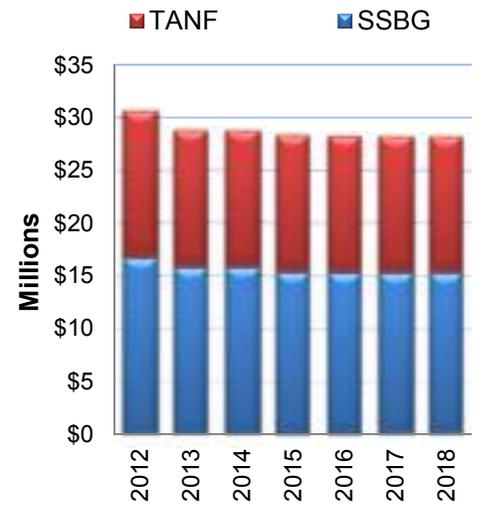
In 2012, Iowa planned for an annual federal fiscal year SSBG award of over \$16.6 million. In addition, approximately \$13.9 million of TANF funds were transferred into SSBG to make nearly \$30.6 million available to achieve Iowa's annual intended use plan strategies.

Since 2013, Iowa's SSBG allocation has gradually decreased. In part, this was due to the Budget Control Act of 2011, and sequestrations; an additional decrease in the overall award is due to state reallocations based on the most recent U.S. Census.

Iowa allocates the grant award annually according to the percentages depicted on the chart on the first page.

The projected annual federal fiscal year SSBG award in SFY18 is \$15.3 million. The planned transfer of approximately \$12.96 million TANF funds make nearly \$28.3 million available.

Total SSBG Expenditures*



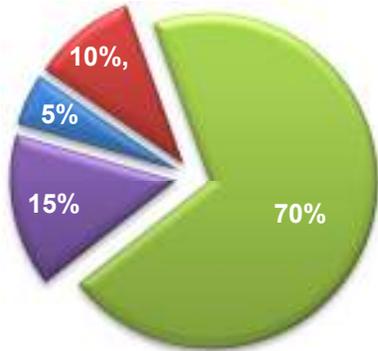
*2012-16 are actual; 2017-18 are projected

- ✓ *In SFY18, the vast majority of the SSBG funding will be used to fund case management and child welfare services.*
- ✓ *Up to 10 percent of TANF funds can be transferred to SSBG, however the percentage of TANF funds is decreasing due to other competing service needs.*

Mental Health Block Grant



<p>Purpose</p>	<p>The Mental Health Block Grant (MHBG) is a federal formula grant awarded to each state based on a combination of population and other economic factors. The MHBG is administered by the U.S. Dept. of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) and is managed by the DHS, Division of Mental Health and Disability Services.</p> <p>The MHBG is required by federal statute to provide comprehensive, community-based mental health services to adults with serious mental illness and children with a serious emotional disturbance and to monitor progress in implementing a comprehensive, community-based mental health system. States are allowed to set aside up to 5 percent of the annual allocation for administrative costs. States are also required to set aside 10 percent of the annual allocation to provide evidence-based practices for early interventions to address early, serious mental illness (ESMI).</p>
<p>Who Is Helped</p>	<p>Iowa law requires that 95 percent of the MHBG be used for eligible community mental health services to carry out the plan submitted to, and approved by, SAMHSA. The legislation requires that providers use the MHBG funds for staff training or services to adults with a serious mental illness and children with a serious emotional disturbance. Of the 95 percent of the MHBG allocated to eligible providers, 70 percent is required to be distributed to accredited community mental health centers (CMHC).</p>
<p>Services</p>	<p>CMHC use the MHBG funds for the following purposes:</p> <ul style="list-style-type: none"> • Community-based mental health services for adults with serious mental illness and children with a serious emotional disturbance not otherwise covered by Medicaid or third party insurance; • Integrated Health Home care coordination for adults with a serious mental illness and children with a serious emotional disturbance who are not eligible for Medicaid; • Staff training in evidence-based practices such as Cognitive Behavioral Therapy, Parent-Child Interactive Therapy, and Motivational Interviewing; • Development of trauma-informed service systems; • Mental Health First Aid training; • First Episode Psychosis (FEP) programs to address ESMI. <p>The remaining 25 percent is retained by the Department for projects and programs of benefit to the mental health system, including:</p> <ul style="list-style-type: none"> • Required data collection; • Consumer stipends for mental health education; • Peer support and family peer support training; • The Office of Consumer Affairs; • Support of the Mental Health Planning Council.
<p>Goals & Strategies</p>	<p>Goal: Promote choice for people with disabilities.</p> <p>Strategy: Assure Iowans with mental health conditions can be effectively served in Iowa and have effective community-based options.</p> <p><i>The Goals and Strategies identified in the FFY16-17 MHBG Plan include:</i></p> <ul style="list-style-type: none"> ✓ <i>Improve the system of care for children with mental health needs and their families by improving interdepartmental coordination of children’s mental health services and creation of a plan for children’s mental health crisis services.</i> ✓ <i>Increase access to quality peer support services through increased training opportunities for persons wishing to become certified peer support and family peer support specialists.</i>

