



IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF COMPLIANCE AND ADMINISTRATION

Communities of Care Technical Assistance Provider

REQUEST FOR PROPOSAL #COMPADM26003

**Contract Term:
February 15, 2026 - September 30, 2031**

HHS Issuing Officer

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SECTION 1 -- GENERAL AND ADMINISTRATIVE ISSUES

1.01 Purpose

The purpose of this Request for Proposal (RFP) # COMPADM26003 is to solicit applications that will enable the Iowa Department of Health and Human Services (referred to as Agency) to select the most qualified applicant to provide rural Iowa service providers with expertise, assessment and evaluation, and technical assistance on evidence-based methods for achieving success in the Communities of Care Projects of Iowa's Rural Health Transformation Grant. Activities in this project include co-location, setting up agreements for cost sharing (both for physical space and staffing/care coordination), strategizing patient flows for optimal care and overseeing compliance and fidelity to evidence-based programming described in Healthy Hometowns. This work implements a portion of the Communities of Care initiative of the Iowa Healthy Hometowns Project, funded through the Centers for Medicare & Medicaid Services' Rural Health Transformation Program, opportunity #: CMS-RHT-26-001.

1.02 Contract Term

The anticipated total **Contract Term** is from February 15, 2026 to September 30, 2031. Continuation of the contract is at the Agency's sole discretion and is subject to: review of the Contractor performance, Contractor's compliance with the special and general terms and contingent terms of the contract, availability of funds, program modifications, or any other grounds determined by the Agency to be in the Agency's best interests. The contract term, including all possible extensions provided by the Agency shall not exceed a six-year period.

The issuance of this RFP in no way constitutes a commitment by the Agency to award a contract.

1.03 Eligibility Requirements

Applicants must meet each of the following eligibility requirements for consideration.

Eligible Applicants

Public, private, nonprofit, for profit, academic institutions and governmental entities with demonstrated experience delivering general capacity-building, organizational development with rural organizations, healthcare providers, or community-based organizations are eligible to submit an application in accordance with this RFP.

Electronic Communication Requirements

Applicant is required to maintain and provide to the Agency, upon application, a current and valid email account for electronic communications with the Agency.

Official email communication from the Agency regarding this application will be issued from grants@iowagrants.gov. Applicants are required to assure these communications are received and responded to accordingly.

1.04 Service Delivery Area

This is a statewide project and the Contractor must be able to provide statewide technical assistance, both virtual and in person, as needed. All analysis, reporting, and recommendations must be aligned to the district boundaries established in the [Iowa Behavioral Health Service System Alignment District Map \(September 2024\)](#). These districts were developed using a data-driven suitability analysis and are intended to serve as the standard geographic framework for statewide health system planning. These districts serve as the standard geographic framework for health system planning in Iowa and must be used for all data disaggregation and stakeholder engagement.

1.05 Available Funds

The source of funding is federal funding from the Rural Health Transformation Program, authorized under the One Big Beautiful Bill Act.

The Agency anticipates up to \$6,000,000 available for approximately one award for the entire contract term. The Agency expects an amount of \$2,000,000 to be available for the time period of 2/15/2026 through 10/30/2026. The Agency anticipates adding \$1,000,000 to the Contract via amendment for the time period of 10/31/2026 through 10/30/2027. Additional funds will be made available to the Contractor via amendments throughout the term of the contract. Refer to section 2.04 for reimbursement details. Actual total awards and individual contract funding levels may vary from that listed or funding may be withdrawn completely, depending on availability of funding or any other grounds determined by the Agency to be in the Agency's best interests.

1.06 Schedule of Important Dates (All times and dates listed are local Iowa time.)

The following dates are set forth for informational purposes. The Agency reserves the right to change them.

EVENT	DATE
RFP Issued	December 8, 2025
Written Questions and Responses	
Round 1 Questions Due:	December 10, 2025
Responses Posted By:	December 12, 2025
Final Questions Due:	December 17, 2025
Responses Posted By:	December 19, 2025
Applications Due	January 5, 2026 by 4:00 PM Local Iowa Time
Applicant's Oral Presentations, if requested by the Agency	Anticipated January 26 and January 27, 2026; subject to change at the Agency's discretion
Post Notice of Intent to Award	On or around February 2, 2026

A. RFP Issued – The Agency will post the RFP under Grant Opportunities quick link at www.iowaGrants.gov on the date referenced in the Schedule of Events table above. The RFP will remain posted through the Applications Due date.

B. Applicant's Conference – An applicant's conference will not be held.

C. Written Questions and Responses – Written questions related to the RFP must be submitted

through www.iowaGrants.gov no later than the dates specified in the table above. Applicant must be registered with IowaGrants in order to submit a question (Refer to the links section for instructions on registering and logging in to IowaGrants).

Written questions submitted after the date specified for final questions in the table above will not be considered and a response will not be provided by the Agency.

- Registered Users login to www.iowaGrants.gov
- Click on 'Users click here to login'
- ID.iowa.gov, sign-in (email address), click next (enter password), hit enter or click verify
- Search Funding Opportunities
- Select this Funding Opportunity
- Click on 'Ask A Question' link located at the top right-hand side of the Opportunity Details page, and enter a single question in the 'Post Question' box
- Click the 'Save' button

Additional questions may be submitted by repeating the process above for each individual question. If the question or comment pertains to a specific section of the RFP, the section and page must be referenced. Verbal questions will not be accepted. Questions will not be displayed in IowaGrants until written responses are posted by the Agency.

The Agency will prepare written responses to all pertinent, timely and properly submitted questions according to the schedule of events table above. The Agency's written responses will be considered part of the RFP.

To view posted questions and responses:

- Login to www.iowaGrants.gov
- Search Funding Opportunities
- Select this Funding Opportunity
- Scroll to the bottom of the Opportunity Details page, under the **Questions** subsection to view the posted questions and answers.

It is the responsibility of the applicant to check this Funding Opportunity in www.iowaGrants.gov periodically for written questions and responses to this RFP.

D. Application Creation – The application will consist of multiple required forms (refer to Section 3) available within the Electronic Grant Management system at www.iowaGrants.gov. Each form of the application must be completed in its entirety or IowaGrants will not permit the application to be submitted.

Each individual within the applicant organization who desires access to the application must be registered in IowaGrants (refer to the links section for instructions on registering and logging in to IowaGrants). **The first user to initiate an application for a Funding Opportunity is designated by the system as the primary user (Registered Applicant) for that application.** This primary user can add additional registered users as Grantee Contacts within their organization to the Funding Opportunity for completion/edit/review of forms and submission of the application. If multiple users are editing the same form within an application at the same time, the last saved version will over-ride any changes made by other users.

IowaGrants will permit multiple registered users of the applicant organization to create separate applications for the same Funding Opportunity, thereby creating multiple applications for the same Funding Opportunity. The applicant is responsible for ensuring only one entire application is completed and submitted for each requested service area (refer to Sections 1.04 and 1.14) in response to this RFP.

E. Applications Due – Applications must be submitted by 4:00 p.m. (local Iowa time) **January 5, 2026** in the Electronic Grant Management System at www.iowaGrants.gov. Attempted submission of a completed application after stated due date and time will not be allowed by the system. This Funding Opportunity will not be available as a Current Opportunity on the Electronic Grant Management System after the stated due date and time. If submission of an application is attempted after the stated date and time, the applicant will receive a notice stating “The Funding Opportunity is closed”.

Applications submitted to the Agency in any manner other than through Electronic Grant Management System of the IowaGrants website (e.g. electronic mail to any other address, faxed, hand-delivered, mailed or shipped or courier-service delivered versions) will be rejected, not reviewed by the Agency and a rejection notice will be sent to the applicant. Any information submitted separately from the application will not be considered in the review process.

The date and time system of the IowaGrants Electronic Grant Management System shall serve as the official regulator for the submission date and time of an application.

The due date and time requirements for submission of the application within the Electronic Grant Management System of IowaGrants website are mandatory requirements and will not be subject to waiver as a minor deficiency.

Submission Confirmation Screen: After an applicant submits an application, a confirmation screen containing an Application ID number will appear on your computer screen.

It is the applicant’s sole responsibility to complete all Funding Opportunity Forms and submit the application in sufficient time.

F. Release of Names of Applicants – January 7-9, 2026. The names of all applicants who submitted applications by the deadline shall be released to all who have requested such notification via an email request to John McMullen at john.mcmullen@hhs.iowa.gov. The announcement of applicants who timely submitted an application does not mean that an individual application has been deemed technically compliant or accepted for evaluation.

G. Notice of Intent to Award – A Notice of Intent to Award the contract(s) will be posted for 10 business days on the Agency Web page <https://hhs.iowa.gov/about/funding-opportunities/notice-intent-award> on or around the date specified in the Schedule of Events table above. Applicants are solely responsible for reviewing the Notice of Intent to Award to determine their award status.

H. Contract Negotiations and Execution of the Contract – Following the posting of the Notice of Intent to Award, the Authorized Official for the successful applicant(s) will receive a contract document via email from the Agency. The successful applicant has five (5) working days from

date of receipt in which to negotiate and sign a contract with the Agency. If a contract has not been executed within five (5) working days of applicant's receipt, the Agency reserves the right to cancel the award and to begin negotiations with the next highest ranked applicant or other entity deemed appropriate by the Agency. The Agency may, at its sole discretion, extend the time period for negotiations of the contract.

