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In the latest edition of Aging Watch, published on Thursday, May 2, a chart was provided outlining the differences between the House and Senate versions of the health and human services budget bill. The first page of the chart contained an error. The number of FTEs allocated by the House and Senate was reversed within the chart. A revised chart is included in this edition of Aging Watch. The FTE allocation on the first page of the chart has been corrected as indicated by the language in red. Please see [page 3](#) for the revised chart.

Also, please note that the Senate appointed members to the Conference Committee for the health and human services budget bill (SF 446) this morning. The full Conference Committee has been officially appointed. The conference committee will meet at 3:30 p.m. today.

Conference Committee members are as follows:

- Representatives: Heaton, Costello, Fry, Heddens, Wessel-Kroeschell
- Senators: Hatch, Bolkcom, Ragan, Johnson, Segebart

Aging Watch will provide updates as the budget process moves forward.

## Health and Human Services Appropriations Bill Advances

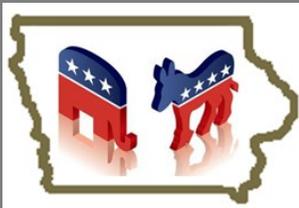
Last week proved to be eventful for the health and human services budget bill, now known as [SF 446](#).

On Tuesday, the bill passed out of the House Health and Human Services Appropriations Subcommittee and shortly thereafter passed out of the House Appropriations Committee.

While in subcommittee, [SF 446](#) was amended with a full strike and replace amendment. The amendment, known as [H-1378](#), created nearly a \$4 million gap between the House and Senate versions of the budget bill as it relates to funding for the Iowa Department on Aging. A chart is included on pages 3-6 of Aging Watch that outlines the differences between the Senate and House versions of the health and human services budget bill.

As the chart details, [H-1378](#) would provide status quo funding to the Iowa Department on Aging and does not contain increases for unmet needs, home and community-based services, the Office of Substitute Decision Maker, or additional Local Long-Term Care Ombudsman (also known as Resident's Advocates). The House version also does not contain a mandate to continue the Elder Abuse Task Force.

### CONFERENCE



### COMMITTEE

**Did You Know?**

A conference committee is comprised of three majority party members and two minority party members from each chamber. The conference committee, in its first conference, will have jurisdiction only over those issues that are different between the House and Senate versions. The committee will file a report of agreement that is debatable, but cannot be amended. Rule 13 of the Joint Rules of the 85<sup>th</sup> General Assembly outline the formation and duties of a conference committee.

[SF 446](#) was debated in the House of Representatives on Wednesday night. Twenty-eight amendments were filed to [H-1378](#), making it a long evening for legislators.

In general, amendments were passed or failed along party lines. Notable amendments that were proposed are included at the conclusion of this article.

The amended version of [SF 446](#) was sent back to the Senate. Friday the Senate refused to concur with the House version of [SF 446](#) and it was sent back to the House. The House refused to concur and the bill was sent to conference committee. Details of amendments to the bill and the fate they met on the floor of the Iowa House follow:

[H-1389](#), introduced by Representative Heddens: The proposed amendment would separate the budgets of the Department on Aging and the Office of Long-Term Care Ombudsman. The proposed amendment would increase funding to the Department by providing additional funding for unmet needs, home and community-based services, and the Office of Substitute Decision Maker. The proposed amendment would increase funding for the Office of Long-Term Care Ombudsman by providing additional funding for five local long-term care ombudsmen and one additional certified volunteer long-term care ombudsman. The amendment failed 52-46.

[H-1390](#), introduced by Representative Heddens: The proposed amendment would provide additional funding to reduce waiting lists for home and community-based services waivers and increase the reimbursement rates of home and community-based service providers by three percent. The amendment failed. Vote was not recorded.

[H-1392](#), introduced by Representative Heddens: The proposed amendment would provide funding to continue the Direct Care Worker Advisory Council, create a Direct Care Worker Association, and align with the Senate appropriations and recommendations regarding direct care worker activities. The amendment failed. Vote was not recorded.

[H-1400](#), introduced by Representative Gaskill: The proposed amendment would create and provide appropriations for the Alzheimer's Coordination and Strategy to be housed in the Department of Public Health. This amendment would revive SF 269. The amendment failed 52-45.

[H-1409](#), introduced by Representative Heaton: The issues addressed by this amendment include appropriating \$300,000 for reimbursement of staff training for home and community-based services providers, appropriating \$150,000 to continue the contract for technical assistance to providers of habilitation services and home and community-based services waiver services, and allowing telepharmacy. The amendment was adopted. Vote was not recorded.

[H-1410](#), introduced by Representative H. Miller: The proposed amendment would create and provide appropriations for a medical and personal care facility for sex offenders. The amendment failed. Vote was not recorded.

