



Department of
HUMAN SERVICES

Annual Performance Report

**Performance Results Achieved
for Fiscal Year 2021**

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Accomplishments

DHS remains deeply committed to the 1,051,720 lowans we served in SFY21; overall, we directly touched the lives of nearly 1 in 3 lowans. The Department realized achievements in several program and service delivery areas during SFY21. Noteworthy events and activities to highlight:

- **On-going Pandemic Responses:** Throughout SFY21, DHS provided various on-going initiatives to ensure and enhance the economic viability of lowans, including:
 - support for child care providers through increased child care assistance rates and stipends for recovery efforts;
 - P-EBT distributions for school-age children, children under 6, and additional summer distribution plans;
 - COVID Recovery Iowa provides free virtual counseling, support groups and assistance with information on resources, such as housing, utilities, and food security to lowans.
- **Derecho Responses:** Following the August 10, 2020 Derecho storm, DHS quickly implemented emergency assistance D-SNAP benefits to several counties' residents and additional, specific Refugee assistance in Linn County.
- **Expanded Medicaid Eligibility:** Citizens of Palau, the Marshall Islands, and the Federated States of Micronesia living in Iowa through treaties known as the Compacts of Free Association (COFA) were previously barred from receiving non-emergency Medicaid benefits due to federal legislation. The federal *Consolidated Appropriations Act of 2021* allowed for expanded benefits to this migrant population and in February, Iowa updated its eligibility policies and systems to include full Medicaid benefits to these adults. To date, 513 individuals have received full Medicaid (non-emergency/limited) coverage.
- **Supported Employment for Persons with Mental Health Conditions:** In March, Iowa was selected, along with six other states, by the U.S. Department of Labor to participate in the Advancing State Policy Integration for Recovery & Employment (ASPIRE) initiative. The program aims to align state policy and funding to increase competitive employment for individuals with mental health conditions. Iowa's plan includes expansion of the Individual Placement and Support (ISP) model of supported employment sanctioned by the US Substance Abuse and Mental Health Services Administration (SAMHSA). Iowa is partnering with our MHDS Regions to provide start-up funding for these ISP teams.

Accomplishments in the first 6 months of the program include: restructuring Vocational Rehabilitation and Medicaid HCBS-Habilitation payments to support the delivery of the evidence-based-practice of the IPS model; hiring our first IPS trainer/fidelity reviewer; and, doubling our number of IPS teams from 4 to 8. Iowa expects to have a very positive impact on the social determinants of health for many more lowans with mental illness through this service in the next year.

- **Family-Centered Services:** The federal *Family First Prevention Services Act* (Family First) was signed into law in February 2018. Family First provides opportunities to shift funding into prevention services to reduce entry into foster care and, through evidence-based family preservation services, to decrease removals, increase family-based placements when removal is necessary to ensure safety, and prioritize placement with relatives and fictive kin. In March 2021, Iowa's Families First Prevention Services Act ("Families First") plan was approved by the US Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

In keeping with Family First, DHS rolled out a new Family Centered Services contract in SFY21. The Family-Centered Services package includes two Evidence-Based Practices (EBPs): SafeCare®, an evidence-based parenting model designed for all parents and caregivers of children ages five and under, and Solution-Based Casework, an evidence-informed casework practice model that prioritizes working in partnership with families. These EBPs have been shown to reduce child maltreatment and lower the rate of child abuse repeat maltreatment. Additionally, Family Preservation Services have been made available through the Family Centered Services contract to provide intensive, in-home, crisis-oriented services to families with children at imminent risk of removal. Iowa's Parents Partners Program, which is an Iowa-developed, innovative program that provides peer mentoring to parents who have had children placed in foster care, was approved as an evidence-based program by both the Title IV-E Prevention Services Clearinghouse and the California Evidence-Based Clearinghouse. This means the program has demonstrated effectiveness in creating positive outcomes for families in through researched evaluation.

