



Department of
HUMAN SERVICES

***Legacy DHS
Annual Performance Report***

**Performance Results Achieved
for Fiscal Year 2022**

Table of Contents

Table of Contents	1
Accomplishments	2
Agency Overview	7
Mission	7
Core Functions.....	7
1. Economic Support.....	7
2. Health Care and Support Services.....	7
3. Child and Adult Protection.....	8
4. Resource Management.....	9
Transition	10
Key Results	11
Supplemental Nutrition Assistance Program (SNAP) and the Employment and Training (E&T) Program	11
Child Welfare In-Home Services	12
Child Welfare In-Home Services	13
RESULTS.....	13
Children's Health Insurance Program (CHIP).....	14
Child Support Recovery	15
Child Care Assistance	16
Mental Health Institutes (MHIs) at Cherokee and Independence	17
State Resource Centers (SCRs) at Glenwood and Woodward	18
Targeted Case Management (TCM)	19
Agency Contacts	20

Accomplishments

We remain deeply committed to the 1,102,032 Iowans DHS served in SFY22; overall, DHS directly touched the lives of over 1 in 3 Iowans during SFY22. The Department realized achievements in several program and service delivery areas during SFY22.

Noteworthy events and activities to highlight:

Data Driven

- We created the SNAP It Together Team to identify error trends and recommend suggestions to improve accuracy; the Food Assistance Accuracy Sustainability Team (FAAST) to monitor and manage the payment accuracy efforts through data collection, analytics, and reporting through concrete actions.
- The Iowa Behavioral Health Reporting System (IBHRS) launched a new integrated reporting system for substance use and problem gambling treatment. Over 100 licensed substance use and problem gambling treatment providers are using the IBHRS system to report meaningful data about Substance Use Disorder and problem gambling treatment in Iowa.
- Compliance will be evaluating the current system used by HHS for tracking and managing appeals looking for opportunities to enhance the process, provide additional support to team members and creating consistency within the agency.
- Maximize efficient use of resources through improved business process design, functional based team collaboration, and integrating modern technology solutions. Strategically building project teams across bureaus and including external partners to include the most diverse perspectives for success. This has proven to help avoid missteps and downstream unintended consequences.
- Public Health launched a Syndromic Surveillance program, and we expect 66 participating facilities by the end of the year. The use case studies for substance use, behavioral health, environmental health & infectious disease and show exciting and promising uses that will allow public health to detect emerging and urgent health threats earlier.

Accountability

- Public Health IT is working to deliver a new disease surveillance system to replace the Iowa Disease Surveillance System (IDSS). This platform will ultimately improve our ability and efficiency to perform disease surveillance, case management, and make data driven decisions.
- Through evaluation of rules and regulations, legislative bill implementation, and survey to child care providers, modifications were made to reduce burdensome regulations for Child Development Homes and licensed child care centers.

- HHS implemented the first performance-based contracts with 14 MHDS Regions effective January 2022. Contracts provide guardrails to assure state funding is being utilized as intended including reviews of administrative costs and budgets as well as requirements in place to ensure access to all core services.
- Development of a Medicaid maternal health strategic plan that builds upon public health vision with actionable steps by the Medicaid agency.
- The State Training School opened the Intensive Therapeutic Program (ITP) to address violent/aggressive youth. Since opening in March 2022, and minus an initial rise, overall rates of staff assault, restraint, and room confinement are falling. Review of the program is ongoing.
- We established an alignment implementation office in the Compliance Division. The office is responsible for developing and benchmarking work that is essential to ensuring a successful and iterative alignment process that enables HHS to maximize opportunities presented by the agency merger.
- We moved payments for childcare for children in foster care to KinderTrack to remove the burden from foster parents to pay and then be reimbursed and speed up payments to providers. This had been a pain point and frustration for foster parents for years.

Integrity

- The Boys State Training School (BSTS) initiated their quality assurance audits in January 2022, as required by our federal litigation and the remedial plan. While prompted by litigation, the spirit of which the team engaged was powerful and showed a force beyond the court's mandate. The Court monitor indicated that the process itself was the best she has ever seen, nationwide. I'm on campus today, team BSTS and I am bringing with me a few tokens to honor this incredible work.
- Compliance is setting a vision for increased collaboration between HHS programmatic areas sharing data – after all, data drives programmatic direction and allows us to measure outcomes. The data privacy team is working to create a HIPAA designation policy for the agency that maximizes data sharing opportunities across teams, while also ensuring public health programs retain the ability to share important public health data and stories. This change is a long time coming and the spirit in which this team has engaged is transformational.
- Iowa's Bureau of Health Statistics recently received accreditation status through the Public Health Accreditation Board. Site reviewers shared that the Bureau's work is "seen as trusted, credible, and a responsive unit which contributes to a strong relationship with stakeholders and partners". What an incredibly important role in our state. Amazing work, team.
- Medicaid's Strategic Plan includes a goal to shift program operations and planning to focus on outcomes. This work will include new changes to our managed care contracts with increased requirements around member outcomes

– this work is directly connected to our agency mission, goals and guiding principles.

