IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH

Healthy Hometowns: Mobile Integrated Health

REQUEST FOR PROPOSAL # PHTHOET27001

Contract Term:
October 31, 2026 to September 30, 2031

HHS Issuing Officer
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RFP Table of Contents

Attachments are posted as separate documents in the Attachment section of this Funding Opportunity.

SECTION 7 – LINKS

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

SECTION 1 -- GENERAL AND ADMINISTRATIVE ISSUES

1.01 Purpose

The purpose of this Request for Proposal (RFP) # PHTHOET27001 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 initiate or expand Mobile Integrated Health (MIH) services within defined rural areas across Iowa. The purpose of developing Mobile Integrated Health projects is to initiate or expand treat-in-place care, telehealth-enabled clinical assessments, chronic disease management, post-discharge follow-up, prenatal and postpartum home-based support, medication reconciliation, and other community-based clinical interventions for Rural Iowans.

This procurement will describe two options for advancing mobile integrated health projects in Iowa:

1. Initiate a new Mobile Integrated Health Program
2. Expand an existing Mobile Integrated Health Program to cover additional rural counties.

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 $209,040,063.71 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.

Iowa's year two award for this program is anticipated by October 31, 2026 and budget amounts could change at that time. All activities presented within this RFP, including access to funds, are subject to CMS approval of the Agency's year 2 budget.

This work implements a portion of the EMS Community Care Mobile 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 October 31, 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 Emergency Medical Services or community-based clinical services are eligible to submit an application in accordance with this RFP.

Eligibility Requirements
Eligible Applicants must currently provide Iowa Authorized EMS Services.

Eligible Applicants must serve as least one county with *some parts or all parts of the county eligible for Rural Health Grants as described by the* "Rural Health Grants Eligibility Analyzer (Rural Health Grants Eligibility Analyzer)".

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 applicants can determine the service area within Iowa. A minimum service area is one county. For applicants that include at least a three-county service area, priority points will be given. See Section 4.

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 $5,049,975 for approximately seven (7) awards. These funds will be for the time period of 10/31/2026 through 10/30/2027. The Agency anticipates approximately $*20,199,900 total funds* available for Mobile Integrated Health projects from 10/31/2026 through 9/30/2031. Applicants will have the opportunity to apply for an annual award of approximately $721,425, resulting in an approximate total four-year contract award of $2,885,700. 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.

The Agency reserves the right to award different amounts to different projects based on needs, application quality, reports submitted, 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	July 14, 2026
Written Questions and Responses	
Round 1 Questions Due: Responses Posted By:	July 27, 2026, by 4:00 PM August 3, 2026
Round 2/Final Questions Due: Responses Posted By:	August 17, 2026, by 4:00 PM August 24, 2026
Applications Due	*September 1, 2026, by 12:00 PM Local Iowa Time*
Post Notice of Intent to Award	Posted on or around October 16, 2026

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

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

C. Written Questions and Responses – Written questions related to the RFP must be submitted through www.IowaGrants.gov no later than the dates specified in the table above 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 **September 1, 2026 by 12:00 PM Local Iowa Time** 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 – *On or after September 4,* 2026. The names of all applicants who submitted applications by the deadline shall be released to all who have requested such notification via an email request to john.mcmullen@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 may submit only *one* application *for coverage of a single service area* (as defined in section 1.03) per Iowa HHS District (see Attachment E for map) to ensure coordination across HHS service delivery systems. These districts were developed using a data-driven suitability analysis and are intended to serve as the standard geographic framework for

statewide health system planning. These districts serve as the standard geographic framework for health system planning in Iowa. If a service area crosses between Iowa HHS Districts, the geographic address of the Applicant will serve as the Iowa HHS District for eligibility determination.

1.15 Oral Presentation

Applicants may be requested 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. If an oral presentation is required, applicants may clarify or elaborate on their applications but may in no way change their original 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. 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.

B. Current individual employees of the State of Iowa may not act as subcontractors under this contract.

C. 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 Issuing Officer cited in the RFP John McMullen, and shall be submitted via email, including a read receipt verification, at the following email address: reconsiderationrequest@hhs.iowa.gov.