- **Transition to specialized adult protective services (APS) program statewide:** DHS implemented specialized, dedicated adult protection staffing on April 1, 2021. To assure staff address core competencies, as well as knowledge and skills needs that are unique to Iowa, DHS APS workers received additional e-learning trainings. While these 30 adult protection workers are very busy, we have conducted seven monthly informational sessions on a variety of topics specific to adult welfare. We also sent seven adult protection staff to the National Adult Protective Services Association annual conference.

Teams regularly participate in consultation with our Service Help Desk, which assists in navigating challenges and opportunities in the transition. During consultation, APS teams have identified successes in partnering with mental health providers, hospitals, Area Agencies on Aging, Integrated Health Homes, in-home nursing services, local nursing homes, and medical providers to secure services and resources for dependent adults. APS responses to mitigate safety and risk concerns relies heavily on community services and programs. Through specialized adult protection workers, we expect to build upon the essential relationships with external stakeholders which takes significant effort and time.

- **Education and Training Voucher (ETV):** Due to opportunities created by the federal *Consolidated Appropriations Act of 2021*, DHS worked with the ETV administrator, Iowa College Aid, to revise ETV program eligibility guidelines. DHS draws federal funding from the Chafee Foster Program for Successful Transition to Adulthood (Chafee) and contracts with Iowa College Aid to administer the program. Financial assistance is provided for college or training to youth formerly in foster care. For the summer term of 2021, students were eligible for an additional \$2,500 in funding, and for the 2021-2022 academic year, the annual maximum was increased to \$12,000. Prior to this change, the maximum award was \$5,000 annually with a max of five years. Priority of funds are awarded to renewal applicants first, followed by new applicants, then graduate students. In the 2020-21 school year, there were 137 ETV recipients, 76 being first year ETV students.
- **Mental Health and Disability Services (MHDS):** The 14 MHDS Regions (Regions) continue to operate under the direction of governing boards with an adult services advisory committee and a children’s advisory committee. On June 16, 2021, Senate File 619 was signed into law, which ends the authority of counties to levy for mental health and disability services after SFY22 and transitions to a system funded by state dollars through a standing appropriation. This includes an incentive fund to help reimburse regions for reductions that result from the shift in funding and to promote quality outcomes in regional services. The Department has negotiated performance-based contracts with the regions, which will provide guardrails to assure that state funding is being used properly. All 14 Regions provide the required original core services (24-hour crisis response, assessment and evaluation, outpatient therapy, medication management, inpatient treatment, support for community living, support for employment, family support, and peer support) and nearly all the services meet access standards. Regions have begun providing expanded core services including services that target individuals with complex mental health and multi-occurring service needs. This expanded service array includes crisis stabilization residential services, mobile response, assertive community treatment (ACT), crisis stabilization community-based services, subacute mental health services, access centers, and intensive residential services.
- **Children’s Behavioral Health System (Children’s System):** Signed into law on May 1, 2019, HF690 established the Children’s System and the Children’s Behavioral Health System State Board. The Children’s System is to provide increased access to mental health services. The MHDS Regions are to ensure core services are available to all children in their Regions regardless of the funding source. The following children’s behavioral health core services have been implemented and nearly all meet access standards: assessment and evaluation, behavioral health outpatient therapy, education services, medication prescribing and management, and prevention, behavioral health inpatient treatment, crisis stabilization community-based services, crisis stabilization residential services, early identification, early intervention, and mobile response. The Regions continue to develop those services, including crisis services, that are less accessible statewide.

