



IowaAging.gov

AgingWatch

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The link to policy affecting older Iowans

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Health and Human Services Bill Released

The Senate released the awaited health and human services budget bill this week. The bill is currently known as [SSB 1251](#).

At 120 pages, the bill is a seemingly unending list of appropriations and policy. To help readers grasp the full magnitude of the bill, AgingWatch has compiled a chart of the allocations and policy that may be impactful to older Iowans. The chart separates allocations and increases from the policy portions of the bill and provides the location of each. Keep in mind that the locations will be useful only until the bill is amended. Once an amendment occurs, the lines of the bill will shift accordingly.

The appropriations proposed for the Iowa Department on Aging look different in this budget bill than in past versions. The new look is the result of the separation of the budget for the Office of the State Long-Term Care Ombudsman. There are now two separate divisions in the Department's budget.

The first division appropriates funding to the Iowa Department on Aging. The Senate has proposed that the Iowa Department on Aging receive an increase of \$3,200,646 – bringing the total allocation to the Department to \$12,831,025. (If readers are trying to compare this fiscal year and the last, remember that last year's appropriation was a combined budget for the Department and the Office of the State Long-Term Care Ombudsman.) The increase comes from the following Senate proposals:

- An increase of \$100,000 to the Retired Senior Volunteer Program (RSVP) for a total of \$279,946. Funding for RSVP passes through the Department to the Economic Development Authority.
- An increase of \$250,000 to address unmet needs
- An increase of \$600,000 to the Area Agencies on Aging to provide home and community-based services to older Iowans
- An increase of \$2,210,646 to implement the Office of Substitute Decision Maker statewide
- An increase of \$40,000 to establish a guardianship and conservatorship monitoring project in the Sixth Judicial District

A Look at the Budget



The second division appropriates funding to the Office of State Long-Term Care Ombudsman. The Senate has proposed that the Office of State Long-Term Care Ombudsman receive an increase of \$610,000 – bringing the total allocation to the Office of State Long-Term Care Ombudsman to \$1,321,707. The increase comes from the following Senate proposals:

An increase of \$500,000 for an additional five local long-term care ombudsmen

An increase of \$110,000 for an additional volunteer long-term care ombudsman for a total allocation of \$210,000 for two volunteer long-term care ombudsmen

In addition to these allocations, the Department on Aging is the subject of some policy portions of the bill. Here are a few of the policy provisions relating to the Department on Aging:

- Elder Abuse – The Iowa Department on Aging is mandated to convene a task force to continue the work of the elder abuse task force established last session. The task force has a few new duties when compared to last year, including:
 - ◇ Review the 2012 task force report and make any additional recommendations as necessary
 - ◇ Design a comprehensive approach to elder abuse
 - ◇ Address how to harmonize an elder abuse system with the dependent adult abuse system and other existing systems
 - ◇ Determine whether to provide specialized elder abuse units in police departments, the Attorney General’s Office, prosecutor’s offices and other sectors
 - ◇ Determine whether to develop specialized elder abuse courts
 - ◇ Define “elder abuse”
 - ◇ Make recommendations regarding a single point of contact to report elder abuse and whether the aging and disability resource center should be that point of contact
 - ◇ Address financial exploitation
 - ◇ Provide any specific changes in statute or rule that would be necessary to achieve the recommendations

The Task Force is charged with submitting a progress report to a legislative interim committee by October 3. A final report is due to the Governor and General Assembly by December 31. There is no appropriation proposed for the work of the Task Force.

Appropriation Versus Allocation

What’s the Difference?

Not much. According to a legislative terminology publication created by the Legislative Services Agency, both terms are used to describe state money allocated by the Legislature for a specific purpose. Click here to view legislative terminology and a full definition for each.

<https://www.legis.iowa.gov/DOCS/Resources/LegislativeTerminology.pdf>

- Elder Abuse Legislative Interim Committee – The Legislative Council is requested to establish a legislative interim committee on elder abuse prevention and intervention to monitor the progress of and provide direction to the Elder Abuse Task Force.
- Repeal of 231E.13 – Iowa Code Chapter 231E.13 states that implementation of the Office of Substitute Decision Maker is subject to the availability of appropriate funding. Elimination of this provision could potentially require the Department to implement the Office of Substitute Decision Maker without funding.

