IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF COMPLIANCE AND ADMINISTRATION

Healthy Hometowns Communities of Care Co-Location Program

REQUEST FOR PROPOSAL #COMPADM26005

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

HHS Issuing Officer
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1.01 Purpose

The purpose of Request for Proposal (RFP) #COMPADM26005 is to identify qualified applicants to serve as pilot Communities of Care Co-Location Sites for the Iowa Department of Health and Human Services (the Agency).

This procurement seeks to establish rural Co-Location Sites where multiple providers work together in one place so residents can access a broad range of services that address health and health related social needs in a single visit. This project will also transform Rural healthcare delivery by providing an opportunity for Co-location Sites to share costs and sustain care long term in their local communities. The Co-Location Sites will bring together at least three separate and distinct service delivery entities, each offering different types of initiatives or services, which will collaborate in integrating services within a single rural location. The purpose of these co-location sites is to expand and sustain access to care in rural communities, foster new partnerships among local providers, improve chronic disease outcomes, and embed preventive and chronic disease management services so individuals can access multiple coordinated appointments in one place.

Through the Healthy Hometowns Rural Health Transformation Program, Iowa is working toward innovative and transformative models of healthcare delivery to best serve rural Iowans.

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 Communities of Care initiative of the Iowa Healthy Hometowns Project, funded through the Centers for Medicare & Medicaid Services' Rural Health Transformation Program, opportunity #: CMS-RHT-26-001.

Applicants for this RFP will be known as Co-Location Site Leads. Co-Location Site Leads will identify at least three separate and distinct service delivery entities (inclusive of the Co-Location Site Lead to make a total of three) in which each will provide different types of initiatives or services at a single Rural site.

Service delivery entities may include, but are not limited to:

- Local public health agencies

- Federally Qualified Health Centers,
- Community Health Centers,
- Rural Health Clinics
- Hospitals
- Physician groups and other primary care providers
- Behavioral health organizations
- Substance use treatment programs
- Pharmacies
- Dentists and oral health providers
- Maternal, adolescent, and child health entities
- Nutrition services
- Aging and disability service organizations
- Community Based Organizations
- Outpatient rehabilitation services
- Minor urgent care clinics
- Laboratories and diagnostic testing entities
- Other healthcare or social service entities committed to reducing chronic disease

These entities are expected to collaborate on the application; however, the Co-Location Site Lead is ultimately responsible for submitting the application and leading the work of the funded Co-Location Site.

At least one of the service delivery entities must provide services related to chronic disease prevention and management.

The applicant may include up to two Service Delivery Entities at the Co-Location Site who are affiliated with or managed by the same organization. However, priority points in the application scoring shall be awarded for Co-Location Sites that indicate that all three (3) Co-Location Site Service Delivery Entities (inclusive of the Co-Location Site Lead) are **not** affiliated with or managed by the same organization.

Priority points shall be awarded to applicants in which at least one of the three designated Co-Location Site Service Delivery Entities is a provider that offers services that addresses health related social needs.

Priority points shall be awarded to applicants in which only one of the three designated Co-Location Site Service Delivery Entities provides medical care by an Iowa licensed medical practitioner.

The Co-Location Site Lead must include signed memorandums of understanding (MOUs) with all proposed service delivery entities at the time of application (signed by ALL parties). These MOUs must demonstrate the partners' commitment to collaboration and state that the parties are working in good faith toward a formal legal agreement within six months of the MOU's

signature date. This Agreement must be signed by an authorized official from the Co-Location Site Lead Entity and the other organization that will join the site. Agreements must also show mutual agreement on the budget included in the application (refer to section 1.03).

Co-Location Sites may include more than three service delivery entities, but only three will be considered for evaluation in this procurement. Only three service delivery sites will receive financial support through this procurement unless prior written approval is received from the Agency following the selection of applications.

1.02 Contract Term

The anticipated total **Contract Term** will begin on or around October 31, 2026, through 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 five-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 health or health related social needs are eligible to submit an application in accordance with this RFP. The entity that submits the application must be the Co-Location Site Lead.

Eligibility Requirements: Each of the following requirements must be met by the Applicant. Failure to meet any of the following requirements will result in application disqualification.

- **Letter of Intent Submission by August 10, 2026:** The Co-Location Site Lead (Applicant) must submit a letter of intent via email on or before August 10, 2026 to Ryan Roovaart at ryan.roovaart@hhs.iowa.gov and cc Shannon Garland at shannon.garland@hhs.iowa.gov, to be eligible to receive funds through this procurement.
- **Service Location Identification:** The Co-Location Site Lead (Applicant) must identify the geographical location of the Co-Location Site and
- **The Co-Location Site location** where service delivery will occur must be physically located in a Rural location as defined as Rural by the Rural Health Transformation procurement Rural Health Grants Eligibility Analyzer.
- Proposed Location Sites must either:
  - **Establish a new Co-Location Site** that does not currently exist within a rural area. Or must:

- Expand an already established Co-Location Site by **adding two or more new and different** Service Delivery Entities that will significantly enhance their current offerings with **different initiatives/services**. The new Service Delivery Entities must **not** be affiliated with or managed by the same organization as the existing Co-Location Site or with each other. Proposed services must represent a **meaningful expansion**, not a continuation of existing activities.

- **Co-Location Participation:** The Co-Location Site Lead (Applicant) must identify at least two proposed co-located service delivery entities (with the Co-Location Lead, a total of three entities at the Co-Location Site).
  - At least one of the service delivery entities must provide services related to chronic disease prevention and management.
  - The applicant may include two Service Delivery Entities at the Co-Location Site who are affiliated with or managed by the same organization. However, priority points in the application scoring shall be awarded for Co-Location Sites that indicate that all three (3) Co-Location Site Service Delivery Entities (inclusive of the Co-Location Site Lead) are not affiliated with or managed by the same organization.
  - Priority points shall be awarded to applicants in which at least one of the three designated Co-Location Site Service Delivery Entities is a provider that offers services that address health related social needs.
  - Priority points shall be awarded to applicants in which only one of the three designated Co-Location Site Service Delivery Entities provides medical care by an Iowa licensed medical practitioner.
- **Co-Location Participation MOU's:** The Co-Location Site Lead (Applicant) must include copies of memorandums of understanding (MOU) with each proposed service delivery entity as part of their application. These MOUs must:
  - Document the parties' commitment to collaborate on the Co-Location Site.
  - Each MOU must state they are working in good faith toward a formal legal agreement within six months from the date the MOU was signed.
  - Each MOU must show evidence that the budget submitted in this application has been mutually agreed upon by all parties implementing the Co-Location Site pilot
  - Each MOU must be signed by an authorized official from the Co-Location Site Lead Entity and the other organization that will join the site.

NOTICE: Awardees of Agency procurements RFP# COMPADM26001 (Combat Cancer Technical Assistance), RFP# COMPADM26002 (Health Hubs Technical Assistance), or RFP# COMPADM26003 (Communities of Care Technical Assistance) are eligible to apply for this funding opportunity only if they meet all other eligibility criteria and if Non-Disclosure Agreements or equivalent are signed by involved staff such that all staff providing services under the technical assistance contracts are unable to discuss or disclose any technical assistance project information with any staff involved in drafting the application to this procurement. Staff working on the technical assistance contracts cannot assist with the writing of the application for this procurement. Copies of Non-Disclosure Agreements or the equivalent must be emailed to the Issuing Officer with the mandatory letter of intent. If the Non-Disclosure Agreements or equivalent are not received by this date and/or do not meet the requirements of the Agency, and an application is submitted from the recipients of the technical assistance procurements, those Applications will be disqualified during technical review.

Electronic Communication Requirements

Applicants are required to maintain and provide to the Agency, upon application, with 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 ensure these communications are received and responded to accordingly.

1.04 Service Delivery Area

The Agency will fund approximately seven (7) Co-Location Site pilots. The Agency reserves the right to consider the geographic distribution of the Communities of Care Co-Location Sites to provide benefits through the state. See Section 4 for evaluation process and criteria. The Agency may consider the Iowa HHS Districts (see Attachment F 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. The Agency also reserves the right to award more than one Co-Location Site pilot within a single district.

The Agency aims to support the provision of Co-Location Sites in areas where current access is limited or insufficient. While eligible applicants (Co-Location Site Leads) may be located anywhere within Iowa, the address for the newly proposed Co-Location Sites must be located in a Rural area per section 2.02 (Definitions).

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 $39,558,631 for approximately seven (7) awards. These funds will be available for the time period of 10/31/2026 through 10/30/2027. The Agency anticipates approximately $168,234,514 total funds to be available for Co-Location Site pilot projects through the entire contract term. Applicants will have the ability to apply for an approximate total four-year contract award of $24,033,502. The Agency reserves the right to award a different dollar amount to implement this project for maximum coverage of Rural Iowa as determined solely by the Agency.

The Agency anticipates adding funding each year via Contract Amendment throughout the term of the contract. (Refer to Section 1.02 and 2.04). 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 reserves the right to award different amounts to different projects based on needs, application quality, information submitted, applicant's readiness to initiate project, reports submitted by the Contractors and Subcontractors, and any other information deemed important

by the Agency. The Agency may also elect to not award all 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 modify these dates at its sole discretion.