**IMPORTANT! — Corrections appear in red.**

## Sections of HHS Budget Bill Impactful to Older and Disabled Iowans

## Allocations and Increases

Topic	Notes	Senate	House
<b>Iowa Department on Aging</b> – This is the total allocation for the Iowa Department on Aging for FY 2013/2014, not including the Office of State Long-Term Care Ombudsman.	Both bills begin with base status quo appropriation of <b>\$10,342,086</b>	<b>\$14,152,732</b> (Base status quo appropriation plus additions below)	<b>\$10,442,086</b> (Base status quo appropriation plus additions below)
<b>FTE Appropriations – Iowa Department on Aging</b>	Both bills begin with base amount of FTEs - 35	<b>44</b> (Increase of 9 FTEs – 3 for OSDM , 5 for SLTCO, and 1 for certified volunteer long-term care ombudsman)	<b>35</b> (No increase)
<b>Retired and Senior Volunteer Program (RSVP)</b> – This allocation shall be used for the RSVP Program housed at the Economic Development Authority. Any increase in this line item does not denote an increase to the Department budget. The Department serves as a pass-thru.	\$179,946 base allocation	\$279,946 (\$100,000 increase)	\$279,946 (\$100,000 increase)
<b>Unmet Needs</b> – This allocation shall be used to fund services to meet the unmet needs of older individuals to be appropriated from the Department funds.	\$0 base allocation	\$250,000	\$0
<b>Home and Community-Based Services</b> – This allocation shall be used to fund home and community-based services through the Area Agencies on Aging; will restore deficit to status quo.	\$0 base allocation	\$600,000	\$0
<b>Office of Substitute Decision Maker</b> – This allocation shall be used to administer the Office of Substitute Decision Maker on a statewide basis to be appropriated from the Department funds.	\$0 base allocation	\$2,210,646	\$0
<b>Guardianship / Conservatorship Monitoring Project</b> – This allocation shall be used for implementation of a guardianship and conservatorship monitoring and assistance pilot project exclusively in the 6 <sup>th</sup> Judicial District; to be appropriated from Department funds.	\$0 base allocation	\$40,000	\$0
<b>Local Long-Term Care Ombudsman</b> – This is the total allocation for the addition of five local long-term care ombudsmen; to be appropriated from the OSLTCO funds.	\$0 base allocation	\$500,000	\$0
<b>Volunteer Long-Term Care Ombudsman</b> – This is the total allocation to provide volunteer long-term care ombudsmen (VLTCO) to be appropriated from the OSLTCO funds. Currently there is allocation for one VLTCO.	\$100,000 base allocation	\$210,000 (Increase of \$110,000)	\$100,000

# Allocations and Increases

<b>Aging Watch</b>		
Topic	Senate	House
<b>Alzheimer's Response Strategy</b> – This allocation shall be used to fund the state comprehensive Alzheimer's disease response strategy. See SF 269.	\$139,719	\$0
<b>Direct Care Worker Advisory Council</b> – This allocation shall be used to continue the work of the Council.	\$206,750	\$222,025 (The Advisory Council shall be eliminated effective June 30, 2013)
<b>Independent Statewide Direct Care Worker Association</b> – 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	\$0
<b>Direct Care Worker Activities</b> – 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	\$0
<b>Direct Care Worker Professional Board</b> – Up to the amount of this allocation shall be used for the direct care professionals board.	\$300,000	\$0
<b>Healthy Aging</b> – 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 Iowans and vulnerable populations.	\$7,927,142	\$7,297,142
<b>Medical Assistance</b> – 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.	\$1,292,985,748	\$1,126,206,162
<b>Personal Needs Allowance</b> – 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.	"Sufficient amount"	Increase by the same % and same time as federal supplemental security income and federal social security benefits are increased
<b>Money Follows the Person</b> – 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.	"Portion"	"Portion"

**Aging Watch**

**Allocations and Increases**

Topic	Senate	House
<b>HCBS Waiting Lists</b> – This allocation shall be used to implement reductions in the waiting lists of all medical assistance home and community-based services waivers.	\$7,041,689	Unable to locate similar language
<b>MHDS Redesign and BIPP</b> – Up to \$400,000 may be used to support the MHDS redesign the state balancing incentive payments program planning and implementation activities.	Up to \$400,000	Up to \$400,000
<b>Standardized Assessment Tools</b> – 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.	Up to \$3,000,000	Up to \$3,000,000
<b>Nursing Facility Reimbursement</b> – 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.	Up to \$267,712,511	Up to \$267,712,511
<b>Non-institutional Reimbursement</b> – All non-institutional reimbursement rates shall be increased by 1.5%.	1.5% Increase	Unable to locate similar language
<b>CDAC Reimbursement</b> - The reimbursement rate for consumer-directed attendant care shall be increased by 1.5%	1.5% Increase	Remain at current rate
<b>HCBS Reimbursement</b> – 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%.	3% Increase	Remain at current rate
<b>Nursing Facility Budget for Current Fiscal Year</b> – 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.	\$2,000,000 Increase	\$2,000,000 Increase

**Policy**

<b>Functional Assessments</b> – The DHS shall require that persons receiving services under the medical assistance program receive a functional assessment utilizing the supports intensity scale tool.	Included	Included
<b>Targeted Case Management Reimbursement Methodology</b> – The DHS shall develop new reimbursement methodology for medical assistance targeted case management that applies appropriate cost limits.	Included	Included
<b>IPERS Inclusion for Area Agencies on Aging</b> – Allows an employee of an area agency on aging that was enrolled in an alternative qualified plan to remain in that alternative qualified plan.	Included	Included

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Topic	Senate	House
<b>Long-Term Care Ombudsman Fees</b> – Allows that penalty fees generated pursuant to section 231.42(7) shall be deposited into the general fund and appropriated to the Office of Long-Term Care Ombudsman	Included	Included
<b>Repeal of 231E.13</b> – Repeals 231E.13, which states that the Office of Substitute Decision Maker does not have to be implemented without adequate funding. The Department does not support inclusion of this provision.	Included	Not Included
<b>Elder Abuse Task Force</b> – 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.	Included	Not Included
<b>Elder Abuse Interim Committee</b> – 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.	Included	Not Included
<b>Guardianship/Conservatorship Pilot Project</b> – 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.	Included	Not Included
<b>Amendments to Miller Trusts</b> – 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.	Included	Not Included
<b>Alzheimer's Coordination and Strategy</b> – Creates the state comprehensive Alzheimer's disease response strategy. See SF 269.	Included	Not Included
<b>Elderly Persons with Aggressive or Psychiatric Behaviors</b> – 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.	Included	Not Included



**Prospects for Independent Living**  
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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.