



IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF COMPLIANCE AND ADMINISTRATION

Combat Cancer Health Hub Program

REQUEST FOR PROPOSAL # PHTHOCC26756

**Contract Term:
June 1, 2026 to 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) # PHTHOCC26756 is to solicit applications that will enable the Iowa Department of Health and Human Services (referred to as Agency) to select the most qualified applicants to serve as cancer Hub and Spoke sites. The purpose of developing Hub and Spoke sites is to increase access to and availability of cancer treatment in Rural Iowa. Through the Healthy Hometowns Rural Health Transformation Program, Iowa is working toward innovative and transformative models of healthcare delivery to best serve rural Iowans.

Hub and Spoke sites will work collaboratively to increase access to chemotherapy in Rural Iowa. The Hub and Spoke sites will also increase access to additional forms of cancer treatment, management, screening, and diagnostics at Spoke sites by developing and implementing networks that include:

- Adding new chemotherapy lines of service at Spoke sites or the creation of additional capacity at existing Rural chemotherapy sites via additional infusion chairs, increased hours of operation, or other solutions that increase the number of patients receiving chemotherapy in Rural communities,
- Coordinating care for patients between Hub and Spoke sites, resulting in treatment provided locally at the Spoke site whenever possible and appropriate visits to the Hub site coordinated to maximize appointment time and reduce the amount of travel needed for completion of the care plan,
- Conducting remote consultation with medical personnel located at Hub sites, including tele-oncology services,
- Developing virtual Tumor Boards that allow medical professionals at Spoke sites to work collaboratively with medical professionals at the Hub site to diagnose patients and develop treatment plans that include care at the Spoke whenever possible and at the Hub site when necessary,
- Developing solutions for virtual visits and exchanging records and data between Hubs and Spokes.
- Developing and executing referral agreements, telehealth agreements, and innovative payment models to support the long-term success of the Hub and Spoke network,
- Expanding access to specialty services in a financially sustainable manner,
- Streamlining or centralizing functions to create cost savings,
- Improving the financial viability of Rural providers,
- Preserving independence of Rural providers,
- Keeping care local in Rural communities when possible and appropriate,
- Developing models of sustainability for rural cancer providers,
- Supporting long-term sustainability planning, including workforce development, tele-oncology integration, and alignment with Commission on Cancer (CoC) standards, and
- Implementing transformational models of care that makes Iowa a nationwide leader for positive Rural health outcomes.

Applicants for this RFP will be proposed Hub sites. Hub sites will indicate proposed

subcontractors (three sites) to serve as Spoke sites. Spoke sites may include, but are not limited to, community hospitals, critical access hospitals, rural health clinics, federally qualified health centers, or independent oncology practices. Hubs may have more than three Spokes, but only three will be considered in the evaluation of this procurement and only three will be supported financially through these funds unless prior written approval is given by the Agency to financially support additional Spokes. Hub and Spoke sites are expected to work collaboratively on this application, but ultimately the proposed Hub site will be responsible for application submission and leading the work of successful networks. The Hub site must provide copies of legally executed agreements with their proposed Spoke sites to demonstrate their agreement to work on this project collaboratively. These agreements must show evidence that the budget submitted in this application has been mutually agreed upon by the Hub and the Spoke.

Applicants will have the opportunity to apply for an approximate total five-year award of either \$31,932,976 or \$45,252,416. Applicants should follow the directions within this procurement carefully to apply for the amount of funds that most appropriately reflects the anticipated needs of their proposed Hub and Spoke network. In the event that the Applicant elects to apply for the higher dollar amount, the Applicant will be required to submit two work plans (one for both the lower and higher dollar amount) and demonstrate the greater impact that will result from the higher dollar amount project. The Agency reserves the right to award the lower dollar amount if this is best for achieving statewide coverage of cancer care in Rural Iowa, as determined solely by the Agency.

This procurement is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling approximately \$151,792,440 over a five-year period with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official view of, nor an endorsement, by CMS/HHS, or the U.S. Government.

This work implements a portion of the Combat Cancer: Prevent and Treat 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 June 1, 2026, to September 30, 2031. Continuation of the Contract is at the Agency's sole discretion and subject to: review of the Contractor and Subcontractor's performance, Contractor's and Subcontractor'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 or governmental entities that provide advanced cancer care are eligible to submit an application in accordance with this RFP.

Eligibility Requirements: Eligible Applicants must also meet each of the following requirements. Failure to meet any of the following requirements will result in application disqualification.

- For the purposes of this RFP, (Hub sites) must provide advanced cancer care. Advanced cancer care is defined as currently providing external radiation therapy or able to provide external radiation therapy on or before December 31, 2026.
- The applicant “Hub” site where healthcare will occur must be physically located in Iowa. The Hub site may be located in any Iowa county, including Rural and non-Rural locations. Hub sites must have already been providing healthcare services at the site described within the application on January 1, 2026. Only established sites are eligible to apply for these funds.
- The applicant (Hub site) must indicate three proposed Spoke sites and all proposed Spoke sites must be located in Rural Iowa as defined by this procurement (Rural Health Grants Eligibility Analyzer). Spoke sites may include, but are not limited to, community hospitals, critical access hospitals, rural health clinics, federally qualified health centers, or independent oncology practices. Spoke sites must have already been providing healthcare services at the site described within the application on January 1, 2026. Only established sites are eligible to apply for these funds.
- The applicant (Hub site) must indicate proposed Spoke sites that are each located a maximum of 60 miles from the proposed Hub site (as determined by entering both addresses into Google Maps (Google Maps)).
- Applicants must submit a letter of intent via email on or before March 13, 2026, to Stacey Hewitt stacey.hewitt@hhs.iowa.gov and cc Shannon Garland at shannon.garland@hhs.iowa.gov, to be eligible to receive funds through this procurement. Spoke sites do not need to be identified within the letter of intent if they are not yet known at that time.
- The applicant (Hub site) may only submit a maximum of one proposed Spoke site that is affiliated or managed by the same parent organization as the Hub or any other Spoke. A maximum of two sites included within the proposed Hub and Spoke network can be affiliated or managed by the same parent organization.
- Awardees of Agency procurements RFP# COMPADM26001 (Combat Cancer Technical Assistance), RFP# COMPADM26002 (Health Hubs Technical Assistance), or RFP# COMPADM26003 (Communities of Care Technical Assistance) are eligible to apply for this funding opportunity only if they meet all other eligibility criteria and if Non-Disclosure Agreements or equivalent are signed by involved staff such that all staff providing services under the technical assistance contracts are unable to discuss or disclose any technical assistance project information with any staff involved in drafting the application to this procurement. Staff working on the technical assistance contracts are not able to assist with the writing of the application for this procurement. Copies of these agreements must be emailed to the Issuing Officer prior to the date of the mandatory letter of intent. If the Non-Disclosure Agreements or equivalent are not received by this date and/or do not meet the requirements of the Agency, the recipients of the technical assistance

procurements will not be eligible to apply for this procurement.

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

The Agency aims to support the provision of cancer treatment in areas where current access is limited or insufficient. While eligible applicant (Hub) sites may be located anywhere within Iowa and proposed Spoke sites may be located in any Iowa Rural area that meets the distance requirements described in Section 1.03 above (Eligibility), priority points will be given to locations indicated within Appendix E and F. Additionally, priority points will be given to proposed Hub sites located in a Rural area. See Section 4 for additional information regarding evaluation criteria.

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.

For the first contract year, the Agency anticipates awarding a total amount of approximately \$17,043,461 for an undetermined number of awards. These funds will be available for the time period of 6/1/2026 through 10/30/2026. The Agency anticipates adding funding each year via Contract Amendment throughout the term of the contract. (Refer to Section 2, Budget). Actual total awards and individual contract funding levels may vary from those 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. The Agency anticipates the approximate award amounts listed below to be available for the following budget periods.

These amounts will be divided among the unknown number of awardees. The Agency reserves the right to award different amounts to different projects based on needs, application quality, reports submitted by the Contractors and Subcontractors, and any other information deemed important by the Agency. The Agency may also elect to not award all of these funds to awardees of this procurement. The Agency reserves the right to reserve some of these funds to complete future procurements in future years for similar or different projects or to add additional funds to this project. Refer to section 4 for the evaluation and scoring.

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	February 27, 2026
Applicant's Conference (Optional)	March 10, 2026 at 10:00 AM
Letter of Intent (Mandatory)	<i>March 13, 2026 by 4:00 PM</i>
Written Questions and Responses	
Round 1 Questions Due: Responses Posted By:	March 5, 2026, by 4:00 PM March 12, 2026
Round 2 Questions Due: Responses Posted By:	March 26, 2026, by 4:00 PM April 2, 2026
Applications Due	April 9, 2026, by 12:00 PM
Applicant's Oral Presentations, if requested by the Agency	On or around May 20, 2026
Post Notice of Intent to Award	On or around May 26, 2026

A. RFP Issued – The Agency will post the RFP under Grant Opportunities quick link at www.lowaGrants.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 – The Applicant's conference will be conducted as a webinar on the date and time listed in the table above. The purpose of the Applicant' conference is to inform prospective Applicants about the work to be performed and to provide prospective Applicants an opportunity to ask questions regarding the RFP. Verbal discussions at the webinar shall not be considered part of the RFP unless incorporated into the RFP by amendment. Questions will not be accepted during the webinar, applicants must follow the written questions and responses guidance below to submit questions. Participation in this webinar is optional but recommended.

