# IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES

## DIVISION OF COMPLIANCE AND ADMINISTRATION

## Healthy Hometowns: Maternal Health Hub and Spoke Program

## REQUEST FOR PROPOSAL # COMPADM26006

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

**HHS Issuing Officer**
**Name:** Melanie Mathes
**Email:** melanie.mathes@hhs.iowa.gov

## RFP Table of Contents

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



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

## SECTION 1 -- GENERAL AND ADMINISTRATIVE ISSUES

### 1.01 Purpose

The purpose of this Request for Proposal (RFP) # COMPADM26006 is to solicit applications that will enable the Iowa Department of Health and Human Services (referred to as Agency) to select the most qualified applicants to serve as maternal health Hub and Spoke sites. The purpose of developing Hub and Spoke sites is to sustain current maternal health care in Iowa and increase access to and availability of high-quality prenatal care, labor and delivery services, postpartum care, mental health support, and behavioral health support for those pregnant and postpartum in Rural Iowa. Through the Healthy Hometowns Rural Health Transformation Program, Iowa is working toward innovative and transformative models of healthcare delivery to best serve rural Iowans.

Hub and Spoke sites will work collaboratively to build networks that sustain and increase access to maternal healthcare, which includes maternal mental health care, in Rural Iowa. This work aims to keep care available locally, when appropriate, and increase the long-term sustainability of rural healthcare providers.

This procurement describes three options for organizations to apply to become part of a Hub and Spoke Network of care for maternal health in Iowa. Iowa HHS seeks to offer as much flexibility as possible through the application process to meet the differing needs of Iowa's Rural areas. Through this procurement, Iowa HHS will select the most appropriate applicants with the most compelling project plans to sustain and improve maternal health care in Iowa. Applicants can apply for one of the following three options, with more details included below:

1) **Option 1 - Statewide Hub**: Apply as a single organization committing to being a statewide hub for specific needed services as described below. The Agency anticipates applicants will be an Iowa Level III or Level IV Maternal Care Hospital.
2) **Option 2** - **Expand Iowa's Hub Capacity:** Apply as a single organization committing to upscale from a Level I Maternal Care Hospital to a Level II Maternal Care Hospital. This organization will then serve as a Hub for higher-risk pregnancy care in the state.
3) **Option 3 – Support and Sustain Iowa's Spokes**: Apply as a network of Level I and Level II Maternal Care Hospitals committing to carry out specific strategies to support and maintain maternal health care across Iowa.

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 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 Hometown Connections Initiative of the Iowa Healthy Hometowns Project, funded through the Centers for Medicare & Medicaid Services' Rural

Health Transformation Program, opportunity #: CMS-RHT-26-001.

## 1.02 Contract Term

The anticipated total **Contract Term** is from October 31, 2026, to September 30, 2031. Continuation of the Contract is at the Agency's sole discretion and subject to review of the Contractor and Subcontractor's performance, Contractor's and Subcontractor's compliance with the special and general terms and contingent terms of the contract, availability of funds, program modifications, or any other grounds determined by the Agency to be in the Agency's best interests. The contract term, including all possible extensions provided by the Agency shall not exceed a six-year period.

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

## 1.03 Eligibility Requirements

Applicants must meet each of the following eligibility requirements for consideration. Failure to meet any of the following requirements will disqualify the application.

Applicants for all three options must meet the following eligibility criteria:

- Awardees of Agency procurements 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 or Conflict of Interest Screening Agreements or equivalent are signed by involved staff such that all staff providing services under the technical assistance contracts are unable to discuss or disclose any technical assistance project information with any staff involved in drafting the application to this procurement. Staff working on the technical assistance contracts are not able to assist with the writing of the application for this procurement. Copies of these agreements must be emailed to the Issuing Officer prior to the date of the mandatory letter of intent, August 10, 2026. If the Non-Disclosure Agreements or equivalent are not received by this date and/or do not meet the requirements of the Agency, the recipients of the technical assistance procurements will not be eligible to apply for this procurement.

Additional eligibility criteria specific to each Option are listed below:

**<u>Eligible Applicants for Option 1 -Statewide Hub</u>**

- **Organization type:** Public, private, nonprofit, for-profit, academic institutions or governmental entities.
- **Applicant location:** The applicant "Hub" site must be physically located in Iowa. The Hub site may be located in any Iowa county, including Rural and non-Rural locations.
- **Established services:** Applicant must have been open and doing business in Iowa (as a registered Iowa business) on January 1, 2026 and must be open and offering services at the time of application submission.