EVENT	DATE
RFP Issued	July 14, 2026
Letter of Intent (**Mandatory**)	**August 10, 2026, by 4:00 PM**
Non-Disclosure Agreement or equivalent, required if applicable (refer to 1.03)	August 10, 2026, by 4:00 PM
Written Questions and Responses	
Round 1 Questions Due: Responses Posted By:	July 27, 2026, by 4:00 PM August 3, 2026, by 4:00 PM
Round 2 Questions Due: Responses Posted By:	August 10, 2026, by 4:00 PM August 17, 2026 by 4:00 PM
Applicant's Conference (Optional)	August 5, 2026, at 3:00 PM
Applications Due	**September 1, 2026, by 12:00 PM**
Applicant's Oral Presentations, if requested by the Agency	On or around October 2, 2026
Post Notice of Intent to Award	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 – The Applicant's conference will be conducted as a webinar on the date and time listed in the table above. The purpose of the Applicant' conference is to inform prospective Applicants about the work to be performed and to provide prospective Applicants an opportunity to ask questions regarding the RFP. Verbal discussions at the webinar shall not be considered part of the RFP unless incorporated into the RFP by amendment. Questions will not be accepted during the webinar; applicants must follow the written questions and responses guidance below to submit questions. Participation in this webinar is optional but recommended.

Use the following Zoom details and click the link below to join the webinar:

Topic: Co-Location RFP# COMPADM26005 Applicant Conference
Time: Aug 5, 2026 03:00 PM Central Time (US and Canada)
Join ZoomGov Meeting
https://www.zoomgov.com/j/1658143942?pwd=Nv8yzPwaaGcM0gRS7GFgmfDYHdF9ue.1

Meeting ID: 165 814 3942
Passcode: 974149

One tap mobile
+16692545252,,1658143942# US (San Jose)
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Dial by your location
• +1 669 254 5252 US (San Jose)
• +1 646 828 7666 US (New York)
• +1 646 964 1167 US (US Spanish Line)
• +1 669 216 1590 US (San Jose)
• +1 415 449 4000 US (US Spanish Line)
• +1 551 285 1373 US (New Jersey)
Find your local number: https://www.zoomgov.com/u/acOw91CmCk

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. Applicants 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 of 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 override 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 that only one entire application is completed and submitted for the proposed Co-Location Site (refer to Sections 1.04 and 1.14) in response to this RFP.

E. Applications Due – Applications must be submitted as described in section 1.06 Schedule of Important Dates 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, except for 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 waivers 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 –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 Ryan Roovaart ryan.roovaart@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 for 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 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

The Co-Location Site Lead/Applicant may submit multiple Applications, as long as each application is for a different geographically located Co-Location Site. If more than one Co-Location Site is proposed, the applicant must submit an **entirely separate application** for an additional Co-Location Site. Additional applications must clearly distinguish details regarding the Co-Location Site, Co-Location Site Service Delivery Entities, and the Scope of Work unique to the additional site. All elements of the RFP (inclusive of staffing plan and workplan) must be provided in subsequent applications if applying for more than one Co-Location Site. Duplication of an original application will be disqualified.

Proposed Co-Location Site Service Delivery Entities may be included in multiple applications and, if determined to be feasible by the Agency, may be funded in more than award. The Agency will work collaboratively with the impacted awarded applications to determine the arrangement that best supports Co-Location Sites in Iowa. This may include requiring a Co-Location Site Lead to potentially identify an alternative Co-Location Site Service Delivery Entity.

1.15 Oral Presentation

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

Based on initial evaluation committee scores, the Agency will establish a list of up to three applicants from each HHS district (if applicable) to be considered in the competitive range. The Applicants within the competitive range may be requested to make presentations of their

applications. The Applicant presenting may include slides, graphics, and other media to illustrate the strength of the Application.

Prior to the Applicant Presentations, Applicant will be notified as to specific times they will need to present. Applicants may be asked to present in-person or virtually. If virtual, each Applicant will be sent an email containing a link to present virtually. Presenting Applicants are to include key personnel from the co-located service providers and will be provided with a 60 to 90-minute time slot for presentation based on the number of presentations, as determined by the Agency.

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

1.16 Disqualification of Applications/Cancellation of the RFP

A. The Agency reserves the right to disqualify, in whole or in part, any or all applications, to advertise for new applications, to arrange to receive or 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 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 require certain individuals to disclose information concerning their activities with state government. Applicants are responsible for determining the applicability of this chapter to their activities and for complying with these requirements.

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

1.18 Use of Subcontractors

A. Successful applicants will be required to subcontract with a minimum of at least two service delivery entities.

B. Upon receiving a contract from the Agency for this RFP, the successful awardee must, within 6 calendar months, execute subcontracts with the Co-Location Service Delivery Entities. While the initial submission of a Memorandum of Understanding at the time of application reflects the awardee's commitment to partner with these entities, formal subcontracts must be executed between the parties for the services.

C. 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.

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

E. The applicant is fully responsible for all work performed by subcontractors. No subcontract into which the applicant enters 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 people 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 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 waivers 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). Applicants 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 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. 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 HHS Issuing Officer cited in the RFP (Ryan Roovaart) 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 considering 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.

Co-locating service delivery providers together have been shown to improve provider communication and patient outcomes, and depending on the types of services located together could reduce hospitalizations, lengths of stay, and hospital re-admission. Iowa will apply this concept, traditionally used to integrate primary and specialty care, to structurally transform care delivery in rural communities to improve health outcomes and enhance care coordination. This approach will support flexible care arrangements, enable multiple services to be provided during a single visit when preferred by the patient, and expand access to chronic disease prevention and management for rural Iowans. Additionally, co-locating service delivery can reduce costs for providing care in Rural communities by providing an avenue to share space, staff, software, and other financial burdens. This concept can transform Rural health delivery and work to sustain

[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

access to various types of healthcare in Rural Iowa.

This initiative exemplifies an investment to strengthen population health infrastructure and rural provider strategic partnerships across Iowa while also incorporating elements contributing toward health and lifestyle improvements, enabling multiple service delivery in a single location, addressing workforce shortages in rural areas, improving data infrastructure, advancing consumer facing technology strategies, and combating chronic disease.

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.

   "Co-Location Sites" means the physical location of at least three distinct service delivery entities who are committed to reducing chronic disease and agree to provide services at a single rural site thus creating opportunities for multidisciplinary care and streamline patient navigation, with the goal of improving population health through more coordinated, whole-person care in rural communities.

   "Co-Location Site Lead" means the entity who applied and was awarded to serve a pilot project lead. The Co-Location Site Lead must co-locate at least three distinct service delivery entities (inclusive of the Co-Location Lead) at a single rural site. Co-Location Site

Leads will start with the execution of the contract but anticipate that to be on or around October 31, 2026.

"**Co-Location Site Service Delivery Entity**" or **"Service Delivery Entity**" means an organization that serves as one of the three service delivery partners committed to reducing chronic disease and providing services at a single rural site. Service delivery entities may include, but are not limited to, local public health agencies, Federally Qualified Health Centers, Community Health Centers, Rural Health Clinics, hospitals, primary care establishments, behavioral health organizations, substance use treatment programs, pharmacies, oral health providers, maternal, adolescent, and child health entities, nutritional services, aging and disability service organizations, outpatient rehabilitation services, visiting specialists, minor urgent care, laboratories and other diagnostic testing entities, and other healthcare or social service organizations committed to reducing chronic disease.

"Communities of Care Initiative" means the Agency will fund up to seven (7) geographically diverse projects to pilot co-located service delivery sites and embed Community Health Workers to enhance care coordination and chronic disease prevention beginning in FFY27 through FFY31.

"Community Alliance" means the group that exists to bring awareness to the issues in the community and develop solutions for systemic change. Community Alliances hold monthly meetings which consist of all providers and organizations in a community interested in the process of helping families in their community move out of crisis and into a career. Alliance members share community-wide data, learn more about the resources in a community, and brainstorm ways to fill gaps that exist in the community.

"Community Based Organization" or "CBO" means a public or private nonprofit entity that represents its community and engages in a broad range of programs, benefits, services, and supports to promote individual and family well-being, reduce hardship, and address health related social needs. CBOs work to address local needs such as income and economic assistance, housing and homelessness, health and behavioral health, child and family services, aging and disability, employment and education, transportation, and other community and social needs.

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

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

"Health and Human Services District or HHS District" means geographic multi-county area designated by the department under section 217.1B for statewide program and service delivery.

"Health Related Social Needs" as defined by the Centers for Disease Control and Prevention (CDC) means social and economic needs that individuals experience that affect their ability to maintain their health and well-being.

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

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

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

"Thrive Iowa" means a community-led initiative built on the collective impact model to help families move from crisis to stability. Using resource navigation, strong partnerships, and a shared case management system, Thrive Iowa brings services together so families can access help through one coordinated system. Each Thrive Iowa community has a Community Alliance, a group of cross-sector partners working together to help families in their community.