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

The Agency will expeditiously address the request for reconsideration and issue a decision. The Applicant may choose to file an appeal with the Agency within five days of the date of the decision on reconsideration exclusive of Saturdays, Sundays, and legal state holidays.

1.31 Definition of Contract and Exclusivity

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

1.32 Construction of RFP

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

SECTION 2 – BACKGROUND AND SCOPE OF WORK

2.01 Background

Iowa's rural communities face persistent and intensifying public health challenges, including limited access to care, workforce shortages, and disparities in health outcomes. In response, the Agency developed the Healthy Hometowns initiative[1] 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 Action[3], 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.

Iowa's rural communities face persistent challenges related to limited access to timely and appropriate healthcare services, staffing shortages, transportation barriers, and disproportionate rates of chronic disease and avoidable hospital utilization. As part of the Healthy Hometowns initiative and Iowa's Rural Health Transformation Plan, the Agency seeks to strengthen community-based care through the implementation or expansion of Mobile Integrated Health (MIH) services.

MIH is an evidence-supported model in which Emergency Medical Services (EMS) clinicians deliver community-based, non-emergent healthcare services in coordination with physicians,

[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

advanced practice providers, hospitals, public health agencies, and other community partners. MIH programs extend healthcare access into homes and communities, reduce avoidable emergency department utilization, address chronic disease management gaps, support maternal and child health, and improve continuity after hospital discharge.

Through Healthy Hometowns, Iowa's Rural Health Transformation Program (RHTP), the Agency will fund MIH projects across Iowa. The Agency will prioritize applicants capable of demonstrating readiness to implement MIH services, capacity to expand access in rural regions, and commitment to sustainability beyond the grant period.

Contractors will also be required to collect and report individual-level beneficiary data, including identification of beneficiaries who are dually eligible for Medicare and Medicaid insurance benefits and information on services provided, to support RHTP monitoring and evaluation. The Agency will work collaboratively with awarded applicants to address data sharing and privacy needs for data transfer.

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.

“BEMTS Pilot Project” means the Bureau of Emergency Medical and Trauma Services (BEMTS)-approved pilot initiative designed to strengthen EMS maternal and neonatal transport readiness through standardized obstetric emergency training, credentialing, data collection, quality improvement, and regional coordination activities.

“ImageTrend Data System” means the electronic patient care reporting and EMS data platform utilized by Iowa EMS agencies for documenting encounters, collecting patient and operational data, monitoring trends, and supporting quality improvement and reporting activities.

“Mobile Integrated Health (MIH)” means a community-based healthcare model in which EMS clinicians provide non-emergent clinical care, care coordination, health assessments, chronic disease support, post-discharge visits, prenatal/postpartum follow-up, social needs screening, and other services in collaboration with supervising clinicians and local healthcare partners.

“Treat-in-Place” means provision of clinical assessment and care at a patient’s location, avoiding unnecessary emergency department transport when safe and appropriate.

“Dually Eligible” means an individual concurrently enrolled in Medicare and Medicaid. Contractors must collect data sufficient to identify whether MIH beneficiaries meet dual-eligibility criteria.

“Telehealth-enabled MIH visit” means a clinical encounter in which EMS or MIH personnel connect with a physician or advanced practice provider via secure telehealth technology to guide assessment and treatment.

“Non-Traditional Provider” as defined in this procurement, includes Community Health Workers (CHW), navigators, social workers, health coaches, and similar personnel.

“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).

2.03 Scope of Work.

The Agency seeks qualified applicants to implement or expand Mobile Integrated Health (MIH) services within their proposed service area. Applicants must:

- Initiate a **new** MIH program, or
- **Expand an existing** MIH program to cover additional rural counties.

MIH services initiated or expanded through this procurement will support treat-in-place care, telehealth-enabled clinical assessments, chronic disease management, post-discharge follow-up, prenatal and postpartum home-based support, medication reconciliation, and other community-based clinical interventions for rural Iowans.

Contractors will also be required to collect and report individual-level MIH service data, including beneficiary demographics, service utilization, and whether beneficiaries are dually eligible for Medicare and Medicaid, in order to meet Rural Health Transformation Program reporting requirements.

Awardees ("Contractors") shall comply with all requirements in this section for the duration of the Contract.