- Our Field team implemented Centralized Service Intake for 24/7/365 coverage in January of 2021. They average a 99% call handle ratio and hold times under two minutes. A huge shift that took years to finalize but allows lowans who may have witnessed abuse or neglect to have access to our expert team every single day, at hours that work for them.
- As the Iowa Quality for Kids (IQ4K) system came online, it allowed childcare providers to complete the IQ4K application and upload all supporting documents to attain quality ratings with ease. This change directly impacts rates and childcare sustainability.

Equity

- We piloted the Title V Doula Project for African American/Black Pregnant Women with an innovative approach to reducing health disparities in the perinatal period. This project is community-based and culturally congruent, providing one-on-one doula services to expectant parents in Black Hawk, Dubuque, Polk, and Scott Counties. The project launched in the fall of 2021 with doula training and community outreach efforts, then began serving clients in January of 2022.
- The Cedar Rapids Service Area Spanish Team has partnered with Bayer/Monsanto to proactively provide information and complete benefits applications on site when they have major hiring events. This was initiated in approximately 2018 and has continued through the last 18 months. This has been a great partnership with the business sector and an example of our attempts to work towards one-stop services with a transient population in need of support to both individuals and families. Other participants include Iowa Workforce Development, Department of Education, PROTEUS, and Iowa Legal Aid. Separately from the support that this provides to this transient population, it is a terrific opportunity for staff to see the direct impacts of their work and to help them to stay connected to the work, to “Never forget the name behind the case.”
- We updated the child support customer website to allow for guest payments. This feature is fast, convenient and a request from our external customers. The guest payment feature eliminates the need to login or have a registered account to make child support payments for yourself or on behalf of someone.
- Our online purchasing program expanded, giving more SNAP recipients the ability to purchase food online. This is a huge benefit for lowans who may be unable to visit the grocery store in person or who have special dietary needs that are served better with access to online products.
- We are working to increase access to high quality services that improve health outcomes for Medicaid members regardless of geography, race, or economic status. A piece of that is the development of a Medicaid maternal health strategic plan that builds upon public health vision with actionable steps by the Medicaid agency.

Communication

- Our resilient public health response team has been able to navigate winding down COVID response, while also balancing the response needs for other demanding outbreak response efforts such as high-path avian influenza, Monkeypox, and Ebola. Despite the departure of many peers, this team has made incredible efforts to adjust and respond to each outbreak. Coordinated communication with a variety of audiences both internally and externally is critical in supporting this response.
- Medicaid has been curating useful content for monthly provider and member town halls to disseminate timely updates, receive feedback on planning, hear about challenges, and share detailed information on program operations and performance. I hear about this open line of communication from members and providers all the time. This work is transformative and key to so many aspects of the work this team has underway.
- Recruitment was a significant focus area for Human Resources in 2022. The team has focused on expanding our social media, e-posting presence, and building relationships with higher educational institutions throughout the state to develop pipelines for direct care workers, nurses, respiratory therapists, teachers, social workers, and information technology teams.
- Child Support Services improved customer service by offering virtual appointments and adding a chatbot to the customer website. Customers' feedback shows that over 95% of questions to the chatbot are successfully resolved! The team also began work on an electronic customer application to make it easy for parents to request child support services.
- The deployment of the Family First Dashboard and development of the Family Centered Services performance dashboard highlight the agency's commitment to transparency. Publishing these data sets invites lowans to engage with the agency's performance and outcomes in a way that historically didn't exist. Our Family First work in child welfare leads the region and the nation and there is more work to come as we engage in our CPS assessment.
- Bed tracking initiatives over the past year at both Mental Health Institutes allow real-time planning for difficult cases and where most appropriate from a clinical and staffing perspective but also to ensure a reduction in wait time for forensic cases. Ultimately, this provides an improved process for both our clients and our team members.

Collaboration

- Beginning in December of 2022, our teams will be piloting "Bridge Meetings" for children placed in licensed foster homes in the northern part of the Western Service Area and the northern part of the Cedar Rapids Service Area. Led by case workers, the goal of the meeting is to establish a positive connection and

encourage a strong partnership between the parents/guardians and foster parents, and your role as case worker sets the tone for that first foundational opportunity. The meetings provide a safe environment for parents/guardians and foster parents to learn about each other and the children involved, while working toward the shared goal of reunification.

- HHS Distributed over 8,500 free naloxone kits to lowans between April 2021 and June 2022. The purpose of this initiative is to equip organizations, businesses and schools, in the event that their employees, agents, or volunteers encounter someone experiencing a suspected opioid overdose. While the hope is there would never be a need for the use of naloxone, having this medication available as part of a first-aid response could save someone's life.
- As part of their Strategic Plan, Medicaid is working to develop and maintain relationships to promote increased engagement in program oversight and innovation. As part of that work, the team has included a Consumer Advisory Board with lived experience as part of the Community Based Services evaluation.
- In partnership with Iowa State University, Child Support Services created and rolled out a new online training for staff, hospitals, and community providers to better serve parents who want to establish paternity for their children by completing a Voluntary Paternity Affidavit. In addition, they partner closely with the Bureau of Health Statistics – now a fellow HHS partner – and continue enhancing the outreach to parents and the process for parents to engage in the Voluntary Paternity Affidavit process.
- Following the announcement in April that Glenwood Resource Center would close in 2024, HHS has numerous town halls to hear from parents and guardians. HHS also announced a partnership with Community Options, Inc. who is working to assist with individual transitions to the community. GRC hosted a provider fair pm on the Glenwood campus for guardians and staff to learn more about host homes, understand the services community-based providers offer, and gain an understanding of managed care organizations, Money Follows the Person and the GRC Social workers' role in the process.
- The pandemic highlighted the need for robust collaboration statewide. Public Health is bringing together local public health administrators in new ways to share best practices in public health as the community continues to recover and rebuild.
- For the next 12 months, the Compliance Division will be working to evaluate and implement an internal audit model for Iowa HHS. The goal of the internal audit function that we will be developing is to identify early signals within the system that indicate a need for additional training, technical assistance, quality improvement/ planning or policy development and/ or adjustment. Although much of this collaboration is done internally, the work greatly impacts the lowans we serve.