To join the call on the specified date and time use the following Zoom details:

Please click the link below to join the webinar:

<https://www.zoomgov.com/j/1601661457?pwd=pGb6cee09WbYdt6oWvajQ4TNTaDYEC.1>

Passcode: 969876

Or One tap mobile :

+16692545252,,1601661457# US (San Jose)

+16469641167,,1601661457# US (US Spanish Line)

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

+1 669 254 5252 US (San Jose)

+1 646 964 1167 US (US Spanish Line)

+1 646 828 7666 US (New York)

+1 669 216 1590 US (San Jose)

+1 415 449 4000 US (US Spanish Line)

+1 551 285 1373 US (New Jersey)

Webinar ID: 160 166 1457

International numbers available: <https://www.zoomgov.com/u/awPy1HMtD>

C. Written Questions and Responses – Written questions related to the RFP must be submitted through www.lowaGrants.gov no later than the dates specified in the table above in Section

1.06. 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 second round 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 **12:00 noon (local Iowa time) April 9, 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, with the exception of the letter of intent to apply and any applicable Non-Disclosure Agreements or equivalent (refer to section 1.03).

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 – April 10, 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 Stacey Hewitt stacey.hewitt@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 at least 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 ten (10) 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 ten (10) 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 (Hub site) may submit only one application. Proposed Spoke sites may be included in multiple applications, but can only be funded through one network. If a proposed Spoke site is included in two or more awarded applications, the Agency will work collaboratively with the impacted awarded applications to determine the arrangement that best supports rural cancer care in Iowa. This may include requiring a Hub site to identify an additional Spoke site.

1.15 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 six Applicants considered in the competitive range. The Applicants within the competitive range may 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. Applicants may be asked to present in-person or virtually. If virtual, each Applicant will be sent an email containing a link to present virtually. Presenting Applicants are to include key personnel from both the Hub and proposed Spoke sites 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.
 10. The applicant proposes project plans that include construction costs or other items listed under cost restrictions within this RFP.

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

- A. Successful applicants will be required to subcontract with a minimum of three Spoke sites. All subcontracts shall be reviewed and approved by the Agency prior to execution. The Agency may provide required terms and funding amounts for Subcontracts. Subcontracts with Spoke sites must be executed by July 15, 2026 or 45 days following contract execution. If the Hub is located in a non-Rural area, a minimum of 75% of total funds must be distributed to the Spoke sites. If the Hub is located in a Rural area, a minimum of 60% of the total funds must be distributed to the Spoke sites. Proposed

Spoke site budgets should be appropriately allocated based on the specific needs of the Spoke to reach project goals. If Spoke sites are at different levels of readiness, some Spokes may receive more funds than other Spoke sites.

- B. The Agency acknowledges that the selected Applicant may contract with third parties for the performance of any of the Contractor's obligations. The Agency reserves the right to provide prior approval for any subcontractor used to perform services under any contract that may result from this RFP.
- C. Current individual employees of the State of Iowa may not act as subcontractors under this contract.
- D. The applicant is fully responsible for all work performed by subcontractors. No subcontract into which the applicant enters into with respect to performance under the contract will, in any way relieve the applicant of any responsibility for performance of its duties.

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 the Issuing 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.

If Applicant requests confidential treatment of any information submitted in its Application in accordance with this section, by virtue of submitting the Application, the Applicant expressly acknowledges and agrees that the Agency's evaluation document(s) may reference information of which the Applicant requested confidential treatment in the Application. These Agency evaluation documents may then be in the public domain and be open to inspection by interested parties upon the Agency's issuance of a Notice of Intent to Award. The Agency will not redact information or references to information in evaluation documents even in instances which an Applicant properly requested confidential treatment in the Application.

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 (Stacey Hewitt), 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 Act.² 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.

The primary goal of this procurement is to increase access to and availability of cancer treatment in Rural Iowa and to minimize travel time required for Rural Iowans to complete their comprehensive cancer treatment plan. Through this award, the Agency will award an undetermined number of Hubs to build Hub and Spoke networks that provide cancer treatment in Rural Iowa. Each Hub applicant must designate three sites to be Spoke sites for the Hub. Spoke sites must be close enough in proximity (maximum of 60 miles) to Hubs to allow for patients to travel between sites for different types of care. Proposed Spoke sites should be spaced an appropriate distance from the other Spokes designated within the application to maximize access to care in Rural Iowa (ideally at least 25 miles from all other proposed Spoke sites within this application). These Spoke sites must have executed legal agreements in place

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>

with the Hub sites at the time of application indicating a commitment to work together on this program. These agreements must also demonstrate to the Agency that the budget proposed through this application has been mutually agreed upon by Hub and Spoke sites, though the budgets may be subject to change. Additionally, the Hub site Applicant must provide letters of support/commitment for the Hub and from each of the following for each proposed Spoke site: Chief Executive Officer, Chief Financial Officer, and Chief Medical Officer or equivalent. The Chief Medical Officer or equivalent must work at the physical location of the healthcare organization being designated as the Spoke (not a corporate office located in a different area). If the Chief Medical Officer does not work at the physical location of the Spoke, the Spoke must submit a letter of support from the highest-ranking medical professional that oversees care at the physical location of the Spoke site. If any activities proposed within this application require approval from a Board of Directors or equivalent, a letter from this Board must also accompany the application. The applicant (Hub site) may only submit a maximum of one proposed Spoke site that is affiliated or managed by the same parent organization as the Hub or any other Spoke within the application. A maximum of two sites included within the proposed Hub and Spoke network can be affiliated or managed by the same parent organization. This initiative is intended to promote relationship building across organizations.

By the end of the five-year grant period, the Hub and Spoke Network should be financially sustainable without reliance on government funding. All proposed uses of funds should be considered short term. Sites should use these funds as assistance with start-up and network building, with plans to become sustainable and provide care long-term without future state or federal government fund investments.

The Agency and/or CMS reserve the right to deny any portion of the submitted application. The submission of an application with a large number of unallowable costs, including construction costs, may be grounds for disqualification.

2.02 Definitions

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.

“Hub” means healthcare provider location, as designated by both organization name and location, where advanced cancer care occurs. They support and partner with surrounding “Spoke” agencies to ensure coordinated, efficient, and sustainable service delivery. Hubs must be capable of providing external radiation therapy.

“Hub and Spoke Model” means a network-based delivery framework in which centralized “Hub” agencies support and partner with surrounding “Spoke” agencies to ensure coordinated, efficient, and sustainable service delivery.

“Spoke” means facilities in Cancer Hub service delivery area that will provide diagnostics, chemotherapy and infusion services, and follow-up care. These facilities are smaller clinics or hospitals closer to where people live.

“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)

“Commission on Cancer (CoC) Standards” means a set of evidence-based requirements designed to ensure high-quality, comprehensive, and patient-centered cancer care. These standards promote a multidisciplinary approach, continuous quality improvement, and data-driven decision-making across the full continuum of cancer services. Programs accredited by the CoC demonstrate a commitment to excellence in cancer prevention, diagnosis, treatment, and survivorship care.

“Commission on Cancer (CoC) Rural Track Accreditation” means a tailored accreditation pathway designed for hospitals in rural counties. It offers the proven benefits of CoC accreditation, such as multidisciplinary care, quality improvement, and data reporting, while adapting requirements to reflect the unique challenges of delivering cancer care in rural settings. This track supports rural hospitals in enhancing cancer care access, coordination, and outcomes.

“Tumor Board” means an interdisciplinary team of cancer specialists that meets regularly to review and discusses individual cancer cases to determine the best possible treatment plan. Meetings may be virtual.

2.03 Scope of Work.

The Agency seeks qualified applicants to serve as Hubs for the Combat Cancer initiative of the Healthy Hometowns project. Hubs must subcontract with three Spoke sites to complete a Hub and Spoke Network. Hubs must provide advanced cancer treatment, including external radiation

therapy. Spoke sites must begin providing or increase the provision of chemotherapy in Rural Iowa.

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:

1. In compliance with the approved workplan, develop Hub and Spoke network for care. Hub and Spoke networks must consist of a Hub site and three Spoke sites. Of the four sites included within the Hub and Spoke model, no more than two sites can be owned or affiliated by the same parent company. Additional Spokes may be supported by these funds only with formal written approval from the Agency. This approval process will occur post-award and not as a part of the procurement process.

a. The below are minimum requirements for cancer care to be provided at Hub sites.

- Cancer treatment- radiation therapy. External radiation therapy is required to be provided at the Hub site. The Hub must provide external radiation therapy by December 31, 2026.
- Cancer treatment- surgical. Surgical treatment and other advanced treatments that cannot be provided at Spoke sites are also preferred to be provided at the Hub site. If surgical treatment or other advanced treatments cannot be provided at the Hub, arrangements must be in place to ensure this care can be delivered at another site.
- Telehealth. Telehealth consultations to assist with treatment plan development and diagnostic consultations for patients at Spoke sites.
- Tumor Board. Hub sites must have staffing for the coordination and implementation of at minimum a general (non-disease specific) tumor board to provide regular multidisciplinary case discussions to develop care plans for patients located at Spoke sites. Tumor board can be virtual or associated with the Hub's larger network. Medical professionals from the Spoke sites should be included when applicable and appropriate.

b. The below are minimum requirements for cancer care to be provided at Spoke sites.

- Spoke sites must provide or increase the amount of provision of chemotherapy at the physical location of the Spoke by December 31, 2027.
 - Spoke sites that do not provide chemotherapy at the time of grant application must begin providing chemotherapy by December 31, 2027, unless an extension is approved by the Agency. Spoke sites are expected to provide at least 52 patient encounters in the first year of providing chemotherapy services. By 10/30/2030, these Spoke sites should achieve an average of 152 chemotherapy patient encounters per year.
 - Spoke sites that provide chemotherapy, but at the level of less than 152 chemotherapy encounters per year at the time of application, must implement chemotherapy expansion by December 31, 2027, and must increase volume by at least 25% by 10/30/2030.