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 the RFP.

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

2.3.1 General Requirements

The Contractor shall:

2.3.1.1 Develop, implement and then maintain the capability to provide MIH services during the Contract period, including, but not limited to, treat-in-place, non-urgent home-based assessments, telehealth-enabled visits, and post-discharge follow-ups.

2.3.1.2 Begin the provision of MIH services by the end of Year 1 of the contract.

2.3.1.3 Establish and maintain referral pathways with hospitals, clinics, primary care providers, public health departments, and social service agencies as appropriate.

2.3.1.4 Implement the project using funds from CMS-RHT-26-001 in accordance with equipment, non-reimbursable clinical services, and workforce incentive allowable costs.

2.3.1.5 Maintain compliance with all cost restrictions, documentation requirements, and reporting obligations.

2.3.1.6 Ensure all staff participating in this project meet State of Iowa EMS regulations and maintain appropriate certification and competency.

2.3.1.7 Participate in Agency-scheduled meetings.

2.3.1.8 Participate in statewide coordination efforts connected to EMS Community Care Mobile and any other statewide initiatives as agreed upon by the Contractor and the Agency.

2.3.1.9 Participate in the BEMTS Pilot Project as directed by the Agency. Care activities shall not exceed the approved scope-of-practice incorporated and adopted by reference in Iowa Administrative Code 641.131.4(2)(b), unless authorized under the BEMTS Pilot Project.

2.3.1.10 All MIH services must be non-reimbursable under existing insurance programs in order to qualify for Provider Payment activities.

2.3.1.11 Utilize ImageTrend Data System Community Care module reporting platform to document MIH encounters, support quality improvement activities, and analyze service utilization and outcome trends throughout the project period.

2.3.2 MIH Equipment and Technology

2.3.2.1 Acquire, configure, and deploy equipment necessary for MIH services (e.g., telehealth tablets, diagnostic tools, communication equipment).

2.3.2.2 Ensure all devices and platforms meet HIPAA and State requirements.

2.3.2.3 Maintain an equipment inventory consistent with the expectations for equipment tracking.

2.3.2.4 Provide training to MIH personnel on equipment use and safety.

2.3.3 MIH Clinical Services Requirements

The Contractor shall provide MIH services that may include:

2.3.3.1 Treat-in-place visits for low-acuity or chronic conditions.

2.3.3.2 Chronic disease management visits (e.g., diabetes, COPD, heart failure).

2.3.3.3 Post-discharge follow-up within clinically appropriate timeframes.

2.3.3.4 Prenatal and postpartum MIH visits to support maternal and neonatal health.

2.3.3.5 Medication reconciliation and safety assessments.

2.3.3.6 Telehealth-enabled assessments with supervising clinicians.

2.3.3.7 Social needs screening and referral coordination.

2.3.3.8 Health coaching, education, and navigation.

2.3.3.9 Support for individuals with behavioral health needs, when appropriate.

2.3.3.10 Other MIH services as agreed upon by the contractor and Agency.

2.3.3.11 Coordination with local hospitals, clinics, primary care providers, public health departments, and social service agencies for shared care plans.

2.3.3.12 Use of funds only for non-reimbursable clinical activities that enhance MIH service quality.

2.3.4 Beneficiary Data Requirements

The Contractor shall:

2.3.4.1 Collect individual-level data for all MIH service encounters, including, but not limited to:

2.3.4.1.1 Patient demographics

2.3.4.1.2 Date and type of MIH encounter

2.3.4.1.3 Clinical service(s) delivered

2.3.4.1.4 Treat-in-place vs. referral outcomes

2.3.4.1.5 Telehealth utilization

2.3.4.1.6 Insurance coverage indicators, including fields necessary to identify dually eligible beneficiaries

2.3.4.1.7 Social needs identified

2.3.4.1.8 Referrals made

2.3.4.2 Maintain data in a format compatible with Agency reporting requirements under the RHTP and state law.

2.3.4.3 Ensure all data privacy, consent, and HIPAA standards are met.

2.3.5 Specialty Equipment Deployment

As appropriate for the services within the service area and with prior approval from the Agency,

2.3.5.1 Procure, maintain, and use equipment or supplies necessary for MIH services.

2.3.5.2 All purchases must comply with the definition of Equipment under this RFP and CMS-RHT-26-001 rules.

2.3.6 Coordination and Partnership Requirements

The Contractor shall:

2.3.6.1 Establish formal agreements or workflows with hospitals, primary care providers, public health agencies, and/or social service organizations.