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

- Examples of federal health care programs include:
    - Medicare (including Medicare Advantage plans)
    - Medicaid (including Medicaid managed care plans)
    - The Children's Health Insurance Program (CHIP)
    - TRICARE
    - Health coverage through enrollment in the Department of Veterans Affairs (VA) Health Care System
- Examples of group health plans and group or individual health insurance coverage include:
    - A job-based group health plan (including through a spouse or parent), such as one sponsored by:
        - A private employer, including Multiple Employer Welfare Arrangements (MEWAs)
        - A state or local government employer
        - A labor union for its union members and their families
        - A Tribal government
        - The Federal Government (e.g., through the FEHB Program)

        - A church employer or an employer that is a convention or association of churches (note that this is different from a health care sharing ministry, which is not limited to church employees)
        - A small employer that offers a qualified health plan through the Small Business Health Options Program (SHOP) Marketplace
    - Individual health insurance coverage, including:
        - A health plan bought through a federal or state health insurance Marketplace
        - A policy purchased directly from a health insurance issuer
        - A fully insured student health plan (i.e., where an insurance company bears the risk as opposed to the school)

2.03 Scope of Work.
The Agency seeks qualified applicants to serve as Co-Location Site Leads for the Communities of Care initiative of the Healthy Hometowns project. For this RFP, the Agency is seeking responses from qualified applicants to address persistent challenges in accessing coordinated, person-centered care by implementing a structural transformation strategy centered on two core activities: (1) piloting co-located service delivery sites and (2) embedding Community Health Workers (CHWs) to enhance care coordination and chronic disease prevention. These strategies should lead to overall sustainability of services in Rural Iowa by reducing costs for co-located businesses and strengthening the resilience of Rural community providers.

Through this competitive grant process, Iowa will fund projects that co-locate at least three separate and distinct service delivery entities (inclusive of the Co-Location Site Lead to make a total of three) in which each will provide different types of initiatives or services at a single Rural site.

Service delivery entities may include, but are not limited to:

- Local public health agencies
- Federally Qualified Health Centers,
- Community Health Centers,
- Rural Health Clinics
- Hospitals
- Physician groups and other primary care providers
- Behavioral health organizations
- Substance use treatment programs
- Pharmacies
- Dentists and oral health providers
- Maternal, adolescent, and child health entities
- Nutrition services
- Aging and disability service organizations
- Community Based Organizations
- Outpatient rehabilitation services
- Minor urgent care clinics

- Laboratories and diagnostic testing entities
- Other healthcare or social service entities committed to reducing chronic disease

Co-location Sites may provide clinical and non-clinical services but must have a primary goal aimed at chronic disease prevention, management and treatment. At least one of the service delivery entities must provide services related to chronic disease prevention and management.

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

To achieve this integrated model, Co-Location Sites are expected to focus on coordinated approaches across key operational, technological, clinical, and community-focused domains, including:

Integrated Service Delivery

- Deliver clinical and non-clinical services at a single rural location.
- Connect with community-based organizations to keep care local and ensure clients receive coordinated support across systems.
- Support sustainability of rural service delivery through workforce development, shared resources and telehealth integration.
- Implement transformational models of care to advance positive rural health outcomes statewide.

Operational Agreements, Payment Models, Efficiency, and Business Planning

- Develop referral agreements, telehealth agreements, and innovative payment models that sustain long-term site operations.
- Streamline or centralize functions across partners to create cost savings and operational efficiency.
- Conduct shared business planning to support and sustain rural service delivery through shared staffing, shared building costs and maintenance, shared utilities, shared technology resources and telehealth equipment, and other related strategies
- Increase patient volumes for all three business partners by developing referral networks between co-located partners and creating new clients (and therefore more opportunities to provide billable services) for all partners.

Care Coordination and Workforce Support

- Engage Community Health Workers (CHWs) or Non-Traditional providers to strengthen care coordination, system navigation, chronic disease prevention, and real-time referral management across co-located services. This includes incorporating opportunities to upskill and cross-train existing employees in these areas.
- Provide staffing models that reinforce efficient client flow, shared responsibilities, and collaborative service delivery.

Preventive and Chronic Disease Services

- Offer or refer clients to evidence-based preventive programs addressing chronic disease, lifestyle factors, and condition-specific self-management (e.g., Diabetes Self-Management Education and Support (DSMES), the National Diabetes Prevention Program (NDPP), Chronic Disease Self-Management Education, Walk With Ease (WWE), Food is Medicine Initiative (FIM), Self-Measured Blood Pressure (SMBP) Monitoring, and Fecal Immunochemical Test (FIT) screening with follow-up colonoscopy).
- Promote healthy lifestyle interventions, including nutrition education, lactation support, and access to donor milk.
- Provide clients with screenings, testing, and/ or mitigation in collaboration with other established Healthy Hometown initiatives.

Client Supports, Tools, and Community Wellness

- Provide clients with self-management tools such as blood pressure monitors, continuous glucose monitors, medical scales, or smart benefit cards to support healthy decision-making.
- Expand community wellness through subsidized radon testing and mitigation, free or discounted fitness memberships, on-site exercise classes, or walking groups. Explore strategies for integrating arts, culture, and faith into service delivery to enhance health and well-being while also increasing community awareness and engagement.

Technology, Telehealth, and Data Sharing

- Equip co-location sites with telehealth infrastructure capable of supporting virtual visits, clinical consultations, and real-time communication.
- Develop solutions that enable secure exchange of health records and data among service partners.
- Share appropriate clinical information through the Iowa Health Information Exchange with client consent.

Partnership Development and Coordination

- Establish and maintain formal partnerships with local health systems, community-based organizations, social service agencies, and public health programs to strengthen co-location efforts.
- Collaborate with school-based initiatives to support youth and family health, strengthen community linkages, and integrate prevention and wellness programming across educational settings.
- Facilitate seamless client experiences through unified referral pathways, coordinated workflows, data-sharing standards, and joint decision-making structures that reinforce consistency across partners.
- Support long-term partnership sustainability through collaborative planning, joint training, resource-sharing strategies, communication, and integration of new partners as community needs evolve.

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

B. Deliverables. In compliance with the information presented in this RFP, the Contractor shall provide the following details in their application:

1. The Co-Location Site Lead in conjunction and collaboration with the Co-Location Site Service Delivery Entities will provide the minimum requirements:
    a. Co-locate into a single rural site location at least three (3) service delivery entities.
    b. Begin providing clinical and non-clinical services, deploying CHW care coordination, and have minor renovations and upgrades (including telehealth) completed at the Co-Location Site before (but no later than) December 31, 2027. All minor renovations must have prior written approval from the Agency and must be 20% or less of the total approved budget within each budget year.
    c. Builds a co-location service model that aligns shared spaces, centralized intake processes, common equipment areas, unified workflows, and coordinated operational processes to streamline client movement and reduce duplication.
    d. Develop shared business planning that demonstrates the financial sustainability of all lines of service.
    e. Increase patient volumes for all three business partners by developing referral networks between co-located partners and creating new clients (and therefore more opportunities to provide billable services) for all partners.
    f. Specifically identify the types of service to be delivered by each of the service entities represented at the Co-Location Site to ensure true transformative change is occurring.
    g. Engage, whether through direct hire or subcontracting, the staff that are required to execute the scope of work described in this RFP and complete work plan activities.
    h. Collaborate with existing providers to expand chronic disease related services. This collaboration could include partnerships with other Healthy Hometowns awardees. Examples include but not limited to; providers could integrate portable dental Xray units into school based dental programs, review x-rays remotely through telehealth, and refer children for restorative care as clinically indicated. Providers may also utilize telehealth equipment made available through the University of Iowa's Child Health Specialty Clinics to support management of chronic conditions among children with special healthcare needs in rural counties. In addition, Title V Funded agencies could deliver cancer prevention services, including colonoscopies, mammograms, high-density MRIs, and prostate cancer screenings for uninsured individuals under amended contracts.
    i. Offer and/ or refer clients to a broad range of evidence-based preventive services that focus on chronic disease and health and lifestyle factors including Diabetes Self-Management Education and Support (DSMES), the National Diabetes Prevention Program (NDPP), Chronic Disease Self-Management Education, Walk With Ease (WWE), Food is Medicine Initiative (FIM), Self-Measured Blood Pressure (SMBP) Monitoring, and Fecal Immunochemical Test (FIT) screening with follow-up colonoscopy. Clients may also be eligible for subsidized radon testing and mitigation, as outlined in Combat Cancer.
    j. Promote healthy lifestyle changes including but not limited to providing:

i. Nutrition education, lactation support, and access to donor milk for breastfed infants.
ii. No cost or discounted fitness memberships (if not already available), onsite exercise classes, or walking groups.
iii. Self-management tools and equipment such as home blood pressure monitors, continuous glucose monitors, fitness trackers, weight scales, or smart benefit cards.
iv. Intermittent location space (if feasible) for other community services to engage with patients or community members in healthy lifestyle activities.