- **Required letter of intent:** Applicants must submit a letter of intent via email on or before August 10, 2026, to Melanie Mathes melanie.mathes@hhs.iowa.gov and cc Shannon Garland at shannon.garland@hhs.iowa.gov, to be eligible to receive funds through this procurement. The letter of intent must specify which option the applicant intends to apply for and for which line(s) of service (mental health and/or maternal/neonatal health).

**Eligible Applicants for Option 2 - Expand Iowa's Hub Capacity**

- **Organization type:** Public, private, nonprofit, for-profit, academic institutions or governmental entities that are categorized as a Level 1 Maternal Care Hospital with the Agency as defined by IAC 641–150.6 on July 14, 2026. Any entities that do not currently voluntarily participate in the Perinatal Health Care program under Chapter 150 of the IAC must provide documentation that they meet the resource requirements equivalent to a Level 1 Maternal Care Hospital as defined by IAC 641–150.6 and provide an attestation to agree to participate in the Perinatal Health Care program upon receipt of award.
- **Applicant location:** The applicant "Hub" site where healthcare will occur must be physically located in Iowa. The Applicant Hub site must be located in Rural Iowa as defined by this procurement (Rural Health Grants Eligibility Analyzer).
- **Established services:** Applicant must have been open and offering services on January 1, 2026 and must be open and offering services at the time of application submission.
- **Identified transitional Hub:** The Applicant must identify a Level II and a Level III/Level IV Maternal Care Hospital to serve as their Hubs for transferring high risk patients as the applicant works toward achieving the goals outlined in this RFP.
- **Required letter of intent:** Applicants must submit a letter of intent via email on or before August 10, 2026, to Melanie Mathes melanie.mathes@hhs.iowa.gov and cc Shannon Garland at shannon.garland@hhs.iowa.gov, to be eligible to receive funds through this procurement. The letter of intent must specify which option the applicant intends to apply for.

**Eligible Applicants for Option 3 - Support and Sustain Iowa's Spokes**

- **Organization type:** Public, private, nonprofit, for-profit, academic institutions or governmental entities. Applicants for this procurement may be any Level I or Level II Iowa Maternal Care Hospital as defined by IAC 641–150.6 on July 14, 2026. Any entities that do not currently voluntarily participate in the Perinatal Health Care program under Chapter 150 of the IAC must provide documentation that they meet the resource requirements equivalent to a Level 1 or Level 2 as defined by IAC 641–150.6 and provide an attestation to agree to participate in the Perinatal Health Care program upon receipt of award.
- **Applicant location:** The applicant site where healthcare will occur must be physically located in Iowa. The Applicant site must be located in a Rural area as defined in this procurement (Rural Health Grants Eligibility Analyzer).
- **Established services:** Applicant and all Spoke sites included in the application must have been open and offering services on January 1, 2026 and must be open and offering services at the time of application submission.
- **Lead Applicant:** Only one entity shall apply on behalf of the proposed Network. The Applicant entity for the procurement may be any member of the proposed Network. The Applicant will be required to attest at the time of application that they will be the primary

contact for the Agency on behalf of the Network they are a part of. If awarded, the Applicant will oversee the subcontracting to distribute funds to each of the other Network members in the Applicant's Network.

- **Network requirements**: Applicants must apply on behalf of a Hub and Spoke Network that meet the following requirements:
  - Hub and Spoke Networks must have between 3 and 5 members (including the Applicant organization).
  - The Applicant and all members shall be located in Rural Iowa as defined by this procurement (Rural Health Grants Eligibility Analyzer).
  - All members must be Level I or Level II Iowa Maternal Care Hospitals as defined by IAC 641–150.6.
  - All members of the Network must be within 60 miles of at least two other members of the Network, unless located in an Iowa border county. If located in an Iowa border county (defined as a county that touches a state other than Iowa on at least one side), that Network member must be within 60 miles of at least one other member of the Network.
  - All members of the Network must have at least one designated Hub site listed in the application to indicate where high risk patients will be referred. Network members do not all need to have the same Hub(s), and identified Hubs do not necessarily need to be a member of the Applicant's Network. Hubs designated through the application, but not a part of the Network, will not receive funds through this Procurement unless a specific need is identified and this funding is approved by the Agency. Hubs designated through Option 3 do not need to be located in Iowa, but only Iowa-based organizations are eligible for funds through this procurement.
- **Required letter of intent:** Applicants must submit a letter of intent via email on or before August 10, 2026, to Melanie Mathes melanie.mathes@hhs.iowa.gov and cc Shannon Garland at shannon.garland@hhs.iowa.gov, to be eligible to receive funds through this procurement. Names of all anticipated Network members must be included within the letter of intent, though changes may be made prior to application submission if the application includes a justification for the reasons for the change. The letter of intent must specify which option the applicant intends to apply for.