2.3.6.2 Coordinate with local emergency medical services, community paramedics, and regional healthcare partners to avoid duplication and ensure sustainability.

2.3.7 Workforce Requirements

The Contractor shall:

2.3.7.1 Maintain sufficient staffing (EMS, MIH clinicians, administrative staff, CHWs/non-traditional providers as appropriate) to implement the project.

2.3.7.2 Assign a Project Manager (at least 1.0 FTE recommended for multi-county areas).

2.3.7.3 Meet all staffing minimums outlined in template Section 2.03 expectations.

2.3.7.4 Ensure all workforce activities supported by funds comply with the RHTP's 5-year rural service commitment requirements where applicable.

2.3.8 Workforce Incentives

With prior approval from the Agency and in conjunction with an approved workplan,

2.3.8.1 Use funds to recruit or retain EMS clinicians for MIH activities.

2.3.8.2 Each EMS clinician receiving funds as a recruitment or retention incentive shall sign a legally binding 5-year rural service commitment

2.3.8.3 No EMS clinician receiving support shall be subject to a non-compete agreement.

2.3.8.4 The Contractor must ensure that the EMS Clinician receiving a recruitment or retention incentive payment through this RFP agrees to provide services In-Person, Full Time within a Rural area of Iowa for a minimum of five years.

2.3.8.5 The Contractor may provide a hiring incentive to an EMS Clinician, in the form of a relocation incentive, hiring bonus, or other form of hiring incentive as approved by the Agency.

2.3.8.6 The Contractor may provide a retention incentive to an EMS Clinician as approved by the Agency.

2.3.9 MIH Work Plan. The Contractor shall develop and submit a written MIH work plan within 60 days of contract execution and update annually within 60 days of contract execution, that includes:

2.3.9.1 Planned activities for each MIH service component.

2.3.9.2 Timeline for implementation.

2.3.9.3 Staffing and responsible parties.

2.3.9.4 Equipment and procurement steps.

2.3.9.5 Beneficiary outreach and communication strategies.

2.3.9.6 Data reporting capabilities.

2.3.9.7 Sustainability strategies.

2.3.10 Equipment Deployment and Verification. Within year 1 of contract execution the contractor shall:

2.3.10.1 Procure all approved equipment.

2.3.10.2 Install and configure telehealth units when applicable.

2.3.10.3 Submit inventory documentation.

2.3.10.4 Complete operational testing and readiness checklist.

2.3.11 MIH Workforce Training Plan. The Contractor shall develop and submit a written MIH workforce training plan within 60 days of contract execution and updated annually within 60 days of contract execution, that includes:

2.3.11.1 MIH Competencies.
2.3.11.2 Continuing education expectations.
2.3.11.3 Documentation standards.
2.3.11.4 Clinical protocols.
2.3.11.5 Diagnostic equipment.
2.3.11.6 Ongoing and annual training.
2.3.11.7 All training shall meet evidence-based standards of the Agency and will be mutually agreed upon by the Contractor and the Agency.

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. Funds for administrative staffing to support reporting and data collection will be allowable, but must remain at 10% or less of total budget amount.
2. Contractors shall utilize Image Trend EMS data platform to support required reporting and quality improvement activities. Contractors may be required to submit trend analyses related to MIH encounters, treat-in-place outcomes, telehealth utilization, frequent utilizers, response patterns, referral outcomes, and other performance indicators identified 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.

At a minimum, applicants must identify a Project Program Lead.

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	November 30, 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	15th working day for all months that do not require a quarterly report
Quarterly Reports	Quarterly	January 15 April 15 July 15 October 15 And Quarterly though end of contract
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 MIH visits by type of service provided and by patient demographic, possibly to include individual level data
- Service locations for MIH visits
- Number of Telehealth visits, types of services provided via telehealth
- MIH quality indicators
- Training completion rate
- Number of Dually-eligible beneficiaries receiving services and relevant demographic information
- Other information required by CMS or the Agency for the purposes of evaluating project performance and project success data requirements

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

By September 30, 2027, Contractor must begin providing Mobile Integrated Health services. Failure to begin providing MIH services shall result in a disincentive of $100,000. The Agency reserves the right to discontinue contracting with any Contractor that fails to meet this performance measure.