k. Develop staffing practices that recruit, train, and employ personnel; define adaptable roles and flexible co-location models; and support cross-functional teamwork through shared responsibilities, documentation, intake processes, and communication.
l. Employ (directly or subcontracted with an entity such as a Community-Based organization) at least two (2) individuals trained as Community Health Workers (CHWs), to provide CHWs services. The CHWs will
    i. Support care coordination, system navigation, chronic disease prevention.
    ii. Possess foundational education and training related to the CHW role.
    iii. Engage in additional training related to evidence-based practices/programs as deemed necessary by HHS to expand knowledge related to the services being care coordinated by the CHW.
    iv. Manage complex scheduling across co-located services.
    v. Provide real-time referrals and care coordination.
    vi. Utilize remote monitoring technologies to enhance patient support.
    vii. Engage with participants and / or deliver services both at the Co-Location Site and external to the Co-Location Site such as in community and home settings.
m. Affirm at least one CHW per Co-Location Site will receive specialized training as directed by HHS in Medicare and Medicaid benefit enrollment to support dually eligible individuals.
n. Provide clients with screenings, testing, and mitigation services—such as subsidized radon testing and mitigation through Combat Cancer—in collaboration with other established initiatives.
o. Partner with other Healthy Hometowns initiatives, such as Cancer Health Hubs and Spokes, Maternal Health Hub and Spokes, and Cardiovascular Disease Hub and Spokes to identify opportunities for referrals and to get clients to the most appropriate locations close to home to receive needed care.
p. Establish shared infrastructure technology that supports unified network environments and interoperable systems such as staffing, patient appointment management, patient referral and coordination workflows, provider and patient communication, sharing of clinical and non-clinical information (with patient consent), business operations, and other strategies that improve overall client flow across all co-located partners.
q. Implement integrated telehealth platforms and equipment that enable virtual consultations, remote assessments, and real-time provider collaboration ensuring timely and consistent care delivery.

r. Share records (when appropriate and with client consent) across providers through the Iowa Health Information Exchange when appropriate and required by the Agency.
s. Develop and execute legal agreements, referral agreements, telehealth agreements, provider agreements, partnership MOUs, innovative payment models, and other legal agreements to support the long-term success of Co-Location Sites Any provider service agreement must address Stark Law and Anti-Kickback Statutes.
t. Develop a business operational plan that addresses administrative oversight, Co-Location Site processes, communication, equipment needs, billing parameters for sharing patients, innovative payment models fiscal management, and other guidelines that promote same day service delivery.
u. Develop and implement a plan for community engagement, outreach materials, and marketing considering partnerships with rural providers, health care professionals, community organizations, governmental entities, and businesses.
v. Establish a quality management system that utilizes key metrics to track pilot project progress, measure outcomes, assess impact, and report findings.

2. Incorporate allowable costs to achieve the items below as part of a comprehensive plan to develop Co-Location Sites and achieve deliverables in section B.1 above.
    a. Streamline or centralize functions to create cost savings.
    b. Connect with Community Based Organizations to partner, support, and maintain care locally in rural communities when possible and appropriate.
    c. Develop models of sustainability for rural providers and Co-Location sites.
    d. Establish the governance structure including decision-making processes and clearly define roles and responsibilities of all participating entities.
    e. Develop minor renovation and equipment procurement plans. Identify necessary equipment and supplies for implementing Co-Location Sites. NOTE: The Agency and CMS must approve all requests for equipment and minor renovations prior to implementation.
    f. Identify, adapt, and implement evidence-based interventions relevant to chronic disease prevention, management and treatment.
    g. Develop and implement strategies to attract and retain qualified staff for Co-Location Sites, including recruitment of clinical and non-clinical personnel in rural areas; leveraging academic partnerships and workforce pipelines; and addressing barriers such as compensation, licensure, and professional development opportunities.

3. Collaborate with Centers of Excellence to enhance work of Co-Location Sites.
4. Establish and maintain coordinated connections with School-Based programs, including the awardees of Healthy Hometowns School-Based Services Initiative, to support integrated service delivery and strengthen referral pathways between educational settings and Co-Location Sites.
5. Engage with other Co-Location Sites and other Healthy Hometown Initiatives throughout the state.
6. Collaborate with other HHS initiatives to explore and integrate existing screening and assessment tools, with the goal of creating a unified, standardized tool and process.

This includes encouraging providers to work together to identify overlaps, streamline practices, and build a consistent approach that supports coordinated service delivery.

7. Actively participate in a Thrive Iowa Community Alliance (if currently established or becomes established during this contract period within the county of the Co-Location Site), work together with Thrive Iowa navigators in making referrals as indicated, and help individuals and families to connect to services and resources in their community.
8. Actively participate with community system navigators (such as behavioral health and disability access points) to ensure coordinated services, clear referral pathways, and a streamlined experience for individuals and families.
9. Actively participate in Agency supported social care platforms.
10. Partner with the Combat Cancer Screening Contractor to advance cancer screening, risk reduction and prevention awareness and outreach efforts throughout the state.
11. Connect to Iowa's Health Information Exchange, as determined by Iowa HHS. Successful projects must include commitments to use Iowa's Health Information Exchange to share data between service delivery entities at Co-Location sites and other applicable healthcare providers/ institutions/ organizations.
    a. All Co-Location Sites must sign participation agreements with the Agency's Contractor for Health Information Exchange services.
    b. All Co-Location Sites must exchange data through the Health Information Exchange.
12. Develop necessary infrastructure to implement changes required for Co-Location Sites. This includes purchasing new equipment and conducting minor renovations to accommodate existing spaces for necessary care provision. All minor renovations must be approved by the Agency and CMS.
    a. Determine equipment needs and locations where that equipment is needed. These plans shall be based on data and include sustainability metrics to show that services will be self-sustaining over time via insurance reimbursements and other site revenue sources.
        a. Plans for equipment should include needs for both on-site care and for health-services.
    b. Explore technological upgrades needed to participate in these care networks.
    c. Draft plans for minor modifications to sites, if needed.
    d. Procure and install equipment and technology infrastructure.
13. Develop marketing and communication strategies to patients and surrounding care providers to raise awareness of the services available at Co-Location Sites. This may include a comprehensive website buildout that provides detailed information online and is easily accessible to patients. Area providers across disciplines should be educated on referral options and services available at Co-Locations Sites.
14. Offer staff education and training necessary to support implementation of Co-Location Site activities and to ensure alignment with all responsibilities and requirements outlined in the RFP and Iowa HHS directives. This is inclusive of delivery of CHW-focused education and training opportunities.
15. Participate in all virtual and/or in person meetings with the Agency and/or the Agency's Technical Assistance (TA) contractor.
16. Participate in all learning collaboratives, monitoring activities, evaluations activities, and program audit activities requested by the Agency, CMS, or contractors of either.

17. Ensure that all contractual obligations from the Agency and CMS, including but not limited to the terms of this agreement, are passed on to Co-Location Site subcontractors.
18. Explore strategies for integrating arts, culture, and faith into service delivery to enhance health and well-being while also increasing community awareness and engagement.
19. Comply with federal and State laws related to service delivery.

C. Data and Reporting.

1. Successful applicants will be required to submit data to Iowa HHS. All data submission will comply with state and federal laws. Staffing to support reporting and data collection will be allowable, but administrative costs must be 10% or less of total approved budget.
2. Provide data on patients that receive care through the Co-Location Site. It is expected that patients will begin benefiting from the new initiative before December 31, 2027, and that the number of patients using Co-Location Sites services, funded through this grant opportunity, will increase over the span of this project.

D. Contractor's Personnel for Project Implementation. Staffing must be described and sufficient to implement the project as described in this RFP. The Contractor shall submit a staffing workplan as describe in Section 3 within IowaGrants. The Contractor shall maintain an accurate listing of staff specified for project implementation, meeting all minimum staffing requirements as required by the Agency, within the personnel form Component, located in the IowaGrants. The Contractor shall update the personnel form component in IowaGrants within ten (10) business days of any staff changes.

E. 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 expenses incurred 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	October 31, 2026 or within 30 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, 2027 April 15, 2027 October 15, 2027

		Quarterly though end of contract (excluding months that require an annual report)
Annual Reports	Annual	July 15, 2027 July 15, 2028 July 15, 2029 July 15, 2030 July 15, 2031
Sustainability Plan *(Develop a sustainability plan identifying actions steps that have been planned or implemented to ensure sustainability of the Co-Location Site after the awarded grant funded has concluded. Include what lessons were learned thus far and identify work in progress or future endeavors to illustrate successful sustainability.*	Other	Oct 15, 2029
Other Reports as Requested by Agency	Other	TBD

Data to be collected includes, but is not limited to (must be disaggregated by county):

- Number of Service Delivery Entities that agree to co-locate under the Communities of Care Co-Location Program.
- Total number of clients served.
- Number of clients served at each Co-Location Site by Service Delivery Entity.
- Number of clients served by type of service at each Co-Location Site.
- Percentage of sites offering multiple lines of service, capturing the extent of care integration.
- Number of referrals made to CHWs and completed.
- Number and percentage of CHW positions filled reflecting progress towards building the necessary care coordination workforce.
- Number of patients (as defined population groups by HHS) in which CHWs provided care coordination/ system navigation.
- Number of patients who reported utilization of CHW services helped them achieve their desired or planned outcomes.
- Percentage of CHWs receiving specialized training as directed by HHS in Medicare and Medicaid benefit enrollment to support dually eligible individuals.
- Number of individuals in which CHWs helped based upon the following Health Related Social Needs (HRSN)
    - Food insecurity
    - Transportation
    - Access to Care
    - Housing