- Program Integrity (PI):** For SFY21, the PI unit achieved a savings of over \$12.6M. These recoveries include fee-for-service payments and capitation payments made to the managed care plans. The PI Unit established a process to review and recover MCO capitation payments made on behalf of deceased and incarcerated members from the managed care plans. Due to diminished opportunities to offset claims, the PI Unit continues to initiate payment suspensions and sanctions to providers whose outstanding overpayment remains in excess of sixty (60) days and is non-responsive to the first notice of overpayment. This process allows for timely pursuit of overpayment recoveries, resulting in a reduction of outstanding overpayment accounts with the Department.
- Dental Wellness Plan (DWP Adults):** The adult Dental Wellness Plan began on May 1, 2014. In SFY21, almost 105,000 unique members received dental care with 692,321 services provided; of these, almost 84,000 were preventive services. These numbers more than doubled from SFY20 due to the impact the COVID-19 public health emergency (PHE) and the maintenance of effort (MOE) requirements regarding disenrollment. In addition, the federal flexibilities granted during the PHE allowed all members to have full dental benefits during this PHE period. Prior to the PHE, adult members enrolled in DWP had to complete Healthy Behaviors or pay a monthly premium to maintain their full dental benefit package. Based on provider feedback regarding difficulties with the tiered benefit structure, it is Iowa Medicaid's intent at the end of the PHE to discontinue dental Healthy Behaviors in an effort to gain more provider participation and increase access to care for members. The Annual Benefit Maximum (ABM) will continue, and the \$3 copay will be reinstated.
- Dental Wellness Plan Kids (DWP Kids):** In SFY21, Iowa Medicaid transitioned over 300,000 children from fee-for-service to dental managed care. The current dental plan administrators for the DWP (Delta Dental of Iowa (DDIA) and Managed Care of North America (MCNA)) now administer dental benefits for children ages 0-18 years of age. The benefit package remained the same and inclusive of EPSDT requirements. Children are not subjected to either an annual benefit maximum or Healthy Behaviors. Iowa Medicaid is currently monitoring provider networks and access rates for both DDIA and MCNA to assure as minimal disruption in services as possible.
- DHS Dashboards:** DHS is committed to continuous improvement transparency, and accountability for results. To that end, the DHS launched informational dashboards (interactive reports) to share up-to-date, accurate data with the public to increase awareness of our programs and performance. Our vision for this initiative is to increase comfort and confidence in the quality of services provided by DHS. Stakeholders are encouraged to use this data to help drive conversation and inform decisions that affect the health, wellbeing, and prosperity of Iowans.

DHS plans to continue delivering enhancements to these reports to share additional information and details including targeted performance measures used to evaluate programs. Details about how to use the Digital Dashboards and to view current data on fiscal summaries, child care, child support, child welfare, facilities, SNAP/FIP, and health programs are available on the DHS Website, following [this link](#).

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

The purpose of this core function is to provide direct and indirect economic supports to needy families to assist them in having sufficient resources to meet basic needs for good health, safety, and consistency and continuity in their homes, work, and communities. Essential services include the Family Investment Program, SNAP, and Child Support Recovery.

Activities that occur within this core function include limited time (five-year lifetime limit) cash assistance for parents who agree to pursue specific steps for self-sufficiency, food assistance, employment and training opportunities (required for most FIP recipients), quality childcare (including regulation of in-home businesses and licensed centers), recovery of court-ordered payments from non-custodial parents to custodial parents, and refugee services.

Child Support Recovery operations are organized into four regions. The regions administer the program through 20 locations staffed by child support recovery, clerical and management staff. Child Support Recovery staff verify and establish paternity for children born to unwed mothers, 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 to secure access to health care services for children and adults. There are several activities within this core function.

Medical Assistance (Medicaid—Title XIX) provides medically necessary health care coverage for financially needy adults, children, parents with children, people with disabilities, elderly people and pregnant women. The goal is for members to live healthy, stable and self-sufficient lives. Iowa Medicaid works in collaboration with its partners in the health care industry in order to provide quality and cost-effective access to health care for Iowa Medicaid members. Medicaid pays for a wide array of health services through a combination of federal and state funds.

