



# Community Based Organization Manual

## **Access Funds**

July 1, 2026 – June 30, 2027



**Health and Human Services**  
**Division of Behavioral Health**

## **Access Funds**

Access funds, as defined by Iowa Administrative Rules 441—300.1(225A), means funding provided to a behavioral health safety net provider by a behavioral health administrative services organization to support enhanced service delivery, maintain access to services, and fund other necessary expenses that fall outside of the scope and payment structures of other available funding. Access funds may include but are not limited to startup funding to establish or expand access to services; costs associated with maintaining access to services; data and continuous quality improvement activities to identify, implement, and monitor critical performance measures; and workforce development to recruit, retain, and develop highly qualified staff to provide behavioral health services.

Availability of access funds will be based on individual contract terms with Iowa Primary Care Association (Iowa PCA). Certain access funds categories, or expenditures within a category may not be available to all Community Based Organizations (CBO's). Iowa PCA may make direct investments into the Behavioral Health Service System with Access Funds. All Access Funds expenditures must align with the allowable activities categories below.

CBOs must ensure Access Funds do not duplicate activities supported by another funding source. While CBOs may use state and federal funds for the same activities, the CBO must track expenditures by funding source to ensure Access Funds are only used for purposes allowable by the contracted funding source (e.g.: Mental Health Block Grant, Substance Use Prevention, Treatment, and Recovery Services Block Grant). Recipients of federal Block Grant funding must sign and return the Block Grants Attestation Form to Iowa PCA, prior to expending funds, affirming their understanding of the functions, purposes, and allowable/unallowable activities of those grants.

## **Allowable Activities – All Access Funds Recipients**

### **Information Systems**

Collecting and analyzing treatment and prevention data to monitor performance and outcomes. Costs for electronic health record changes and/or updates and other health information technology may also be considered under this category.

### **Infrastructure Support**

Activities that provide the infrastructure to support services but for which there are no individual services delivered. Examples include startup funding to establish or expand access to services, cost associated with maintaining access to services, recruitment and development of a highly qualified workforce, clinical supervision for mental health licensure, development and maintenance of a crisis-response capacity, including hotlines, mobile crisis teams, web-based check-in groups (for medication, treatment, and re-entry follow-up), drop-in centers, and respite services.

### **Partnerships, Community Outreach, and Needs Assessment**

- Behavioral health education, and community outreach activities designed to increase an individual’s control over their behavioral health and strengthen conditions that support behavioral health wellbeing. CMHCs are required to expend a minimum of 20% of their Access Funds allocation on this category.
- Time and materials to support planning meetings, coordination of services, information collection, analysis, and travel.
- Community and network development activities, such as outreach, communication, provider & stakeholder collaboration, and public education.
- Needs assessment expenditures may include projects to identify the scope and magnitude of a problem, available resources, gaps in services and strategies to close those gaps.

### **Quality Assurance and Improvement**

- Activities to improve the overall quality of services, including assuring conformity to acceptable professional standards, adaptation, review of implementation of evidence-based practices, identification of areas of technical assistance related to quality outcomes and feedback.
- Administrative agency contracts to monitor service-provider quality and independent peer review activities.

### **Research and Evaluation**

Program performance measurement, evaluation, and demonstration projects to test feasibility and effectiveness of a new approach and the dissemination of tested outcomes.

### **Education & Credentialing**

For personnel within a CBO or Administrative Service Organization. Typical costs include licensure/ certification or renewal costs for Temporary Certified Alcohol & Drug Counselors (tCADC) or higher, Licensed Mental Health Counselors (LMHC), or Licensed Independent Social Workers (LISW). Programs designated to receive Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant funds (SUPTRS Designees) may utilize this category only when personnel directly support substance use disorder (SUD) Treatment services or serve individuals with SUDs in a co-occurring model. MHBG recipients should also only use this category to support personnel who directly provide mental health services.

## **Crisis Programs**

Iowa Administrative Code (IAC) 441—300.1(225A) defines “Crisis Services” as services that focus on the immediate de-escalation and relief of the distress associated with a behavioral health crisis, reduce the risk that an individual in a crisis harms themselves or others, and provide aftercare and connection to ongoing follow-up to ensure postcrisis stabilization and reduce the reliance on high-acuity care or more restrictive environments. Crisis Services Access Funds must be utilized for supporting these types of activities.

For complete guidance on allowable costs for Crisis programs, refer to the Crisis Services CBO Manual.

## **MHBG Designated Community Mental Health Centers**

Federal regulations require that Mental Health Block Grant (MHBG) funds be used to provide comprehensive, community-based mental health services to adults with serious mental illnesses (SMI), children with serious emotional disturbances (SED), and to monitor progress in implementing a comprehensive, community-based mental health system.