    - Utilities
    - Income
    - Other
- Number of clients receiving self-monitoring tools and equipment.
- Number of clients receiving nutrition education.
- Number of clients receiving lactation support services.
- Number of and the attendance rates for onsite exercise classes, walking groups or fitness events.
- Number of and percentage of clients utilizing no-cost or discounted fitness memberships provided through the co-location site.
- Changes in BP control, A1c, BMI, or other relevant clinical indicators for participating clients (aggregated, de-identified).
- Number of clients that are dually eligible for Medicaid and Medicare benefits are served through the program and information regarding their unique needs.
- Percentage of Co-Location Sites that have completed space renovations/retrofits and technology infrastructure (shared data systems, telehealth infrastructure), demonstrating progress towards site readiness.
- Engagement and utilization by reporting the percentage of patients participating in at least one chronic disease management program at Co-Location Site by county of residence and county of service.
- Percentage of shared equipment (e.g., telehealth rooms, diagnostics, technology) utilized at least once daily.
- Percentage of total site operating hours during which shared space is occupied by at least one service delivery entity.
- Average number of coordinated or “warm handoff” referrals completed between co-located entities per week.
- Percentage of clients participating in chronic disease management programs at a Co-Location Site by county under Communities of Care.
- Percentage of clients receiving two or more services in a single visit.
- Average response time between partnering entities for internal referrals, shared case requests, or service coordination inquiries.
- Percentage of clients completing intake only once for multiple services.
- Number of handoffs requiring duplicated paperwork or repeated screening questions (aiming for reduction).
- Client satisfaction with visit efficiency (collected via brief surveys).

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

1. Within 6 calendar months following execution of the Contract between the Agency and the Contractor, the Contractor shall submit to the Agency a copy of the executed subcontract with each of the Co-Location Site Service Delivery Entities. Failure to have an executed contract between the Co-Location Site Lead and any of the Co-Location Site Service Delivery Entities by the deadline will result in a separate disincentive of $300,000 per missing contract. The $300,000 for each Co-Location Site Service Delivery Entity without an executed contract shall result in an overall budget reduction of $200,000 from the Co-Location Site Lead and $100,000

for the Co-Location Site Service Delivery Entity.

2. By December 31, 2027, Co- Location sites must begin providing clinical and non-clinical services, deploy CHW care coordination, and have renovations and upgrades (including telehealth) completed at the Co-Location Site. Failure to meet this performance measure at the Co-Location Site by this date shall result in an immediate disincentive of 50% of the year's contract amount for the Co-Location Site. The reduction shall result in an overall budget reduction of 75% of the year's contract amount for the Co-Location Site Lead and 25% of the year's contract amount for the Co-Location Site Service Delivery Entity that fails to meet this performance measure.

Additional performance measures may be added and may vary for future contract years and will be incorporated through a contract amendment.

The contractor shall fully participate in all contract monitoring activities conducted by HHS and/or any contract monitoring contractors engaged on behalf of HHS. Such participation includes timely cooperation, submission of all requested documentation, and involvement in monitoring reviews as necessary to demonstrate compliance with contractual requirements.

2.04 Contractor Budget and Contract Payment Methodology

A. Contractor Payments.

1. The Contractor is anticipated to be paid an amount not to exceed the annual amount identified in the contract for services described in Section 2, for the period on or around 10/31/26 through 09/30/2031.
2. The Contractor shall invoice via IowaGrants claim submitted to the Agency monthly for reimbursement of the costs associated with meeting the Deliverables of the Contract. This reimbursement shall be in accordance with the Agency approved budget. The Contractor shall complete and submit an Agency approved line-item budget in an Agency approved format (Attachment E) for Year 1-5 of the Contract, with this Application (see below and Section 3). Each subsequent Contract Year the Contractor shall submit a line-item budget in an Agency approved format, at least 90 days prior to the beginning of each Contract Year, for Agency review and approval.

B. Cost Restrictions.

1. 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.
2. There is a 10% cap for all administrative costs, including both indirect and direct costs. Not more than 10% of the amount allotted to a contractor for a budget period may be used for administrative expenses. This 10% limit includes indirect and direct costs that are considered administrative costs. Contractors will be required to track and report to the Agency the total amount spent on administrative costs and these costs shall not exceed 10% of the funds received.

3. Contractors must follow all funding restrictions and requirements described within the Centers for Medicare & Medicaid Services' Rural Health Transformation Program, opportunity #: CMS-RHT-26-001. These include, but may not be limited to the following:
    a. Costs prior to the start date of this Contract
    b. Matching requirements for any other grants or projects
    c. 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.
    d. 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.
    e. Goods or services not allocable to this Contract.
    f. Supplanting existing State, local, tribal, or private funding of infrastructure or services, such as staff salaries.
    g. 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.
    h. 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.
    i. Food or meals, unless part of per diem or subsistence allowance provided in conjunction with allowable travel, as approved by the Agency.
    j. 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.
    k. Lobbying, but Recipients can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying.
    l. Any new construction.
    m. Supplanting funding for in-process or planned construction projects.
    n. 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.
    o. Purchasing or significant retrofitting of buildings that materially increases the value of the capital or useful life as a direct cost.
    p. Cosmetic upgrades to buildings that materially increases the value of the capital or useful life as a direct cost.
    q. 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.

r. Any costs associated with electronic health record (EHR) systems unless prior approval is received by the Agency.
s. Funds may not be used for clinician salaries or wage supports for facilities that subject clinicians to non-compete contractual limitations.
t. 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.
u. Costs of promotional items and memorabilia, including models, gifts, and souvenirs.
v. Costs of advertising and public relations designed solely to promote the non-Federal entity.

C. Budget.

1. Within the Budget form of the grant application (refer to Section 3), Applicants to this RFP shall propose an annual line-item budget (using the determined categories outlined below) for activities that align with the scope of work of the RFP and CMS requirements for the time period of 10/31/2026 through 10/30/2027 for year 1 and then annually from for the remaining **three** budget years.
2. The Agency requests that budgets be proposed for these time periods to align with CMS guidance. However, the Agency anticipates that successful Applicants will have until 9/30/2028 to expend year 1 funds that were obligated between 10/31/2026 and 10/30/2027 for all expenses **EXCEPT** salaries and fringe costs. Similarly, Applicants will have until 9/30/2029 to spend funds obligated between 10/31/2027 and 10/30/2028 for all expenses **EXCEPT** salaries and fringe costs. Applicants will have until 9/30/2030 to spend funds obligated between 10/31/2028 and 10/30/2029 for all expenses **EXCEPT** salaries and fringe costs.
3. For project budget years one through three, salary and fringe costs must be spent in the same budget year they are received. For the final budget year, 10/31/2029 through 10/30/2030, Applicants will have until 9/30/2031 to spend funds for all costs, including salary and fringe.
4. Budgets must include detailed cost- estimates with clear justification for all expenses. Proposed budget information should be provided for each subcontract.
5. **Required Budget:** The funding amounts listed in the Required Budget Table represent the minimum and maximum allowable budget range for each project year. Applicants must submit a budget that falls within these ranges; however, it is acceptable for an applicant's proposed budget to be lower than the stated minimum if appropriately justified and aligned with project needs.

Required Budget Table

Required Budget				
Year 1*	Year 2**	Year 3**	Year 4***	Total
10/31/2026 – 10/30/2027	10/31/2027 – 10/30/2028	10/31/2028 – 10/30/2029	10/31/2029 – 10/30/2030	
$5,651,233– $19,779,315.50	$6,127,423 $21,445,980.50	$6,127,423– $21,445,980.50	$6,127,423– $21,445,980.50	$24,033,502 $84,117,257

$39,558,631	$42,891,961	$42,891,961	$42,891,961	$168,234,514

*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.

D. Budget Line-Item Categories

1. 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.
2. 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 member of 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 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. For this RFP, funding for travel is limited to travel of professionals for required grant meetings and is not to exceed a total request of $892.00 per site per year.

  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 expenditures incurred must 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.

Anticipated Allowable Costs

Allowable costs are listed below. All proposed costs should work collaboratively with the workplan to create a comprehensive plan to transform rural chronic disease prevention and management care. All proposed costs should first prioritize increasing access to chronic disease prevention and management in Rural areas. The Agency will consider other necessary costs for implementing a Co-Location model of care, pending the existence of remaining funds after accomplishing Co-Location expansion, approval from funder, and appropriate justification for the need.

Staffing

- Salary and fringe necessary to employ staff to:
  - Design and implement the Co-Location Sites.