While the chart contains a summary of the many relevant provisions within the bill, here is a snapshot of some of those provisions:

- An increase of \$7 million to reduce waiting lists for home and community-based services waivers
- An increase of nearly \$30 million for nursing facility reimbursement
- An increase of \$2 million for current year nursing facility reimbursement
- A 3% increase for reimbursement rates for home and community-based services providers

[SSB 1251](#) is moving very quickly through the budget process. The bill passed out of the subcommittee assigned to health and human services appropriations on Wednesday and through the Senate Appropriations Committee yesterday. Individuals who would like to see changes to this bill are urged to contact legislators immediately with concerns.

To date, the House has not introduced a companion health and human services budget bill. The Department on Aging will keep readers informed as the session progresses.

The following pages provide more information about sections of the bill that may impact older and disabled Iowans and the aging network.



**Sections of HHS Budget Bill
Potentially Impactful to Older and Disabled Iowans**

Topic	Amount	Page and line #
Iowa Department on Aging – This is the total allocation for the Iowa Department on Aging, not including the Office of State Long-Term Care Ombudsman.	\$12,831,025	Page 1, line 19
Retired and Senior Volunteer Program (RSVP) – This allocation shall be used for the RSVP Program to be appropriated from Department funds.	\$279,946	Page 1, line 30
Unmet Needs – This allocation shall be used to fund services to meet the unmet needs of older individuals to be appropriated from the Department funds.	\$250,000	Page 2, line 23
Home and Community-Based Services – This allocation shall be used to fund home and community-based services through the Area Agencies on Aging; to be appropriated from the Department funds.	\$600,000	Page 2, line 27
Office of Substitute Decision Maker – This allocation shall be used to administer the Office of Substitute Decision Maker on a statewide basis to be appropriated from the Department funds.	\$2,210,646	Page 2, line 32
Guardianship / Conservatorship Monitoring Project – This allocation shall be used for implementation of a guardianship and conservatorship monitoring and assistance pilot project; to be appropriated from Dept funds.	\$40,000	Page 3, line 7
Office of State Long-Term Care Ombudsman (OSLTCO) – This is the total allocation for the OSLTCO, not including the Department on Aging.	\$1,321,707	Page 3, line 16
Local Long-Term Care Ombudsman – This is the total allocation for the addition of five local long-term care ombudsmen; to be appropriated from the OSLTCO funds.	\$500,000	Page 3, line 18
Volunteer Long-Term Care Ombudsman – This is the total allocation to provide two volunteer long-term care ombudsmen (VLTCO) to be appropriated from the OSLTCO funds. Currently there is allocation for one VLTCO.	\$210,000	Page 3, line 23
Alzheimer's Response Strategy – This allocation shall be used to fund the state comprehensive Alzheimer's disease response strategy. See SF 269.	\$139,719	Page 12, line 2
Direct Care Worker Advisory Council – This allocation shall be used to continue the work of the Council.	\$206,750	Page 15, line 8
Independent Statewide Direct Care Worker Association – This allocation shall be provided to an independent statewide direct care worker association under continuation of the contract with the Department of Public Health.	\$207,750	Page 15, line 33
Direct Care Worker Activities – This allocation shall be used to provide scholarships or other forms of subsidization for direct care worker educational conferences, training, or outreach activities.	\$75,000	Page 16, line 7
Direct Care Worker Professional Board – Up to the amount of this allocation shall be used for the direct care professionals board.	\$300,000	Page 16, line 11