- Spoke sites that provide between 152-461 chemotherapy encounters per year at the time of application must implement chemotherapy expansion by December 31, 2027 and increase volume by at least 15% by 10/30/2030.
 - Spoke sites that provide more than 461 chemotherapy encounters per year at the time of application must implement chemotherapy expansion by December 31, 2027 and increase volume by at least 10% by 10/30/2030.
 - In addition to chemotherapy, Spoke sites must also provide medication management, lab services, emergency care and follow-up for more advanced procedures occurring at Hub sites, and development of treatment plans for Rural lowans by December 31, 2027. These services may be provided with support from Hub site via telehealth or other consultation, but patients must be able to receive these services from the physical location of the Spoke site.
 - Telehealth. Participation in tele-oncology and virtual tumor boards for patients receiving care locally at Spoke site. Tumor Boards may be virtual or in person depending on the needs of the specific case.
 - Cancer screening and diagnostics. Spoke sites must be able to provide basic cancer screening. Spoke sites may refer patients to the Hub site for more advanced screening and diagnostic procedures. Funding through this opportunity should primarily be used to increase access to cancer treatment in Rural Iowa. If this goal is accomplished, following Agency approval, Spoke sites may also use funds to increase availability of cancer screening and diagnostic services in Rural Iowa. This may include the ability to perform colonoscopies, mammograms, blood panels, CT scans, MRIs, ultrasounds, PET scans, biopsies, and other approved screenings and diagnostic services.
- c. The below are expectations for both Hub and Spoke sites.
1. Develop and implement agreements to formalize the Hub and Spoke network.
 - a. Initial agreements must be legally executed prior to the submission of the procurement application. These agreements must be included in the Application.
 - b. Comprehensive agreements that outline all of the below must be executed and implemented by December 31, 2027.
 - This agreement should include, but is not limited to:
 - Data sharing provisions.
 - Agreement for sharing services for patients.
 - Description of tele-oncology relationship.
 - Agreement for the development of protocols on patient care within the Hub and Spoke network, including agreement for Spoke sites to provide follow-up care for services provided at Spoke sites and for Hub site to provide technical assistance to providers at Spoke sites.

- Shared payment methodologies, where appropriate, including development of Accountable Care Organizations.
2. Marketing. Marketing and outreach to support patients seeking care at the closest and most appropriate location for the care they need. This will include promoting the receipt of care at Spoke sites.
 3. Care Coordination or System Navigation. A Hub and Spoke Network must have staff available to assist patients with establishing care at the Spoke site and coordinating visits to the Hub site. Care coordinators must arrange for patients to get multiple types of service within the same visit to the Hub or Spoke site if desired, to avoid transportation barriers.
 4. Health Information Exchange. All Hub and Spoke sites must sign participation agreements with the Agency's Contractor for Health Information Exchange services. All Hub and Spoke sites must exchange data through the Health Information Exchange.

2. Incorporate allowable costs to achieve the below as part of a comprehensive plan to develop Hub and Spoke Models and achieve deliverables in section B.1 above.

- Expand access to specialty cancer services in a financially sustainable manner.
- Streamline or centralize functions to create cost savings.
- Improve the financial viability of rural providers.
- Keep care local in rural communities when possible and appropriate.
- Develop models of sustainability for rural cancer providers and networks of care.
- Develop governance frameworks that outline roles and responsibilities.
- Draft, sign, and implement provider service agreements, partnership MOUs, telehealth agreements, and other legal agreements. Any provider service agreement must address Stark Law and Anti-Kickback Statutes.
- Develop staffing plans for Hub and Spoke models of care focused on cancer.
- Develop plans to conduct outreach and marketing in a way that directs patients to the most appropriate care, closest to home.
- Develop data sharing agreements between facilities within Hub and Spoke models of care.
- Develop protocols for emergency care provision via telehealth when appropriate.
- Develop minor renovation and equipment procurement plans. Identify necessary equipment and supplies for implementing Hub and Spoke models of care. Note that the Agency and CMS must approve all requests for equipment and minor renovations prior to implementation.
- Develop referral and care coordination workflows that move patients from screening to diagnostic evaluation and specialist referral.
- Design navigator roles, survivorship care plans, family support, and community resources within Hub and Spoke models of care.
- Develop, implement, or improve tele-oncology models for teleconsultation,

remote triage, and links to tertiary oncology centers.

- Identify, adapt, and implement EBIs relevant to cancer prevention and control within Hub and Spoke models of care.
- Explore the benefits of community health workers or non-traditional providers related to cancer control, models for integration into cancer care teams, reimbursement mechanisms, and demonstrating impact on health and cancer outcomes.
- Develop and implement strategies to attract and retain qualified staff for cancer prevention and control programs, including recruitment of clinical and non-clinical personnel in rural areas; leveraging academic partnerships and workforce pipelines; and addressing barriers such as compensation, licensure, and professional development opportunities.
- Hire coordinators or other staff needed to oversee and advance the work of the Hub and Spoke model of care.
- Establish legal agreements to solidify commitments and networks for care.
- Hire consultants, as needed, to develop memoranda of understanding, referral agreements, telehealth agreements, and other service agreements to connect Hub and Spoke sites.
- Develop protocols that outline how care for patients will be managed throughout the network. This includes details on referral guidelines, payment models and billing parameters for sharing patients, guidelines on how to determine when patients should be referred to the Hub versus when they should be offered care at the Spoke closest to their homes, and others as needed to implement the plan.
- Develop or optimize an interdisciplinary Tumor Board.

3. Partner with Combat Cancer and Health Hub Technical Assistance Contractor to complete the work described in this RFP.

4. Partner with the Combat Cancer Screening Contractor to advance cancer screening efforts throughout the state and provide care to uninsured patients.

5. Connect to Iowa's Health Information Exchange, as determined by Iowa HHS. Successful projects must include commitments to use Iowa's Health Information Exchange to share data between network Hub and Spoke sites.

6. Develop sustainability plans to showcase how the initial provision of Healthy Hometown funds will lead to long-term improvements in healthcare access for Iowans. Routinely update sustainability plans as lessons are learned and the project progresses.

7. Develop infrastructure necessary to implement changes required for Hub and Spoke model. This includes purchasing new equipment and conducting minor renovations to accommodate existing spaces for necessary care provision. All minor renovations must be approved by the Agency and CMS.

- a. Draft plans for equipment needs and locations where that equipment is needed. These plans shall be based on data and include sustainability metrics to show that services will be self-sustaining over time via insurance reimbursements and other site revenue sources.
 - Plans for equipment should include needs for both on-site care and for tele-oncology services.
- b. Draft plans for technology upgrades needed to participate in these care networks.
- c. Draft plans for minor modifications to sites, if needed.

- d. Implement plans for procuring and installing equipment.
- 8. Recruit, hire, and train staff to implement Hub and Spoke models of care.
- 9. Market services to patients and surrounding care providers to raise awareness of the ability to get care at appropriate locations. This must include a comprehensive website buildout that provides detailed information online and easily accessible to patients. Area providers across disciplines should be educated on referral options and care models.
 - a. Spoke sites can create plans for additional, value add and wrap around services that may incentivize patients to receive care in their local communities and avoid rural bypass. Any plans for these activities must be approved by the Agency prior to implementation and must include plans for sustainability or statements as to why these services increase the long-term sustainability of the care site, even if the services are not offered in the future
- 10. Participate in collaborative work sessions with other Hub and Spoke networks throughout the state and country. Provide representation from both Hub and Spoke sites to provide feedback and input regarding mechanisms to improve rural healthcare via Hub and Spoke models of care.
- 11. Pursue CoC Rural Track Accreditation at Spoke sites to enhance access to high-quality cancer care.
- 12. With prior approval from the Agency, integrate non-clinical services within Hubs and Spokes by incorporating behavioral health, social supports, barrier navigation, and prevention or risk factor reduction needs.
- 13. With prior approval from the Agency, integrate of non-clinical services within Hub and Spokes sites for cancer patients and survivors.
- 14. Integrate cancer prevention and risk factor reduction activities for Hub and Spoke service delivery areas, cancer patients and survivors.
- 15. Develop and implement staffing models. This may include developing shared staffing strategies, including cross-site roles, telehealth-enabled positions, and regional workforce pools.
- 16. Participate in all meetings with the Agency and the Agency's TA contractors to discuss progress, as determined by the Agency.
- 17. Ensure that all contractual obligations from the Agency and CMS, including but not limited to the terms of this agreement, are passed on to Spoke site subcontractors. This shall include all data reporting requirements.

Data and Reporting:

- 1. Successful applicants will be required to submit data to Iowa HHS. All data submission will comply with state and federal laws. Staffing to support reporting and data collection will be allowable.
- 2. Provide data on patients that receive care through the Hub and Spoke network. It is expected that patients will begin benefiting from the new model before December 31, 2027 and that the number of patients using the networks, equipment, and providers funded through this grant opportunity will increase over the span of this project. Tele-oncology services must be offered at Spoke site by December 31, 2027 unless an extension is approved by the Agency.

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.

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 by resulting Contractors. 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.

Report Name	Report Type	Due Date
Federal Funding Accountability and Transparency Act	FFATA	July 31, 2026 or within 45 days of Iowa HHS signing the agreement
Insurance Certificate	Insurance Certificate	Within 30 Days of Iowa HHS Signing the Agreement
Monthly Progress Reports	Monthly	15 th working day for all months that do not require a quarterly report
Quarterly Reports	Quarterly	October 15, 2026 January 15, 2027 April 15, 2027 July 15, 2027 October 15, 2027 Quarterly through end of contract, if requested by agency
Annual Reports	Annual	July 15, 2027 July 15, 2028 July 15, 2029 July 15, 2030 July 15, 2031
Other Reports as Requested by Agency	Other	TBD

Data to be collected includes, but is not limited to:

- Number of clients served at each site for cancer screening or treatment prior to implementation of project.
- Number of clients served each site for cancer screening or treatment at various intervals throughout the project and for different services.
- Number of clients that are dually eligible for Medicaid and Medicare benefits.
- Number of tele-oncology visits between Hub and Spoke sites occurring prior to

start of project.

