ADMINISTRATION FOR CHILDREN & FAMILIES
Children's Bureau | 330 C Street, S.W., Washington, DC 20201
www.acf.gov/cb

August 14, 2026

Larry Johnson
Director
Iowa Health and Human Services
1305 East Walnut Street
Des Moines, Iowa 50319

Dear Director Johnson:

Thank you for submitting Iowa's amendment to the agency's approved title IV-E prevention program five-year plan.

Plan Amendment Approval

Iowa submitted an amendment to the agency's approved title IV-E prevention program five-year plan (five-year plan) to the Children's Bureau (CB) to Family Based Recovery. We are pleased to notify you that Iowa's five-year plan amendment has been found to comply with applicable federal statutory and regulatory requirements. Iowa's five-year plan amendment is approved as outlined below.

Iowa's five-year plan amendment is effective from July 1, 2026. Please maintain this approval letter as a part of the final, approved plan.

Approval of Services under the Title IV-E Prevention Program
Pursuant to Sections 471(e)(1) and 471(e)(5)(B)(iii) of the Act, states may claim reimbursement for services and programs provided in accordance with promising, supported, or well-supported practices as rated by the Title IV-E Prevention Services Clearinghouse. In addition, section 471(e)(5)(B)(iii)(II) of the Act requires the state to describe how each program and service will be evaluated through a well-designed and rigorous evaluation strategy (unless waived for a well-supported practice rated by the Title IV-E Prevention Services Clearinghouse) and continuously monitored. Based on this amendment, CB has approved the following additional allowable programs and services under this program:

Family Based Recovery

Title IV-E prevention program federal financial participation claims must be for allowable costs on behalf of eligible program participants and may be submitted for applicable periods beginning no earlier than the above listed plan effective date. Additionally, all program costs other than payments for provision of prevention services directly to program recipients must be identified in an approved cost allocation plan as per federal regulations at 45 CFR §1356.60(c). This cost

allocation plan may have an effective date that is the same or later than the title IV-E prevention program five-year plan, depending on when submitted and the approval granted. For state title IV-E agencies, a public assistance cost allocation plan (PACAP) amendment must be submitted addressing title IV-E prevention program administrative and training costs in accordance with applicable regulations at §95.509(a)(3). We encourage the state to review its previously submitted/approved PACAP to determine if updates are required as a result of this amendment to the IV-E Prevention plan.

Data Collection and Reporting Requirements
Pursuant to Section 471(e)(4)(E) of the Act, states electing the title IV-E prevention program are required to collect and report on child-specific data to HHS for each child who receives title IV-E prevention services. In the initial five-year plan, Iowa has provided an assurance that the state will collect and submit information and data as the Secretary may require with respect to title IV-E prevention and family services and programs, including information and data necessary to determine the performance measures. Data element details are provided in Revised Technical Bulletin #1. For amendments, agencies must begin reporting data in the period after the agency's title IV-E amendment is approved. Title IV-E Prevention Program Data submission timelines are provided in Technical Bulletin #2.

Payer of Last Resort
In approving the title IV-E prevention program five-year plan, we remind states that section 471(e)(10)(C) of the Act requires that title IV-E is the payer of last resort for services allowable under the title IV-E prevention program. This means that if public or private program providers (such as private health insurance or Medicaid) would pay for a service allowable under the title IV-E prevention program, those providers have the responsibility to pay for these services before the title IV-E agency is required to pay.

The title IV-E prevention program is part of the Children's Bureau's broader vision of advancing national efforts that strengthen the capacity of families to nurture and provide for the well-being of their children. We look forward to working together with you to implement the title IV-E prevention program as part of the broader vision, and to meet our shared goal of keeping families healthy, together and strong.

For any question or concerns you may have, please email the Children's Bureau at ivepreventionprogram@acf.hhs.gov

We wish to thank you and your staff for your work and wish you all the best in implementing your important plan.

Sincerely,

Cody Inman
Commissioner (dlg)
Administration on Children, Youth & Families

Enclosures: Plan Submission Certification, State Assurance of Trauma-Informed Service Delivery

cc: Title IV-E Prevention Program Resource Mailbox, ivepreventionprogram@acf.hhs.gov;
Regional Office Resource Mailbox, cbregion7@acf.hhs.gov;
Janice Realeza, ACF Office of Grants Management;
Sona Cook, ACF Office of Grants Management.

OMB Approval No: 0970-0433
Expiration Date: 07/31/2025

Title IV-E Plan – State of Iowa

PLAN SUBMISSION CERTIFICATION

Instructions: This Certification must be signed and submitted by the official authorized to submit the title IV-E plan, and each time the state submits an amendment to the title IV-E plan.

I, Janee Harvey, hereby certify that I am authorized to submit the title IV-E Plan on behalf of the State of Iowa. I also certify that the title IV-E plan was submitted to the governor for his or her review and approval in accordance with 45 CFR 1356.20(c)(2) and 45 CFR 204.1.