Allocations and Increases

Aging Watch

<p>Healthy Aging – This allocation shall be used by the Department of Public Health to provide public health services that reduce risks and invest in promoting and protecting good health over the course of a lifetime with a priority given to older lowans and vulnerable populations.</p>	\$7,297,142	Page 18, line 10
<p>Medical Assistance – This allocation shall be used by the Department of Human Services for medical assistance reimbursement and associated costs. This is the total medical assistance allocation that includes many functions, including HCBS waivers and nursing facilities.</p>	\$1,292,985,748	Page 31, line 15
<p>Personal Needs Allowance – Allows for a sufficient amount to be allocated to supplement the incomes of residents of facilities with incomes of less than \$50 in the amount necessary for the residents to receive a personal needs allowance of \$50 per month.</p>	“Sufficient amount”	Page 33, line 33
<p>Money Follows the Person – A portion of the appropriation may be transferred for medical contracts to be used for administrative activities association with the money follows the person demonstration project.</p>	“Portion”	Page 36, line 3
<p>HCBS Waiting Lists – This allocation shall be used to implement reductions in the waiting lists of all medical assistance home and community-based services waivers.</p>	\$7,041,689	Page 38, line 19
<p>MHDS Redesign and BIPP – Up to \$400,000 may be used to support the MHDS redesign the state balancing incentive payments program planning and implementation activities.</p>	Up to \$400,000	Page 38, line 35
<p>Standardized Assessment Tools – Up to \$3,000,000 may be used for general administration or medical contracts to be used to support the development and implementation of standardized assessment tools for persons with mental illness, an intellectual disability, and developmental disability, or a brain injury.</p>	Up to \$3,000,000	Page 39, line 10
<p>Nursing Facility Reimbursement – Mandates that the state funding for the nursing facility budget shall not exceed \$267,712,511. This increases the cap by around \$30,000,000 compared to last year. Total nursing facility budget expenditures shall not exceed this amount and cost methodologies may be adjusted to maintain state funding within this range.</p>	Up to \$267,712,511	Page 59, line 34
<p>Non-institutional Reimbursement – All non-institutional reimbursement rates shall be increased by 1.5%.</p>	1.5% Increase	Page 63, line 6
<p>CDAC Reimbursement - The reimbursement rate for consumer-directed attendant care shall be increased by 1.5%</p>	1.5% Increase	Page 64, line 9
<p>HCBS Reimbursement – Reimbursement rates for providers of home and community-based services waiver services shall be the limits in effect on June 30, 2013, increased by 3%.</p>	3% Increase	Page 64, line 18
<p>Nursing Facility Budget for Current Fiscal Year – For the fiscal year beginning July 1, 2012, the total state funding amount for the nursing facility budget shall be increased by \$2,000,000.</p>	\$2,000,000 Increase	Page 78, line 3

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Policy

<p>Functional Assessments – The DHS shall require that persons receiving services under the medical assistance program receive a functional assessment utilizing the supports intensity scale tool.</p>		<p>Page 37, line 7</p>
<p>Targeted Case Management Reimbursement Methodology – The DHS shall develop new reimbursement methodology for medical assistance targeted case management that applies appropriate cost limits.</p>		<p>Page 37, line 16</p>
<p>Repeal of 231E.13 – Repeals 231E.13, which states that the Office of Substitute Decision Maker does not have to be implemented without adequate funding.</p>		<p>Page 79, line 31</p>
<p>Elder Abuse Task Force – Mandates that the Department continue the work of the elder abuse task force and mandates specific duties of the task force. See article above for additional information.</p>		<p>Page 79, line 32</p>
<p>Elder Abuse Interim Committee – Requests that the Legislative Council establish a legislative interim committee on elder abuse prevention and intervention to monitor the progress of and provide direction to the elder abuse task force.</p>		<p>Page 82, line 10</p>
<p>Guardianship/Conservatorship Pilot Project – Requires the Department to collaborate with the National Health Law Policy Resource Center at the University of Iowa College of Law to establish a three-year guardianship/conservatorship monitoring project.</p>		<p>Page 82, line 20</p>
<p>Amendments to Miller Trusts – Increases the amount of income or assets that can be used for reasonable and necessary expenses from \$10 to \$25 per month and establishes a limit of 125% of the average statewide charge for nursing facility residents as the total monthly income for a trust beneficiary.</p>		<p>Page 87, line 17</p>
<p>Alzheimer's Coordination and Strategy – Creates the state comprehensive Alzheimer's disease response strategy. See SF 269.</p>		<p>Page 94, line 26</p>
<p>Elderly Persons with Aggressive or Psychiatric Behaviors – Requires the Departments of Human Services and Inspections and Appeals to create a committee to examine options for designating a facility to provide care for elderly persons who are sexually aggressive, combative, or have unmet geropsychiatric needs.</p>		<p>Page 112, line 10</p>

Bill Watch

Bill Watch is a compilation of bills being tracked by the Iowa Department on Aging that are potentially impactful to older and disabled Iowans. Bill Watch includes a brief summary but you may find comprehensive information including the entire bill, committee assignments, amendments and bill history by clicking on the bill number. Each bill is linked to the legislative website where up-to-date information is recorded.