- Number of tele-oncology visits between Hub and Spoke sites occurring throughout project implementation.
- Number of virtual tumor board meetings. Number of Rural patients served through virtual tumor board.

E. Contract Performance Measures. The Agency anticipates the following performance measures to be included in a successful applicant's contract.

- By July 15, 2026 or 45 days following execution of the Contract between the Agency and the Contractor (whichever occurs later), the Contractor shall have signed subcontracts with each of the Spoke sites. Failure to have signed Subcontracts with the each Spoke site will result in a disincentive of \$300,000 per Spoke site without a contract. The \$300,000 for each Spoke site without a signed contract shall result in an overall budget reduction of \$200,000 from the Hub site and \$100,000 from the Spoke sites.
- By December 31, 2027, Spoke sites must begin providing chemotherapy or implement expansion of additional chemotherapy services. Failure to begin providing chemotherapy or failure to begin providing additional, expanded chemotherapy at Spoke sites by this date shall result in a disincentive of \$500,000 for each Spoke site not providing the treatment services. The \$500,000 reduction shall result in an overall budget reduction of \$300,000 for the Hub site and \$200,000 for the Spoke site that fails to meet the milestone.

Additional performance measures may be added and will vary for future contract years.

2.1 Contract Payment Methodology

- A. Contractor Payments.** The Contractor is anticipated to be paid an amount not to exceed the awarded amount for Year 1 for services described in Section 2 for the time period of 6/1/2026 through 10/30/26. The Agency anticipates that successful applicants will have until 9/30/2027 to expend funds obligated in Contract Year 1. In no event will funds from Year 1 be able to be spent beyond 9/30/2027.

The Contractor shall invoice via IowaGrants claim submitted to the Agency monthly for reimbursement of the costs associated with meeting the Deliverables of the Contract. This reimbursement shall be in accordance with the Agency approved budget. The Contractor shall complete and submit an Agency approved line-item budget in an Agency approved format for Year 1-5 of the Contract, with this Application, see below and Section 3. Each subsequent Contract Year the Contractor shall submit a line-item budget in an Agency approved format, at least 90 days prior to the beginning of each Contract Year, for Agency review and approval.

B. Cost Restrictions.

- a. The Contractor shall only be eligible to receive reimbursement for services

described within the Scope of Work, and for expenses as approved in the budget.

- b. 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.
- c. 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. These include, but may not be limited to the following:
 - i. Costs prior to the start date of this Contract
 - ii. Matching requirements for any other grants or projects
 - iii. Services, equipment, or supports that are the legal responsibility of another entity under federal, state, or tribal law, such as vocational rehabilitation or education services.
 - iv. Services, equipment, or supports that are the legal responsibility of another party under any civil rights law, such as modifying a workplace or providing accommodations that are obligations under law.
 - v. Goods or services not allocable to this Contract.
 - vi. Supplanting existing State, local, tribal, or private funding of infrastructure or services, such as staff salaries.
 - vii. Construction or building expansion, purchasing or significant retrofitting of buildings, cosmetic upgrades, or any other cost that materially increases the value of the capital or useful life as a direct cost.
 - viii. Purchase of covered telecommunications and video surveillance equipment (See 2 CFR 200.216) as well as financial assistance to households for installation and monthly broadband internet costs.
 - ix. Food or meals, unless part of per diem or subsistence allowance provided in conjunction with allowable travel, as approved by the Agency.
 - x. Payments related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any State government, State legislature, local legislature or legislative body, including but not limited to paying the salary or expenses of any grant Recipient or agent acting for such Recipient for such activity.
 - xi. Lobbying, but Recipients can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying.
 - xii. Any new construction.
 - xiii. Supplanting funding for in-process or planned construction projects
 - xiv. Construction or building expansion that materially increases the value of the capital or useful life as a direct cost. Funds may be used for minor renovations or alterations following prior approval from the Agency and CMS. These funds shall be no more than 20% of the total Contract amount.

- xv. Purchasing or significant retrofitting of buildings that materially increases the value of the capital or useful life as a direct cost
- xvi. Cosmetic upgrades to buildings that materially increases the value of the capital or useful life as a direct cost
- xvii. Funds may not be used to replace payment for clinical services that could be reimbursed by insurance. Funds also may not be used for payments to clinical services if they duplicate billable services and/or attempt to change the payment amounts of existing fee schedules.
- xviii. Any costs associated with electronic health record (EHR) systems unless prior approval is received by the Agency.
- xix. Funds may not be used for clinician salaries or wage supports for facilities that subject clinicians to non-compete contractual limitations.
- xx. SSA 2105(c), paragraphs (1), (7), and (9) apply as funding limitations. These limitations are related to general limitations, limitations on payment for abortions, and citizenship documentation requirements for payments made with respect to an individual.
- xxi. Costs of promotional items and memorabilia, including models, gifts, and souvenirs.
- xxii. Costs of advertising and public relations designed solely to promote the non-Federal entity.

C. Budget.

- a. Within the Budget form of the grant application (refer to section 3), Applicants to this RFP shall propose a line-item budget (using the determined categories outlined below) for activities that align with the scope of work of the RFP and CMS requirements for the time period of 6/1/2026 through 10/30/2026 for year 1 and then annually from 10/31 through 10/30 for the remaining **four** budget years.
- b. The Agency requests that budgets be proposed for these time periods to align with CMS guidance. However, the Agency anticipates that successful Applicants will have until 9/30/2027 to expend year 1 funds that were obligated between 6/1/2026 and 10/30/2026 and until the completion of the following fiscal year for all other budget years. The applicant’s workplan should include costs for **all five years** of the grant **for the Hub site and for each Spoke site**.
- c. Budgets must include detailed cost- estimates with clear justification for all expenses. Proposed budget information should be provided for each Spoke and the Hub site. If the Hub is located in a non-Rural area, a minimum of 75% of total funds must be distributed to the Spoke sites. If the Hub is located in a Rural area, a minimum of 60% of the total funds must be distributed to the Spoke sites.
- d. **Required Budget 1:** All applicants must submit a budget (and work plan) for Required Budget 1 that complies with the maximum amounts by year as listed in the Required Budget 1 table below.

Required Budget Option 1					
Year 1*	Year 2**	Year 3**	Year 4**	Year 5**	Total
6/1/2026 – 10/30/2026	10/31/2026 – 10/30/2027	10/31/2027 – 10/30/2028	10/31/2028 – 10/30/2029	10/31/2029 – 10/30/2030	
\$4,260,865	\$13,465,211	\$3,843,612	\$4,028,832	\$6,334,456	\$31,932,976

*The Agency anticipates that successful applicants will have until 9/30/2027 to expend funds provided in Contract Year 1. In no event will funds from Year 1 be able to be spent beyond 9/30/2027.

**The Agency anticipates that successful applicants will have until September 30th of the following year to expend funds provided in each Contract year. Funds not spent by September 30th of the following year will become unavailable for use by the Contractor.

- e. **OPTIONAL Budget 2:** Applicants that desire to may also submit a second budget, up to the amounts listed in the chart below. Any submission that requests the dollar amounts described in Optional Budget 2 must clearly demonstrate how the proposed outcomes and potential for success are magnified by the larger budget amounts. If the Hub is located in a non-Rural area, a minimum of 75% of total funds must be distributed to the Spoke sites. If the Hub is located in a Rural area, a minimum of 60% of the total funds must be distributed to the Spoke sites.

OPTIONAL Budget 2					
Year 1*	Year 2**	Year 3**	Year 4**	Year 5**	Total
6/1/2026 – 10/30/2026	10/31/2026 – 10/30/2027	10/31/2027 – 10/30/2028	10/31/2028 – 10/30/2029	10/31/2029 – 10/30/2030	
\$8,521,730	\$26,930,424	\$3,800,262	\$3,000,000	\$3,000,000	\$45,252,416

*The Agency anticipates that successful applicants will have until 9/30/2027 to expend funds provided in Contract Year 1. In no event will funds from Year 1 be able to be spent beyond 9/30/2027.

**The Agency anticipates that successful applicants will have until September 30th of the following year to expend funds provided in each Contract year. Funds not spent by September 30th of the following year will become unavailable for use by the Contractor.

D. Budget Line-Item Categories

- i. The Applicant will prepare budgets adequate to support the work of the application in accordance with the specific line-item categories outlined below. Within the budget, across all line-item categories: Applicants must identify which proposed direct costs count as administrative expenses within each budget category. Note that indirect costs will also be tracked as administrative costs. In no case may the total value of all administrative costs exceed a total of 10% of the budget.
- ii. Administrative costs are costs used to administer the grant. For example, a financial staff person submitting claims to the Agency on behalf of the Contractor would be included as administrative costs, but a medical staff member offering care coordination or navigation services to clients would not be identified as administrative costs.

Direct Costs Categories

Allowable budget line categories for direct cost expenses include the following categories. Note that for each item budgeted, the applicant must identify whether those costs will be identified as administrative costs.

- Salary and Fringe Benefits
The applicant shall include all staff salary and fringe amounts directly funded, wholly or

partially with these funds. A justification for each staff charged to this project shall include the staff position title, the annual salary and fringe for the position, and the full-time equivalent (FTE) portion to be charged to these funds and whether the position will be administrative costs.