Date_____ Janee Harvey Digitally signed by Janee Harvey Date: 2026.08.13 21:47:50 -05'00'

(Signature)

(Title)

APPROVAL DATE:

EFFECTIVE DATE:

_____ 7/1/2026

REESE C. INMAN -S Digitally signed by REESE C. INMAN -S Date: 2026.08.16 12:59:48 -04'00'

(Signature, Commissioner, ACYF)

Amendment 4: Iowa's Title IV-E Prevention Services and Programs Five-Year Plan: FFY 2026-2030

August 2026

Part A - Addendum A – Family-Based Recovery (FBR)

Table A. Family-Based Recovery (FBR)		
Pre-Print Section	**Requirement**	**Family-Based Recovery (FBR) Information**
Section 1. Service description & oversight	Well-supported, supported or promising rating by the Clearinghouse	Supported
	Book, manual, or other documentation consistent with the Clearinghouse	FBR Model Development and Operations. (2024). Inside the FBR Box: FBR treatment manual (5th ed.). Yale Child Study Center.
	Identified service category(ies)	Mental Health Programs and Services; Substance Use Programs and Services; In-home Parent Skill-based Programs and Services
	Description of how the state plans to implement each service including how implementation will be continuously monitored to ensure fidelity, determine outcomes achieved and refine and improve practices.	FBR is an intensive in-home clinical treatment program that aims to ensure children can develop in a substance-free, safe, and stable home with their parents. FBR includes three components delivered by a team of providers: parental substance use treatment and individual psychotherapy, attachment-based parent-child therapy, and case management. For parental substance use treatment and individual psychotherapy components, clients work with a substance use clinician. The substance use clinician helps clients to develop and implement substance use recovery plans and to explore and discuss life issues related to substance use. Clients complete a substance use

Table A. Family-Based Recovery (FBR)		
Pre-Print Section	**Requirement**	**Family-Based Recovery (FBR) Information**
		screening at the beginning of each session. For the parent-child therapy component, the parent and child meet together with a parent-child clinician. Therapy sessions focus on facilitating positive parent-child interactions to develop secure attachment, promoting positive parenting practices and household routines, increasing parents' understanding of child development and health, and supporting the child's safety in the home. Parent-child clinicians provide real-time feedback and aim to tailor content to the parent's strengths and needs and the child's developmental stage. For the case management component, clients receive services from a family support specialist (FSS). The FSS identifies areas where the family might need assistance to meet basic needs, provides referrals to relevant services, collaborates with the child welfare system and outside providers supporting the family, and facilitates individual meetings between FBR team members and clients. In addition to the FBR clinicians and the FSS, the FBR team also includes a part-time psychiatrist or advanced practice registered nurse who can conduct evaluations and provide pharmacotherapy. FBR includes Social Club group meetings once per week. Clients complete a substance use screen just prior to the meeting and must screen negative to attend. Meetings include a

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		meal, group activities and discussion linked to parenting or substance use, and awarding sobriety certificates. FBR team members deliver services over 6–12 months in three sequential phases of decreasing intensity. In Phase 1, the substance use clinician meets with the client twice a week (either twice at home or once at home and once at Social Club), the parent-child clinician meets with the client once per week in the home, and the family support specialist meets with the client once per week in the home (often in conjunction with a visit from the substance use clinician or the family-child clinician). In total, the client meets with members of the FBR team a minimum of three times a week (across home visits and Social Club), though the number of visits can be temporarily increased if needed. Phase 1 lasts a minimum of 6 months, and the client can move to Phase 2 after the FBR team determines the client is ready for this transition. In Phase 2, the FBR team members meet with the client two times per week— either two home visits or one home visit and one Social Club meeting. In weeks with one home visit and one Social Club meeting, both the substance use clinician and the parent-child clinician meet with the family during the home visit. In this phase, the family support specialist meets with the family once per week –either at home or at Social Club.

Table A. Family-Based Recovery (FBR)		
Pre-Print Section	**Requirement**	**Family-Based Recovery (FBR) Information**
		In Phase 3, the FBR team members meet with the client once per week in the home, with the substance use clinician and the parent-child clinician alternating weeks. The client can choose to attend Social Club, but attendance does not replace a home visit. Phase 3 typically begins within one month of a planned discharge date after the FBR team has determined that the client is ready to step down to less frequent services. Continuous monitoring will adhere to all requirements associated with the Family-Based Recovery program model as appropriate. *Continuous monitoring requirement is not applicable to tribes.
	Description of how the state selected services	This service was selected due to its rating as a supported program and its ability to meet certain needs in our community.
	Identified target population(s) specific to the state or jurisdiction	Parents who have a substance use disorder and have children ages 0–5.
	Information on how providing the services is expected to improve specific outcomes for children and families	FBR aims to ensure children can develop in substance-free, safe, and stable homes with their parents. Expected outcome is a reduction in out-of-home placements.
Section 2. Evaluation	Evaluation Strategy or Evaluation Waiver Request	Evaluation strategy included.
	Child Safety	FBR cases will be traditional cases part of the agency's current approved plan and will not be part of the agency's community pathway at this time. Previously approved child safety strategies will be utilized.

State Assurance of Trauma-Informed Service-Delivery

Instructions: This Assurance may be used to satisfy requirements at section 471(e)(4)(B) of the Social Security Act (the Act), and will remain in effect on an ongoing basis. This Assurance must be re-submitted if there is a change in the state's five-year plan to include additional title IV-E prevention or family services or programs.

Consistent with the agency's five-year title IV-E prevention plan, section 471(e)(4)(B) of the Act requires the title IV-E agency to provide services or programs to or on behalf of a child under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.

The Iowa Department of Health and Human Services (Name of State Agency) assures that in accordance with section 471(e)(4)(B) of the Act, each HHS approved title IV-E prevention or family service or program identified in the five-year plan is provided in accordance with a trauma-informed approach.

Signature: This assurance must be signed by the official with authority to sign the title IV-E plan, and submitted to the appropriate Children's Bureau Regional Office for approval.

_____ Janee Harvey Digitally signed by Janee Harvey Date: 2026.08.13 21:50:05 -05'00'

(Date) (Signature and Title)

_____ REESE C. INMAN -S Digitally signed by REESE C. INMAN -S Date: 2026.08.16 13:03:11 -04'00'

(CB Approval Date) (Signature, Associate Commissioner, Children's Bureau)