MHBG laws and regulations may be referenced at <https://www.samhsa.gov/grants/block-grants/laws-regulations>.

Funding for MHBG contracts is to be expended equitably on services and training for adults with SMI services, and children with SED and their family. If an agency chooses not to serve both populations, the allocation will be reduced by 50%. An adult deliverable serves only adults with SMI, a child deliverable serves only children with SED and their families, and blended deliverables serve adults with SMI, children with SED and their family in a comprehensive manner.

“MHBG Access Funds” is the new name for activities, other than NAVIGATE, funded by the legacy CMHC Set-Aside. Activity implementation is dependent on funding and district needs. CMHCs are required to select deliverables from the list below and submit an Action Plan to Iowa HHS, via the provided Action Plan template, for MHBG expenditures by June 22, 2026. For CMHCs including copay and deductible reimbursement, a copy of their current sliding fee scale is required to be submitted with the plan. Iowa HHS reviews and approves the MHBG deliverable plan. CMHCs proposing future changes to their SFY27 approved plan should contact HHS through the BH Assistance mailbox ([bhassistance@hhs.iowa.gov](mailto:bhassistance@hhs.iowa.gov)) with proposed deliverable and/or budget changes.

CMHCs must budget MHBG Access Funds under the CMHC-specific guidance below.

### **CMHC Infrastructure Support**

- Support for peer support and family peer support, this may include support for wellness/drop-in centers, training of peer and family peer support specialists, supervisors of peer and family peer support specialists, direct peer and family peer support not otherwise funded by insurance, SNMIS, or Medicaid.
- Building workforce capacity for services that require professional licensure, this includes reimbursement of licensure supervision activities by CMHC staff for interns or potential mental health professional licensees.

### **CMHC Education & Credentialing**

All expenditures related to the purchasing, planning, execution, and time to attend training have been disallowed starting July 1, 2026. Details on allowable costs within this category can be found in the base guidance on page 3.

The following CMHC-specific items are disallowed starting July 1, 2026:

- Staff training for Evidence-Based Practices (EBP) for adults with SMI and children with SED. This may include reimbursement for staff time, training costs, training materials, travel costs to be trained and implement an EBP. CMHCs may propose implementing a new EBP. CMHCs must provide documentation of the effectiveness of the proposed EBP for approval. Proposed EBPs must be found to be effective, for example on clearinghouses such as the California Evidence-Based Clearinghouse (<https://www.cebc4cw.org/>) or other nationally recognized registries.

If the CBO has one or more EBP training plans in progress which have been previously approved to continue into SFY 2027, those training plans may be funded until their completion. CBOs must provide documentation to Iowa PCA demonstrating the training plan in progress, its remaining cost, and timeline for completion prior to expending funds in this category during SFY 2027.

## **CMHC Partnerships, Community Outreach, and Needs Assessment**

### Mental Health Outreach

20% of the CBO's allocation for CMHC Access Funds must be expended on mental health education, and community outreach activities focused on the needs of adults with a serious mental illness and children with a serious emotional disturbance. Refer to the base guidance on page 3 for additional details.

Provision of evidence-based education and consultation for the target population to the community including schools, families, community providers and other supports-this may include training, information and referral activities, and consultation to the above groups on services and supports to adults with SMI and children with SED.

### Copays & Deductibles

Reimbursement to the provider for copays and deductibles for mental health services for individuals with an SED or SMI who are not eligible for Medicaid or SNMIS reimbursement. All available insurance and funding sources must be accessed before invoicing Iowa PCA for copays and deductibles. The CBO must provide proof of their sliding fee scale to Iowa PCA to support invoiced amounts for copays and deductibles prior to requesting reimbursement in this category. Sliding fee scales must be renewed with Iowa PCA a minimum of annually. Safety-net fee schedules represent the upper limit for service rates used in calculating sliding fees.

## **NAVIGATE**

NAVIGATE funding is not included in this Access Funds budget and must be invoiced separately from the aforementioned categories. Refer to the SFY27 NAVIGATE Deliverables guidance for details on allowable costs, invoicing, and reporting requirements.

## **SUPTRS Designated SUD Treatment Programs**

Federal regulations require that SUPTRS Block Grant funds be used to help plan, implement, and evaluate activities that prevent and treat substance use. Applicable laws and regulations may be referenced at <https://www.samhsa.gov/grants/block-grants/laws-regulations>.

### **SUPTRS Designee Education & Credentialing**

All expenditures related to the purchasing, planning, execution, and time to attend training have been disallowed starting July 1, 2026.

Details on allowable costs within this category can be found in the base guidance on page 3.