    - Provide clinical and non-clinical service delivery as well as business operational support at the Co-Location Site.
    - Support partnership development and coordination.
    - Build out sustainability planning components (e.g., shared savings model design, reimbursement-alignment, billing workflow development).
    - Coordinate relationships with other providers and establish referral networks.
    - Serve as Community Health Workers to support care coordination, system navigation, manage scheduling across co-located services, provide real-time referrals, and guide patients to the most appropriate care for their needs including chronic disease prevention.
    - Develop and implement educational and cross-training to promote integrated service delivery, including opportunities to advance and/or cross train existing employees into new roles such as Community Health Workers.
    - Implement shared staffing approaches that leverage cross-site positions, telehealth-supported roles, and regional workforce pools to create a more adaptable and coordinated workforce.
    - Establish data sharing or connection to health information exchange services.
- Provide for recruitment bonuses to eligible service delivery providers to support workforce attraction and retention, contingent on their participation in and fulfillment of the work outlined in the approved work plan for the Co-Location Site initiative. Any provider that received a recruitment or retention bonus must sign a legal agreement stating they agree to serve in Rural Iowa for a minimum of five year. Failure to complete the five year service requirement will result in a need to repay some or all of the bonus.
- Subcontract with recruitment agencies to attract clinical professional and CHW staff to the community
- All staff positions funded through this grant must not be subject to non-compete agreements, and **are subject to salary caps of $225,700 per position from grant funds**. Any salary or fringe funds above that amount must be paid for through other sources.
- NOTICE: No funds may be used to supplant existing sources of funds.

Subcontracting:

- Subcontracting services to support the effective implementation, staffing, or operational needs required to carry out the approved scope of work for the Co-Location Site initiative.

Travel:

- For this RFP, travel is limited to travel of professionals for required grant meetings and is not to exceed a total request of $892.00 per site per year.

Equipment:

- Shared technology infrastructure (e.g., telehealth equipment, scheduling systems, data-sharing tools),
- Items needed to build and engage in business operations at the Co-Location Site.
- Resources necessary to provide or expand clinical and non-clinical service delivery at Co-Location Sites.
- Devices classified as portable which can be transported between sites to support service delivery and business operations.

- Equipment used to support screening, diagnostic, or treatment activities.
- Laboratory instruments intended for fixed, on-site clinical lab environments.
- Self-management tools such as home blood pressure monitors, continuous glucose monitors, fitness trackers, or weight scales.
- Telehealth equipment.
- All equipment requests must include clear justification for how this equipment will enhance the clinical and non-clinical service delivery at the Co-Location Site.

Supplies:

- Self-management patient monitoring supplies such as those related to the operations of self-management equipment (e.g. glucose monitor test strips)
- No cost or discounted community fitness memberships (if not already available), onsite exercise classes, or walking groups.
- Smart benefit cards, only with prior written approval from the Agency.
- Clinical supplies used to support the execution of screenings, diagnostic or treatment activities related to chronic disease.
- Laboratory supplies intended for fixed, on-site clinical laboratory environments.
- Educational materials for staff education and training.
- Materials used to support partnership development and coordination (e.g., stakeholder convenings, outreach materials),
- Shared Infrastructure supplies needed in conjunction with Co-Location Site operations.
- Clinical and nonclinical supplies to support operations and comprehensive patient care at the Co-Location Site.

Contractual Charges:

- Retrofitting space or making minor alterations to provide new or expanded care. Minor alterations are limited to 20% of the total proposed budget for each budget year and must be at the site where the Co-located care will occur.
- Attorney costs for drafting agreements, telehealth arrangements, payment models
- Workforce recruitment support

Software and Technology:

- Shared technology infrastructure such as telehealth platforms, scheduling systems, and data sharing tools.
- Telehealth related software and EHR modules that support virtual care functionality.
- Upgrades to current EHR specific to care being provided at the Co-Location Site if part of the comprehensive workplan. (No new EHR are allowed)
- Integration costs for telehealth platforms and remote patient monitoring systems.
- Software and technology that support patient referrals and communication among service delivery entities at the Co-Location Site.
- Software and technology for providing and optimizing business operations, including billing, communications, staffing frameworks, and scheduling.
- Software and technology required for operating a fixed, on-site clinical laboratory environment.

- Technology and software that enable delivery of clinical and nonclinical services at the Co-Location Site.
  Use of health information exchange systems to support data sharing and coordinated care across Co-Location Site service delivery categories.

Patient Related

- Payment for non-reimbursable service delivery for uninsured individuals.
  - Limited to $250,000 per Co-Location Site per year.
- Payment for CHW services for not being reimbursed by 3rd party insurance.
  - Limited to $50,000 per Co-Location Site per year.
- Preventive screening materials and patient engagement incentives (e.g., transportation vouchers),
- Partnership development and coordination (e.g., stakeholder convenings, outreach materials)
- Educational materials for patient education and training.

Other uses of funds may be considered upon a formal written request with justification and are subject to Agency approval.

Other Possible Uses of Funds, Subject to Agency Approval

- An applicant may also request to use funds for purposes not specifically outlined in this guidance. Such requests may only be made after the applicant has fully executed the original intent of the approved proposal. To be considered, the Co-Location Site Lead must submit a formal written request to the Agency detailing the proposed alternative use of funds. All requests will be reviewed by the Agency and are subject to approval prior to implementation.
- Additional Co-Location Sites may be supported by these funds only with formal written approval from the Agency. This approval process will occur post-award and not as a part of the procurement process

NOTE: Construction costs are not allowable through this funding opportunity. This includes both major construction projects, minor construction projects, support for already underway construction costs, or any other construction. Please review all cost restrictions in Section 2.1(B) before completing work plans.

SECTION 3 -- APPLICATION CONTENT

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

3.01 Application Instructions

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

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

> Note: IowaGrants will permit multiple users within the Applicant Organization to register and begin creation of an application for each funding opportunity. The applicant is responsible for ensuring **only one entire application is completed and submitted for the proposed Co-Location Site** (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.

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

3.02.2 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.

3.02.3 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.

3.02.4 Background and Demonstrated Experience: Within the fields of the IowaGrants form**, briefly** summarize the applicant's organizational history relevant to the scope of work proposed in this RFP. Include relevant information regarding similar projects completed by the applicant in the past, what was achieved, quantified outcomes obtained, and established community partnerships.

NOTE: This section is a general overview of the applicant's history of past projects similar to the scope of work for this RFP. Do not include details such as specific staffing plans, timelines, workplans, or readiness steps in this section as these will be written in the Operational Readiness Form. Avoid repeating content across sections where it is not requested as it will only be scored once, and scores will be assigned according to the scoring chart in Section 4. Applicants must provide thorough responses to the specific details requested in each section of each form.

3.02.5 Co-Location Eligibility Verification Form: Within the fields of the IowaGrants form, the Applicant shall provide the essential information listed below for the Agency to validate the

eligibility of the Applicant's submission.

A. Co-Location Site Lead (Applicant)
    1. Identify the full name of Co-Location Site Lead (inclusive of DBA if applicable)
    2. Identify the current address of Co-Location Site Lead.
    3. Identify the type (public, private, non-profit, for-profit, governmental, or academic institution) that best describes the entity.
    4. Identify the legal name of any affiliated with or managing organization, if applicable.
        a. Within the group of three Co-Location Site Service Delivery Entities, are two or more affiliated with or managed by the same organization?
        b. Identify which of the Co-Location Service Site Service Delivery Entities (Lead, Entity #1, Entity #2) are affiliated with or managed by the same organization.
    5. Select the response that represents the criteria the Co-Location Site meets:
        a. Establishing a **new Co-Location Site** that does not currently exist within a rural area
        b. Expand an already established Co-Location Site by **adding two or more new and different** Service Delivery Entities that will significantly enhance their current offerings with **different initiatives/services**. The new Service Delivery Entities must **not** be affiliated with or managed by the same organization as the existing Co-Location Site or with each other. Proposed services must represent a **meaningful expansion**, not a continuation of existing activities.
    6. Identify the **geographic location** of the proposed Co-Location Site
        a. Identify the physical address (street, city, state, and zip code).
        b. Identify the Iowa County for which the Co-Location Site is proposed
        c. Attest that the Co-Location site meets the criteria of Rural based on (Rural Health Grants Eligibility Analyzer) by checking the box.
    7. List in a bullet format the services to be provided by the Co-Location Site Lead at the proposed Co-Location Site.
    8. Select the appropriate response: The Co-Location Site Lead will:
        a. Provide services related to chronic disease prevention and management
        b. Offer services that address health related social needs
        c. Do Both-provide services related to chronic disease prevention and management AND offer services that address health related social needs
        d. Do Neither- NOT provide services related to chronic disease prevention and management NOR offer services that address health related social needs
    9. List the date the Letter of Intent was submitted to Iowa HHS.
    10. Upload all the following signed MOU agreements:
        a. Legally executed Memorandum of Understanding with Co-Location Site Service Delivery Entity #1 (as described in section 1.03). This Agreement must be signed by an authorized official from the Co-Location Site Lead Entity and the other organization that will join the site.
        b. Legally executed Memorandum of Understanding with Co-Location Site Service Delivery Entity #2 (as described in section 1.03). This Agreement must be signed by an authorized official from the Co-Location Site Lead

Entity and the other organization that will join the site.