1.07 Inquiries

Inquiries related to the RFP shall be submitted in accordance with Section 1.06 (C).

For assistance regarding IowaGrants, please contact the Agency IowaGrants Helpdesk at iowagrants.helpdesk@hhs.iowa.gov or by calling 1-866-520-8987 (available between 8:00 AM and 4:00 PM on weekdays, excluding state holidays).

Unauthorized contact regarding this RFP with other state employees may result in disqualification. In no case shall verbal communications override written communications. Only written communications are binding on the Agency.

The Agency assumes no responsibility for representations made by its officers or employees prior to the execution of a legal contract, unless such representations are specifically incorporated into the RFP or the contract.

Any verbal information provided by the applicant shall not be considered part of its application.

1.08 Amendments to the RFP

The Agency reserves the right to amend the RFP at any time. In the event the Agency decides to amend, add to, or delete any part of this RFP, a written amendment will be posted at www.iowaGrants.gov under the Attachments section of this Funding Opportunity. The applicant is advised to check this website periodically for amendments to this RFP. In the event an amendment occurs after the Funding Opportunity is closed, the Agency will email the written amendment to the individuals identified in the submitted application as the Project Officer (Registered Applicant) and the Authorized Official listed in the Cover Sheet- General Information Form.

1.09 Open Competition

No attempt shall be made by the applicant to induce any other person or firm to submit or not to submit an application for the purpose of restricting competition.

1.10 Withdrawal of Applications

An application created in IowaGrants.gov cannot be deleted. An application may be withdrawn by request of an applicant at any time prior to the due date and time. An applicant desiring to withdraw an application shall submit notification including the funding opportunity number, application ID, title of the application, and the applicant organization name via email to iowagrants.helpdesk@hhs.iowa.gov.

After this funding opportunity closes, the Agency may withdraw applications that have not been submitted.

1.11 Resubmission of Withdrawn Applications

A withdrawn application may be resubmitted by an applicant at any time prior to the stated due date and time for the submission of applications.

To access a withdrawn application:

- Registered Users login to www.iowaGrants.gov as a returning user;
- Search Funding Opportunities;
- Select this Funding Opportunity;
- Click on 'Copy Existing Application';
- Select the application that you want to copy by marking it under the 'Copy' column (Note: all applications whether in editing, submitted or withdrawn status will be displayed to be copied);
- Click the 'Save' button.

The application that was copied will be open in this funding opportunity. Be sure to re-title the application if necessary, by going into the General Information form and editing it. Continue to complete the application forms and submit following the guidance provided in sections 1.06 (D) and (E), and in section 3 of this RFP.

Withdrawn applications for this RFP posting must be submitted by the due date provided in section 1.06 in order to be considered for funding. Withdrawn, submitted, or editing status applications are also available to copy to other Funding Opportunities in IowaGrants at any time.

1.12 Acceptance of Terms and Conditions

- A. An applicant's submission of an application constitutes acceptance of the terms, conditions, criteria and requirements set forth in the RFP and operates as a waiver of any and all objections to the contents of the RFP. By submitting an application, an applicant agrees that it will not bring any claim or have any cause of action against the Agency or the State of Iowa based on the terms or conditions of the RFP or the procurement process.
- B. The Agency reserves the right to accept or reject any exception taken by an applicant to the terms and conditions of this RFP. Should the successful applicant take exception to the terms and conditions required by the Agency, the successful applicant's exceptions may be rejected and the Agency may elect to terminate negotiations with that applicant. However, the Agency may elect to negotiate with the successful applicant regarding contract terms which do not materially alter the substantive requirements of the RFP or the contents of the applicant's application.

1.13 Costs of Application Preparation

All costs of preparing the application are the sole responsibility of the applicant. The Agency is not responsible for any costs incurred by the applicant which are related to the preparation or

submission of the application or any other activities undertaken by the applicant related in any way to this RFP.

1.14 Multiple Applications

An applicant may submit only one application.

1.15 Applicant Oral Presentation

At the discretion of the Agency, Applicants may be required to make an oral presentation of the application. The determination of need for presentations, the location, order, and schedule of the presentations is at the sole discretion of the Agency. Presentations are anticipated to occur on the date(s) listed in the schedule of events table above but are subject to change at the Agency's discretion. If an oral presentation is required, applicants may clarify or elaborate on their applications but may in no way change their original application.

Based on initial evaluation committee scores, the Agency will establish a list of no more than three Applicants considered in the competitive range. The Applicants within the competitive range will be requested to make presentations of their Applications. The Applicant presenting may include slides, graphics, and other media to illustrate the strength of the Application.

Prior to the Applicant Presentations, Applicant will be notified as to specific times they will need to present. Each Applicant will be sent an email containing a link to present virtually. Presenting Applicants are to include key personnel and will be provided a 60 to 90-minute time slot for presentation based on the number of presentations, as determined by the Agency.

During the Presentations, Applicant will provide an overview of their Application noting the highlights that they believe make them the best choice, including use of scenario-based walk-throughs to compare and contrast experiences and the Applicant's proposed approach (as outlined in their Application) to meet the needs identified in this RFP. The presentation must not materially change from information contained in the submitted Application.

1.16 Disqualification of Applications/Cancellation of the RFP

- A. The Agency reserves the right to disqualify, in whole or in part, any or all applications, to advertise for new applications, to arrange to receive or itself perform the services herein, to abandon the need for such services, and to cancel this RFP if it is in the best interests of the Agency.
- B. Any application will be disqualified outright and not evaluated for any of the following reasons:
 - 1. The applicant is not an eligible applicant as defined in section 1.03.
 - 2. An applicant submits more than one application for the same service area for the same funding opportunity.
 - 3. An application is submitted in a manner other than the Electronic Grant Management System at www.iowaGrants.gov.

C. Any application may be disqualified outright and not evaluated for any one of the following reasons:

1. The applicant fails to include required information or fails to include sufficient information to determine whether an RFP requirement has been satisfied.
2. The applicant fails to follow the application instructions or presents information requested by this RFP in a manner inconsistent with the instructions of the RFP.
3. The applicant provides misleading or inaccurate answers.
4. The applicant states that a mandatory requirement cannot be satisfied.
5. The applicant's response materially changes a mandatory requirement.
6. The applicant's response limits the right of the Agency.
7. The applicant fails to respond to the Agency's request for information, documents, or references.
8. The applicant fails to include any signature, certification, authorization, or stipulation requested by this RFP.
9. The applicant initiates unauthorized contact regarding the RFP with a state employee.

1.17 Restrictions on Gifts and Activities

Iowa Code Chapter 68B contains laws which restrict gifts which may be given or received by state employees and requires certain individuals to disclose information concerning their activities with state government. Applicants are responsible for determining the applicability of this chapter to their activities and for complying with these requirements.

In addition, Iowa Code Chapter 722 provides that it is a felony offense to bribe a public official.

1.18 Use of Subcontractors

The use of Subcontractors is not permitted for the work performed in this contract.

1.19 Reference Checks

The Agency reserves the right to contact any reference to assist in the evaluation of the application, to verify information contained in the application and to discuss the applicant's qualifications.

1.20 Criminal Background Checks

The Agency reserves the right to conduct criminal history and other background investigations into the applicant, its officers, directors, managerial and supervisory personnel, clerical or support personnel, and health care professional personnel retained by the applicant for duties related to the performance of the contract. Such information may be used in determining contract awards. The applicant shall cause all waivers to be executed by appropriate persons to effectuate the investigations.

1.21 Information from Other Sources

The Agency reserves the right to obtain and consider information from other sources concerning an applicant, including the applicant's product or services, personnel, and the applicant's capability and performance under other Agency contracts, other state contracts and contracts with private entities. The Agency may use any of this information in evaluating an applicant's application.

1.22 Verification of Application Contents

The Agency reserves the right to verify the contents of an application submitted by an applicant. Misleading or inaccurate responses may result in rejection of the application pursuant to Section 1.16.

1.23 Litigation and Investigation Disclosure

The applicant shall disclose any pending or threatened litigation, administrative, or regulatory proceedings or similar matters which could affect the ability of the applicant to perform the required services. Failure to disclose such matters at the time of application within the Business Organization Form (Refer to Section 3 of this RFP) may result in rejection of the application or in termination of any subsequent contract. This is a continuing disclosure requirement. Any such matter commencing after submission of an application must be disclosed within 30 days in a written statement to the Agency.

1.24 Financial Accountability

The applicant shall maintain sufficient financial accountability and records. The applicant shall disclose each irregularity of accounts maintained by the applicant discovered by the applicant's accounting firm, the applicant, or any other third party. Failure to disclose such matters, including the circumstances and disposition of the irregularities, at the time of application within the Business Organization Form (Refer to Section 3 of this RFP) may result in rejection of the application or in termination of any subsequent contract. This is a continuing disclosure requirement. Any such matter commencing after submission of an application must be disclosed within 30 days in a written statement to the Agency.

1.25 RFP Application Clarification Process

The Agency may request clarification from applicants for the purpose of resolving ambiguities or questioning information presented in the application. Clarifications may occur throughout the application evaluation process. Requests for clarification will be issued to the primary user (Registered Applicant) through email from an Agency Service Contract Compliance Officer. Clarification responses shall be in writing in the format provided by the Agency and shall address only the information requested. Responses shall be submitted to the Agency within the time stipulated at the time of the request. An applicant will not be permitted to modify or amend its application if contacted by the Agency for this reason.