Electronic Communication Requirements

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

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

### 1.04 Service Delivery Area

For Option 1 - Statewide Hub: The Agency aims to support and sustain maternal healthcare in areas where current access is limited, insufficient, or threatened. Eligible applicant (Hub) sites may be located anywhere within Iowa but must commit to providing services to spokes statewide, especially in Rural areas.

For Option 2 – Expand Iowa's Hub Capacity: The Agency aims to support and sustain maternal healthcare in areas where current access is limited, insufficient, or threatened. Eligible applicant sites must be located in Rural Iowa as defined through this RFP. The Agency has designated geographic areas eligible for priority points due to current maternal health care outcomes and current lack of access to higher levels of care. More information on priority points can be found in Section 4 and Appendices 1 and 2.

For Option 3 – Support and Sustain Iowa's Spokes: The Agency aims to support and sustain maternal healthcare in areas where current access is limited, insufficient, or threatened. Members of the Network must all be located in Rural Iowa and must meet the distance requirements as described in Section 1.03 above (Eligibility). The Agency has designated geographic areas eligible for priority points due to current maternal health care outcomes and current lack of access to higher levels of care. More information on priority points can be found in Section 4 and Appendices 1 and 2.

**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 $38,591,059 to be divided among successful applicants for Option 1, Option 2, and Option 3 opportunities for an undetermined number of awards for each option. The Agency may distribute these funds among the Options in any proportion it deems appropriate. These funds will be for the time period of 10/31/2026 through 10/30/2027. The Agency anticipates adding funding each year via Contract Amendment throughout the term of the contract (refer to Section 2, Budget). Actual total awards and individual contract funding levels may vary from those listed or funding may be withdrawn completely, depending on availability of funding or any other grounds determined by the Agency to be in the Agency's best interests. The Agency anticipates the approximate award amounts listed below to be available for the following budget periods.

| 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 | |
| $38,591,059 | $ 27,090,671 | $ 28,114,682 | $ 25,986,916 | $ 119,783,328 |

These amounts will be divided among an undetermined number of awardees. The Agency reserves the right to award different amounts to different projects based on state needs, geographic spacing of Networks, application quality, reports submitted by the Contractors and Subcontractors, and any other information deemed important by the Agency. The Agency reserves the right to award all funds for Applicants of one of the described Options, for two of the Options, or to divide the funds among all three Options. The Agency may also elect to not award all of these funds to awardees of this procurement or to add additional funds to 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 criteria.

**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 |
| Applicant's Conference (Optional) | *July 22, 2026 at 10:00am* |
| Letter of Intent (Mandatory) | *August 10, 2026* |
| Written Questions and Responses | |
| Round 1 Questions Due:<br>Responses Posted By: | July 27, 2026, by 12:00 PM (noon)<br>August 3, 2026 |
| Round 2 Questions Due:<br>Responses Posted By: | August 17, 2026, by 12:00 PM (noon)<br>August 24, 2026 |
| Applications Due | September 1, 2026, by 12:00 PM (noon) |
| Applicant's Oral Presentations, if requested by the Agency | On or around October 12, 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. Verbal discussions at the webinar shall not be considered part of the RFP unless incorporated into the RFP by amendment. Questions will not be accepted during the webinar. Applicants must follow the written questions and responses guidance below to submit questions. Participation in this webinar is optional, but recommended.