B. Co-Location Site Service Delivery Entity #1
    1. Identify the full name of Co-Location Site Service Delivery Entity #1 (inclusive of DBA if applicable)
    2. Identify the current address of Co-Location Site Service Delivery Entity #1.
    3. Identify the type (public, private, non-profit, for-profit, governmental, or academic institution) that best describes the entity.
    4. Identify the legal name of any affiliated with or managing organization, if applicable.
    5. List in a bullet format the services to be provided by the Co-Location Site Service Delivery Entity #1 at the proposed Co-Location Site.
    6. Select the appropriate response: The Co-Location Site Service Delivery Entity #1 will:
        a. Provide services related to chronic disease prevention and management
        b. Offer services that address health related social needs
        c. Do Both-provide services related to chronic disease prevention and management AND offer services that address health related social needs
        d. Do Neither- NOT provide services related to chronic disease prevention and management NOR offer services that address health related social needs

C. Co-Location Site Service Delivery Entity #2
    1. Identify the full name of Co-Location Site Service Delivery Entity #2 (inclusive of DBA if applicable)
    2. Identify the current address of Co-Location Site Service Delivery Entity #2.
    3. Identify the type (public, private, non-profit, for-profit, governmental, or academic institution) that best describes the entity.
    4. Identify the legal name of any affiliated with or managing organization, if applicable.
    5. List in a bullet format the services to be provided by the Co-Location Site Service Delivery Entity #2 at the proposed Co-Location Site.
    6. Select the appropriate response: The Co-Location Site Service Delivery Entity #2 will:
        a. Provide services related to chronic disease prevention and management
        b. Offer services that address health related social needs
        c. Do Both-provide services related to chronic disease prevention and management AND offer services that address health related social needs
        d. Do Neither-NOT provide services related to chronic disease prevention and management NOR offer services that address health related social needs

3.02.6 Co-Location Operational Readiness Form: Within the fields of the IowaGrants form, the Applicant shall respond to the following questions regarding readiness to serve as the Co-Location Site Lead for this procurement.

A. Geographic Location Information
    1. Explain why the site's geographic location was selected, including any rural qualifiers or community factors that informed the decision.

2. Specify whether the Co-Location Site is owned by your organization or will be rented or leased from another entity. If the site will be rented, provide the lease terms, outline all associated Site Occupancy Costs, (including rental and routine maintenance expenses), and describe how these expenses will be funded within the overall project budget.
3. Outline plans and associated costs to address existing structural needs to accommodate the delivery of services at the Co-Location Site.
4. Describe plans and associated costs to retrofit any equipment (portable or stationery) at the Co-Location Site.

B. Need for Co-Location Site Services

1. Explain **why** these three service delivery entities and their proposed types of services were selected for this application. Include specific qualitative and quantitative data showing the need for these services, evidence of local priorities, assessment results, and input from surveys, focus groups, or stakeholder meetings. The narrative should demonstrate how the proposed types of services address service gaps, align with community needs, and support the Co-Location Site's overall goals, ensuring they are responsive and evidence based.

C. Co-Location Site Partnership Quality and Transformational Potential

1. Applicants will describe their current relationship with each proposed Co-Location Site Service Delivery Entity and why they believe this partnership will be successful. This section should highlight meetings and conversations that have occurred up to the time of application and legal agreements that are proposed or already in place.
2. Describe community partnerships that will prove advantageous to this project.
3. Describe how the partners will use this short-term government funding to create sustainable transformational change in rural Iowa and improve chronic disease outcomes.

D. Co-Location Site Lead Experience

1. Describe the Co-Location Site Lead's **current** experience providing clinical and non-clinical services in collaboration with other health and/or social service entities <u>at a single location</u>.
2. Describe the Co-Location Site Lead's **current** experience in delivering the <u>proposed type of services</u> to be provided at the Co-Location Site.
3. Summarize the applicant's experience managing business operations inclusive of reimbursement processes, billing practices, and subcontracting to implement the scope of work outlined in this RFP.
4. Outline the Co-Location Site Lead's experience in developing partnerships, coordinating with other health related entities, managing operations, and providing support to subcontractors.
5. Discuss experience with shared infrastructure technology, telehealth systems, use of telehealth for consultations and virtual visits, Co-Location service models, and any advanced medical equipment that is planned for use at the Co-Location Site.

E. Co-Location Site Service Delivery Entity Experience:

1. Co-Location Site Service Delivery **Entity #1**:
    a. Describe the Service Delivery Entity's **current** experience in delivering the proposed type of services to be provided at the Co-Location Site.
    b. Summarize the applicant's experience managing business operations inclusive of reimbursement processes, billing practices, and subcontracting to implement the scope of work outlined in this RFP.
    c. Discuss experience with shared infrastructure technology, telehealth systems, use of telehealth for consultations and virtual visits, Co-Location service models, and any advanced medical equipment that is planned for use at the Co-Location Site.
2. Co-Location Site Service Delivery **Entity #2**:
    a. Describe the Service Delivery Entity's **current** experience in delivering the proposed type of services to be provided at the Co-Location Site.
    b. Summarize the applicant's experience managing business operations inclusive of reimbursement processes, billing practices, and subcontracting to implement the scope of work outlined in this RFP.
    c. Discuss experience with shared infrastructure technology, telehealth systems, use of telehealth for consultations and virtual visits, Co-Location service models, and any advanced medical equipment that is planned for use at the Co-Location Site.

F. Contract Negotiation Experience

1. Describe the Co-Location Site Lead's experience and process for negotiating and executing contracts with other healthcare and social organizations, community organizations, and providers. This includes a description of how the entity will acquire legal support to review and execute agreements.
2. Describe the ability of each proposed Co-Location Site Service Delivery Entity to negotiate and enter into subcontracts from the Co-Location Site Lead and negotiate and sign telehealth and referral agreements.
    a. Co-Location Site Service Delivery Entity #1 experience
    b. Co-Location Site Service Delivery Entity #2 experience

G. Telehealth Experience

1. Explain the experience of the Co-Location Site Lead and Co-Location Site Service Delivery Entities in supporting and providing patient care and consultations via telehealth.

H. Workforce Recruitment, Staffing, and Innovative Models Experience

1. Describe the Co-Location Site Lead and Co-Location Site Service Delivery Entities' experience recruiting, developing, and retaining its workforce. This should include traditional staffing efforts as well as the use of innovative staffing models such as cross-trained roles, team-based care, flexible scheduling strategies, shared staffing across partner organizations, or technology-enabled workforce supports.
2. Explain the Co-Location Site Lead and the Co-Location Site Service Delivery Entities' experience working with and/ or employing Community Health Workers (CHWs), including their roles and how they were integrated into your services.

I. Co-Location Site Lead Grant Management Experience
   1. Provide the experience of the Co-Location Site Lead with managing grant funds, including reporting to funders and working with subcontractors.

J. Sustainability
   1. Describe the strategies being considered to collaboratively develop a comprehensive, jointly owned sustainability plan that explains how the project will continue beyond the conclusion of the contract term. This should include detailed information on how a business plan will be developed to share costs, increase patient volume, and maintain these services for Rural Iowans.

3.02.7 Co-Location Project Staffing Form: Within the fields provided in the IowaGrants form, the Applicant shall answer questions below within the form that indicate staffing capacity for the Co-Location Site through this procurement.

At a minimum, the Co-Location Site Lead must:

- Employ a 100% FTE position to coordinate the project and serve as the primary contact for the Agency. The primary staff designated to coordinate the project shall be named within the application. If to be hired, the name of the individual to serve in the role until other staff are hired must be provided.
- Employ (directly or subcontracted with an entity such as a Community-Based organization) at least two (2) individuals trained as Community Health Workers (CHWs), to provide CHWs services.

A. Co-Location Site Overall Staffing Plan.
   1. Identify the **Project Coordinator** as to:
      a. First and Last Name
      b. Name of Employer
      c. Email address
      d. Role & Responsibilities
      e. Experience
      f.FTE
      g. Credentials / License #
      h. Budgeted Salary
      i. Comments

   2. **Directly Employed Staff**: Identify all staffing positions (clinical and non-clinical) for the Co-Location Site that are <u>currently employed</u> by any of the Co-Location Site Entities (Co-Location Site Lead or Co-Location Site Service Delivery Entity #1 or #2) as to:
      a. Title/ Position type
      b. Role and Responsibilities
      c. Total FTE(s) for position type
      d. Number of staff comprising the FTEs
      e. Budgeted salaries for position type

   3. **To be Hired Staff**: Identify all staffing positions (clinical and non-clinical) for the

Co-Location Site that are to be hired as direct employees by any of the Co-Location Site Entities (Co-Location Site Lead or Co-Location Site Service Delivery Entity #1 or #2) as to:

a. Title/ Position type
b. Role and Responsibilities
c. Total FTE(s) for position type
d. Number of staff comprising the FTEs
e. Budgeted salaries for position type
f. Description of plans to complete work until staff are hired

4. Highlight potential innovative ideas for staffing models that can improve efficiency and support project goals such as cross- training staff to serve in multiple roles.