1.26 Waivers and Variances

The Agency reserves the right to waive or permit cure of non-material variances in the application's form and content providing such action is in the best interest of the Agency. In the

event the Agency waives or permits cure of nonmaterial variances, such waiver or cure will not modify the RFP requirements or excuse the applicant from full compliance with RFP specifications or other contract requirements if the applicant is awarded the contract. The determination of materiality is in the sole discretion of the Agency.

1.27 Disposition of Applications

All application submissions become the property of the Agency.

If the Agency awards funds to an applicant, the contents of all applications will be in the public domain at the conclusion of the selection process and will be open to inspection by interested parties subject to exceptions provided in Iowa Code Chapter 22 or other provision of law.

1.28 Public Records and Requests for Confidential Treatment of Application Information

The Agency's release of public records is governed by Iowa Code chapter 22. Applicants are encouraged to familiarize themselves with Chapter 22 before submitting an application in response to this RFP.

The Agency will copy and produce public records upon request as required to comply with Chapter 22 and will treat all information submitted by an applicant as non-confidential records unless applicant requests specific parts of the application be treated as confidential at the time of the submission as set forth herein AND the information is confidential under Iowa or other applicable law.

All information submitted by an applicant will be treated as public information following the conclusion of the selection process unless the applicant properly requests that information be treated as confidential at the time the application is submitted.

Failure of the Applicant to request information be treated as confidential as specified herein shall relieve Agency personnel from any responsibility for maintaining the information in confidence. Applicants may not request confidential treatment with respect to pricing or budget information and transmittal letters. An applicant's request for confidentiality that does not comply with this section or an applicant's request for confidentiality on information or material that cannot be held in confidence as set forth herein are grounds for rejecting an application as non-responsive.

A. Confidential Treatment of Information is Requested by the Applicant

An applicant requesting confidential treatment of information contained in its application shall be required to submit two copies of its application (one complete application (containing confidential information) and one redacted version (with confidential information excised) and complete and submit Form 22 with both applications; as outlined herein:

1. Complete and Submit Form 22 with both applications

APPLICANT NOTE: SUBMISSION OF THIS FORM 22 IS REQUIRED ONLY IF REQUESTING CONFIDENTIAL TREATMENT OF APPLICATION INFORMATION.

In order to request information contained in an application to be treated as confidential, the applicant must complete and submit FORM 22 with both applications. Failure of the applicant to accurately and fully complete FORM 22 with the application submission may result in the application to be considered non-responsive and not evaluated. The Form 22 is available to download from a link located in the attachments section of the standard application form titled Application Certification and Conditions (refer to section 3 of this RFP). Applicant must download Form 22 from a link within this form, complete it, and upload it into the specific field of the electronic Application Certification and Conditions form in both applications.

Form 22 will not be considered fully complete unless, for **each** confidentiality request, the applicant: (1) enumerates the specific grounds in Iowa Code chapter 22 or other applicable law that supports treatment of the material as confidential, (2) justifies why the material should be maintained in confidence, (3) explains why disclosure of the material would not be in the best interest of the public, and (4) sets forth the name, address, telephone, and e-mail for the person authorized by applicant to respond to inquiries by the Agency concerning the confidential status of such material. Requests to maintain an entire application as confidential will be rejected as non-responsive.

2. An applicant that submits an application containing confidential information must submit two copies of its application (one complete application and one redacted version of the application) for this RFP. Completed Form 22 shall be uploaded in the Application Certifications and Conditions form in **both** copies.

One copy of the application must be completed and submitted in its entirety, containing the confidential information. This is the application that will be reviewed.

The applicant must submit one copy of the application labeled “Redacted Copy” from which the confidential information had been excised. In order to do this, the applicant shall rename the copy with the word ‘Redacted’ added as the **first** word in the application title, using the exact same title as the first copy of the application. The applicant must then revise each form within the copied/redacted application removing the confidential information and inserting the word ‘redacted’ in the required fields. The confidential material must be excised from the redacted version in such a way as to allow the public to determine the general nature of the material removed and to retain as much of the application as possible.

Both copies of the application must be submitted by the applicant by the due date and time outlined in Section 1.06 (D).

B. Public Requests

In the event the Agency receives a public request for application information marked confidential, written notice shall be given to the applicant seventy-two (72) hours prior to the release of the information to allow the applicant to seek injunctive relief pursuant to Iowa Code Section 22.8. The information marked confidential shall be treated as

confidential information to the extent such information is determined confidential under Iowa Code Chapter 22 or other provisions of law by a court of competent jurisdiction. If the Agency receives a request for information that applicant has marked as confidential and if a judicial or administrative proceeding is initiated to compel the release of such material, applicant shall, at its sole expense, appear in such action and defend its request for confidentiality. If an applicant fails to do so, the Agency may release the information or material with or without providing advance notice to the applicant and with or without affording applicant the opportunity to obtain an order restraining its release from a court possessing competent jurisdiction.

Additionally, if applicant fails to comply with the request process set forth herein, if applicant's request for confidentiality is unreasonable, or if applicant rescinds its request for confidential treatment, Agency may release such information or material with or without providing advance notice to applicant and with or without affording applicant the opportunity to obtain an order restraining its release from a court possessing competent jurisdiction.

The applicant's failure to request confidential treatment of material pursuant to this section and the relevant law will be deemed by the Agency as a waiver of any right to confidentiality which the applicant may have had.

1.29 Copyrights

By submitting an application, the applicant agrees that the Agency may release the application for the purpose of facilitating the evaluation of the application or to respond to requests for public records. By submitting the application, the applicant consents to such release and warrants and represents that such release will not violate the rights of any third party. The Agency shall have the right to use ideas or adaptations of ideas that are presented in the applications. In the event the applicant copyrights its application, the Agency may reject the application as noncompliant.

1.30 Review of Notice of Disqualification or Notice of Intent to Award Decision

Applicants may request reconsideration of either a notice of disqualification or notice of intent to award decision by submitting a written request to the Agency. The Agency must receive the written request for reconsideration **within five calendar days (exclusive of Saturdays, Sundays, and legal state holidays)** from the date of the notice of disqualification or notice of intent to award decision, whichever is earlier.

The reconsideration shall be addressed to the contract compliance officer cited in the RFP (John McMullen), and shall be submitted via email, including a read receipt verification, at the following email address: reconsiderationrequest@hhs.iowa.gov.

It is the Applicant's responsibility to assure timely delivery of the request for reconsideration. The request for reconsideration shall clearly and fully identify all issues being contested by reference to the page and section number of the RFP.

The Agency will expeditiously address the request for reconsideration and issue a decision. The

Applicant may choose to file an appeal with the Agency within five days of the date of the decision on reconsideration exclusive of Saturdays, Sundays, and legal state holidays.

1.31 Definition of Contract and exclusivity

The full execution of a written contract by both parties shall constitute the making of a contract for services and no applicant shall acquire any legal or equitable rights relative to the contract until the contract has been fully executed by the successful applicant and the Agency. Any contract resulting from this RFP shall not be an exclusive contract.

1.32 Construction of RFP

This RFP shall be construed in light of pertinent legal requirements and the laws of the State of Iowa. Changes in applicable statutes and rules may affect the award process or the resulting contract. Applicants are responsible for ascertaining the relevant legal requirements. Any and all litigation or actions commenced in connection with this RFP shall be brought in the appropriate Iowa forum.

SECTION 2 – BACKGROUND AND SCOPE OF WORK

2.01 Background

Iowa's rural communities face persistent and intensifying public health challenges, including limited access to care, workforce shortages, and disparities in health outcomes. In response, the Agency developed the Healthy Hometowns initiative¹ as the state's submission to the federal Rural Health Transformation Program (RHTP), authorized under the One Big Beautiful Bill Act². This initiative is designed to transform the delivery of healthcare in rural Iowa by building a high-quality, sustainable system of care that improves health, well-being, and quality of life for rural residents.

Through the Iowa HHS Strategic Plan and Strategic Plan in Action³, the Agency has committed to elevate organizational health, advance operational excellence, and help Iowa thrive. The Iowa Rural Health Transformation Plan, Healthy Hometowns, is in direct alignment with those goals by promoting access to health and human services resources and helping individuals, families, children, and communities thrive. Iowa Governor Kim Reynolds set the foundation for Healthy Hometowns via House File 972 of the 91st Iowa General Assembly. This legislation, enacted July 1, 2025, establishes a multi-prong strategy for improving rural health care access and health outcomes for rural Iowans. This plan revolves around the concept that Iowa describes as Health Hubs, often referred to as hub-and-spoke models of care. The vision for Healthy Hometowns is to implement a robust hub-and-spoke framework that supports long-term, sustainable and high-quality health care for Iowans living in rural areas.

Healthy Hometowns has three primary goals:

1. Iowans will be able to get health care within their rural communities at the most appropriate locations for type and level of care thanks to support from newly developed partnerships, more rural primary care physicians and specialists, and upgraded equipment.
2. Iowans living in rural areas will have improved health outcomes with similar rates of morbidity and premature mortality to those living in Iowa's more populous areas.
3. Iowa will invest in the development and utilization of innovative technology and data infrastructures to support sustainable care options close to home, seamless care partnerships, and data sharing throughout the state.