	<p>✓ <i>Increase access to regional crisis services for lowans experiencing a mental health-related crisis.</i></p>											
<p>Funding Sources</p>	<p>The MHBG is funded entirely through the federal allocation.</p> <ul style="list-style-type: none"> • The FFY17 MHBG allocation is \$4,279,421. • The FFY17 allocation includes an increase of \$211,558 from the FFY16 allocation of \$4,067,863. • In the most recent fiscal year (FY2017), DHS had 35 contracts with a total of \$3,721,947 committed to those contracts. • The state has two years to expend each year's MHBG allocation. 	<p>Projected Distribution of MHBG Funds in SFY18</p> <ul style="list-style-type: none"> ■ Administration (5%) ■ ESMI-FEP (10%) ■ CMHC (70%) ■ Other Mental Health Providers (15%)  <table border="1"> <caption>Projected Distribution of MHBG Funds in SFY18</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Administration</td> <td>5%</td> </tr> <tr> <td>ESMI-FEP</td> <td>10%</td> </tr> <tr> <td>CMHC</td> <td>70%</td> </tr> <tr> <td>Other Mental Health Providers</td> <td>15%</td> </tr> </tbody> </table>	Category	Percentage	Administration	5%	ESMI-FEP	10%	CMHC	70%	Other Mental Health Providers	15%
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<p>Legal Basis</p>	<p>Federal:</p> <ul style="list-style-type: none"> • Title XIX, Part B, Subpart II and Subpart III of the Public health Service Act and Title 42, Chapter 6A, Subchapter XVI of the United States Code. <p>State:</p> <ul style="list-style-type: none"> • 2017 Iowa Acts, Chapter 165, Section 2. 											

DHS Glossary

Acronym	Definition
ACA	Affordable Care Act of 2010
ACFS	Division of Adult, Child, & Family Services
AMP	Achieving Maximum Potential (AMP) Council
ARRA	American Recovery and Reinvestment Act of 2009
BHIS	Behavioral Health Intervention Services
BI	Brain Injury
CAH	Children at Home
CAPTA	Child Abuse Prevention & Treatment Act of 2003
CCA	Child Care Assistance
CCDF	Child Care Development Fund (Federal)
CC R&R	Child Care Resource & Referral
CCUSO	Civil Commitment Unit for Sex Offenders
CFR	Code of Federal Regulations
CFSR	Child & Family Services Review
CINA	Child In Need of Assistance (CINA)
CHIP	Children's Health Insurance Program (aka, <i>hawk-I</i> , SCHIP, and Title XXI)
CHIPRA	Children's Health Insurance Program Reauthorization Act of 2009
CMHC	Community Mental Health Centers
CMS	Centers for Medicare & Medicaid Services
COLA	Cost of Living Adjustment
CPI	Consumer Price Index
CSC	Collection Services Center
CSFP	Commodity Supplemental Foods Program
CSRU	Child Support Recovery Unit
CWES	Child Welfare Emergency Services
DD	Developmental Disability
DDM	Division of Data Management
DR	Differential Response
DWP	Dental Wellness Plan
EA	Emergency Assistance Program
EBT	Electronic Benefits Transfer (used by Food Assistance recipients)
EHB	Essential Health Benefits
EITC	Earned Income Tax Credit
ELIAS	Eligibility Integrated Application Solution
EQRO	External Quality Review Organization
ESMI	Early, Serious Mental Illness
FA	Food Assistance (formerly Food Stamps; Federal program name changed to Supplemental Nutrition Assistance Program)
FaDSS	Family Development and Self-Sufficiency
FFL	Federal Poverty Level
FFP	Federal Financial Participation (federal matching rate)
FFS	Fee-For-Service
FFY	Federal Fiscal Year (October 1 to September 30)
FIP	Family Investment Program (formerly AFDC) - Iowa's TANF program
FMAP	Family Medical Assistance Program - a Medicaid coverage group