IA Health Link is a major initiative in which DHS has enrolled the majority of Medicaid, Children's Health Insurance Program (CHIP), and Iowa Health and Wellness Plan members in managed care organizations (MCOs). DHS has contracted with MCOs to provide comprehensive health care services including physical health, pharmacy, behavioral health, and long term supports and services. This single system of care promotes the delivery of efficient, coordinated and high-quality health care and establishes accountability in health care coordination.

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, which was implemented in 2010, 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.

The Bureau of Targeted Case Management (TCM) provides case management 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.

DHS administers accredited mental health services through the mental health institutes at Cherokee and Independence. Both mental health institutes serve adults and children in need of inpatient psychiatric care and treatment.

The Civil Commitment Unit for Sexual Offenders (CCUSO) provides a secure, long-term, and highly structured setting to treat sexually violent predators (SVP) who have served their prison terms, but who, in a separate civil trial, have been found likely to commit further violent sexual offenses. The program was created by the 1998 Sexually Violent Predators Act of Iowa to provide secure, inpatient treatment for sexual offenders who are believed to be high risk for sexually re-offending. Inpatient treatment is indefinite, with the length of commitment dependent upon 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 admitted after no community-based provider has been found that can meet the individual's needs and if the Resource Center has the appropriate program and adequate capacity for the admission. The Resource Centers also provide service through the Medicaid HCBS waiver program.

3. Child and Adult Protection

The purpose of this core function is to provide an array of services and supports to strengthen families and communities which 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

The purpose of this core function, also known as general administration, is to provide leadership to manage and support delivery of quality services to Iowa's citizens. General administration divisions include 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 directly and indirectly supports the delivery of the Department's services to Iowans. Field Operations is composed of five service areas with staff who provide child protection, child welfare, and eligibility determination for income/economic support and maintenance programs, including Medicaid, Hawki, State Supplementary Assistance, SNAP, 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 104 field offices 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 in-home or out-of-home services purchased from community-based private contractors. Services help to keep families intact or result in the pursuit of 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. Staff determines eligibility for FIP, SNAP, Medical Services (Medicaid Title XIX), Hawki, State Supplementary Assistance, Refugee Medical Assistance, State Family Planning Program, and Child Care Assistance. 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, such as quality control for SNAP, Medical Assistance, Hawki, State Supplementary Assistance, and quality assurance and improvement

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, DHS provides people receiving SNAP with job seeking skills, classroom training, and structured employment assistance search. DHS partners with community colleges 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. The U.S. Department of Agriculture has estimated that every \$5 in SNAP generates \$9.00 in local and state economic activity. In SFY21, \$704.9 million was drawn from the federal government for SNAP benefits, a one-year increase of 47 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. DHS has implemented additional required verifications. Recipients must now provide verification of dependent care, shelter, and utility expenses to get a deduction. The E&T program is in the beginning stages of opening 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

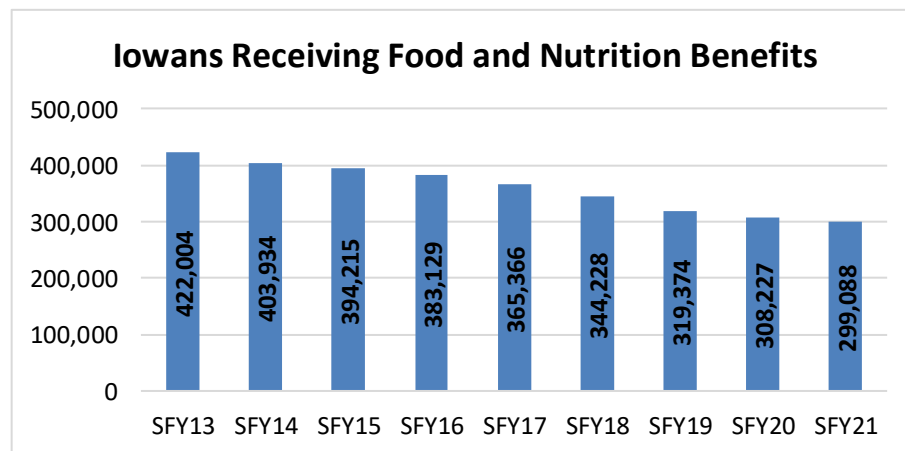
Measure:

Number of Iowans receiving SNAP and Nutrition Assistance.