- **Subcontract**
If services performed for any activities outlined in this RFP are to be subcontracted, the applicant must detail the anticipated subcontract expenses in this category. Subcontractors are also limited to 10% administrative costs. Subcontract costs must also identify which costs will be administrative.
- **Equipment**
List any equipment planned to be purchased with these funds. Equipment must meet the definition of this RFP in order to be identified in this budget category. Items that do not meet the definition of equipment must be included in “other” cost category.
- **Other**
This category may include items such as office supplies, educational supplies, project supplies, incentives, communication, rent and utilities, training, information technology-related expense, travel*, etc., ONLY if these expenses are not included in the indirect cost rate (if using). This category also includes any items not meeting the above definition for equipment. You must specifically provide a total for travel and supplies within the budget. **Each cost budgeted in the other line-item category must be identified as administrative or not.**

*Travel: The Agency is capping Contractor in state travel reimbursement rates to the limits established by [Iowa Department of Administrative Services](#).

Out-of-state travel may be included but will require agency pre-approval. Out of state travel maximum allowable amounts for meals are available upon request. There is no cap on airfare or lodging but the incurred expenditures are to be reasonable and will require agency pre-approval.

- **Indirect Costs Category** (will be identified as Administrative costs and applied to the 10% cap).
Applicants may apply their indirect costs using their approved rate of cost allocation plan. This cost must be identified as Administrative costs and will be factored into the 10% cap.

Indirect costs are those shared across multiple projects and not easily separated. Costs included in the indirect cost pool must not be charged as direct costs. To charge indirect costs, the applicant can use the organization’s appropriate approved rate: If the Applicant currently has an [indirect cost rate](#) approved by your [Cognizant Federal Agency](#), you may use that rate. If you include indirect costs in your budget using an approved rate of cost allocation plan, include a copy of your current agreement approved by your Cognizant Federal Agency for indirect costs.

Potential allowable costs are listed below. All proposed costs should work collaboratively with the workplan to create a comprehensive plan to transform cancer care. All proposed costs should first prioritize increasing access to cancer treatment in Rural areas. This includes providing advanced cancer care at Hub sites and chemotherapy, medication management, and follow-up care at Spoke sites. The Agency will consider other

necessary costs for implementing a Hub and Spoke model of care, including support for cancer screening enhancements, pending the existence of remaining funds after accomplishing cancer treatment expansion, approval from funder, and appropriate justification for the need.

Anticipated Allowable Costs

Staffing:

- Recruitment bonuses for providers.
- Funding for recruitment agencies to attract medical staff to the community
- Salary and fringe for necessary medical providers.
- Salary and fringe for staff necessary to coordinate relationships with other providers and establish referral networks.
- Salary and fringe for patient navigators to guide patients to the most appropriate care for their situation that is closest to their residence and to align care plan needs in a way that reduces overall travel for cancer treatment.
- Salary and fringe for staff establishing data sharing or connection to health information exchange services
- Salary and fringe for the development or optimization of an interdisciplinary Tumor Board.
- Other staff required to implement the Hub and Spoke framework of care (including additional program management support), with justification for why these costs are needed
- Development of shared staffing strategies, including cross-site roles, telehealth-enabled positions, and regional workforce pools.
- NOTE: All staff funded through this grant must agree to serve at the practice site for a minimum of five years, must not be subject to non-compete agreements, and are subject to salary caps of \$225,700 per position from grant funds. Any salary or fringe funds above that amount must be paid for through other sources.
- NOTE: No funds may be used to supplant existing sources of funds.
- NOTE: All requests for staffing must come with a sustainability plan and a description of how these positions will be funded following the expiration of grant funds or a description of why these positions will not be necessary in the future.

Travel:

- Limited funding will be allowed for travel of professionals between sites or to required grant meetings.

Equipment:

- Equipment necessary to provide or expand chemotherapy provision at Spoke sites.
- Equipment is limited to specialized medical equipment needed for cancer screening, cancer diagnostics, or cancer treatment.
- Tele-oncology related equipment with clear justification for how it will be used within the Hub and Spoke network.
- All equipment requests must include clear justification for how this equipment will enhance cancer care via the Hub and Spoke network

Supplies:

- Tele-oncology technology valued at \$10,000 or less (if more than \$10,000, list in equipment category)
- Remote patient monitoring supplies
- Additional medical supplies necessary to support the Hub and Spoke network

Contractual Charges:

- Retrofitting space or making minor alterations to provide new or expanded care (limited to \$1 Million maximum per Hub and Spoke network, to be distributed across Hub and Spoke sites and subject to funder approval).
- Attorney costs for drafting agreements, telehealth arrangements, payment models
- Facilitators or subject matter expert consultants to assist with tabletop exercises or protocol development
- Workforce recruitment support
- Support to pharmacies to enhance their capabilities to provide chemotherapy drug preparation and/or courier services or delivery of chemotherapy drugs to Rural Spoke sites.

Software and Technology:

- Telehealth-related software
- Tele-oncology modules for electronic health records
- Integration costs for telehealth platforms and remote patient monitoring
- Technology necessary for the development or optimization of an interdisciplinary Tumor Board.
- Use of health information exchange as mechanism for data sharing and coordinated care between cancer Hubs and Spokes.

Other Possible Uses of Funds, Subject to Agency Approval and only after accomplishing goal to increase access to and availability of cancer treatment in Rural areas.

- Activities to achieve compliance with Commission on Cancer (CoC) Standards, including pursuing CoC Rural Track Accreditation to enhance access to high-quality cancer care.
- Integration of non-clinical services within Hubs and Spokes by incorporating behavioral health, nutrition, social supports, barrier navigation, and prevention or risk factor reduction needs.
- Support integration of cancer prevention and risk factor reduction activities for Hub and Spoke service delivery areas, cancer patients and survivors.
- Support staff training, fidelity tracking, and continuous improvement of EBIs.
- Optimize or adopt electronic health record workflows to integrate clinical and social services, coordinate care, and track data. This may include incorporating tele-oncology modules in electronic health records (EHR).
- Design appropriate outreach and patient engagement strategies, prioritizing populations with low healthcare service uptake and uninsured individuals.
- Incorporate survivor and caregiver perspectives into Hub and Spoke design and service delivery.

NOTE: Construction costs are not allowable through this funding opportunity. This includes both major construction projects, minor construction projects, support for

already underway construction costs, or any other construction. Please review all cost restrictions in Section 2.1(B) before completing work plans.

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 Iowa Grants form requires the applicant to identify the Authorized Official, the Fiscal Contact, and additional required information.

Business Organization: This Iowa Grants 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.

Hub and Spoke Requirements Form: Within the fields of the IowaGrants form, the Applicant shall provide the below essential information for the Agency to validate the eligibility of the Applicant's submission. It includes all of the following:

1. Certification that Hub currently provides external radiation therapy at the location proposed to be the Hub site.
 - a. Number of unique patients receiving external radiation therapy at this location in calendar year 2025:

OR

1. Certification that Hub will begin providing external radiation therapy at the location proposed to be the Hub site by December 31, 2026.
 - a. Provide evidence that this will occur (upload documentation)

2. Full name of Hub site, inclusive of DBA

- a. Type of organization (public, private, non-profit, for-profit, governmental, etc)
 - b. Name of any parent organization or managing organization, if applicable
 - c. Full address of proposed Hub site
 - d. County of physical location of Hub site
 - e. Zip code of physical location of Hub site
3. Full name of Spoke site 1, inclusive of DBA if applicable
- a. Type of organization (public, private, non-profit, for-profit, governmental, etc)
 - b. Name of any parent organization or managing organization, if applicable
 - c. Full address of proposed Spoke site 1
 - d. County of proposed physical location of Spoke site 1
 - e. Zip code of proposed physical location of Spoke site 1
 - f. Certify that location is Rural based on ([Rural Health Grants Eligibility Analyzer](#)).
 - g. Distance (in miles) from Hub (maximum of 60)
 - h. Distance (in miles) from Spoke site 2
 - i. Distance (in miles) from Spoke site 3
 - j. Number of patient encounters for chemotherapy provided at this Spoke site in calendar year 2025
4. Full name of Spoke site 2, inclusive of DBA if applicable
- a. Type of organization (public, private, non-profit, for-profit, governmental, etc)
 - b. Name of any parent organization or managing organization, if applicable
 - c. Full address of proposed Spoke site 2
 - d. County of proposed physical location of Spoke site 2
 - e. Zip code of proposed physical location of Spoke site 2
 - f. Certify that location is Rural based on ([Rural Health Grants Eligibility Analyzer](#)).
 - g. Distance (in miles) from Hub (maximum of 60)
 - h. Distance (in miles) from Spoke site 1
 - i. Distance (in miles) from Spoke site 3
 - j. Number of patient encounters for chemotherapy provided at this Spoke site in calendar year 2025
5. Full name of Spoke site 3, inclusive of DBA if applicable
- a. Type of organization (public, private, non-profit, for-profit, governmental, etc)
 - b. Name of any parent organization or managing organization, if applicable
 - c. Full address of proposed Spoke site 3
 - d. County of proposed physical location of Spoke site 3
 - e. Zip code of proposed physical location of Spoke site 3
 - f. Certify that location is Rural based on ([Rural Health Grants Eligibility Analyzer](#)).
 - g. Distance (in miles) from Hub (maximum of 60)
 - h. Distance (in miles) from Spoke site 1
 - i. Distance (in miles) from Spoke site 2
 - j. Number of patient encounters for chemotherapy provided at this Spoke site in calendar year 2025
6. Upload all the following signed legal agreements and letters of support/commitment
- a. Hub site
 - i. Chief Executive Officer

- ii. Chief Financial Officer
 - iii. Chief Medical Officer or Equivalent
 - iv. Board of Directors, if applicable
 - v. Legally executed agreement with Spoke Site 1 (must outline agreement on budget proposed with application and details of relationship)
 - vi. Legally executed agreement with Spoke Site 2 (must outline agreement on budget proposed with application and details of relationship)
 - vii. Legally executed agreement with Spoke Site 3 (must outline agreement on budget proposed with application and details of relationship)
- b. Spoke site 1
 - i. Chief Executive Officer
 - ii. Chief Financial Officer
 - iii. Chief Medical Officer or Equivalent
 - iv. Board of Directors, if applicable
 - c. Spoke site 2
 - i. Chief Executive Officer
 - ii. Chief Financial Officer
 - iii. Chief Medical Officer or Equivalent
 - iv. Board of Directors, if applicable
 - d. Spoke site 3
 - i. Chief Executive Officer
 - ii. Chief Financial Officer
 - iii. Chief Medical Officer or Equivalent
 - iv. Board of Directors, if applicable

Operational Readiness Form: Within the fields of the IowaGrants form, the Applicant shall answer the questions below related to readiness to serve as a Hub and Spoke network through this procurement.