For this RFP, the Agency is seeking proposals from qualified applicants to provide statewide technical assistance and strategic implementation support to awardees of the Communities of Care Initiative as part of Iowa's Healthy Hometowns, funded by the Center's for Medicare and Medicaid Services Rural Health Transformation Program. The selected Contractor from this RFP will assist Rural providers and organizations with relationship building, develop legal agreement templates, and report on best ways to set up referral networks and payment structures for long term sustainability.

2.02 Definitions

¹ <https://hhs.iowa.gov/initiatives/rural-health-transformation-rht>

² <https://www.cms.gov/priorities/rural-health-transformation-rht-program/overview>

³ <https://hhs.iowa.gov/about/strategic-plan>

A. RFP General Definitions. When appearing as capitalized terms in this RFP, including attachments, the following quoted terms (and the plural thereof, when appropriate) have the meanings set forth in this section.

“Agency” means the Iowa Department of Health and Human Services.

“Business Day” means any day other than a Saturday, Sunday, or State holiday as specified by Iowa Code § 1C.2.

“Equipment” means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the recipient or subrecipient for financial statement purposes, or \$10,000.

“Request for Proposal” or “RFP” means a formal Request for Proposal that involves the state Agency soliciting bids to purchase services through a competitive process.

“Performance Measures” means measures that assess the Deliverables or activity under this Contract. Performance measures include, but are not limited to quality, input, output, efficiency, and outcome measures.

B. Definitions Specific to this RFP. When appearing as capitalized terms in this RFP, including attachments, the following quoted terms (and the plural thereof, when appropriate) have the meanings set forth in this section.

“Pilot Project Awardees” means entities who applied and were awarded to serve a pilot project. The entities must have at least three distinct provider types at a single rural site that may include local public health agencies, Federally Qualified Health Centers, hospitals, behavioral health providers, substance use treatment programs, pharmacists, oral health providers, aging and disability service organizations, and other healthcare or social service entities committed to reducing chronic disease. Pilot Project Awardees will start on or around October 1, 2026.

“Communities of Care Initiative” means the Agency will fund up to seven geographically diverse projects to pilot co-located service delivery sites and embed Community Health Workers to enhance care coordination and chronic disease prevention beginning in FFY27 through FFY31.

“Co-location” means entities of at least three distinct provider types (local public health agencies, Federally Qualified Health Centers, hospitals, behavioral health providers, substance use treatment programs, pharmacists, oral health providers, aging and disability service organizations, and other healthcare or social service entities committed to reducing chronic disease) agree to provide services at a single rural site.

“Community Health Worker (CHW)” means front public health workers who serve as trusted members of the communities they work in. They act as liaisons between health and social services and the community, facilitating access to services and improving the quality of care.

“Evidence Based Interventions (EBIs)” means a program, practice, or policy that has been rigorously evaluated and shown to produce positive outcomes through high-quality research methods, such as randomized controlled trials or quasi-experimental designs.

“Non-Traditional Provider” means a CHW or Patient Navigator, Social Worker, Peer Support Specialist (individual with lived experience), Health Coach, Case Manager, Outreach Worker, Navigators for Social Services. They provide coordination, navigation, education, and support. They are often community-based and are trusted by populations that may face barriers to traditional healthcare services.

“Rural” means an area designated by the Health Resources and Services Administration (HRSA) as an eligible geographic location to apply for rural health grants. Applicants should use the “Rural Health Grants Eligibility Analyzer ([Rural Health Grants Eligibility Analyzer](#))” to determine rurality for the purpose of this funding opportunity ([How We Define Rural | HRSA](#)).

“Rural Iowa Organization” means organizations that serve people living or working in rural Iowa counties.

“Uninsured” means someone who is not enrolled in a group health plan, group or individual health insurance coverage, federal health care program, or a Federal Employees Health Benefits (FEHB) plan.

- Examples of federal health care programs include:
 - Medicare (including Medicare Advantage plans)
 - Medicaid (including Medicaid managed care plans)
 - The Children's Health Insurance Program (CHIP)
 - TRICARE
 - Health coverage through enrollment in the Department of Veterans Affairs (VA) Health Care System
- Examples of group health plans and group or individual health insurance coverage include:
 - A job-based group health plan (including through a spouse or parent), such as one sponsored by:
 - A private employer, including Multiple Employer Welfare Arrangements (MEWAs)
 - A state or local government employer
 - A labor union for its union members and their families
 - A Tribal government
 - The Federal Government (e.g., through the FEHB Program)
 - A church employer or an employer that is a convention or association of churches (note that this is different from a health care sharing ministry, which is not limited to church employees)
 - A small employer that offers a qualified health plan through the Small Business Health Options Program (SHOP) Marketplace
 - Individual health insurance coverage, including:
 - A health plan bought through a federal or state health insurance Marketplace

- A policy purchased directly from a health insurance issuer
- A fully-insured student health plan (i.e., where an insurance company bears the risk as opposed to the school)

2.03 Scope of Work.

The Agency seeks a Technical Assistance (TA) Provider to support rural providers, clinics, and community organizations in building capacity to successfully pursue, implement, and sustain funding opportunities and organizational initiatives that support the Healthy Hometowns initiatives. TA from the resulting Contractor will be ongoing and varies each year of the contract term. The successful applicant must possess a variety of skills that demonstrates their ability to inform and guide Community of Care projects. The TA provided will also assist the Agency in identifying strategies that will maximize the impact of the implemented interventions.

A. Work Plans. The Applicant will develop and implement Work Plans compliant with the Deliverables and timelines listed in section B within the forms in IowaGrants as described in Section 3 of this RFP.

B. Deliverables. In compliance with the Agency-approved work plan within IowaGrants, the Contractor shall provide the following:

The resulting contract will include two phases:

1. Statewide Capacity-Building Group TA: Broad, public-facing training and tools to strengthen general organizational capacity among rural Iowa organizations.
2. Pilot-Site Intensive TA: Customized support for selected pilot sites implementing co-located, integrated services and transformation initiatives.

Phase 1: Statewide Capacity-Building Group Based Technical Assistance (Pre-Pilot)

The Contractor shall provide group technical assistance (TA) to all interested eligible rural providers and organizations across Iowa. This TA must be general capacity-building (not specific to any Agency funding opportunity) and must be accessible, publicly available, and designed to build organizational and funding-readiness capacity.

Delivery of Group Based TA

1. Audience and Reach

- a. The Contractor must identify and affirm its capacity to serve the following types of organizations:
 - i. Rural hospitals, critical access hospitals
 - ii. Rural primary care clinics such as, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and independent practices
 - iii. Behavioral health and substance use providers
 - iv. Local public health departments
 - v. Community-based organizations (CBOs) and nonprofits
 - vi. Social service agencies
 - vii. Pharmacies
 - viii. Oral health providers
 - ix. Aging and disability service organizations
 - x. Community Action Agencies

- xi. Rural coalitions and other stakeholders
 - xii. School districts
 - xiii. Other relevant healthcare or social service entities
- 2. Technical Assistance Formats
 - a. The Contractor shall deliver TA in a variety of accessible formats, including but not limited to:
 - i. In-person workshops and trainings
 - ii. Virtual trainings or webinars (live and recorded)
 - iii. Guides, manuals, flowcharts, logic models, toolkits, and templates
- 3. Topics
 - a. The Contractor shall cover a variety of topics, tailored to rural organizational capacity building, including not limited to:
 - i. Proposal Development: Narrative development, logic models, work plans, measurable objectives, professional writing
 - ii. Needs Assessment and Organizational Readiness: Organization and community assessment tools and gap analysis
 - iii. Budgeting and Fiscal Monitoring: Budget templates, cost tracking, fiscal sustainability, funding diversification
 - iv. Community Health Worker (CHW) or Non-Traditional Provider Integration: benefits of CHWs or non-traditional providers, models for integration into care teams, reimbursement mechanisms, and demonstrating impact on health outcomes
 - v. Data and Evaluation Capacity: Data collection, performance measurement, continuous quality improvement, impact analysis
 - vi. Partnership and Collaboration Development: Identifying partners, partnership agreements (formal and informal)
 - vii. Action Plan Development, Strategic Planning and Sustainability: Long-term multi-year planning, sustainability models
 - viii. Stakeholder and Community Engagement: Community and stakeholder involvement, leveraging community voice, coalition building
 - ix. Building Trust: Engaging populations with negative perceptions of healthcare or are not receiving any healthcare services or uninsured individuals
 - x. Communication: Communication strategy and success story sharing
- 4. Community Engagement: Outreach, Engagement and Accessibility
 - a. Develop and execute a statewide outreach plan to ensure eligible organizations are informed of all Phase 1 TA offerings. The outreach plan shall include methods for identifying eligible partners, outreach channels, and targets for geographic equity.
 - b. Provide TA sessions at varied times (normal business hours and outside standard business hours including evenings or weekends) and offer recordings, slides, and transcripts.
 - c. Provide outreach materials and strategies in multiple formats to participation to reduce barriers.
 - d. Collect and report attendance and engagement metrics (number of participants, organizations represented, geographic distribution).
- 5. Evaluation and Continuous Improvement
 - a. Define evaluation measures for Phase 1 (reach, satisfaction, self-reported

- readiness, knowledge change).
- b. Implement rapid feedback loops (e.g., brief post-session assessments) and produce quarterly summaries of findings with recommendations for course correction.