Agency Overview

Mission

The mission of the Iowa Department of Human Services (DHS) is to help Iowans achieve healthy, safe, stable, and self-sufficient lives through the programs and services we provide.

Core Functions

The Department of Human Services is a comprehensive human services agency coordinating, paying for, and/or providing a broad range of services to some of Iowa's most vulnerable citizens. We have grouped our services and programs into four core functions: economic support, healthcare and support services, adult and child protection, and resource management.

1. Economic Support

DHS provides direct and indirect economic supports to needy families to meet their most basic needs for good health, safety, and consistency and continuity in their homes, work, and communities. Essential services include the Family Investment Program, Supplemental Nutrition Assistance Program, and Child Support Recovery.

Activities that occur within this core function include time-limited cash assistance for parents who agree to pursue specific steps for self-sufficiency, food assistance, employment and training opportunities, quality childcare, refugee services, and recovery of court-ordered child support payments.

Child support recovery operations are organized into four regions with 20 office locations situated in population centers across the state. Child support recovery staff verify and establish paternity, establish and modify child support obligations, and collect child support and medical support payments for children across Iowa.

2. Health Care and Support Services

DHS partners with public and private entities enabling access to health care services for needy Iowans. There are several activities within this core function.

Medical Assistance (Medicaid—Title XIX) provides medically necessary health care coverage for financially needy Iowans. The goal is for members to live healthy, stable, and self-sufficient lives. Medicaid works health care industry partners to provide quality and cost-effective access to health care for members. Medicaid covers a wide array of health services through a combination of federal and state funds.

IA Health Link is a major initiative in which the majority of members are enrolled in managed care organizations (MCOs). DHS has contracted with MCOs to provide comprehensive health care services including physical and behavioral health, long term supports and services, and pharmacy. This single system of care promotes the delivery of efficient, coordinated, and high-quality health care.

The Healthy and Well Kids in Iowa (Hawki) program provides free or low-cost health coverage to children whose family income is too high to qualify for Medicaid, but too low to afford individual or employer-provided health care. Hawki coverage is similar to commercial health care coverage and includes, but is not limited to, doctor and dentist visits, immunizations, emergency care, inpatient hospital services, prescription medicines, eyeglasses and vision exams. The Hawki Dental-Only Program, provides preventive and restorative dental care services as well as medically necessary orthodontia to children whose family income does not qualify for Medicaid and do not qualify for health care benefits under Hawki because they have health insurance.

Targeted Case Management (TCM) provides services to individuals living with intellectual or developmental disabilities who receive supports through the Medicaid Home- and Community-Based Services (HCBS) waivers. Case managers work with individuals and their families to coordinate needed medical, social, educational, housing, transportation, vocational, and other necessary services and supports into an integrated plan of care. Case management provides ongoing monitoring to ensure the health, safety and welfare of the individuals served.

Accredited mental health services are provided through the mental health institutes at Cherokee and Independence. Both institutes serve adults and children in need of inpatient psychiatric care and treatment.

The Civil Commitment Unit for Sexual Offenders (CCUSO) at Cherokee provides secure, long-term, and highly structured treatment for violent sexual predators. Individuals committed to CCUSO have served their prison sentence, but in a separate civil trial have been found likely to reoffend. The program was created by the 1998 Sexually Violent Predators Act of Iowa. Inpatient treatment is indefinite; the length of commitment is dependent on the time required for each individual to complete the criteria for advancement through five treatment phases.

The State Resource Centers at Glenwood and Woodward provide active treatment in a residential program for people with intellectual disabilities or other developmental disabilities who require service and support at the level of care provided by an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID). Most individuals served have significant behavioral challenges or medical issues requiring intensive and complex active treatment. An individual is accepted for admission when no other community-based providers can meet the individual's needs. The Resource Centers also provide service through the Medicaid HCBS waiver program.

3. Child and Adult Protection

DHS provides an array of services and supports to strengthen families and communities to increase the likelihood that children and adults are safe, healthy, and have consistency and continuity in their lives. Services include child and dependent adult protective services, community-based prevention and support services, foster care, family-centered services, family preservation services, adoption, group care, residential treatment, independent living for youth aged 16 and older, shelter care, childcare services, and facility-based care for delinquent youth. Activities provided in support of these services include funding for medical exams conducted during child abuse

assessments, a 24-hour child abuse hotline, mandatory abuse reporter training, provider training, and foster and adoptive parent recruitment and training.

The Boys State Training School (BSTS) at Eldora provides a range of specialized and highly structured physical, mental, and behavioral health intervention services for male youth that are court adjudicated as seriously delinquent in the State of Iowa. BSTS provides individualized care, treatment, and educational services, including special education and vocational programs.