FNS	Food and Nutrition Services (under USDA)
FOIA	Freedom of Information Act (requests for information)
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Care
FSRP	Family Safety, Risk, and Permanency child welfare services
FSS	Family Support Subsidy
FSSG	Family Self-Sufficiency Grants
FTE	Full Time Equivalent
GAF	Global Assessment of Functioning
GRC	Glenwood Resource Center
<i>hawk-I</i>	Healthy And Well Kids in Iowa Program - Iowa's CHIP program
HCBS	Home and Community Based Services
HIPP	Health Insurance Premium Payment program
IAC	Iowa Administrative Code
ICAPP	Iowa Child Abuse Prevention Program
ICF	Intermediate Care Facility
ICF/ID	Intermediate Care Facility for Individuals with Intellectual Disabilities (formerly ICF/MR)
ICF/MR	Intermediate Care Facility for the Mentally Retarded (now ICF/ID)
ID	Intellectual Disabilities Waiver (formerly known as Mental Retardation Waiver)
IHRC	In-Home Health-Related Care
IM	Income Maintenance - job classification series - determines eligibility for FIP, FA, Medicaid
IME	Iowa Medicaid Enterprise
I-TABS	Iowa Technical Assistance and Behavioral Supports
IV-B	Title 4-B - Federal Funding for Child Welfare Services
IV-D	Title 4-D - Child Support Enforcement Funding under the Social Security Act
IV-E	Title 4-E - Federal Funding for FIP Foster Care & Adoption Subsidy
IHAWP	Iowa Health and Wellness Plan
JCS	Juvenile Court Services
JOBS	Job Opportunities and Basic Skills training program
LOC	Level of Care
LUPA	Low Utilization Payment Adjustment
MAGI	Modified Adjusted Gross Income
MCO	Managed Care Organization(s)
MFP	Money Follows the Person
MHDS	Division of Mental Health & Disability Services
MHI	Mental Health Institute
MI	Mental Illness
MMIS	Medicaid Management Information System
MOE	Maintenance of Effort
MRS	Market Rate Study
MVM	Medicaid Value Management
NF	Nursing Facilities
PA	Prior Authorization
PACE	Program for All-Inclusive Care for the Elderly
PCA	Provider Cost Audit
PDL	Preferred Drug List
PJ	Promise JOBS
PI	Program Integrity
PMIC	Psychiatric Medical Institution for Children

POS	Pharmacy Point of Sale
PREA	Prison Rape Elimination Act
QHP	Qualified Health Plan
QRS	Quality Rating System
RCF	Residential Care Facility
RHC	Rural Health Clinic
SAMHSA	Substance Abuse and Mental Health Services Administration (Federal)
SCHIP	State Child Health Insurance Program (also known as <i>hawk-I</i> , CHIP, and Title XXI)
SED	Seriously Emotionally Disturbed
SFY	State Fiscal Year (July 1 to June 30)
SIM	State Innovation Model
SMME	Supplement for Medicare and Medicaid Eligible
SMI	State Median Income
SNAP	Supplemental Nutrition Assistance Program (Federal program; formerly Food Stamps)
SPS	Safety Plan Services in child welfare
SPP	State Payment Program
SSA	State Supplementary Assistance
SSBG	Social Services Block Grant (Federal - formerly Title XX)
SSI	Supplementary Security Income (Federal)
STS	State Training School in Eldora
TANF	Temporary Assistance for Needy Families (Federal block grant)
TCM	Targeted Case Management
TEFAP	Emergency Food Assistance Program
TPL	Third Party Liability
VBP	Value-Based Purchasing
VIS	Value Index Score
WIC	Women, Infants, and Children program
WRC	Woodward Resource Center
XIX	Title 19 – of the Social Security Act that authorizes and stipulates requirements for the Medicaid program