If the CBO has one or more EBP training plans in progress which have been previously approved to continue into SFY 2027, those training plans may be funded until their completion. CBOs must provide documentation to Iowa PCA demonstrating the training plan in progress, its remaining cost, and timeline for completion prior to expending funds in this category during SFY 2027.

### **SUPTRS Designee Partnerships, Community Outreach, and Needs Assessment**

#### Copays & Deductibles

Reimbursement to the provider for copays and deductibles for substance use treatment services for individuals who are not eligible for Medicaid or SNMIS reimbursement. All available insurance and funding sources must be accessed before invoicing Iowa PCA for copays and deductibles. The CBO must provide proof of their sliding fee scale to Iowa PCA to support invoiced amounts for copays and deductibles prior to requesting reimbursement in this category. Sliding fee scales must be renewed with Iowa PCA a minimum of annually. Safety-net fee schedules represent the upper limit for service rates used in calculating sliding fees.

## **Invoicing**

Access Funds invoices may be submitted to Iowa PCA a maximum of monthly. CBOs must send completed invoices, on the required template where indicated, for review and approval via email to [ASOacntpay@iowapca.org](mailto:ASOacntpay@iowapca.org).

### **Crisis Services Invoicing**

For complete guidance on invoicing for Crisis programs, refer to the Crisis Services CBO Manual.

## **SUPTRS Designee Invoicing**

SUTPRS Designees must submit invoices to Iowa PCA via the provided Access Funds Invoice template. All Access Funds expenditures must be categorized under the following Access Funds allowable cost categories:

- Information Systems
- Infrastructure Support
- Partnerships, Community Outreach, and Needs Assessment
- Quality Assurance and Improvement
- Research and Evaluation
- Education and Credentialing

A cost subtotal must be included in each allowable cost category for which reimbursement is requested. If indirect/administrative costs are requested for reimbursement, these must be calculated within each allowable cost category as part of its subtotal. The sum of all allowable cost category subtotals in an invoice must equal the Access Funds invoice total.

### **Administrative & Indirect Costs (Where Applicable)**

CBOs may request reimbursement for administrative and/or indirect costs. Administrative costs may include but are not limited to, costs that have been incurred for common or joint purposes or objectives, benefitting more than one cost objective, and/or cannot be readily identified with a particular final cost objective.

For the purposes of this Contract, examples of administrative costs may include but are not limited to general administration and general expenses such as accounting, expenses of executive officers, personnel administration, costs of operating and maintaining the facility, rent and lease payments, utilities, data collection and data processing costs, printing, communications equipment and services, depreciation, and other costs necessary to support the delivery of services.

CBOs may request reimbursement for administrative/indirect costs with a standard capitation of 15% of direct costs. CBOs may only request a rate above 15% if they have a current Negotiated Indirect Cost Rate Agreement (NICRA). Please note that even once a current NICRA is approved, Iowa PCA reserves the right to negotiate the application of the Indirect Rate per individual contract. Iowa PCA is not required to accept the federally approved rate automatically. Accordingly, if a future NICRA is obtained, Iowa PCA retains the discretion to negotiate the application of that rate, including application at a lower percentage. Iowa PCA does not anticipate accepting a rate higher than 15%.

## **Key Performance Indicators (KPIs)**

### **Crisis Services**

For complete guidance on reporting requirements for Crisis programs, refer to the Crisis Services CBO Manual.

## Community Mental Health Centers

CMHCs who do not offer peer services are not required to complete the peer services KPI. All other KPIs are required. All KPIs are required if the CMHC offers peer services.

- CBO will increase the number of peer services provided by 10% annually compared to SFY26 baseline data.
- CBO will conduct a minimum of 8 public education sessions on behavioral health awareness, stigma reduction and system navigation.
- CBO will submit accurate and timely data that aligns with reported activities and supporting documentation.
- CBO will submit complete and accurate monthly invoices that include allowable, properly documented costs and align with reported activities and approved budget.

## SUPTRS Designees

- Reduce No-Shows: Missed attendance at the first scheduled appointment of the service recipient's current treatment episode. Evaluations are not counted as "first scheduled" if they were provided on a walk-in basis.
  - CBO will achieve an average no-show rate at or below 10%.
    - Calculation: Number of no-shows, divided by the number of new treatment episodes within the designated reporting period, converted to a percentage.
    - Reporting Periods: Bi-Annual, July 1<sup>st</sup> - December 31<sup>st</sup> and January 1<sup>st</sup> - June 30<sup>th</sup> of the current contract.
    - Source: SUPTRS Designee electronic health record data. If the CBO does not have EHR functionality for this report, they must enter it into the provided SUPTRS Access Funds No Show Report spreadsheet.
    - Submission: Emailed to Iowa PCA within 30 days following each bi-annual reporting period ([bhasoproviderrelations@iowapca.org](mailto:bhasoproviderrelations@iowapca.org)).
- CBO will submit accurate and timely data that aligns with reported activities and supporting documentation.
- CBO will submit complete and accurate monthly invoices that include allowable, properly documented costs and align with reported activities and approved budget.