4. Resource Management

DHS administration manages the support and delivery of quality services to Iowans. General administration divisions included Mental Health and Disability Services (MHDS), Field Operations, Adult, Children and Family Services (ACFS), Medical Services, Fiscal Management, Information Technology, and Strategic Operations.

General administration is the underlying infrastructure that supports all other functions of the Department. This DHS team works to:

- Ensure policy and programs are compliant with federal and state regulations
- Ensure sound stewardship of State resources
- Position the Department to leverage and maximize federal funding
- Provide fiduciary oversight for a budget of more than \$7 billion
- Assess service delivery options and related procurement and service contracting
- Track and measure results achieved
- Implement technology initiatives to create improvements in accuracy and efficiency
- Provide public information and communication, including responses to requests from legislators, stakeholders, and the public

In addition to the Field policy and program staff, Field operations staff supports the delivery of the Department's services to Iowans. Field operations is composed of five service areas to provide child protection, child welfare, and eligibility determination for income/economic support and maintenance programs, including Medicaid, Hawki, State Supplementary Assistance, nutrition assistance, Family Investment Program (FIP), childcare assistance, and childcare registration and licensure. A sixth centralized service area coordinates services at customer service centers, including a statewide centralized intake unit to evaluate complaints of abuse or neglect.

The regional service areas administer and deliver the programs and services through field offices in every county staffed by social work, income maintenance, clerical and management staff. About a third of the field offices operate on a full-time basis, with others open by appointment only.

The primary function of social work staff is child protection and safety. After the intake unit assigns an assessment, social work assessors determine if abuse has occurred. They also address safety needs by the provision of services purchased from community-based private contractors. Children do best in families, so our priority is keeping families intact, but sometimes it is necessary to pursue the termination of parental rights and subsequent placement of children in the homes of relatives or through adoption.

Income maintenance workers determine eligibility for access to programs and services for families who need assistance in meeting basic needs for food, clothing, shelter, and medical care. Income maintenance workers interview clients, verify the economic situation and service needs, determine benefit eligibility, and make program referrals.

The Child Support Recovery Unit (CSRU) is also a division of Field Operations.

General Administration provides support and technical assistance agency-wide to Field Operations, CSRU, TCM and state institutions, as well as numerous external customers and stakeholders including:

- Program and service development and management, such as administrative rules, policy development, standards of care and manual development
- Quality assurance and improvement efforts through identification of best practices and evidence-based practice
- Financial management, including accounting, budget preparation and monitoring
- Corporate management and leadership such as performance measurement and management, information technology and data management, and administrative support services and quality control for the various programs within DHS

Transition

The Department of Health and Human Services (HHS) officially launched July 1, 2022, bringing together the former Iowa Department of Public Health and the Department of Human Services to strengthen the health and human services system in this state.

Work during the remainder of State Fiscal Year (SFY) 2023 and SFY24 will continue to prioritize the development of organizational infrastructure, as well as a focus on culture building and defining and executing HHS strategic priorities.

Key Results

Supplemental Nutrition Assistance Program (SNAP) and the Employment and Training (E&T) Program

Description: Provides federal assistance to low-income individuals and families to purchase unprepared food and nonalcoholic beverages through an electronic benefit transfer swipe card. Through the voluntary E&T program, the Iowa Department of Health and Human Services (HHS) provides people receiving SNAP with job seeking skills, classroom training, and structured employment assistance search. HHS partners with community colleges and community-based organizations to provide services to those seeking training for employment.

Purpose: SNAP prevents hunger and helps families meet their basic nutritional needs while increasing the family's nutritional levels. Preventing hunger is one of the building blocks in all of social service. It doesn't solve all of a family's problems, but other problems are more manageable if hunger is not an issue. Many people receiving SNAP are on fixed incomes. SNAP benefits are a safety net for seniors by removing the difficult choice between buying food or prescription drugs. More than half of the SNAP beneficiaries are children and the elderly. In addition, SNAP stimulates the economy for the benefit of all Iowans. In SFY22, \$724.8 million was drawn from the federal government for SNAP benefits, a one-year increase of almost three percent due to COVID federal funding acts which gave each household the maximum allotment for their household size.

Activities to Achieve Results: New and improved monthly training to experienced workers via automated software is being produced and distributed. HHS has implemented additional required verifications and recipients must provide verification of dependent care, shelter, and utility expenses to get a deduction. The E&T program offers opportunities for recipients to participate with community-based organizations as well as the community colleges. The goal is to make individuals self-sufficient by providing a variety of short-term certification programs and high school equivalency certificates.

RESULTS

Performance

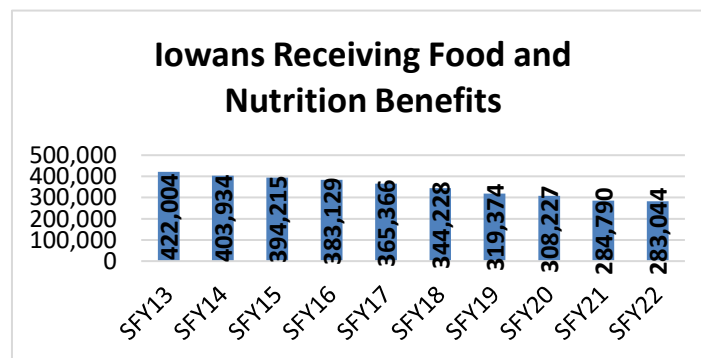
Measure:

Number of Iowans receiving SNAP and Nutrition Assistance.