The Contractor shall not provide individualized, tailored technical assistance during Phase 1 to any organization. All TA must be open and general in nature.

Phase 2: Pilot-Site Technical Assistance

Upon selection of pilot awardees by the Agency, the Contractor shall provide more intensive, tailored TA to support the design, implementation, evaluation, and sustainability of co-located and integrated service sites (“pilot hubs”). The Contractor shall provide:

1. Delivery of Group Based TA and Community of Practice
 - a. Refer to Phase 1, the Contractor will continue to provide Group Based TA to pilot sites.
 - b. Coordinate, with the Agency, a Community of Practice among funded pilot sites to facilitate peer learning, sharing of best practices, and collaborative problem-solving to strengthen the long-term durability of care models.
2. Individualized Technical Assistance
 - a. Provide customized TA to each selected pilot site, taking into account differences in organizational size, geographic location, staff capacity, and existing infrastructure.
 - b. Support the pilot sites simultaneously, even if sites are at different phases (assessment, implementation, evaluation). The Contractor should demonstrate prior experience managing multi-year cohorts.
3. Co-Location and Service Integration
 - a. Conduct a detailed needs assessment for each pilot site (including clinical, social, workforce, infrastructure, and community/service partner capacity).
 - b. Provide guidance on co-location design and shared infrastructure: space planning, workflows, telehealth capacity, shared staffing, referral protocols, service integration.
 - c. Provide guidance to ensure access to care across the service delivery area by incorporating into the needs assessment an analysis of transportation supports to address geographic and mobility barriers, as well as strategies for delivering non-reimbursable services to uninsured individuals.
 - d. Develop guidance and templates to facilitate legal and operational agreements (MOUs, contracts and partnership agreements).
 - e. Assist pilot sites in developing equitable cost-sharing models, sustainability plans and financial models.
 - f. Guide pilot sites on long-term funding strategies and resource-sharing plans.
4. Community Health Worker (CHW) Integration
 - a. Guide integration of CHWs and non-traditional providers (i.e. patient navigators, social workers, peer support specialists, etc.) into care teams by providing TA related to scope of work, supervision models, and workflow design.
 - b. Support pilot sites by providing TA for complex scheduling across co-located services and providing real-time referrals.
 - c. Provide training in Medicare and Medicaid benefit enrollment, dual eligibility and

- collecting and reporting data related to beneficiaries' unique needs.
- d. Work with the Agency to align with Iowa-specific best practices in CHW utilization and supervision.
- 5. Chronic Disease Prevention and Management
 - a. Assist pilot sites in the integration of primary prevention efforts targeting cardiovascular disease, obesity, diabetes, and cancer.
 - b. Guide the pilot sites in the integration of Agency evidence-based prevention and intervention programs such as Diabetes Self-Management Education and Support (DSMES), the National Diabetes Prevention Program (NDPP), the Chronic Disease Self-Management Program (CDSMP), Self-Measured Blood Pressure Monitoring Programs (SMBP) as well as other evidence-based programs, including Walk With Ease (WWE) and additional approved options.
 - c. Provide TA related to best practices related to cancer screening and diagnostics such as Fecal Immunochemical Test (FIT) screening with follow-up colonoscopies and referral of eligible Iowans to the Agency Care for Yourself Program (Breast and Cervical Cancer screening and diagnostics).
 - d. Work with the Agency to align with Iowa-specific best practices in chronic disease prevention, screening, intervention and management.
- 6. Non-Clinical Services and Healthy Lifestyle Changes
 - a. Provide guidance to support the integration of non-clinical services within co-located sites by incorporating into the needs assessment an analysis of behavioral health, social supports, barrier navigation, and prevention or risk factor reduction needs.
 - b. Provide guidance to pilot sites in offering nutrition education, lactation support (access to donor milk and credentialed lactation professionals), no cost or discounted gym memberships, and free on-site exercise classes or walking groups.
 - c. Provide guidance to incorporate policy, system and environmental (PSE) changes to make healthy lifestyle choices easier.
 - d. Develop tools that encourage self-management of chronic diseases and healthy decision-making with items such as home blood pressure monitors, continuous glucose monitors, or smart benefit cards (e.g., Evermore).
 - e. Work with the Agency to align with Iowa-specific best practices in non-clinical and healthy lifestyle incorporation.
- 6. Evidence-Based Interventions (EBIs)
 - a. Provide TA for the selection, adaptation, implementation, and evaluation of EBIs.
 - b. Support staff training, fidelity tracking, and continuous improvement of EBIs.
- 7. Technology Infrastructure
 - a. Assist pilot sites in identifying and developing telehealth infrastructure.
 - b. Provide models for teleconsultation for non-clinical sites (i.e. CBOs, schools).
 - c. Guide the integration of shared data systems to enable coordinated care.
 - d. Help pilot sites optimize or adopt Electronic Health Records (EHRs) workflows to integrate clinical and social services, coordinate care, and track data.
- 8. School Based Services
 - a. Assist pilot sites in technical assistance related to school-based Medicaid services, including integration to co-location and shared data for coordinated

care.

9. Community Engagement and Outreach
 - a. Lead workshops for pilot sites on partnership and trust building in the community.
 - b. Assist hubs in designing appropriate outreach and patient engagement strategies, prioritizing populations with low healthcare service uptake and uninsured individuals.
 - c. Support and guide pilot sites through community and stakeholder engagement activities.
10. Evaluation and Continuous Improvement Tools
 - a. Apply continuous improvement methodologies (e.g., Plan-Do-Check-Act) to help sites identify and resolve implementation challenges.
 - b. Provide ongoing coaching, check-ins, and structured problem-solving sessions.
 - c. Implement and disseminate evaluation instruments (surveys, focus group guides, interview protocols) with the guidance of the Agency's Evaluator.
 - d. Build data collection systems that capture both quantitative and qualitative data.
 - e. Conduct analysis, interpretation, and reporting of data from pilot sites.
 - f. Prepare professional reports on outcomes, lessons learned, and potential publication or dissemination (if agreed upon with the Agency).
11. Phase 1 activities may continue within Phase 2 as request by or approved by the Agency.

General Requirements: Applies to Phases 1 and 2

The Contractor shall:

- a. Provide timely (within 3-business day) responses to Agency and pilot site emails and phone calls.
- b. Maintain appropriate documentation of all TA activities and make materials publicly available per Agency instructions.
- c. Translate technical work into deliverables for a variety of audiences (community, funders, stakeholders).
- d. Produce required reports per Agency's schedule (quarterly, annual, final).
- e. Work with the Agency to develop dissemination materials (toolkits, case studies, success stories) that other organizations can use for scaling.
- f. Ensure all materials comply with Agency branding, accessibility (508 compliance), and plain-language standards.
- g. Protect confidential information and comply with HIPAA and other applicable data protection rules when handling patient-level or protected information.
- h. Coordinate with the Agency's Evaluator and the Iowa Health Information Exchange (HIE) for data alignment and reporting as requested.
- i. Participate all required meetings, which includes but is not limited to:
 - i. Annual Agency and Contractor Project Orientation and Kick Off Meeting (Phase 1 and 2)
 - The Contractor, in conjunction with the Agency, shall plan and lead a project orientation and kick-off meeting to discuss their plan for serving as the TA provider. This meeting shall also include a discussion of any

concerns by either party for meeting the project's objectives. The meeting can be either in person or virtual, as mutually agreed upon by the parties. This meeting shall occur within eight business days of the contract execution. A detailed list of discussion topics shall be provided by the Contractor to the Agency at least two business days prior to the meeting. The Contractor shall provide a written summary of key discussion points within 7 business days following the meeting.

- ii. Agency and Contractor Monthly Update Meetings (Phase 1 and 2)
 - The Contractor shall meet with the Agency at least once per month in either virtual or in-person format, as mutually agreed upon by both parties. The Contractor is responsible for scheduling and shall arrive at each meeting prepared to provide updates and discuss any challenges encountered while completing the work and services. A detailed list of discussion topics shall be provided by the Contractor to the Agency at least two business days prior to the meeting. The Contractor shall provide a written summary of key discussion points within 7 business days following the meeting.
- iii. Bi-Annual Progress Meetings (Phase 1 and 2)
 - The Contractor shall present to Agency Leadership bi-annually (approximately halfway through the project period and at the end of the project period) to discuss progress related to the scope, successes, challenges and progress towards performance measures.
- iv. Annual Project Awardee Kick-Off Meeting (Phase 2)
 - The Contractor shall conduct an annual kick-off meeting(s) for selected pilot project awardees to review project expectations, timelines, and available TA resources. The Contractor is responsible for scheduling and shall provide an agenda to the Agency and project pilot awardees at least two business days prior to the meeting(s). The Contractor shall provide a written summary of key discussion points within 7 business days following the meeting.
- v. Pilot Project Awardee and Contractor Update Meetings (Phase 2)
 - The Contractor shall determine how often to meet with each pilot project awardee throughout the project period in either virtual or in-person format, as mutually agreed upon by both parties. The Contractor is responsible for scheduling and shall arrive at each meeting prepared to provide updates and discuss any challenges encountered while completing the work and services. A detailed list of discussion topics shall be provided by the Contractor at least two business days prior to the meeting. The Contractor shall provide a written summary of key discussion points within 7 business days following the meeting.