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 $721,425 for Year 1 for services described in Section 2 for the time period of 10/31/2026 through 10/30/2027. The Agency anticipates that successful applicants will have until 9/30/2028 to expend funds obligated in Contract Year 1 for all expenses EXCEPT salaries and fringe costs. In no event will funds from Year 1 be able to be spent beyond 9/30/2028.

The contractor is anticipated to be paid an amount not to exceed $721,425 for Year 2 for services described in Section 2 for the time period of 10/31/2027 through 10/30/2028. The Agency anticipates that successful applicants will have until 9/30/2029 to expend funds obligated in Contract Year 2 for all expenses EXCEPT salaries and fringe costs. In no event will funds from Year 2 be able to be spent beyond 9/30/2029.

The contractor is anticipated to be paid an amount not to exceed $721,425 for Year 3 for services described in Section 2 for the time period of 10/31/2028 through 10/30/2029. The Agency anticipates that successful applicants will have until 9/30/2030 to expend funds obligated in Contract Year 3 for all expenses EXCEPT salaries and fringe costs. In no event will funds from Year 3 be able to be spent beyond 9/30/2030.

The contractor is anticipated to be paid an amount not to exceed $721,425 for Year 4 for services described in Section 2 for the time period of 10/31/2029 through 10/30/2030. The Agency anticipates that successful applicants will have until 9/30/2031 to expend funds obligated in Contract Year 4, including costs for salaries and fringe costs. In no event will funds from Year 4 be able to be spent beyond 9/30/2031.

Contract payments will be through IowaGrants and will be done both monthly (for line-item budget payments) and upon completion of each deliverable, which will be a fixed cost reimbursement (for the deliverable-based reimbursements). See budget section below for additional details. The Contractor shall submit a claim (invoice) for payment via IowaGrants claim component to be submitted to the Agency monthly for line-item budget expenditures, as well as submit a claim upon completion of each deliverable.

The Contractor shall complete and submit an Agency approved line-item budget in an Agency approved format for Year 1 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.

No new funding will be available for the final contract period of 10/30/30 through 9/30/31. The final contract period will be allowed for completion of services and spending awarded funding. Each subsequent funded amendment provided by the Agency, the Agency will determine the deliverables and associated amounts, and/or request a line-item budget in an Agency approved format to be included in the contract at the Agency's discretion.

B. **Cost Restrictions**.

a. Funds may not be used for the purchase, lease, rental, refurbishment, or long-term maintenance of any vehicle, including but not limited to ambulances, helicopters, fixed-wing aircraft, vans, SUVs, cars, mobile clinics, or any other motorized vehicle or aircraft used for medical or transportation purposes.

b. 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.
c. 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.
d. 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.

This project will use both a deliverable-based budget and a line-item budget.

Timeframe	Line-Item Budget	Deliverable-Based Budget	Anticipated Total Budget
Year 1 (10/31/2026 – 10/30/2027)	$708,925*	$12,500	$721,425
Year 2 (10/31/2027-10/30/2028)	$708,925**	$12,500	$721,425
Year 3 (10/31/2028-10/30/2029)	$708,925**	$12,500	$721,425
Year 4 (10/31/2029-10/30/2030)	$708,925***	$12,500	$721,425

*The Agency anticipates that successful applicants will have until 9/30/2028 to expend funds provided in Contract Year 1, except for salary and fringe costs which must be spent in the budget year in which costs are obligated. In no event will funds from Year 1 be able to be spent beyond 9/30/2028.

**The Agency anticipates that successful applicants will have until September 30th of the following year to expend funds provided in each Contract year, except for salary and fringe costs which must be spent in the budget year in which costs are obligated. Funds not spent by September 30th of the following year will become unavailable for use by the Contractor.