Performance

Goal/Target:

286,757 for 2022



Achievements: At the start of SFY22, 285,040 Iowans were receiving SNAP. By the end of SFY22, the number had decreased to 283,044, a reduction of 1,996 or less than one percent.

Resources: SNAP is 100 percent federally funded. It brought \$724.8M into Iowa in SFY22.

Child Welfare In-Home Services

Description: Child welfare in-home services provide funding for an array of in-home services and supports to families with a founded and confirmed high-risk child abuse assessment. Services are directed at reducing risk of abuse and increasing family protective capacities. HHS caseworkers provide case management, while providers deliver direct services under a contract with HHS.

Purpose: Children are dependent on parents safely caring for them, and the Department's role is to assist families who are in need of help to meet the safety needs of their children.

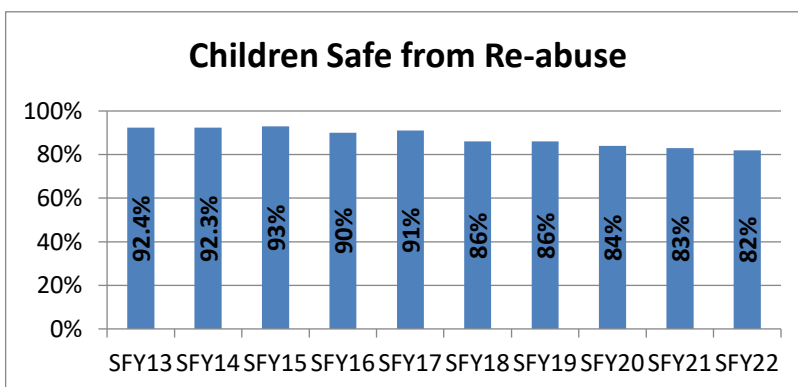
Activities to Achieve Results: In order to focus on improving outcomes for families, the Department has undertaken a redesign of child welfare services. Through the redesign process, resources were focused on providing training to front-line staff and supervisors as well as providing counseling and support to families through Evidence-Based Practices to assist families with developing prevention skills to improve parenting skills. Standardized abuse assessment tools have been developed and training is provided to staff in the best practice approach to using the tools. HHS implemented a quality assurance and continuous improvement initiative to evaluate best practices and to maintain a focus on outcomes.

RESULTS

Performance Measure:

Percent of children who have not been re-abused within 12 months of a prior abuse.

Performance Goal/Target:
92 percent



Achievements: 82 percent of children did not experience re-abuse for at least 12 months following a previous occurrence. This measure is an indicator of the safety of children and the effectiveness of communities, providers and the Department working together to ensure child safety from repeat abuse. This measure is a required measure under the federal child and family services review requirement conducted of all states, providing the ability for some basis of comparability of state systems. Though somewhat comparable amongst states, results in each state are impacted by the individual laws of each state which determine what is defined and counted as abuse and re-abuse.

Data Sources: ROM

Resources: A combination of State general funds, federal matching funds, and grants are used to support child protection and safety efforts in Iowa.

Child Welfare In-Home Services

Description: Provides funding for an array of in-home services and supports to families in which there has been a founded and confirmed high-risk child abuse assessment. Services are directed at reducing risk of abuse and increasing family protective capacities. DHS caseworkers provide case management, while providers deliver direct services under contract with DHS.

Purpose: Children are dependent on parents safely caring for them, and the state role is to assist families who are in need of help to meet the safety needs of their child.

Activities to Achieve Results: The Department uses several strategies to assess both the needs and strengths of each family and to work with the family to develop supports and services which meet the shared goals of children living safely in the family home. Services are intended to prepare both the parent and the child for reunification by addressing the underlying issues that resulted in the child's removal from the home and helping the child and parents become better prepared and more confident to address further issues in the family. Solution Focused Meetings facilitate partnership with the family to develop community-based supports that will be available to the family after formal services end. The Department has pursued community partnerships to prevent child abuse statewide.

RESULTS

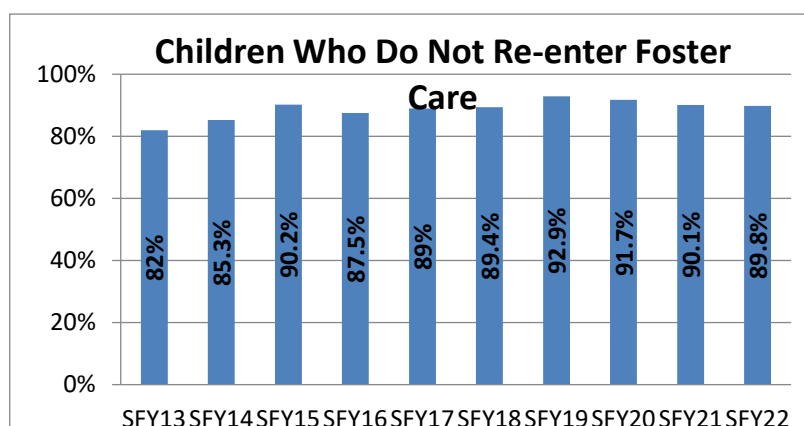
Performance

Measure:

Percent of children who do not re-enter foster care within 12 months of their last foster care episode.