C. Contractor's Personnel for Project Implementation. Staffing must be sufficient to implement the project as described in this RFP. The Contractor shall maintain an accurate listing of staff specified for project implementation, meeting all minimum staffing requirements as required by the Agency, within the personnel form Component, located

in the IowaGrants. The Contractor shall maintain a table of organization for this project which shall:

Illustrate the lines of authority in two tables:

1. Overall operations
2. Staff who will provide services under this RFP

D. Required Reporting. The Agency requires reporting of compliance with the resulting Contract and performance of the Deliverables and Work Plans pursuant to proposed action/work plans, provision of services, and incurred expenses. Successful applicants will be awarded a contract to be managed within an Electronic Grant Management system within www.iowaGrants.gov. The required reports and related information will be submitted within the Grant Tracking system. The reports and submission requirements are subject to change at the sole discretion of the Agency. The Agency shall review and monitor submitted reports, as well as other data and information for completeness, timeliness, and overall performance pursuant to the Contract.

Anticipated reports (progress and data) include:

Phase 1: Statewide Capacity-Building Group Technical Assistance

1. Annual Kick Off Meeting Plan and Report

a. Outreach and Engagement for Phase 1

The Contractor shall develop and execute an outreach plan to ensure that all eligible organizations across Iowa are aware of the available group TA. This should be an updated and expanded plan to the Work Plan submitted for this funding opportunity. This plan must:

- i. Include strategies for geographic equity (e.g., remote and in-person outreach)
- ii. Describe channels (state associations, listservs, social media, email, webinars)
- iii. Set measurable targets (e.g., number of organizations contacted, number of participants, TA events)
- iv. Include strategies for reaching a wide variety of organizations
- v. Describe how TA materials will be distributed

b. Evaluation and Reporting for Phase 1

The Contractor shall collect attendance and engagement data (number of participants, organizations represented, geographic distribution). The Contractor must include a summary in the report that describes:

- i. TA events held and formats used
- ii. Participation metrics by organization type and geography
- iii. Feedback themes from participants
- iv. The Contractor shall propose evaluation methods to assess how TA builds capacity (e.g., pre and post-surveys for readiness, self-reported changes in grant preparedness).

2. Annual Engagement Project Plan

- a. The Contractor shall develop and submit an annual engagement plan that outlines strategies to engage organizations in TA opportunities, including scheduling of TA

sessions, workshops, and outreach activities.

3. Assessment Plan on Partnership Strategies
 - a. The Contractor shall prepare a plan of best practices related to partnership strategies.
4. Assessment Report on Billing Strategies
 - a. The Contractor shall prepare a report assessing best practices related to billing strategies for co-located, community and school-based services.
5. Co-Location Toolkit and Templates
 - a. The Contractor shall develop and maintain a co-location toolkit, including templates, workflows, and guidance documents to support project implementation.
 - b. The documents shall be accessible to the general public and updated quarterly or as needed.
6. Community Health Worker Toolkit and Templates
 - a. The Contractor shall develop and maintain a community health worker toolkit, including templates, workflows, trainings, and best practice guidance documents to support CHW integration. The documents shall be accessible to all awardees and updated quarterly or as needed.
7. Report for on-site facilitated technical assistance sessions
 - a. The Contractor shall develop a report that summarizes the number and type of on-site technical assistance sessions provided. The report should identify the topics addressed and the entities supported at each on-site session.
 - i. On-Site means: In-person, full-day facilitated group TA sessions to coordinate relationship building and problem solving.
8. Report for facilitated technical assistance sessions for school-based services
 - a. The Contractor shall develop a report that summarizes the number and type of technical assistance sessions provided for school-based services. The report should identify the topics addressed and the entities supported at each session.
9. Monthly Facilitated Technical Assistance Progress Summary
 - a. The Contractor shall provide a written summary with the monthly agendas for meetings with the Agency that details all facilitated technical assistance sessions, including topics covered, participants, outcomes, and follow-up actions and challenges encountered.
10. Annual Report
 - a. The Contractor shall compile reports written throughout the project period and provide an Annual Report summarizing yearly activities, performance measures and outcomes. This report should be included in the presentation at the Bi-Annual Progress Meeting occurring at the end of the project period.
11. Ad-hoc TA and Reports
 - a. TBD based on Agency need and discretion

Phase 2: Pilot-Site Technical Assistance

1. Annual Kick Off Meeting Plan and Report

- a. Outreach and Engagement for Phase 2
The Contractor shall develop and execute an outreach plan related to the Scope for Phase 2.
 - b. Evaluation and Reporting for Phase 2
The Contractor shall develop and execute an evaluation and reporting plan related to the Scope for Phase 2.
- 2. Annual Engagement Project Plan
 - a. The Contractor shall develop and submit an annual engagement plan that outlines strategies to engage pilot project awardees, including scheduling of TA sessions, workshops, and outreach activities.
- 3. Needs Assessment Report for Co-Location Sites
 - a. The Contractor shall conduct a needs assessment for each co-location site and provide a written report detailing identified needs and proposed strategies for addressing them.
- 4. Assessment Report on Partnership Strategies
 - a. The Contractor shall prepare a report assessing the partnership strategies implemented by pilot project awardees, including effectiveness of collaboration, barriers identified, and recommendations for implementation across rural Iowa.
- 5. Community of Practice Plan and Report
 - a. The Contractor shall develop a plan for the creation and facilitation of a community of practice among pilot project awardees. This shall include meeting frequency, format, and discussion topics.
 - b. The Contractor shall report on the plan, detailing successes, challenges, metrics and outcomes.
- 6. Report for on-site facilitated technical assistance sessions
 - a. The Contractor shall develop a report that summarizes the number and type of on-site TA sessions provided. The report should identify the topics addressed and the entities supported at each on-site session.
 - i. On-Site means: In-person, full-day facilitated sessions to coordinate relationship building and problem solving.
- 7. Report for facilitated technical assistance sessions for school-based services
 - a. The Contractor shall develop a report that summarizes the number and type of technical assistance sessions provided for school-based services. The report should identify the topics addressed and the entities supported at each session.
- 8. Monthly Facilitated Technical Assistance Progress Summary
 - a. The Contractor shall provide a written summary with the monthly agendas for meetings with the Agency that details all facilitated technical assistance sessions, including topics covered, participants, outcomes, and follow-up actions and challenges encountered.
- 9. Annual Report
 - a. The Contractor shall compile reports written throughout the project period and provide an Annual Report summarizing yearly activities, performance

measures and outcomes. This report should be included in the presentation at the Bi-Annual Progress Meeting occurring at the end of the project period.

10. Ad-hoc TA and Reports

- b. TBD based on Agency need and discretion

E. Contract Performance Measures. The Agency will monitor performance compliant to the scope of work described in section 2 and the Agency-determined deliverable-based reimbursement structure, see below.

Phase 1- Submission in Annual Report Due Date

- # and type of outreach activities per HHS Region
- % of Group Based TA sessions rated useful by participants
- # of tools, templates, and resources developed
- # of types of tools, templates, and resources developed specifically for cost-sharing, co-location, or CHW integration
- # of TA group sessions (in-person or virtual) (reported by number of participants, organization type and organization location)
- # of topics covered at TA group sessions (in-person or virtual) and TA individual sessions (in-person or virtual) (reported by organization type and organization location)
- % of reports submitted on time

Phase 2- Submission in Annual Report in Annual Report Due Date

- % of community of practice session rated useful by participants
- % of recipients reporting improved readiness to implement co-location
- # of Pilot Project Awardee and Contractor update meetings held
- # of tools, templates, and resources developed
- # of types of tools, templates, and resources developed specifically for cost-sharing, co-location, or CHW integration
- # of TA group sessions (in-person or virtual) and TA individual sessions (in-person or virtual) (reported by organization type and organization location)
- # of topics covered at TA group sessions (in-person or virtual) and TA individual sessions (in-person or virtual) (reported by number of participants, organization type and organization location)
- % of reports submitted on time

Performance Measures varies each year.

2.04 Contract Payment Methodology

A. Contractor Payments. The Contractor is anticipated to be paid an amount not to exceed \$2,000,000 for the time period of 2/15/2026 through 10/30/2026* and up to \$1,000,000 for the time period of 10/31/2026 through 10/30/2027* pursuant to the deliverable-based budget described below.

The Contractor shall invoice via IowaGrants claim submitted to the Agency upon

completion of each deliverable for reimbursement of the costs associated with meeting the Deliverables of the Contract.

After the period ending 10/30/27, the Agency anticipates up to \$1,000,000 per year to be available through contract amendments, not to exceed \$6,000,000 for the entire contract period. No new funding will be available for the final contract period of 10/30/30 through 9/30/31. The final contract period will be allowed for completion of services and spending awarded funding. Each subsequent funded amendment provided by the Agency, the Agency will determine the deliverables and associated amounts to be included in the contract at the Agency's discretion.

*At the Agency's discretion, additional time may be provided to complete the services, however in no case will additional time be provided beyond 9/30/27 for the funded time period of 2/15/26 through 10/30/26; and no additional time will be provided beyond 9/30/28 for the services funded for the time period of 10/31/26 through 10/30/27.