1. Cancer Treatment and Screening Experience

- a. Describe the proposed Hub site's current experience providing cancer treatment and screening. This description should include the cancer services already offered at the Hub site, inclusive of radiation, surgery, brachytherapy capability, CT simulation, medical physics, dosimetry, tele-oncology consults, virtual tumor boards, high-acuity infusion services, and other advanced cancer care. This description should include details on the advanced medical equipment currently available at the Hub site and the staffing currently available to provide these advanced cancer treatment and screening services.
- b. Describe proposed Spoke site 1 current experience providing chemotherapy, cancer screenings, or other cancer-related services. If this Spoke site does not currently provide cancer-related treatment, describe the care that is provided at this location. This description should include details on the advanced medical equipment currently available at Spoke Site 1 and the staffing currently available to provide services.
- c. Describe proposed Spoke site 2 current experience providing chemotherapy, cancer screenings, or other cancer-related services. If this Spoke site does not currently provide cancer-related treatment, describe the care that is provided at this location. This description should include details on the advanced medical

equipment currently available at Spoke Site 2 and the staffing currently available to provide services.

- d. Describe proposed Spoke site 3 current experience providing chemotherapy, cancer screenings, or other cancer-related services. If this Spoke site does not currently provide cancer-related treatment, describe the care that is provided at this location. This description should include details on the advanced medical equipment currently available at Spoke Site 3 and the staffing currently available to provide services.

2. Hub Experience Supporting Local Provider

- a. Describe the Hub site's experience providing support to area providers with cancer patients that cannot receive treatment at local, Rural facilities.

3. Hub Experience with Unaffiliated Healthcare Organizations

- a. Describe the Hub site's experience working with unaffiliated healthcare organizations (healthcare providers not owned, operated, or managed by the same parent company)

4. Contract Negotiation Experience

- a. Describe the Hub site's experience negotiating and executing contracts with other healthcare organizations. Applicants should describe their process for drafting, negotiating, and executing legal agreements with other healthcare organizations and providers. This includes a description of how the entity will acquire legal support to review and execute agreements.
- b. Describe the ability of each proposed Spoke site to negotiate and enter into subcontracts from the Agency and negotiate and sign telehealth and referral agreements.
 - i. Spoke site 1 experience
 - ii. Spoke site 2 experience
 - iii. Spoke site 3 experience

5. Telehealth Experience

- a. Describe the Hub's experience providing care and/or consultations via telehealth.
- b. Describe the experience of each Spoke site with assisting local patients receive telehealth services from specialists at other sites.
 - i. Spoke site 1 experience
 - ii. Spoke site 2 experience
 - iii. Spoke site 3 experience

6. Healthcare Provider Recruitment Experience

- a. Describe the Hub's experience recruiting healthcare professionals to their organization. Applicants should describe any funding received through Healthy Hometowns Provider Recruitment procurement that may support this work.
- b. Describe the experience of each Spoke site with recruiting healthcare professionals to their organization. Applicants should describe any funding received for the proposed Spokes through Healthy Hometowns Provider Recruitment procurement that may support this work.

- i. Spoke site 1 experience
- ii. Spoke site 2 experience
- iii. Spoke site 3 experience

7. Hub Grant Management Experience

- a. Describe the experience of the Hub with managing grant funds, including reporting to funders and working with subcontractors.

Project Staffing Form: Within the fields provided in the IowaGrants form, the Applicant shall answer questions below within the form that indicate staffing capacity to serve as a Hub and Spoke network through this procurement. Due to the short timeline for implementation, applicants who have staff on board at the time of application may be awarded more points.

1. Hub Overall Staffing Plan

- a. Describe the staffing plan to implement the work and services described within this RFP. Staffing plans should include 1) Current staff to work on this project, 2) Staff that need to be hired to work on this project, 3) Plans to complete work until staff are hired, 4) Hiring and recruitment plans to get needed staff onboard for both medical and non-medical services to achieve project success.
- b. Non-medical personnel (includes project management, grant reporting, legal support, contract management, data collection, and other similar roles). At a minimum, the Hub must employ a 100% FTE position to coordinate the project and serve as the primary contact for the Agency.
- c. Medical/clinical personnel
- d. The primary staff person designated to coordinate the project shall be named within the application. If to be hired, the name of the individual to serve in the role until other staff are hired must be provided.

2. Spoke Overall Staffing Plan

- a. For each Spoke site, describe the staffing plan to implement the work and services described within this RFP. Staffing plans should include 1) Current staff to work on this project, 2) Staff that need to be hired to work on this project, 3) Plans to complete work until staff are hired, 4) Hiring and recruitment plans to get needed staff onboard for both medical and non-medical services to achieve project success, 5) Non-medical personnel (includes project management, grant reporting, legal support, contract management, data collection, and other similar roles), 6) At a minimum, each Spoke must employ a 50% FTE position to coordinate the project and serve as the primary contact for the Hub and the Agency, 7) Medical/clinical personnel, 8) The primary staff person designated to coordinate the project at each Spoke site shall be named within the application. If to be hired, the name of the individual to serve in the role until other staff are hired must be provided.
 - i. Spoke site 1 Staffing Plan
 - ii. Spoke site 2 Staffing Plan
 - iii. Spoke site 3 Staffing Plan

3. Contracting and Legal Support

- a. For the Hub and each of the Spokes, the Applicant shall describe staffing support (which may include contracted resources) available to provide legal support with contract and referral agreement drafting, negotiation, and execution.

4. Hub and Spoke Site Partnership Quality

- a. Applicants should describe their current relationship with each proposed Spoke site and why they believe this partnership will be successful. This section should detail meetings and conversations that have occurred up to the time of application and legal agreements that are already in place.

5. Tables of Organization and Current Lines of Care

- a. Applicants should provide a bullet point list of the current types of care provided at the Hub site and each of the Spoke sites (not limited to cancer care). Tables of organization for the Hub and each of the Spoke sites as listed in section 2 must be uploaded in this form.

Rural Health Transformation Form: Within the fields provided in the IowaGrants form, the Applicant shall answer the questions below that indicate transformational qualities of the proposed Hub and Spoke network.

1. Need for Services

- a. Applicants will describe why they need these new service lines or increased access to this care and how the Spoke sites were chosen for inclusion with this application. This information should include current capacity for providing cancer screenings and cancer treatment at each Spoke site and the Hub, current wait times at each site to receive routine cancer care, current travel patterns to receive this care, and current distances traveled to receive varying types of cancer screenings and treatments.

2. Transformational Potential

- a. Applicants should describe the current care that can be provided at the Hub and the Spoke sites, the increase in cancer treatment and other cancer-related care that could be provided if these funds were awarded to this Hub and Spoke network, and how the funding providing through this opportunity is necessary to achieve these goals. The Applicant should describe what they are not able to achieve without the funding provided through this procurement and how this short-time investment of government funds will result in long-term change for these Rural areas of Iowa. The Applicant should describe why their network is most likely to be successful and how they know the new or additional services provided as a result of these funds will improve health outcomes.

3. Network Design – Geographic Coverage and Spacing

- a. Applicants should describe how they selected the provided Spoke sites and the anticipated reach that this network is anticipated to have. This should include a full listing of all Iowa counties where at least one portion of the county is within a

30 mile driving distance to the Spoke sites. More points will be awarded to networks that maximize the number of lowans that can be reasonably served based on geographic proximity to one of the Spoke sites. Ideal spacing of proposed Spoke sites is at least 25 miles apart.

4. Implementation Feasibility

- a. Applicants should provide justification for how they know the plan they have submitted within this application is feasible for the given dollar amounts and within the given timelines. The feasibility section of the application should describe what resources are already available at the Hub and each of the Spoke sites, including any funds already provided through previous Healthy Hometown procurements (for example, Best and Brightest). The applicant should describe the partnerships that exist to advance this work and existing infrastructure that can be utilized. The Applicant should describe how this project can be successful without funding available through this procurement for construction costs and very minimal support available for minor alterations and renovations. As part of this section, applicants should describe how they know that chemotherapy can be provided at all Spoke sites, including plans for access to appropriate and timely pharmacy services. If funds will be used for this project beyond those provided through this procurement, this should be explained within this section. This section should clearly outline how the applicant and spoke sites know that the work described in this work plan is possible.

5. Sustainability

- a. Applicants should describe how the cancer treatment services provided as a result of this procurement will be sustainable beyond the funds provided through this procurement. The Agency does not expect any funds to be available for this work following 2030. Applicants must describe how they will use these short-term funds to start this work and then sustain the operations through normal business practices. This section could describe former experience or cases described within literature that outline the steps of starting a new line of service and a mapping of the amount of time needed to become profitable.

Healthy Hometowns Project Work Plan Form: This form will have two upload fields where Applicant shall upload the PDF Project Work Plan(s). The Work Plan must describe applicant's approach including detailed steps, timelines and responsible parties to accomplish all of the planned activities (see below). Work plans must comply with formatting requirements listed in **Attachment B**.