Performance Goal/Target:

91.7 percent



Achievements: 89.8 percent of children did not re-enter foster care within 12 months of their last foster care episode. This demonstrates stability and safety from neglect or abuse following reunification after placement outside of the home.

Data Sources: ROM

Resources: State and federal funds are used to support efforts to improve child safety in Iowa. These funds support direct services of state staff intervening directly with families, the services purchased by the Department from child serving agencies, and community-based supports developed to support those efforts.

Children's Health Insurance Program (CHIP)

Description: The CHIP program expands Medicaid to 167 percent of the Federal Poverty Level (FPL) for children and provides Hawki to children up to 302 percent of the FPL. Under Hawki, eligible children are under the age of 19, have no health insurance and do not qualify for Medicaid, meet citizenship and immigration requirements, and live in a family whose countable income is not more than 302 percent of the FPL. The number of members served during SFY21-22 decreased as a result of the eligibility determination for those aging out of Hawki with redistribution of coverage to a different coverage group.

Effective March 1, 2010, the Hawki Dental-Only Program was implemented to provide preventive and restorative dental care, including medically necessary orthodontia, to children who do not otherwise qualify for Hawki because they have health insurance coverage. The Dental-Only Program covers eligible children whose family's countable income is not more than 302 percent of the FPL.

Purpose: To reduce the number of uninsured Iowa children. Access to health and dental care improves health, wellness, and quality of life. Healthy children are able to attend school, learn, grow, develop healthy lifestyles, and become productive adults. Iowa provides public health insurance to children (54,258 for Hawki and 6,670 for Dental-Only and 16,508 for Medicaid expansion, including those children funded by Title XIX funds).

Activities to Achieve Results: The Department conducts grassroots outreach activities through a contract with IDPH as well as working cooperatively with schools, medical providers, businesses, faith-based organizations and other entities in contact with families and children. The Medicaid and Hawki programs work together to determine eligibility and enrollment for children in the appropriate program.

RESULTS

Performance

Measure:

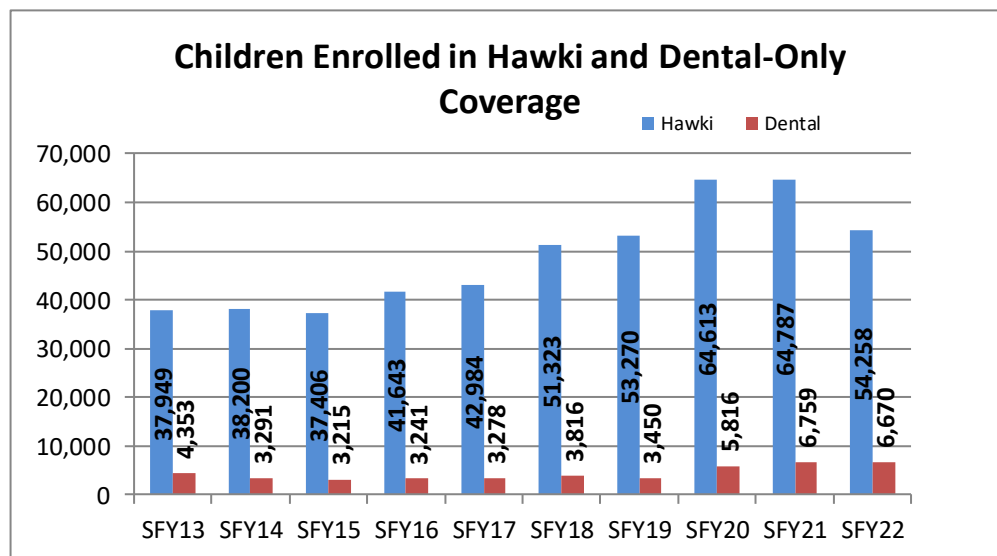
Number of children who are enrolled in Hawki and Dental-only coverage is a monthly count of children enrolled on the last day of each month.

Performance

Goal/Target:

Hawki: 51,323

Dental-Only:
3,816



Achievements: Hawki insured 54,258 children for Hawki and 6,670 for Dental-Only.

Data Sources: "Monthly Log Demographic Reports," Iowa Medicaid Enterprise, Bureau of Adult and Children's Medical Program through a contract with Hawki Project Office.

Resources: This activity is funded with federal funds (approximately 77 percent), state general fund appropriations (approximately 23 percent). Total state expenditures for SFY22 for CHIP were \$37,463,681. Of this, \$28,056,830 was expended for the Hawki program.

Child Support Recovery

Description: Child Support Recovery provides services to establish paternity and support orders, as there is a legal duty for both parents to provide for their children. Child support recovery enforces the obligation to provide ongoing support for custodial parents and children. In SFY22, CSRU processed over 2.3 million payments and served 512,369 parents and children.