Performance

Goal/Target:

299,088 for 2021



Achievements: At the start of SFY21, 301,236 Iowans were receiving SNAP. By the end of SFY21, the number had decreased to 284,790, a reduction of 16,446 or less than 6 percent.

Resources: SNAP is 100 percent federally funded. It brought \$704.9M into Iowa in SFY21.

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. DHS caseworkers provide case management, while providers deliver direct services under a contract with DHS.

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.

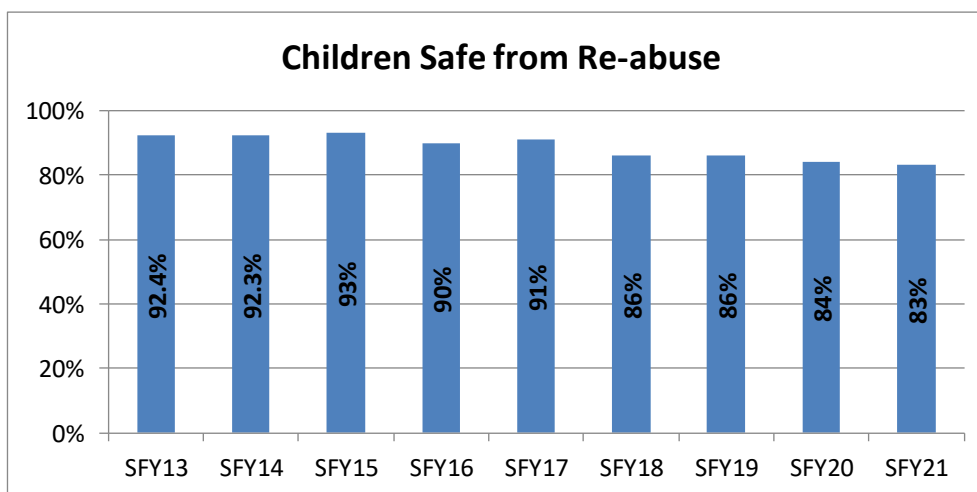
Activities to Achieve Results: In order to focus on improving outcomes for families, the Department has undertaken a redesign of child welfare services. Through the redesign process, resources were focused on providing training to front-line staff and supervisors as well as providing counseling and support 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. DHS 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: 83 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 the 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. 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 prepare both the child and the family for reunification. 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

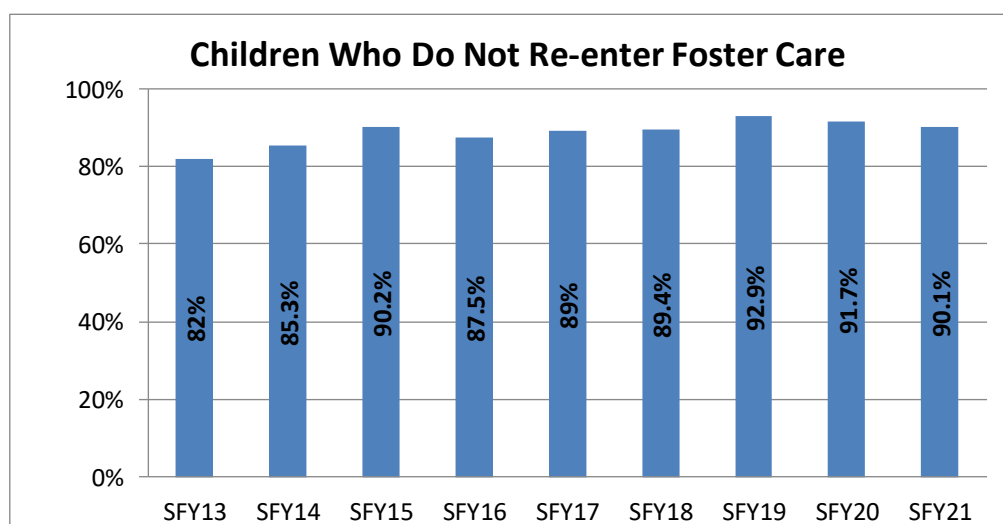
Performance

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: 90 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 SFY20-21 increased as a result of the MOE regarding disenrollment during the PHE.