## Reporting

### Crisis Program Reporting

For complete guidance on reporting requirements for Crisis programs, refer to the Crisis Services CBO Manual.

### CMHC Reporting

- Must submit quarterly report to HHS through the [bhassistance@hhs.iowa.gov](mailto:bhassistance@hhs.iowa.gov) mailbox on progress at achieving each deliverable along with a budget report detailing expenditures and percentage of budget expended per quarter and year-to-date.
- Quarterly reports are due on the following dates:
  - Q1 Reports due: October 31, 2026
  - Q2 Reports due: January 30, 2027
  - Q3 Reports due: April 30, 2027
  - Q4 Reports due: July 20, 2027
- Invoices must be submitted to Iowa PCA. Invoice submission guidance is located at this link. [Provider Toolkit — Iowa Primary Care Association](#). Scroll down to “Invoicing and Billing Guidance for Community Based Organizations”
- Training
  - Not applicable to this contract.

### Monitoring and Documentation

- Site visits may be conducted during the contract year. This will be arranged in advance.
- [Federal record retention requirements](#)
- CBOs must comply with expectations of federal grantees as provided in contract attestations, manuals, and guidance.

See SFY27 NAVIGATE guidance for deliverables, allowable and unallowable activities and program guidance.

### **SUPTRS Designee Reporting**

The CBO must submit bi-annual reports which utilize the Plan, Do, Study, Act (PDSA) cycle for improving a minimum of two of the Key Performance Indicator options listed below. In alignment with the SUPTRS Access Funds KPI, reducing no-shows is required. The first bi-annual report will cover the “Plan” phase of the PDSA cycle and is due on February 15 of the current reporting period. The second bi-annual report will include the “Do”, “Study”, and “Act” phases of the PDSA cycle, and is due July 31 following the end of the current reporting period.

The reporting period be the same as the period of performance for the CBO contract. If the due date falls on a weekend, the report will be due on the adjacent weekday. A SUPTRS Access Funds reporting guide is provided (see attachments/forms) which outlines the information required in each of the bi-annual reports. Reports must be submitted to the Iowa Primary Care Association for review and approval.

### NIATx Model

Access Funds performance measures and reporting will utilize principles from the Network for the Improvement of Addiction Treatment (NIATx) model. For additional information on choosing Key Performance Indicators, appointing a Change Team, or developing and deploying walk-through exercises, refer to the “NIATx Workbook” attachment.

## NIATx Indicator Options

- Required
  - **Reduce No-Shows:** Defined as attendance at the service recipients first scheduled service.
- Optional (Must Choose One)
  - **Reduce Waiting Times:** Defined as the time/date of initial contact to time/date of admission to the recommended level of care.
  - **Increase Admissions:** Defined as the number of individuals admitted to substance use and/or gambling disorder treatment.
  - **Increase Continuation/Retention:** Defined as the number of individuals receiving a discharge status of “treatment completed.”

## Walk-through Exercises

Activities designed to help CBO staff experience a process from a service recipient’s perspective. These activities also assist in identifying things that are not working in a process and provide front-line staff opportunities to share ideas for improving a process. Examples of walk-through activities include, but are not limited to:

- Simulated initial-contact phone calls
- Simulated intakes
- Simulated scheduling & reminder messages

## Change Team

A multidisciplinary team, typically consisting of up to seven CBO staff members, which is appointed to assess and enact change within a process or performance indicator. A change team will also appoint a Change Leader, who is not a member of the CBO’s senior leadership, but has the ability to communicate with all levels of CBO leadership to carry out activities within the Change Team.

## **Attachments & Forms**

All forms and attachments can be found on the Iowa HHS website at [Iowa's Behavioral Health Service System | Health & Human Services](#)

### **General Attachments**

- Behavioral Health Block Grant Requirements & Attestations
- RSS Transportation Form
- RSS Transportation Receipt Form

### **CMHC Attachments**

- NAVIGATE Deliverables
- CMHC Action Plan Template
- MHBG CMHC Sample Deliverables

### **SUPTRS Attachments**

- SUPTRS Access Funds Invoice Template
- SUPTRS Access Funds No Show Report
- SUPTRS Access Funds Bi-Annual Report Outline
- NIATx Workbook