B. Cost Restrictions.

1. The Contractor shall only be eligible to receive reimbursement for services described within the Scope of Work as outlined in the deliverable-based budget outlined below.
2. There is a 10% cap for all administrative costs, including both indirect and direct costs. Not more than 10% of the amount allotted to a contractor for a budget period may be used for administrative expenses. This 10% limit includes indirect and direct costs that are considered administrative costs. Contractors will be required to track and report to the Agency the total amount spent on administrative costs and these costs shall not exceed 10% of the funds received.
3. Contractors must follow all funding restrictions and requirements described within the Centers for Medicare & Medicaid Services' Rural Health Transformation Program, opportunity #: CMS-RHT-26-001.

C. Deliverable-based Reimbursement. Reimbursement for this project will be deliverable-based. The Agency has identified the deliverables and corresponding reimbursement amounts for the base contract term in the charts below. The deliverables and corresponding amounts may change at the sole discretion of the Agency. These reimbursement amounts are all inclusive for the defined deliverable and no other associated costs or expenses will be provided.

Reimbursement of expenses under the contract will be based upon successful performance in meeting the contract requirements and deliverables. All deliverables must meet Agency approval prior to payment of the reimbursement. Failure to provide deliverables meeting Agency satisfaction will result in non-payment of corresponding deliverable.

Deliverables: This is the anticipated deliverable reimbursements for the timeframe of 2/15/26-10/30/26*:

Deliverable (description)	Due Date	Fixed Cost**
Annual Kick-Off Meeting	Within 30 days of	\$250,000

	contract execution	
Annual Engagement Plan	TBD	\$100,000
Assessment Report on Partnership Strategies	TBD	\$200,000
Assessment Report on Billing Strategies	TBD	\$200,000
Co-Location Toolkit and Template Repository	TBD	\$150,000
Develop and Facilitate a Community of Practice	TBD	\$100,000
Up to 21 On-Site Facilitated Technical Assistance Sessions	TBD	\$450,000 (\$21,428 per on-site facilitated TA sessions [3 sessions per selected site] for a maximum of \$450,000)
Up to 14 On-Site Facilitated Technical Assistance Sessions Specific to Improving School-Based Services	TBD	\$450,000 (\$32,142 per on-site facilitated TA sessions [2 sessions per selected site] for a maximum of \$450,000)
Ad-hoc TA and reports	TBD	Amount per ad-hoc TA and reports will be determined by the Agency and will not exceed \$100,000
Total Fixed Cost:	\$2,000,000	

*At the Agency's discretion, additional time may be provided to complete the deliverables described above, however in no case will additional time be provided beyond 9/30/27.

This is the anticipated deliverable reimbursements for the timeframe of 10/31/26-10/30/27*:

Deliverable (description)	Due Date	Fixed Cost**
Annual Kick-Off Meeting	TBD	\$50,000
Annual Engagement Plan	TBD	\$50,000
Develop and Facilitate a Community of Practice	TBD	\$100,000
Up to 21 On-Site Facilitated Technical Assistance Sessions	TBD	\$450,000 (\$21,428 per on-site facilitated TA sessions (3 sessions per selected site) for a maximum of \$450,000)
Up to 14 On-Site Facilitated Technical	TBD	\$450,000

Assistance Sessions Specific to Improving School-Based Services		(\$32,142 per on-site facilitated TA sessions [2 sessions per selected site] for a maximum of \$450,000)
Ad-hoc TA and reports	TBD	Amount per ad-hoc TA and reports will be determined by the Agency and will not exceed \$100,000
Total Fixed Cost:	\$1,000,000	

*At the Agency's discretion, additional time may be provided to complete the deliverables described above, however in no case will additional time be provided beyond 9/30/28.

**Reimbursements will not be provided until the Agency approves the deliverable.

SECTION 3 -- APPLICATION CONTENT

In compliance with the minimum requirements and scope outlined in Section 2 – Description of Work and Services, applicants must complete each form listed below from within IowaGrants for this Funding Opportunity.

3.01 Application Instructions

Each user will complete the registration process, only if not already registered. Follow the steps outlined for new registration and logging in to IowaGrants through the link provided in the links section of this RFP and in the Funding Opportunity Details in IowaGrants. New Users should allow at least a few days for the registration to be processed.

Refer to Section 1.06 (D) for instructions on Application Creation.

Note: IowaGrants will permit multiple users within the Applicant Organization to register and begin creation of an application for each funding opportunity. The applicant is responsible for ensuring **only one entire application is completed and submitted for the same service area** (refer to Sections 1.04, 1.06, and 1.14) in response to this RFP.

For general instructions on completing applications in IowaGrants, as well as how to copy previously created applications, refer to the 'HHS Application Instruction Guidance' as posted under the Attachment section of the Funding Opportunity.

- Submitted applications must meet all minimum and eligibility requirements outlined in this RFP.
- Promotional materials or other items not required by this RFP will not be considered during the review process.
- Any information or materials not required to be submitted as an attachment by this RFP application will not be considered in the review process.

Upon starting an application, the first screen that appears is the General Information Form. This is where the applicant will title their application and identify the Organization they are representing. The registered applicant must be representing an eligible entity (refer to section 1.03). After clicking 'Save'; the applicant can re-open and edit this form to add other users registered with the represented organization in IowaGrants.gov as 'Additional Contacts'.

The saved **General Information** Form appears as the first form in your application.

3.02 Application Forms:

Applicants must complete each application form listed below following the instructions here and within the Electronic Grant Management System at www.lowagrants.gov. Each required field of each Application Form must be completed or the system will not allow the form to be saved. Once an application form is completed, the applicant must mark it as complete. All forms must be marked as complete or IowaGrants will not permit the application to be submitted.

Follow the instructions for each section and field within the form in IowaGrants. A summary of each form's contents is listed below.

Cover Sheet - General Information: This form requires the applicant to identify the Authorized Official, the Fiscal Contact, and additional required information.

Business Organization: This form requires information about the applicant organization, including legal name, address, alternate mailing address for warrant/payments, business structure, history, table of organization, any pending or threatened litigation or investigation which may affect the Applicant's ability to perform the required services (refer to RFP Section 1.23), as well as identification of the applicant's accounting firm and reporting any irregularities discovered in any of the accounts maintained by the applicant (refer to RFP Section 1.24), and disclosure of history of contract default or terminations.

Application Certification and Conditions: This form provides for the certification and assurance of the Applicant's intent and commitment to provide the services included in the application if an award is issued. This form will also identify the individual designated as the Grantee Contact with full responsibility for assignment of individuals to a resulting grant site (if applicable) in IowaGrants. Optional sections of this form include a section for the request for confidentiality in compliance with section 1.28 of this RFP and upload field for transmittal letters and other applicable communications.

The Certification and Conditions Form is **required** to be completed, electronically signed and dated by the Executive Director (ED) or Chief Executive Officer (CEO) of the applicant.

- o Iowa Code Section 554D.103 defines an electronic signature as "an electronic sound, symbol, or process, attached to or logically associated with a contract or other record and executed or adopted by a person with the intent to sign the record." An applicant may insert an electronically scanned signature, a digital signature, or a typed name, symbol, etc. in compliance with this definition for the electronic signature.

An applicant's submission of an application indicates the applicant's agreement to conduct this transaction by electronic means.

Background and Demonstrated Experience: This form requires Applicants to provide information about the applicant organization background, demonstrated experience in provision of services, and established community partnerships. Applicant shall include relevant information about their background and experience that has prepared them for the work as described in this RFP.

Within this form, the applicant shall include the following specifics related to their demonstrated experience and examples of past work relevant to both Phase 1 (Statewide Group TA) and Phase 2 (Pilot-Site TA). Including but not limited to:

- Co-located service delivery models with rural organizations
- Delivering group-based capacity-building and individualized TA for multi-site initiatives
- CHW and Non-Traditional Provider integration
- Telehealth infrastructure
- Selection, adaptation, and implementation of EBIs in clinical and community settings

- Designing and adapting EHR functionalities
- Cross-training staff
- Coordination of clinical, social and school based care
- Implementation and incorporation of non-clinical services in co-located designs
- Building organizational capacity to sustain interventions
- Include community partnerships and services the applicant has already developed and established.

Project Personnel Plan: This form requires specific information about the project personnel related to providing the services described in this RFP.

Applicants must provide a detailed and adequate staffing plan to ensure all services sought by this RFP are met and appropriately implemented and monitored. Identify the full staffing plan and include the role, responsibilities and percentage of time the project personnel will devote to this project on a monthly basis. Applicants must include resumes for all personnel who will be involved in providing the services sought by this RFP. The resumes shall include: name, education, years of experience, and employment history, particularly as it relates to the scope of services specified herein.

A detailed and expedited hiring plan must be described if the applicant plans to hire staff after the award. In this plan, applicants should include job descriptions for positions not yet filled. Due to the short timeline for implementation, applicants who have staff on board at the time of application may be awarded more points.

At a minimum, applicants must identify:

- The Contractor shall assign a dedicated project manager.
- The Contractor shall demonstrate appropriate assignment, as determined by the Agency, of a multidisciplinary team with expertise in managing complex, multi-site healthcare or public health initiatives. This includes, but is not limited to, co-location planning, integration of non-clinical services and chronic disease prevention and management, CHW integration, EHR implementation and utilization, EBI implementation, partnership development, cost-sharing strategies, and sustainability planning.

Staffing should be scalable to handle multiple pilot sites and broad statewide TA audience. Table of organizations as listed in section 2 must be uploaded in this form.