HF 124 **ELDERLY PROPERTY TAX CREDIT.** Makes the home of a low-income, elderly disabled person exempt from property tax. Includes conditions.

HF 160 **MH TRANSITION SUPPLEMENTAL II.** Appropriates \$11.63 million in Fiscal Year 2013 from federal funds for children's health insurance for the Mental Health Disability Service Redesign Transition Fund.

HF 198 **REIMBURSEMENT FOR TRAINING.** Directs the adoption of rules regarding staff training costs for home and community based services under Medicaid reimbursable as direct costs.

HF 278 **IOWA DEPT on AGING TECHNICAL BILL.** See Volume 13, Issue 3 for additional detail. Successor to HSB 46. See [SF 184](#). Passed both chambers; sent to Governor.

HF 552 **ELDERLY SEX OFFENDER COMMITMENTS.** Establishes notification requirements for the clerk of court and facilities upon commitment of a registered sex offender to a facility. Requires the facility develop a written safety plan. Prohibits the release of a person committed as a sexual predator during a transitional period to a facility. Requires adequate placements for certain sex offenders being released from custody. Requires the development of a workgroup, that includes the Department on Aging, to address an adequate workforce to provide health and mental health services to sex offenders. Requires a committee, that includes the Dept. on Aging and the State Long-Term Care Ombudsman, to look at creating a facility for such offenders. Successor to [HF 53](#).

HF 554 **HCBS WAIVER.** Creates an exemption to licensing as a health care facility to allow for coverage for more residential services under the home and community based services (HCBS) waiver. Successor to [HSB 119](#). See [SF 351](#).

HSB232 HEALTHY IOWA PLAN. Appropriates \$23 million for the Healthy Iowa Account. States that the purpose of the plan is promote access to health care and to use mechanisms that promote personal responsibility. Prohibits DHS from spending for the plan unless federal matching funds are available. Makes lowans between 19-64 with incomes no more than 100% of the FPL eligible for the plan. Excludes persons otherwise eligible for Medicaid or Medicare. Requires DHS to develop an accountable care provider network by regions and for members to select a primary care doctor. Requires that each region have an accountable care organization and makes Broadlawns the ACO for the region including Polk County. Establishes standards and reimbursements for ACOs. Requires members to make monthly payments but includes hardship exemptions. Establishes health rewards accounts to be used to improve the member's health. Includes incentives to be deposited in the accounts for certain wellness measures taken by the member. Establishes a formula for counties to levy for funds to be deposited in the Healthy Iowa Account. Directs Polk County to deposit \$42 million for the Healthy Iowa Account. Directs the UI Hospital to certify spending up to \$30 million in public expenditures for the non-federal share of expenditures. Delays the repeal of IowaCare until December 2013 and directs the DHS to seek waivers in order to begin implementing the bill in 2014. Makes certain provisions contingent on receiving waivers from the federal government.

SF 32 SENIOR PROPERTY TAX. Creates a freeze on the assessed value of the home of a person over the age of 65 and who has less than \$25,000 in household income. Establishes criminal penalties for filing a false affidavit. Similar to [SF 39](#)

SF 39 SENIOR PROPERTY TAX FREEZE II. Creates a freeze on the assessed value of the home of a person over the age of 65 if the assessed value of the house is under \$150,000. Establishes criminal penalties for filing a false affidavit. Similar to [SF 32](#)

SF 109 SENIOR PROGRAM FUNDING. Appropriates \$13.85 million in Fiscal Year 2014 to the Department on Aging for programming for older individuals and the area agencies on aging. See [HF 115](#).

SF 184 DEPARTMENT ON AGING TECHNICAL BILL. See Volume 13, Issue 3 for additional detail. Successor to SSB 1056. See [HF 278](#). Passed both chambers; sent to Governor.

SF 258 LONG-TERM CARE APPROPS. Appropriates to the Dept on Aging \$13,000 for the certified volunteer ombudsman program and \$97,000 for an additional VOP to administer the program. Successor to [SF 36](#). See [HF 116](#). Referred to Senate Appropriations.