- **Required Work Plan 1:** All applicants must prepare and upload Work Plan 1 which will align with Required Budget 1. Work Plan 1 must comply with the formatting requirements listed in Attachment B and be uploaded into this field in IowaGrants.
- **Optional Work Plan 2:** Applicants who desire to propose an Application with Optional Budget 2, must prepare and upload Work Plan 2 which will align with Optional Budget 2. Both Work Plans must be uploaded into the corresponding field and comply with the formatting requirements outlined in Attachment B.

To be considered responsive, applicants must submit a comprehensive five-year workplan that includes the below. Applicants will have the opportunity to modify this workplan over the course of the five-year project if necessary and approved by the Agency.

- **Planned Activities:** Specific actions to be undertaken for the Hub and each Spoke site. Activities must include, but should not be limited to, the execution of major agreements, formation of tumor board, installation of needed equipment, recruitment of needed staff or medical professionals, start or expansion of chemotherapy at Spoke sites, medication management, lab services, and emergency care at Spoke sites, required grant reporting, other activities described within Section 2.03 above.
- **Timelines:** The workplan should describe the planned timelines for achieving major project milestones and activities. If timelines are different for the different Spoke sites, this should be clearly described. The Agency expects that Spoke sites will be at varying stages of readiness and require different activities and timelines to achieve project goals. Work plans must reflect that Hub sites either be providing external radiation therapy at the time of application or able to provide external radiation therapy before December 31, 2026 to be eligible to serve as a Hub. Work plans must reflect that all Spoke sites with provide chemotherapy or implement required levels of expanded chemotherapy by December 31, 2027.
- **Responsible Parties:** The workplan should describe the site/organization responsible for each activity. When possible, the staff name or position responsible for the work should also be described.
- **Added Benefit with Additional Funds:** If submitting budgets for both dollar amounts, describe in detail the additional benefit that could be achieved for Rural Iowans for the higher dollar amount. This justification should include a description of how the additional work is feasible, how funding will be spent within the provided timelines, and the exact activities that will not be able to occur if the applicant is awarded the lower dollar amount.

Healthy Hometowns Proposed Line-Item Budget Form. All applicants must submit a budget, not to exceed the amounts for the corresponding budgets (Required Budget 1), and if including it, Optional Budget 2. All budget information provided by the applicant must meet the funding requirements as outlined in this RFP and for the corresponding budget.

Required Budget 1: Applicants shall download the spreadsheet template within the IowaGrants Budget form (Attachment F) and then upload the completed budget into the corresponding upload field.

OPTIONAL Budget 2: If an applicant is submitting a budget for option 2, the applicant shall download the spreadsheet template within the IowaGrants Budget Form (Attachment F) and then upload the completed budget into the corresponding upload field.

Reimbursement Attestation: By completing this form, the applicant must:

- Confirm understanding of the reimbursement structure and available funding as outlined in this RFP.

- Attest to compliance with the administrative cost limitation, which cannot exceed 10% of total project costs.
- Attest to understanding that if the Hub is located in a non-Rural area, a minimum of 75% of total funds must be distributed to the Spoke sites. If the Hub is located in a Rural area, a minimum of 60% of the total funds must be distributed to the Spoke sites.

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, including eligibility criteria (section 1.03) and application content for submitted applications. Applications which fail to satisfy mandatory 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. The Agency staff may solicit additional input and recommendations from the evaluation committee(s).

- In the event that an Applicant chooses to submit a work plan and budget for option 2, the applicant will receive two Application scores: One total application score to include Workplan 1/Budget 1 and one separate total application score to include Workplan 2/Budget 2.

Phase III – Data Driven Scoring: The second phase will involve the Agency reviewing the proposed Hub and Spoke site locations based on available data. The Agency will provide scores to each application based on the proposed physical locations of the sites. The Agency will use the following data sources for this scoring:

- Statistical modelling on the predicted change in access to care based on the new location of Spoke sites, inclusive of a review in the proposed increase use of the new proposed Spoke sites
- Cancer incidence rates in the proposed locations for Hub and Spoke sites
- Cancer mortality rates in the proposed locations for Hub and Spoke sites
- Cancer late-stage diagnosis rates for Hub and Spoke Sites

The Agency reserves the right to adjust these data driven factors, including adding additional sources of data or factors for data driven scoring. The intent of the data driven scoring is to ensure that investments of these funds are impactful and sustainable. A preliminary listing of priority zip codes and counties for Spoke site placement is located in Appendix E. This listing is

subject to change.

Phase IV Combination of Data Driven and Evaluation Committee Scoring. The third phase of the evaluation will involve combining the results of the Phase II and Phase III evaluation processes to review overall quality, proposed impact, proposed project feasibility, and proposed sustainability of the submitted networks of care. 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 V -- 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, data-driven factors, 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 or available to the Agency from other outside sources. The Agency reserves the right not to award the contract to the applicant with the highest score; and to select applications based on achieving statewide coverage of cancer care in Rural Iowa, as determined solely by the Agency. This may involve selecting the application with the lower budget amount if an applicant submits both Option 1 and Option 2.

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
Hub and Spoke Requirements Form	-	N/A-Required	N/A
Hub Site Location	Located in Rural Area	N/A	5
	Located in Non-Rural Area	N/A	0
Data Driven Factors (determined by Agency, refer to Appendix E and F)	Iowa Cancer Registry – County-level Cancer Mortality	15	60
	Iowa Cancer Registry – County-level Cancer Incidence	15	60
	Iowa Cancer Registry – County-level Percent Late-Stage Diagnosis	15	60
	Cancer Treatment Access Model – Zip Code	15	60
Project Staffing Form	Hub Overall Staffing Plan, including Clinical Capability	1.6	6.4
	Spoke Overall Staffing Plan, including Clinical Capability	1.3	5.2
	Contracting and Legal Support	1.2	4.8
	Hub and Spoke Site Partnership Quality	1.2	4.8

Rural Health Transformation Form	Need for Services	1.8	7.2
	Transformation Potential	2.2	8.8
	Network Design – Geographic Coverage and Spacing	2.2	8.8
	Implementation Feasibility	1.7	6.8
	Sustainability	2.1	8.4
Operational Readiness	Cancer Treatment and Screening Experience	2.4	9.6
	Hub Experience Supporting Local Providers	2.2	8.8
	Hub Experience with Unaffiliated Healthcare Organizations	1.9	7.6
	Contract Negotiation Experience	2.3	9.2
	Telehealth Experience	1.8	7.2
	Healthcare Provider Recruitment Experience	1.8	7.2
	Hub Grant Management Experience	2.3	9.2
Healthy Hometowns Project Work Plan*	-	2.4	9.6
Budget*	Proposed Line-Item Budget: Hub Site (Years 1-5)	2.4	9.6
	Proposed Line-Item Budget: Spoke Sites (Years 1-5)	2.2	8.8
Minority Impact Statement	-	N/A- Required	N/A
Total Maximum without presentation Points:			393*

*Applications that contain both the Required Budget 1 and Work Plan AND Optional Budget 2

and Work Plan will receive two total application scores, one for each with the only potential score variances on the corresponding budget and work plans.

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:		413

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 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.

5.04 Contractual Payments

The Agency provides contractual payments on the basis of reimbursement of expenses in accordance with Iowa Code 8A.514. In the event the Contractor lacks sufficient working capital to provide the services of the contract, an advance not to exceed one month's value of the contractual amount may be provided by the Agency. One-third (1/3) of this advance will be deducted from eligible reimbursement of expenses for the 7th, 8th and 9th months of service.

If applicant is not a current Contractor with the Agency, a completed current and accurate W-9 form will be requested by the Agency upon award of a contract. The Agency shall not provide any reimbursement of expenses until the W-9 is received and accepted.

SECTION 6 – ATTACHMENTS

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

- A- RFP # PHTHOCC26756 Combat Cancer Health Hub Program
- B- Work Plan Formatting Specifications
- C- HHS Application Forms Instruction Guidance (IowaGrants)
- D- Sample Draft Contract Combat Cancer Hub
- E- Cancer Access Zip Code Statistical Modeling Map

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. Iowa HHS [Rural Health Transformation \(RHT\) | Health & Human Services](#)
- D. CMS [Rural Health Transformation \(RHT\) Program | CMS](#)
- E. Iowa Cancer Plan: [Iowa Cancer Plan | Iowa Cancer Consortium](#)
- F. Iowa Cancer Registry: [Cancer InFocus](#)

SECTION 8 – Appendix

- Appendix E- Data Driven Scoring Criteria, Priority Zip Codes
- Appendix F- Data Driven Scoring Criteria, County Level