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 (64,787 for Hawki and 6,759 for Dental-Only and 15,750 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

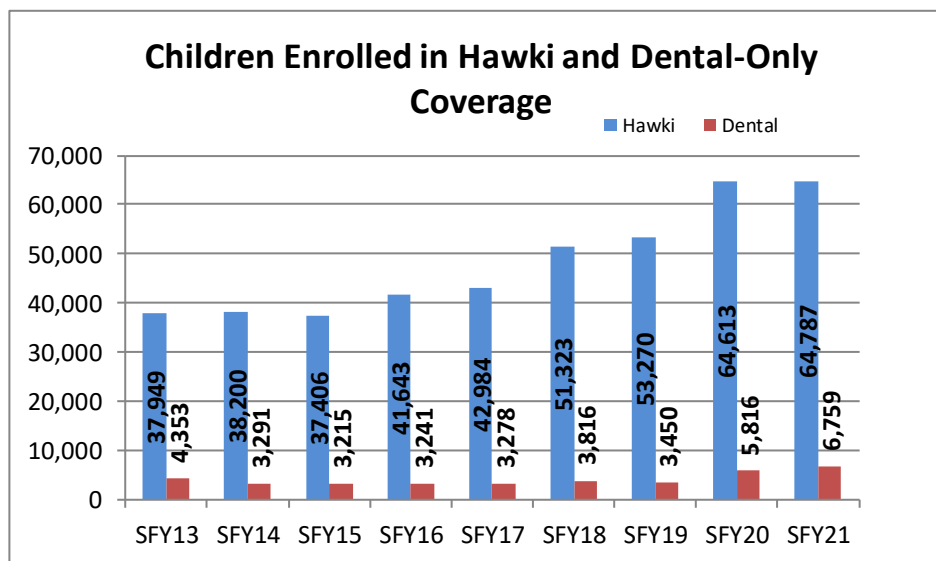
Measure:

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 64,787 children for Hawki and 6,759 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 80 percent), state general fund appropriations (approximately 20 percent). Total state expenditures for SFY21 for CHIP were \$34,741,396. Of this, \$26,481,345 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 SFY21, CSRU processed over 2.5 million payments and served 528,715 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

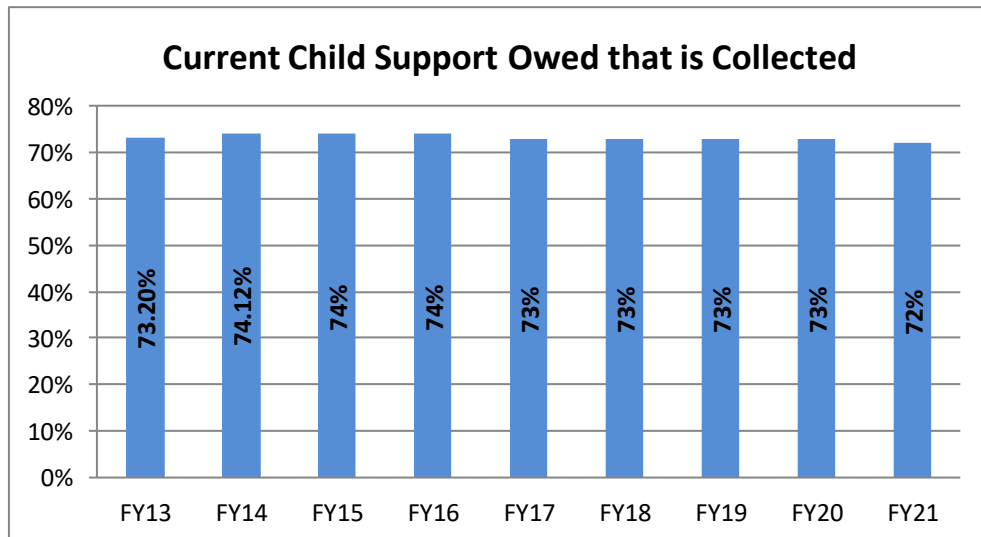
Measure:

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 72 percent of current year support owed during SFY21, providing for a more financially stable home environment for families dependent upon child support. \$321.4M was collected. Paternity was established at a rate of 93 percent for children born out of wedlock.

Data Sources: Iowa Collections and Reporting System (ICAR)

Resources: CSRU is funded by state and federal dollars.

Child Care Assistance

Description: Child Care Assistance (CCA) provides funding for child care for 19,451 (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 DHS website maintains a list of registered and licensed child care providers to help parents find safe and regulated environments for their children.

RESULTS

Performance

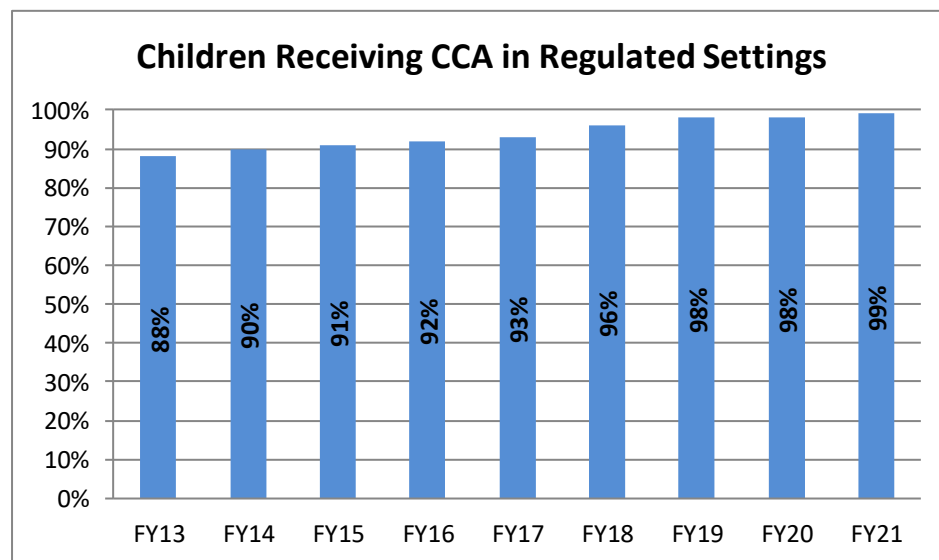
Measure:

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 SFY21 received that child care in regulated settings.

Data Sources: Kindertrack

Resources: \$34,866,968 state dollars and \$79,153,305 federal dollars were spent on CCA in SFY21.

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

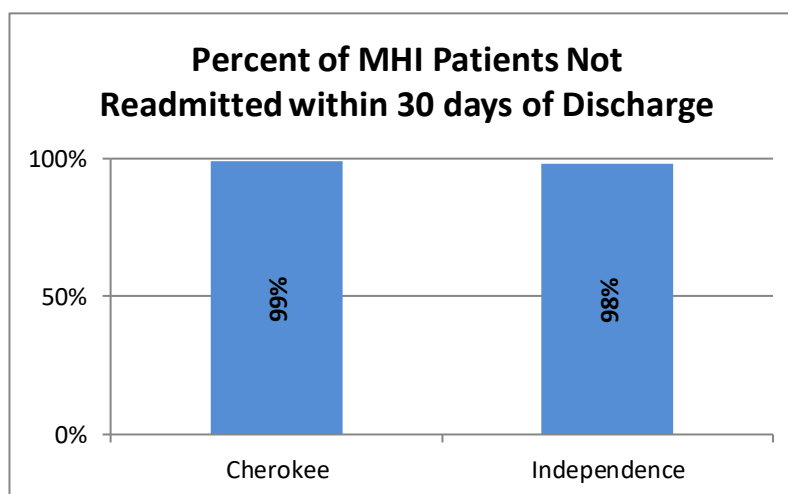
Measure:

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 99 percent and Independence had a rate of 100 percent of patients not being readmitted within 30 days of discharge.

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

Resources: The SFY21 state appropriation to the two MHIs was \$33,447,612.

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.

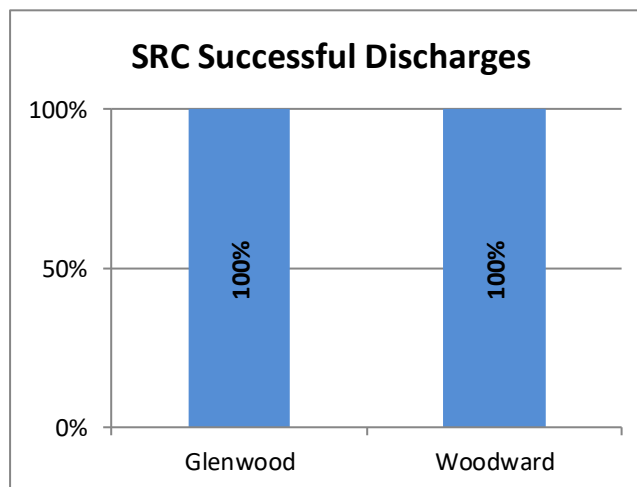
RESULTS

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 and Woodward had 100 percent successful discharges.

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

Resources: The SFY21 state appropriation to the two State Resource Centers totaled \$27,614,227.

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.

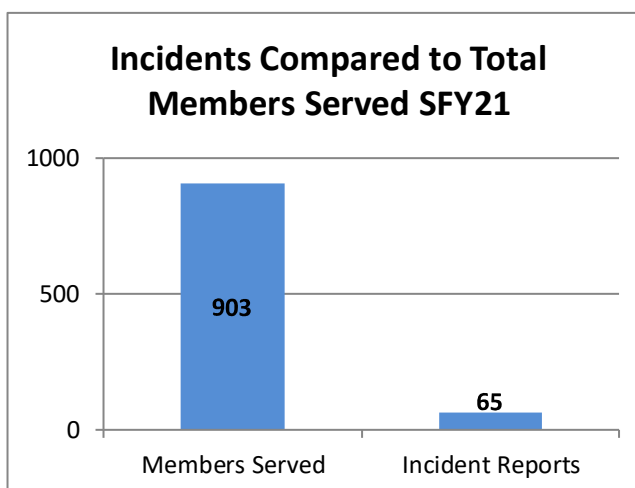
RESULTS

Performance Measure:

Number of individuals served compared to number of members who had major incident reports. Total incidents were 153, for 90 members, 25 of those had duplicate reports. Safety consultations are often a result of major incidents.

Performance Goal/Target:

90 percent



Achievements: 89.8 percent of the individuals served in SFY21 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=90) had major incidents; 10 major incidents were a result of death. Of the remaining 80 individuals who had incidents, 79 individuals received ongoing monitoring and support from their case managers and remained in their home and community safely. Six individuals (6.6 percent) received ongoing monitoring and support from their case managers and a multidisciplinary staffing. Of the 6 who received a staffing, 5 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: Targeted Case Management is reimbursed for services rendered by Medicaid (which includes both Federal and State dollars) in 15 minute units. For services provided in FY21, Targeted Case Management received \$6,354,000.

Agency Contacts

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

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

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