NOTICE: For contracted staff, (refer to sections 1.18 and 3.02. 8)

3.02.8 Co-Location Subcontract Plan Form: This form requires specific information about the applicant's proposed plan for subcontracts. Within the fields of IowaGrants, the Applicant shall identify all subcontracts proposed, inclusive of the Co-Location Site Service Delivery Entities. Subcontract Plan should consider strategies to ensure all populations in the community are addressed, including subcontractor's community connections, relationships with marginalized or underserved populations, and geographic distribution. For each proposed subcontractor, identify the scope of work to be performed by the subcontractor, and if known, subcontractor name and address, general experience/qualifications, and anticipated amount of the proposed subcontract. All anticipated subcontracts must also be reflected in the budget form.

3.02.9 Co-Location Project Work Plan: The Applicant shall upload their PDF Project Work Plan into the assigned fields in Iowa Grants. The work plan will demonstrate the applicant's capability and plan to mobilize, staff, launch, and operate this project within the required timelines and constraints. The Work Plan must describe the applicant's approach including detailed steps, timelines and responsible parties to accomplish all planned activities (see item A. below). The work plan must comply with formatting requirements listed **in Attachment B**.

To be considered responsive, applicants must submit a **comprehensive workplan** that includes the items A thru C listed below for the contract period. Applicants will have the opportunity to modify this workplan over the course of the contracted project if necessary and approved by the agency.

A. **Planned Activities:** Specific actions to be undertaken for the Co-Location Site: Activities must include, but should not be limited to, the execution of major agreements, partnership engagement with Co-Location Site Service Delivery Entities, renovations to existing physical structures, installation of needed equipment, recruitment and training of needed staff, development and implementation clinical and non-clinical services, design and application of share infrastructure technology, operationalization of business strategies, required grant reporting, and other activities described within Section 2.03 above.

B. **Timelines:** The workplan shall describe the planned timelines for achieving major project milestones and activities. If timelines are different for each of the three Co-Location Site Service Delivery Entities, this should be clearly recognized in the workplan. Work plans must reflect that Co-Location Site Leads will actively work with each of the proposed Co-Location Site Service Delivery Entities from the onset of the contract to advance full operability of the Co-Location site by the time frame identified. NOTE: The Agency expects that Co-Location Sites across the state will be at varying stages of readiness and require different activities and timelines to achieve project goals.

C. **Responsible Parties:** The workplan must clearly identify the entity responsible for each activity described. When possible, the staff name or position responsible for the work should also be described.

3.02.10 Co-Location Proposed Line-Item Budget Form. All applicants must submit a budget. All budget information provided by the applicant must meet the funding requirements as outlined in this RFP and for the corresponding budget form. Applicants shall download the spreadsheet template within the IowaGrants Budget form **(Attachment E)** and then upload the completed budget into the corresponding upload field.

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

A. Confirm understanding of the reimbursement structure and available funding as outlined in this RFP.
B. Attest to compliance with the administrative cost limitation, which cannot exceed 10% of total project costs.

3.02.12 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 review the applications and the evaluation criteria outlined in this chapter and document strengths, weaknesses, and comments as applicable. If an applicant is requested to make an oral presentation of the application pursuant to RFP Section 1.15, the committee members may consider the oral presentation of the applicant in the scoring process.

The applications will be segregated into HHS districts for evaluation. 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 within the designated districts. The Agency staff may solicit additional input and recommendations from the evaluation committee(s).

The Agency may also consider geographical distribution, data-driven factors, any information received pursuant to Sections 1.18 - 1.25 of the RFP, including references, and any other information received pursuant to the procurement process or available to the Agency from other outside sources. The Agency reserves the right not to award the contract to the applicant with the highest score. The Agency reserves the right to award multiple contracts within one Iowa HHS District.

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 details 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. Applicants' 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 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 vague or incomplete. Response did not describe how the Agency's needs would be met.

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

3.02 Application Forms	Component	Weight	Potential Maximum Score
3.02. 1 Cover Sheet- General Information	-	N/A- Required	N/A
3.02. 2 Business Organization	-	N/A- Required	N/A
3.02. 3 Application Certification and Conditions	-	N/A- Required	N/A
3.02. 4 Background and Demonstrated Experience	3.02. 4 Background and Demonstrated Experience	15	60
3.02. 5 Co-Location Eligibility Verification Form	3.02. 5A 1-6 Co-Location Site Lead (demographics)	N/A Required	N/A
	3.02 5A 7-8a-d Co-Location Site Lead (Services)	N/A Required	N/A
	3.02.5A 9 Co-Location Site Lead Letter of Intent	N/A- Required	N/A
	3.02. 5A 10a Uploaded Legal Agreements (MOU) for Entity #1	N/A- Required	N/A
	3.02. 5A 10b Uploaded Legal Agreements (MOU) for Entity #2	N/A- Required	N/A
	3.02. 5B 1-4 Co-Location Site Service Delivery Entity #1 (demographics)	N/A- Required	N/A
	3.02 5B 5-6a-d Co-Location Site Service Delivery Entity #1 (Services)	N/A- Required	N/A
	3.02. 5C 1-4 Co-Location Site Service Delivery	N/A- Required	N/A

	Entity #2 (demographics)		
	3.02.5C 5-6a-d Co-Location Site Service Delivery Entity #2 (Services)	N/A-Required	N/A
3.02. 6 Co-Location Operational Readiness Form	3.02. 6A 1 Geographic Location (Rational for Site Selection)	30	120
	3.02. 6A 2 Geographic Location (Site Occupancy Costs)	10	40
	3.02. 6A 3 Geographic Location (Structural accommodations for service delivery)	10	40
	3.02. 6A 4 Geographic Location (Retrofit equipment needs)	10	40
	3.02. 6B Need for Co-Location Site Services	35	140
	3.02. 6C 1 Co-Location Partnership Quality & Transformational Potential (Relationships w/ Co-Location Site Service Delivery Entities)	40	160
	3.02. 6C 2 Co-Location Partnership Quality & Transformational Potential (Community Partnerships)	30	120
	3.02. 6C 3 Partnership Quality & Transformational Potential (Change in Rural Iowa)	25	100
	3.02. 6D 1-5 Co-Location Site Lead Experience	35	140
	3.02. 6E 1a-c Co-Location Site Service Delivery	30	120

	Entity #1 Experience		
	3.02. 6E 2a-c Co-Location Site Service Delivery Entitity#2 Experience	30	120
	3.02. 6F 1 Co-Location Site Lead Contract Negotiation Experience	15	60
	3.02. 6F 2a-b Co-Location Site Service Delivery Entities Contract Negotiation Experience	10	40
	3.02. 6G 1 Telehealth Experience	20	80
	3.02. 6H 1 Workforce Recruitment, Staffing, & Innovative Model Experience (traditional and innovative models)	20	80
	3.02. 6H 2 Workforce Recruitment, Staffing, & Innovative Model Experience (related to CHW specifically)	20	80
	3.02. 6I 1 Co-Location Site Lead Grant Management Experience	15	60
	3.02. 6J 1 Sustainability	40	160
3.02. 7 Co-Location Project Staffing Form	3.02. 7A 1-6 Co-Location Site Overall Staffing Plan	40	160
3.02. 8 Co-Location Subcontract Plan Form	3.02. 8 Subcontractor information	15	60
3.02.9 & Attachment B Co-Location Project Work Plan	Uploaded Project Work Plan which includes 3.02. 9A (Planned Activities) 3.02. 9B	50	200

	(Timelines) 3.02. 9C (Responsible Parties)		
3.02.10 & Attachment E Co-Location Proposed Line-Item Budget Form	3.02.10 Upload Attachment E: Co-Location Proposed Line-Item Budget Form (Years 1-4)	15	60
3.02.11 Reimbursement Attestation		N/A-Required	N/A
3.02.12 Minority Impact Statement		N/A-Required	N/A
Total Maximum Application Score without Priority Points:			2240

Priority Points- Co-Location Service Delivery Entities

Priority Points Criteria	**Potential Priority Points**
Within the group of three Co-Location Site Service Delivery Entities, two or more of the entities are affiliated with or managed by the same organization.	0
Within the group of three Co-Location Site Service Delivery Entities, none of the three entities are affiliated with or managed by the same organization.	50
More than one of the Co-Location Site Service Delivery Entities will provide medical services by an Iowa licensed medical practitioner at the Co-Location Site.	0
Only one of the Co-Location Site Service Delivery Entities will provide medical services by an Iowa licensed medical practitioner at the Co-Location Site.	50
Within the group of three Co-Location Site Service Delivery Entities, none of the Service Delivery Entities will offer services that address health related social needs.	0
Within the group of three Co-Location Site Service Delivery Entities, at least one of the Service Delivery Entities will offer services that address health related social needs.	50
Total Maximum Score of Priority Points:	150
Total Maximum Score with Application and Priority Points	2390

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	25	100
Responses to Agency's questions	15	60
Total Maximum Score with presentation score:		Add value from above with value of this column

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 #COMPADM26005 Community of Care Co-Location
- B- Work Plan Formatting Specifications
- C- HHS Application Forms Instruction Guidance (IowaGrants)
- D- Sample Draft Contract Community of Care Co-Location
- E- Co-Location Proposed Line-Item Budget Form
- F – 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. Rural Health Grants Eligibility Analyzer.
F. Thrive Iowa Community Alliance
G. Iowa Grants