Predicted Impact, Priority 1 Zip Codes

Zip Codes	Points
50012, 50013, 50026, 50031, 50034, 50041, 50048, 50049, 50052, 50064, 50071, 50078, 50101, 50102, 50107, 50112, 50119, 50122, 50126, 50129, 50135, 50137, 50138, 50140, 50155, 50157, 50158, 50173, 50201, 50206, 50213, 50216, 50227, 50236, 50247, 50250, 50256, 50268, 50271, 50277, 50278, 50421, 50423, 50424, 50426, 50436, 50438, 50441, 50447, 50452, 50454, 50455, 50459, 50460, 50461, 50466, 50470, 50472, 50473, 50476, 50478, 50484, 50501, 50511, 50515, 50516, 50518, 50520, 50522, 50523, 50525, 50527, 50529, 50531, 50532, 50533, 50535, 50536, 50539, 50540, 50542, 50548, 50551, 50552, 50554, 50556, 50561, 50565, 50567, 50569, 50574, 50575, 50579, 50581, 50582, 50583, 50586, 50588, 50591, 50592, 50594, 50595, 50599, 50601, 50603, 50616, 50620, 50621, 50627, 50633, 50635, 50638, 50642, 50644, 50654, 50662, 50673, 50675, 50680, 50682, 50851, 50854, 50858, 50864, 51002, 51006, 51012, 51014, 51016, 51034, 51037, 51040, 51048, 51049, 51050, 51058, 51061, 51063, 51106, 51231, 51245, 51301, 51360, 51401, 51432, 51433, 51439, 51440, 51441, 51442, 51445, 51448, 51449, 51450, 51451, 51452, 51458, 51459, 51461, 51463, 51465, 51520, 51521, 51527, 51530, 51535, 51537, 51570, 51579, 51640, 52002, 52031, 52033, 52040, 52045, 52046, 52049, 52052, 52057, 52060, 52069, 52070, 52074, 52076, 52134, 52136, 52142, 52155, 52157, 52208, 52211, 52224, 52229, 52232, 52237, 52248, 52252, 52255, 52301, 52308, 52309, 52310, 52320, 52321, 52339, 52342, 52348, 52353, 52501, 52530, 52537, 52540, 52542, 52544, 52549, 52554, 52556, 52557, 52562, 52565, 52566, 52572, 52573, 52584, 52590, 52591, 52593, 52627, 52630, 52631, 52632, 52641, 52646, 52653, 52654, 52655, 52657, 52658, 52660, 52737, 52738, 52761, 52777	4

Predicted Impact, Priority 2 Zip Codes

Zip Codes	Points
50005, 50008, 50022, 50027, 50036, 50051, 50056, 50058, 50060, 50075, 50103, 50104, 50105, 50106, 50110, 50115, 50120, 50123, 50127, 50132, 50133, 50139, 50141, 50142, 50143, 50144, 50147, 50148, 50149, 50152, 50153, 50154, 50162, 50171, 50174, 50207, 50210, 50212, 50222, 50235, 50248, 50257, 50269, 50272, 50427, 50431, 50432, 50434, 50439, 50451, 50453, 50457, 50465, 50467, 50468, 50471, 50475, 50480, 50483, 50510, 50514, 50517, 50519, 50521, 50524, 50530, 50538, 50541, 50543, 50544, 50545, 50546, 50559, 50560, 50562, 50563, 50566, 50570, 50571, 50573, 50576, 50577, 50590, 50593, 50597, 50598, 50606, 50608, 50609, 50612, 50619, 50632, 50636, 50649, 50651, 50657, 50659, 50664, 50672, 50833, 50835, 50836, 50837, 50840, 50841, 50847, 50849, 50859, 50860, 50862, 51004, 51005, 51010, 51018, 51019, 51020, 51023, 51029, 51033, 51044, 51051, 51053, 51056, 51060, 51241, 51242, 51246, 51249, 51333, 51341, 51343, 51350, 51351, 51354, 51357, 51358, 51363, 51430, 51431, 51436, 51443, 51444, 51447, 51453, 51454, 51460, 51523, 51528, 51532, 51533, 51541, 51544, 51545, 51549, 51558, 51562, 51565, 51566, 51572, 51577, 51578, 51601, 51638, 51645, 51646, 51647, 51648, 51652, 51656, 52030, 52032, 52035, 52036, 52037, 52038, 52043, 52044, 52048, 52064, 52065, 52075, 52077, 52101, 52135, 52140, 52141, 52161, 52164, 52166, 52171,	3

Zip Codes	Points
52172, 52175, 52205, 52207, 52209, 52212, 52213, 52215, 52216, 52217, 52225, 52231, 52251, 52254, 52316, 52330, 52335, 52337, 52344, 52535, 52543, 52550, 52552, 52553, 52555, 52563, 52568, 52570, 52571, 52577, 52580, 52581, 52586, 52619, 52620, 52623, 52624, 52625, 52626, 52635, 52639, 52640, 52644, 52645, 52647, 52651, 52652, 52656, 52659, 52752, 52754, 52778	

Predicted Impact, Priority 3 Zip Codes

Zip Codes	Points
50002, 50006, 50014, 50020, 50028, 50029, 50033, 50040, 50042, 50044, 50055, 50057, 50061, 50062, 50065, 50067, 50068, 50108, 50116, 50117, 50128, 50130, 50134, 50136, 50145, 50150, 50151, 50160, 50163, 50164, 50165, 50214, 50223, 50230, 50231, 50232, 50234, 50239, 50242, 50246, 50249, 50251, 50252, 50254, 50255, 50258, 50262, 50264, 50273, 50274, 50275, 50420, 50430, 50433, 50435, 50440, 50444, 50446, 50449, 50458, 50464, 50477, 50479, 50528, 50558, 50568, 50578, 50602, 50605, 50607, 50613, 50623, 50624, 50625, 50628, 50630, 50634, 50641, 50643, 50648, 50650, 50652, 50653, 50655, 50658, 50666, 50671, 50830, 50831, 50845, 50846, 50848, 50853, 50857, 50861, 50863, 51007, 51008, 51009, 51011, 51015, 51022, 51024, 51025, 51026, 51028, 51030, 51035, 51036, 51039, 51045, 51046, 51047, 51052, 51054, 51111, 51201, 51230, 51232, 51234, 51237, 51238, 51243, 51244, 51247, 51248, 51331, 51338, 51340, 51342, 51345, 51346, 51355, 51364, 51365, 51446, 51455, 51462, 51466, 51467, 51525, 51529, 51531, 51536, 51540, 51543, 51546, 51550, 51552, 51553, 51554, 51557, 51563, 51564, 51571, 51573, 51630, 51631, 51632, 51636, 51637, 51649, 51650, 51651, 51654, 52041, 52047, 52056, 52066, 52072, 52078, 52133, 52144, 52146, 52147, 52151, 52156, 52158, 52159, 52160, 52163, 52165, 52168, 52169, 52170, 52201, 52210, 52218, 52219, 52220, 52221, 52222, 52223, 52249, 52257, 52302, 52305, 52307, 52312, 52313, 52323, 52326, 52328, 52329, 52332, 52334, 52336, 52338, 52345, 52347, 52349, 52352, 52354, 52355, 52359, 52362, 52533, 52536, 52548, 52551, 52560, 52561, 52569, 52574, 52576, 52583, 52585, 52588, 52594, 52595, 52621, 52638, 52649, 52650, 52721, 52731, 52739, 52746, 52749, 52760, 52765, 52803	2

Predicted Impact, Priority 4 Zip Codes

Zip Codes	Points
All other zip codes will receive 1 point.	1

*Source: HHS Statistical Modeling

County	Incidence Points	Mortality Points	Late Diagnosis Points
Adair County	1	2	4
Adams County	3	2	4
Allamakee County	1	3	1
Appanoose County	4	3	3
Audubon County	1	2	4
Benton County	3	2	2
Black Hawk County	3	3	2
Boone County	3	4	2
Bremer County	3	1	2
Buchanan County	4	3	2
Buena Vista County	1	1	3
Butler County	4	2	2
Calhoun County	2	2	1
Carroll County	1	1	1
Cass County	4	4	3
Cedar County	3	1	2
Cerro Gordo County	2	2	1
Cherokee County	4	3	2
Chickasaw County	4	4	2
Clarke County	1	4	4
Clay County	3	1	1
Clayton County	2	4	4
Clinton County	4	4	3
Crawford County	2	2	1
Dallas County	1	1	1
Davis County	2	2	2
Decatur County	4	2	4
Delaware County	2	2	3

County	Incidence Points	Mortality Points	Late Diagnosis Points
Des Moines County	3	4	3
Dickinson County	3	1	1
Dubuque County	2	2	1
Emmet County	2	4	3
Fayette County	1	2	3
Floyd County	4	3	2
Franklin County	4	4	2
Fremont County	3	4	3
Greene County	4	4	4
Grundy County	4	3	2
Guthrie County	1	2	4
Hamilton County	1	1	3
Hancock County	1	1	1
Hardin County	1	2	4
Harrison County	4	3	3
Henry County	1	3	3
Howard County	4	4	3
Humboldt County	3	1	2
Ida County	1	3	2
Iowa County	3	3	3
Jackson County	4	3	1
Jasper County	2	3	3
Jefferson County	1	1	4
Johnson County	2	1	1
Jones County	2	1	1
Keokuk County	4	2	4
Kossuth County	1	1	1
Lee County	3	4	3

County	Incidence Points	Mortality Points	Late Diagnosis Points
Linn County	3	2	1
Louisa County	3	4	4
Lucas County	2	3	4
Lyon County	3	1	2
Madison County	4	4	1
Mahaska County	2	4	4
Marion County	3	4	3
Marshall County	3	3	2
Mills County	2	2	2
Mitchell County	3	3	2
Monona County	4	2	4
Monroe County	4	4	4
Montgomery County	3	3	4
Muscatine County	3	2	2
O'Brien County	2	2	2
Osceola County	4	3	4
Page County	3	3	4
Palo Alto County	4	4	4
Plymouth County	4	1	1
Pocahontas County	4	4	3
Polk County	2	3	3
Pottawattamie County	2	4	3
Poweshiek County	1	2	4
Ringgold County	3	4	4
Sac County	2	1	2
Scott County	3	2	1
Shelby County	1	1	3
Sioux County	2	1	1

County	Incidence Points	Mortality Points	Late Diagnosis Points
Story County	1	1	1
Tama County	4	4	2
Taylor County	1	1	1
Union County	2	3	3
Van Buren County	2	4	2
Wapello County	4	4	4
Warren County	1	1	1
Washington County	2	2	4
Wayne County	1	3	4
Webster County	2	3	3
Winnebago County	1	3	1
Winneshiek County	1	1	1
Woodbury County	3	3	3
Worth County	2	1	1
Wright County	1	1	3

*Source: Iowa Cancer Registry