*** The Agency anticipates that successful applicants will have until 9/30/2031 to expend funds provided in this Contract year, including for salary and fringe costs. Funds not spent by 9/30/2031 will become unavailable for use by the Contractor.

a. Deliverable-based Reimbursement. The Agency has identified the deliverables, and corresponding reimbursement amounts for the base contract term in the charts below. The deliverables and corresponding amounts may change at the sole discretion of the Agency. These reimbursement amounts are all inclusive for the defined deliverable and no other associated costs or expenses will be provided.
b. Reimbursement of expenses under the contract will be based upon successful performance in meeting the contract requirements and deliverables. All deliverables must meet Agency approval prior to payment of the reimbursement. Failure to provide deliverables meeting Agency satisfaction will result in non-payment of corresponding deliverable.

Years 1-4 Deliverables: This is the anticipated annual deliverable reimbursement for the timeframe of 10/31/2026-10/30/2030*.

Deliverable (description)	**Due Date**	**Anticipated Fixed Cost****
MIH Work Plan	Within 60-days of contract execution and annually	$5,000 annually
Monthly Progress Reports	15th working day for all months that do not require a quarterly report	$500 per monthly progress report for a maximum of $4,000
Quarterly Progress Reports	January 15, 2027 April 15, 2027 July 15, 2027 October 15, 2027 And Quarterly though end of contract	$500 per quarterly progress report for a maximum of $2,000 per year
Annual Reports	July 15, 2027 July 15, 2028 July 15, 2029 July 15, 2030	$1,500
Total Annual Fixed Cost:	**$12,500**	

*At the Agency's discretion, additional time may be provided to complete the deliverables described above, however in no case will additional time be provided beyond 9/30/31.

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

Line-Item Budget:

Applicants will demonstrate a budget adequate to support the work of the Contractor to perform the services outlined in this RFP. The budget must be presented using the specific line-item categories outlined below, and not exceed the available funding allowed for the base contract term. A budget justification shall be included, describing the details of how the budget was calculated and justify all the anticipated expenses outlined within the budget.

Applicants will prepare one line-item budget,

- For the time period of 10/31/2026 through 10/30/27 not to exceed $708,925.

In the manner provided in section 3 and compliant with the instructions in this section (section 2); 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. 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, this includes the deliverable – based reimbursements.

Administrative costs are costs used to administer the grant. For example, a financial person submitting claims to the Agency on behalf of the Contractor would be included as administrative costs, but a EMS Clinician offering services to clients would not be identified as administrative costs.

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.

<u>Direct Costs Categories</u>

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. Subcontracts 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.

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.Iowagrants.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.

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

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

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

Within this form, the applicant should include the following specifics related to their demonstrated experience and examples of past work relevant to the scope of this contract. Including but not limited to:

- Collaboration and Partnerships (with hospitals, clinics, primary care providers, public health departments, and social service agencies)
- Data Tracking
- Continuous Quality Improvement

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

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

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

At a minimum, applicants must identify the following personnel:

- The Contractor shall assign a dedicated project lead.

Operational Readiness Form: This form requires specific information about the operational readiness of the applicant related to providing the services described in this RFP.

The Operational Readiness Form requires applicants to demonstrate their current capability to safely and effectively deliver MIH services within their proposed service area. Applicants shall clearly document their EMS and MIH readiness, including experience with community-based care, treat-in-place encounters, post-discharge follow-up, and other non-emergent clinical services. They must also demonstrate a clear commitment to delivering MIH services equitably across all partner healthcare facilities, without preference for or limitation to organizations affiliated with a single parent system. Applicants shall describe their healthcare provider recruitment and retention experience, with emphasis on their ability to build and sustain a qualified MIH workforce capable of operating reliably in rural environments. Finally, Applicants should describe their ability to perform all contract monitoring and reporting requirements to meet Agency and federal CMS requirements as described within this RFP.

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

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

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

- **Planned Activities:** Specific actions to be undertaken for the MIH Program. Activities

must include, but should not be limited to, the execution of major agreements, purchase and installation of needed equipment, recruitment of needed staff or medical professionals, education and training plan for EMS Clinicians, 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.
- **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.