If the applicant also submits a proposal for RFP #COMPADM26002 and/or #COMPADM26001, they must include a disclosure statement identifying all RFPs applied for. The applicant must also provide a justification demonstrating their capacity to fulfill the responsibilities of each scope of work if awarded multiple contracts. This justification must include:

- A detailed staffing plan that outlines how personnel will be allocated across all proposed scopes of work.
- A description of documentation and record-keeping procedures to ensure accurate time tracking and prevent duplication of reimbursement.

- An explanation of how staff time studies will be conducted to support compliance and accountability.

Healthy Hometowns Project Work Plan: Applicants will upload a Work Plan which requires applicant to identify the details for implementing the work and services as described in this RFP. Applicants shall demonstrate within their work plan their capability to implement the minimum requirements and deliverables as described in section 2. **The uploaded work plan must follow the formatting specifications outlined in Attachment B.**

The work plan shall include the Applicant's approach and methodology. Must include:

- Phase 1: Statewide Group TA
 - Detailed plan for providing open-access, group TA to all eligible organizations in Iowa.
 - Messaging that builds trust and encourages involvement and participation in the TA opportunities.
 - Description of topics covered, formats (webinars, workshops, toolkits), and delivery methods. Messaging that communicates the benefits of the topics selected for participants.
 - Strategies to make TA accessible, inclusive and address potential barriers, including session timing, formats and provided materials.
 - Target audience (types of organizations and geographic coverage)
 - Outreach channels (listservs, social media, newsletters, partner networks)
 - Measurable targets (number of organizations contacted, sessions offered, anticipated attendance and outcomes)
- Phase 2: Pilot-Site TA
 - Detailed plan for providing individualized TA to selected pilot sites.
 - Approach to providing TA related to the scope of Phase 2.
 - Plan to measure the impact of TA on organizational readiness, capacity, and sustainability.
 - Description of how the Contractor will manage multi-site cohorts at different stages of implementation.
 - Plan to build trust and encourage involvement and participation of pilot sites and pilot site service delivery areas.

The work plan must include the Applicant's approach to ramp-up and mobilization to meet the Agency's deliverables. Including a timeline showing how Phase 1 activities will begin within 30 days of contract execution. This should include steps for rapid mobilization, hiring staff, scheduling workshops, developing initial materials, and initiating outreach.

Reimbursement Attestation: This form requires the applicant to attest to their understanding of the deliverable-based reimbursement structure and available funds as outlined in this RFP. The Applicant will also attest to the administrative cost limitation of 10% of total costs.

Minority Impact Statement: This form collects information about the potential impact of the project's proposed programs or policies on minority groups.

SECTION 4 – APPLICATION EVALUATION PROCESS AND CRITERIA

4.01 Overview of Evaluation Process

Evaluation of applications submitted under this RFP will be conducted in three phases.

Phase I -- Technical Review: The first phase will involve a preliminary review by the Agency staff of an applicant's compliance with the mandatory requirements, such as eligibility and application content for submitted applications. Applications which fail to satisfy technical requirements or application content may be eliminated from the application evaluation. These applications may be disqualified. The Agency will notify the applicant of a disqualification that occurs during the evaluation process. The Agency reserves the right to waive minor variances at the sole discretion of the Agency.

Phase II – Evaluation Committee: Applications determined to be compliant with technical requirements and application content will be accepted for the second phase of evaluation, which shall be completed by a review committee or committees established by the Agency. The membership of the review committee(s) shall be determined by the bureau chief with input and oversight from the respective division director. The evaluation committee(s) shall evaluate applications in accordance with a point system. Each committee member will review the applications and the evaluation criteria outlined in this chapter and document strengths, weaknesses, and comments as applicable. If an applicant is requested to make an oral presentation of the application pursuant to RFP Section 1.15, the committee members may consider the oral presentation of the applicant in the scoring process.

The evaluation committee will then meet as a group to score the application through a consensus process to arrive at a final score for each application and the applications will then be ranked based on the evaluation scores. The Agency staff may solicit additional input and recommendations from the evaluation committee(s).

Phase III -- Agency Review and Award: The third phase will be a final review. The Agency will consider the submitted applications and the evaluation committee's scores and recommendations.

The Agency may also consider geographical distribution, budget information, any information received pursuant to Sections 1.18 - 1.25 of the RFP, including references, and any other information received pursuant to the procurement process. The Agency reserves the right not to award the contract to the applicant with the highest score.

4.02 Scoring of Applications

Accepted applications will be evaluated based on the following criteria:

- A. All parts of each section are included and addressed.
- B. Descriptions and detail are clear, organized and understandable.
- C. Descriptions are responsive to the intent of the RFP scope of work and goals and

objectives.

D. The overall ability of the applicant, as judged by the evaluation committee, to successfully complete the project within the proposed schedule. This judgment will be based upon factors such as budget, project implementation and management plan and availability of staff.

Points will be assigned to each evaluation component as follows, unless otherwise designated:

4	Applicant has agreed to comply with the requirements and provided a clear and compelling description of how each requirement would be met, with relevant supporting materials. Applicant's proposed approach frequently goes above and beyond the minimum requirements and indicates superior ability to serve the needs of the Agency.
3	Applicant has agreed to comply with the requirements and provided a good and complete description of how the requirements would be met. Response clearly demonstrates a high degree of ability to serve the needs of the Agency.
2	Applicant has agreed to comply with the requirements and provided an adequate description of how the requirements would be met. Response indicates adequate ability to serve the needs of the Agency.
1	Applicant has agreed to comply with the requirements and provided some details on how the requirements would be met. Response does not clearly indicate if all the needs of the Agency will be met.
0	Applicant has not addressed any of the requirements or has provided a response that is limited in scope, vague, or incomplete. Response did not provide a description of how the Agency's needs would be met.

The maximum points to be awarded for each application section are as follows:

Application Form	Component	Weight	Potential Maximum Score
Cover Sheet- General Information	-	N/A- Required	N/A
Business Organization	-	N/A- Required	N/A
Application Certification and Conditions	-	N/A- Required	N/A
Background and Demonstrated Experience	-	5	20
Personnel for project implementation	-	3	12

Communities of Care TA Project Work Plan	Audience and Reach	2	8
	Topics for Rural Capacity Building	2	8
	Delivering Group and Individual Based TA	2	8
	Co-Location and Service Integration	2	8
	CHW Integration	2	8
	Incorporation of Chronic Disease Programs	1	4
	Non-Clinical Services and Healthy Lifestyle Changes	1	4
	Implementation of EBIs	1	4
	Technology Infrastructure	1	4
	School Based Services	1	4
	Community Engagement and Outreach	1	4
	Evaluation and Continuous Improvement	1	4
	Project Work Plan Total		68
Reimbursement Attestation	-	N/A- Required	N/A
Minority Impact Statement	-	N/A- Required	N/A
Total Maximum Points without presentation:			100

If applicant presentations are conducted pursuant to this RFP, the points in the following table will be added to the application score above as follows:

Assessment Criteria	Weight	Potential Maximum Score
Overview of application by Applicant	3	12

Responses to Agency's questions	2	8
Total Maximum Points with presentation score:		120

SECTION 5 – CONTRACT

5.01 Contract Conditions

Any contract awarded by the Agency shall include specific contract provisions including the General Terms and Contingent Terms as posted on the Agency's website (refer to the links section of this RFP & Funding Opportunity Details in IowaGrants). Refer to the Attachments section on the Funding Opportunity page for the Draft Sample Contract Template. The Draft Sample Contract Template included is for reference only and is subject to change at the sole discretion of the Agency.

The contract terms contained in the general terms and contingent terms are not intended to be a complete listing of all contract terms but are provided only to enable applicants to better evaluate the costs associated with the RFP and the potential resulting contract. Applicants should plan to include such terms in any contract awarded as a result of the RFP. All costs associated with complying with these requirements should be included in the application. If the contract exceeds \$500,000, or if the contract together with other contracts awarded to the Contractor by the Agency exceeds \$500,000 in the aggregate, the Contractor shall be required to comply with the provisions of Iowa Code chapter 8F, including certification and reporting requirements.

Results of the Agency's evaluation process or changes in federal or state law may require additions or changes in final contract conditions requirements.

5.02 Incorporation of Documents

The RFP, any amendments and written responses to applicant questions, and the application submitted in response to the RFP form a part of the contract. The parties are obligated to perform all services described in the RFP and application unless the contract specifically directs otherwise.

5.03 Order of Priority

In the event of a conflict between the contract, the RFP and the application, the conflict shall be resolved according to the following priorities, ranked in descending order:

1. the Contract;
2. the RFP;
3. the Application.

SECTION 6 – ATTACHMENTS

The following reference documents are posted separately under the Attachment section of this Funding Opportunity.

- A- Communities of Care Technical Assistance Provider RFP #COMPADM26003
- B- Attachment B Work Plan Formatting Specifications
- C- HHS Application Forms Instruction Guidance (IowaGrants)
- D- Sample Draft Contract

SECTION 7 – LINKS

The following reference documents are available by clicking on the link provided in the website Links section of this Funding Opportunity.

- A. [IowaGrants Registration and Login Instructions](#)
- B. [General Terms and Contingent Terms](#)
- C. Rural Health Transformation Information
 - a. [Rural Health Transformation \(RHT\) | Health & Human Services](#)
 - b. [Rural Health Transformation \(RHT\) Program | CMS](#)