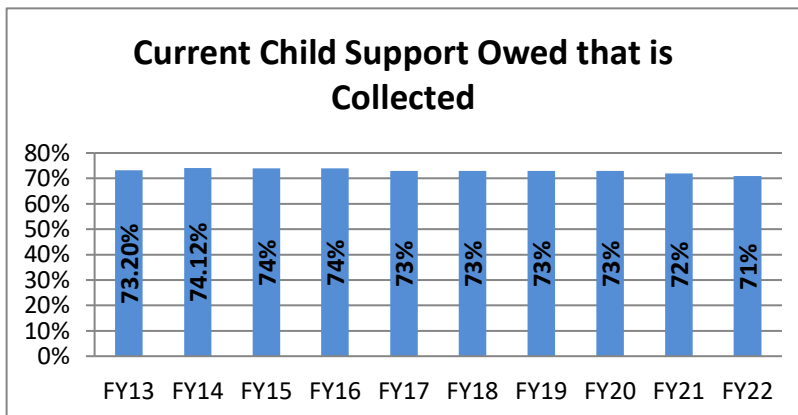
Purpose: Current child support collected in the month it is due helps families have predictable income to use for the needs of their children. It also helps families avoid the need for public assistance.

Activities to Achieve Results: Child support locates absent parents, secures income withholding orders, and in the case of non-paying obligors, offsets tax refunds, applies license sanctions, and levies bank accounts. Another strategy being used to improve collections is to identify the most effective way to work interstate cases. CSRU also studies performance each month.

RESULTS

Performance Measure:

Percentage of all support owed in the current state fiscal year which is collected in the current state fiscal year.



Performance Goal/Target:

73 percent

Achievements: Child support collected 71 percent of current year support owed during SFY22, providing for a more financially stable home environment for families dependent upon child support. \$316.4M was collected. Paternity was established at a rate of 90.32 percent for children born out of wedlock.

Data Sources: Iowa Collections and Reporting System (ICAR)

Resources: In SFY22, CSRU was funded by \$15,934,180 state and \$37,651,619 federal/other dollars.

Child Care Assistance

Description: Child Care Assistance (CCA) provides funding for child care for 18,826 (monthly) children of low-income parents who are working at least 28 hours per week, in school full-time, or are working and in school for a combined minimum of 28 hours per week.

Purpose: CCA provides funding for child care services which enables families to meet their goals for self-sufficiency and offers opportunities for their children to be in safe and quality early learning environments.

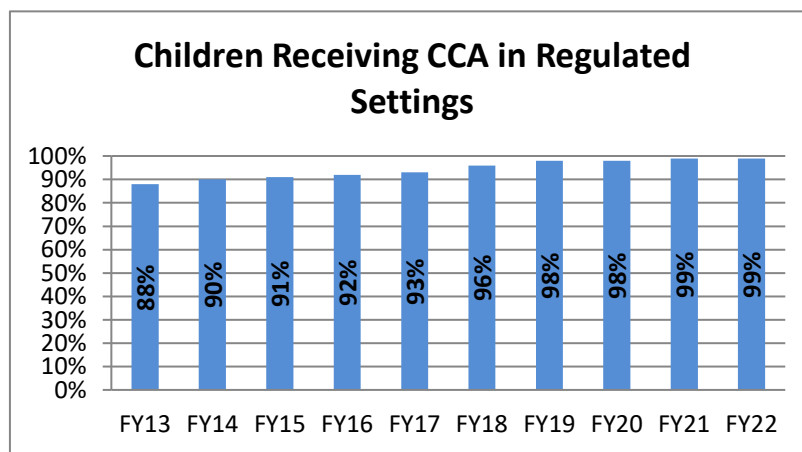
Activities to Achieve Results: CCA pays providers on behalf of low-income parents who are working or in school to help defray the cost of child care in a regulated setting. The HHS website maintains a list of registered and licensed child care providers to help parents find safe and regulated environments for their children.

RESULTS

Performance

Measure:
Percent of children receiving CCA who are in regulated settings.

Performance Goal/Target:
99 percent



Achievements: Regulated child care provides safe and monitored environments for children. 99 percent of children receiving CCA in SFY22 received that child care in regulated settings.

Data Sources: Kindertrack

Resources: \$34,874,514 state dollars and \$69,753,314 federal dollars were spent on CCA in SFY22.

Mental Health Institutes (MHIs) at Cherokee and Independence

Description: The MHIs provide inpatient psychiatric care and treatment for individuals with severe symptoms of mental illness. Both facilities provide psychiatric inpatient care for children and adolescents and adults. Both facilities continue to meet requirements for certification by the Department of Inspections and Appeals (DIA) and survey standards used by the Federal Centers for Medicare and Medicaid Services (CMS). Independence and Cherokee are accredited by The Joint Commission. The accreditation process provides the facilities a rigorous and structured outside review of their policies and practices.

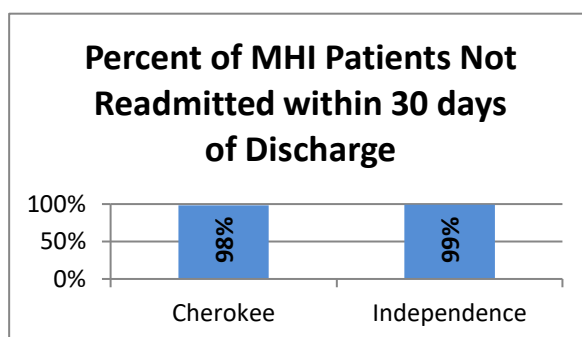
Purpose: Mental health services provided at the MHIs are designed to stabilize a patient's condition and improve their ability to function to enable them to successfully integrate back into the community.