Subcontract Plan: This form requires specific information about the applicant's proposed plan for subcontracts. Applicant shall identify if subcontracts are proposed, and if so, the applicant shall include the scope of work of subcontracted services; anticipated amount for each proposed subcontract; the name, contact information, experience of subcontractor (if known at the time of application); and the delivery area(s) to be served through the subcontract.

Healthy Hometown Line-Item Budget: This form requires the applicant to describe the details of proposed expenses to implement the project as described in the applicant's application to accomplish the scope of work as described in this RFP. Proposed expenses and budget details must be adequate, yet reasonable to support the work of the application, and must be in compliance with section 2.04 of this RFP.

Deliverable-Based Budget: This form will not be included in the application as it is predetermined by the Agency.

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.

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 evaluation committee(s) shall evaluate applications in accordance with a point system.

Each committee member will independently review the applications and the evaluation criteria outlined in this chapter and document strengths, weaknesses, and comments as applicable.

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.

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 Agency staff may solicit additional input and recommendations from the evaluation committee(s).

Phase III – Priority Points Scoring: The third phase will involve the Agency reviewing the applications and assigning priority points. The Agency may assign priority points simultaneously to Phase II.

Combination of Priority Points and Evaluation Committee Scoring. The Agency will combine the results of all scores (priority points and committee scores) to arrive at final application scores. The applications will then be ranked based on the scores and committee recommendations. The Agency staff may solicit additional input and recommendations from the evaluation committee(s).

Phase IV -- Agency Review and Award: This 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, coverage across Iowa HHS Districts, 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 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 coverage of MIH services in Rural Iowa, as determined solely by the Agency.

4.02 Scoring of Applications

Accepted applications will be evaluated based on the following criteria:

A. All parts of each section are included and addressed.

B. Descriptions and detail are clear, organized and understandable.

C. Descriptions are responsive to the intent of the RFP scope of work and goals and objectives.

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

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

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

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

Application Form	Component	Weight	Potential Maximum Score
Cover Sheet- General Information	-	N/A- Required	N/A
Business Organization	-	N/A- Required	N/A
Application Certification and Conditions	-	N/A- Required	N/A
Background and Demonstrated Experience		4	16
Project Staffing Form	Overall Staffing Plan, including Clinical Capability	4	16
Operational Readiness	EMS Readiness, Response and Transport Experience	4	16
	Collaboration and Partnerships	4	16
	Healthcare Provider Recruitment Experience	4	16
Healthy Hometowns Project Work Plan	MIH Program Design	4	16
	Telehealth Plan	4	16
	Specialty Equipment Purchase and Deployment Plan	4	16
	Workforce Incentives Plan	4	16
	Workforce Training Plan	4	16
	Continuous Quality Improvement Plan	4	16
Subcontract Plan	-	N/A- Required	N/A
Healthy Hometown Line-Item Budget:		4	16

Deliverable Budget		4	16
Minority Impact Statement	-	N/A- Required	N/A
Total Maximum without presentation points or priority points:			208

Priority Points

Priority Points Criteria	Potential Priority Points
One or two Iowa counties in proposed service area	0
Three or more Iowa counties in proposed service area	25
One county in service area with locations in the county eligible for Rural Health Grants	0
Two counties in Service Area with some or all parts of county eligible for Rural Health Grants	25
Three or more counties in Service Area with some or all parts of county eligible for Rural Health Grants	35
Total Maximum Score Priority Points:	60

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 presentation score:		20

Total Maximum Scores	
Application Form Score	208
Priority Points Score	60
Total Maximum Score Application Form and Priority Points	268
Presentation Score	20
Total Maximum Score with Application Form, Priority Points, and Presentation Score	288

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 #PHTHOET27001 Mobile Integrated Health
- B- Work Plan Formatting Specifications
- C- HHS Application Forms Instruction Guidance (IowaGrants)
- D- Mobile Integrated Health Sample Draft Contract
- E- Iowa HHS District 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. Evidence Based and Evidence Informed Telehealth Resources - Health Resources and Services Administration (HRSA) Telehealth Best Practices guides Best practice guides | Telehealth.HHS.gov
F. Network of the National Library of Medicine (NNLM) Library Telehealth 101: What libraries need to know | NNLM
G. Network of the National Library of Medicine (NNLM) Library Telehealth 101 A Getting Started Guide