- SF 296 MEDICAID EXPANSION.** Expands Medicaid coverage to adults with 133% of federal poverty level. Requirements regarding medical homes. Commission to review recommendations about integrated care models. Make recommendations by September 2013. Consumers interested in Medicaid expansion and the ACA should watch this bill closely. See [HF 83](#).
- SF347 RECORDS CHECKS.** Relates to the evaluation of criminal record checks of prospective health care employees by DHS. Allows for conditional employment of not more than 60 calendar days of the prospective employee who was convicted of specific simple misdemeanor offenses specified within the bill pending completion of the DHS evaluation. The bill does not apply to employment involving the operation of a motor vehicle or to persons with a record of founded child or dependent adult abuse. Passed both chambers; sent to Governor.
- SF 351 HCBS WAIVER.** Creates an exemption to licensing as a health care facility to allow for coverage for more residential services under the Home-and-Community Based services (HCBS) waiver. See [HF 554](#). Passed both chambers; sent to Governor.
- SF 394 INFORMAL CONFERENCES.** Requires that informal conferences be utilized in regards to contested citations for a health facility or assisted living facility. Provides guidelines for how contested cases shall be conducted. Passed both chambers; sent to Governor.
- SF 406 MH DUTIES. MH Advocate:** Creates a Mental Health Advocate division in the DIA. Effective July 2013. **Duties:** Revises Code language on the duties of MH advocates. Effective July 2013. **Involuntary commitments:** Requires the clerk of courts to inform the person filing for involuntary commitments about pre-application screenings. Requires the State Court Administrator to establish procedures for pre-application screenings. Simplifies procedures for applying for involuntary commitments. **Other:** Requires DHS to study developing a bed tracking system and to report by December 2013.
- SF 415 MH/DS SERVICES.** Transfers approximately \$30 million from the General Fund to DHS for property tax relief. Codifies recommendations regarding the MH/DS redesign. Creates a Children's Cabinet.
- SSB1251 HHS APPROPRIATIONS for FY2014.** Appropriates funds to various state agencies including but not limited to the Department on Aging, Department of Public Health, Department of Human Services and Department of Veterans Affairs.

President's Budget Released

The President's budget was released Wednesday. Although the President's budget does not have the force of law, the budget outlines the Administration's priorities and policies for the upcoming federal fiscal year.

Budgets from the House and Senate chambers were released last month. With the release of the President's budget, it is now possible to view a full comparison between each of the federal budgets proposed by the executive and legislative branches.

The Department is working to analyze the budgets and will provide a comparison of the three budgets in upcoming editions of AgingWatch.



Please join us

Iowa's ADRC: Expanding Statewide

April 25, 2013 | 8:30—3:00

Science Center of Iowa | Principal Hall

401 W. Martin Luther King Jr. Parkway | Des Moines, Iowa 50309

- **Funding opportunities** for further development of the Aging and Disability Resource Center (ADRC) in Iowa
- **Guest speakers:**
 - **Krista Boston and Kelli Jo Greiner**, Minnesota Board on Aging *Overview of the structure and funding of the Minnesota ADRC, progress, challenges and lessons learned*
 - **Deb Johnson**, Iowa Medicaid Enterprise *Balancing Incentive Payment Program (BIPP) and State Innovation Model-Accountable Care Organizations (SIM-ACOs)*
- **Iowa's ADRC vision**

\$25/person includes lunch and parking

For further information visit www.iowaaging.gov

Seating is limited. Advance registration is required.

Next AgingWatch:

- Updated Bill Watch
- Updated appropriations information
- Other goings-on under the golden dome
- Analysis of budgets from the Office of the President and both branches of the United States Congress

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Please feel free to forward AgingWatch to others who are interested in issues and programs that impact older Iowans.

AgingWatch is provided in the spirit of information and education. The opinions expressed by the contributors do not necessarily reflect those of the Department or its programs. The Department shall not be liable for any damages that may result from errors or omissions in information distributed in this publication.

AgingWatch will be published regularly during the legislative session and monthly in the interim by the Iowa Department on Aging. Recipients of the e-mail notice of publication are encouraged to share it with others.

The current issue may be found on the Department's website, www.iowaaging.gov. Past issues are archived in the "Publications/Information" section.



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The Mission of the Iowa Department on Aging is to develop a comprehensive, coordinated and cost-effective system of long term living and community support services that help individuals maintain health and independence in their homes and communities.