



Community Based Organization Manual

Systems of Care

July 1, 2026 – June 30, 2027



Health and Human Services
Division of Behavioral Health

Systems of Care

The Iowa Behavioral Health Service System Statewide Plan outlines a vision for a coordinated and person-centered behavioral health system. The strategies outlined in this guidance are consistent with Iowa's vision for a person-centered behavioral health system.

The Systems of Care activities outlined below support broader goals in the Behavioral Health Service System Statewide Plan including:

- **Treatment Strategy 2:** Increase access to behavioral health treatment services.

Required Activities

Provide care coordination and support for mental health services for children and youth with a Serious Emotional Disturbance (SED) and their families. This service is designed to provide intensive care coordination services and in-home Behavioral Health Intervention Services (BHIS), or other mental health supports to non-Medicaid eligible children. Coordination with families, educational systems, providers and other stakeholders is required. Eligible children and youth, ages 0-21, are those without Medicaid who meet the criteria for SED.

Compliance

- Children and youth served must be determined to meet the SED criteria prior to enrollment and not currently enrolled in Medicaid.
- The provider may define the service area in which they make System of Care services available.
- Completion of a standardized functional assessment, chosen by CBO and approved by Iowa HHS/Iowa PCA, is required at enrollment, every six months after enrollment, and at discharge.
- Contractor is required to have at least one two-way contact (phone, text, in-person) per month with the child/family and at least one face to face contact quarterly.
- Required to provide at least one care coordination contact per month with behavioral health providers, schools, community resources, health providers or any resources contacted to assist the child/family.
- Funding of wraparound services such as BHIS or other mental health supports not otherwise funded by the family's insurance. Service costs must be at or below Medicaid reimbursement for the same services. All other sources of funding such as Medicaid, Hawki, private insurance and SNMIS must be accessed first.
- Families are referred to long-term sources of support such as the Medicaid Children's Mental Health Waiver and assisted in completing that process.

Unallowable

- Provide inpatient services.
- Make cash payments to intended recipients of health services.
- Purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment.

- Satisfy any requirement for the expenditure of nonfederal funds as a condition for the receipt of Federal funds.
- Provide financial assistance to any entity other than a public or nonprofit private entity.
- Pay for salaries of administrators and supervisors not directly involved in carrying out the contract.
- Ongoing overhead costs such as space, utilities, clerical services, and accounting services or cost of any audits.
- Community mental health block grant funds cannot supplant existing resources dedicated to the funding of services.
- Purchase goods for a client (example-rent, food, phone service, phones, computers).

Reporting

Systems of Care reports shall be submitted to the Behavioral Health Administrative Services Organization (BH-ASO) by the 15th of the following month. Data reporting templates, trainings, and upload instructions are located on the [Iowa PCA Partner Portal](#).

- Providers must submit a monthly report by the 15^h of the month following the reporting period.
- Providers must submit 2 quarterly case reviews by the 15th of the month following the reporting period.
- Providers must submit biannual reports by the 15th of the month following the reporting period.

Billing should include a complete list of individuals to be billed, including enrollment date, discharge date, name, date of birth, direct services funded, and certification that the individual was not enrolled in Medicaid during the billing month. Individuals who gain Medicaid eligibility during SOC enrollment are allowed 30 days to transfer to another case management or care coordination entity such as a CCBHC or Managed Care Organization (MCO) case management.

Invoicing

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)

- 90% of children served remain in the least restrictive setting (family home, foster home, kinship, independent living) at discharge.
- 90% of families served will report satisfaction with services provided through an annual satisfaction survey.
- 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.

Monitoring and Documentation

- Iowa HHS and/or the BH-ASO may conduct a site visit during the contract year.
- Required document retention:
 - Federal records retention requirements are located here:
<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/subject-group-ECFR4acc10e7e3b676f/section-200.334>

Additional Notes and Attachments/Forms

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



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