Activities to Achieve Results: The Department measures the percentage of MHI patients who were not readmitted within 30 days of discharge.

RESULTS

Performance Measure:
Percentage of MHI patients who were not readmitted within 30 days of discharge.

Performance Goal/Target:
92 percent at the MHIs.



Achievements: Both Mental Health Institutes attained the goal in one or more program areas. Cherokee had a rate of 98 percent and Independence had a rate of 99 percent of patients not being readmitted within 30 days of discharge.

Data Sources: Cherokee MHI and Independence MHI, Avatar Electronic Health Record.

Resources: The SFY22 state appropriation to the two MHIs was \$34,985,243.

State Resource Centers (SCRs) at Glenwood and Woodward

Description: SRCs provide a full range of active treatment and habilitation services to individuals with severe intellectual or other developmental disabilities to prepare and support them to live safe and successful lives in the home and community of their choice.

Purpose: The Department works to improve the successful discharge and community integration of individuals served by the SRCs.

Activities to Achieve Results: SRCs assist individuals to reach their goals and discharge planning begins at admission. SRCs actively support individuals to move into appropriate community-based living and to be contributing members of their community.

RESULTS

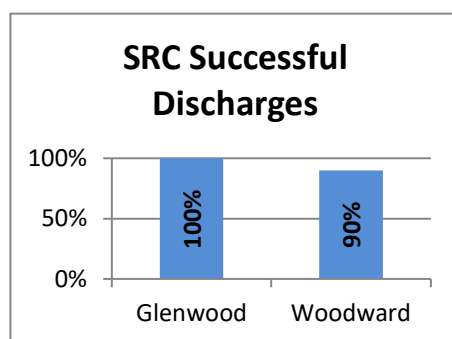
Performance Measure:

Percent of persons treated by the SRC who are not re-admitted within 180 days following moving from the facility.

Performance

Goal/Target:

100 percent at both Glenwood and Woodward



Achievements: Glenwood had 100 percent successful discharges, which included 31 successful discharges since the announcement of closure on 4/7/2022. Woodward had 10 discharges with one return agreement

Data Sources: Glenwood and Woodward SRCs, Interdisciplinary Program Records Electronic Health Record.

Resources: The SFY22 state appropriation to the two State Resource Centers totaled \$27,040,810.

Targeted Case Management (TCM)

Description: Case managers work with individuals with disabilities, their families, service providers, and other agencies to integrate services from multiple providers and funding streams into an integrated plan of care.

Purpose: Case managers monitor the effectiveness of services and provide ongoing monitoring of the individuals in service to ensure the health, safety, and welfare of the individuals who receive HCBS services.

Activities to Achieve Results: The TCM Bureau monitors and follows up on individual incidents. Multi-disciplinary safety consultations occur when an individual has risk factors and safety concerns that may jeopardize their health, safety and/or welfare in their community setting. Safety consultations address issues such as new treatment recommendations, self-injurious behavior, health concerns, emergency discharge or changes in living arrangements.

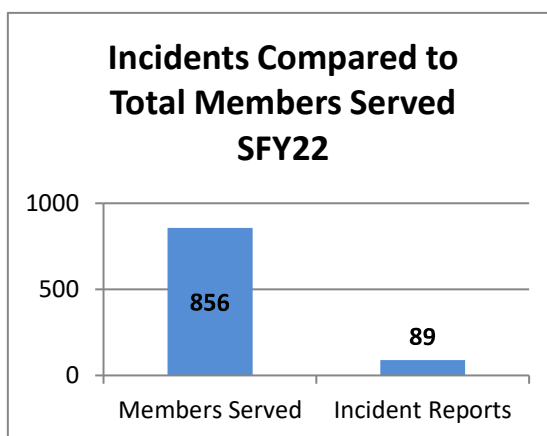
RESULTS

Performance Measure:

Number of individuals served compared to number of members who had major incident reports. Total incidents were 128, for 89 members, 21 of those had duplicate reports. Safety consultations are often a result of major incidents.

Performance Goal/Target:

90 percent



Achievements: 89.6 percent of the individuals served in SFY22 remained safely in the community without major incidents. The DHS Safety Team reviewed 100 percent of incident reports received. Of the total population served, 10 percent (n=89) had major incidents; five major incidents were a result of death. Of the remaining 84 individuals who had incidents, 83 individuals received ongoing monitoring and support from their case managers and remained in their home and community safely. Seven individuals (7.9 percent) received ongoing monitoring and support from their case managers and a multidisciplinary staffing. Of the seven who received a staffing, six individuals remained in their home and community safely and one required a higher level of care. Of the individuals staffed, 100 percent of the concerns raised were addressed and appropriate resolution was reached to maintain safety.

Data Sources: DHS, Targeted Case Management Bureau Incident Report and Safety Consultation Data Base.

Resources: Iowa Medicaid reimburses Targeted Case Management for services the Unit provides. These reimbursements include both Federal and State dollars. For services provided in FY22, it is estimated that Targeted Case Management will receive approximately \$6,292,000.

Agency Contacts

Copies of the Department of Human Services' Performance Report are available on the Results Iowa website at <http://www.resultsiowa.org/humansvs.html>.

The Department of Human Services' website is <http://dhs.iowa.gov/>.

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