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

Please click the link below to join the webinar:
https://www.zoomgov.com/j/1654052642?pwd=CKIwtMc0vhuq1M8LrTBOhUbqwyIYzh.1
Passcode: 094726
Or One tap mobile:
+16692545252,,1654052642# US (San Jose)
+16468287666,,1654052642# US (New York)
Or Telephone:
Dial(for higher quality, dial a number based on your current location):
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
+1 646 964 1167 US (US Spanish Line)
+1 551 285 1373 US (New Jersey)
+1 669 216 1590 US (San Jose)
+1 415 449 4000 US (US Spanish Line)

Webinar ID: 165 405 2642
International numbers available: https://www.zoomgov.com/u/akoItmMFq

C. Written Questions and Responses – Written questions related to the RFP must be submitted through www.IowaGrants.gov no later than the dates specified in the table above in Section 1.06. Applicant must be registered with IowaGrants in order to submit a question (Refer to the links section for instructions on registering and logging in to IowaGrants).

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

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

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

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

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

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

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

Each individual within the applicant organization who desires access to the application must be registered in IowaGrants (refer to the links section for instructions on registering and logging in to IowaGrants). **The first user to initiate an application for a Funding Opportunity is**

**designated by the system as the primary user (Registered Applicant) for that application**. This primary user can add additional registered users as Grantee Contacts within their organization to the Funding Opportunity for completion/edit/review of forms and submission of the application. If multiple users are editing the same form within an application at the same time, the last saved version will over-ride any changes made by other users.

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

E. Applications Due – Applications must be submitted by **12:00 noon (local Iowa time) September 1, 2026** in the Electronic Grant Management System at www.IowaGrants.gov. Attempted submission of a completed application after stated due date and time will not be allowed by the system. This Funding Opportunity will not be available as a Current Opportunity on the Electronic Grant Management System after the stated due date and time. If submission of an application is attempted after the stated date and time, the applicant will receive a notice stating "The Funding Opportunity is closed".

Applications submitted to the Agency in any manner other than through Electronic Grant Management System of the IowaGrants website (e.g. electronic mail to any other address, faxed, hand-delivered, mailed or shipped or courier-service delivered versions) will be rejected, not reviewed by the Agency and a rejection notice will be sent to the applicant. Any information submitted separately from the application will not be considered in the review process, with the exception of the letter of intent to apply and any applicable Non-Disclosure Agreements or equivalent (refer to section 1.03).

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

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

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

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

F. Release of Names of Applicants – September 4, 2026. The names of all applicants who submitted applications by the deadline shall be released to all who have requested such notification via an email request to: melanie.mathes@hhs.iowa.gov. The announcement of applicants who timely submitted an application does not mean that an individual application has been deemed technically compliant or accepted for evaluation.

G. Notice of Intent to Award – A Notice of Intent to Award the contract(s) will be posted for at

least 10 business days on the Agency Web page https://hhs.iowa.gov/about/funding-opportunities/notice-intent-award on or around the date specified in the Schedule of Events table above. Applicants are solely responsible for reviewing the Notice of Intent to Award to determine their award status.

H. Contract Negotiations and Execution of the Contract – Following the posting of the Notice of Intent to Award, the Authorized Official for the successful applicant(s) will receive a contract document via email from the Agency. The successful applicant has ten (10) working days from date of receipt in which to negotiate and sign a contract with the Agency. If a contract has not been executed within ten (10) working days of applicant's receipt, the Agency reserves the right to cancel the award and to begin negotiations with the next highest ranked applicant or other entity deemed appropriate by the Agency. The Agency may, at its sole discretion, extend the time period for negotiations of the contract.

### 1.07 Inquiries

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

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

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

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

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

### 1.08 Amendments to the RFP

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

### 1.09 Open Competition

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

## 1.10 Withdrawal of Applications

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

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

## 1.11 Resubmission of Withdrawn Applications

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

To access a withdrawn application:

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

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

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

## 1.12 Acceptance of Terms and Conditions

A. An applicant's submission of an application constitutes acceptance of the terms, conditions, criteria and requirements set forth in the RFP and operates as a waiver of any and all objections to the contents of the RFP. By submitting an application, an applicant agrees that it will not bring any claim or have any cause of action against the Agency or the State of Iowa based on the terms or conditions of the RFP or the procurement process.

B. The Agency reserves the right to accept or reject any exception taken by an applicant to the terms and conditions of this RFP. Should the successful applicant take exception to the terms and conditions required by the Agency, the successful applicant's exceptions

may be rejected, and the Agency may elect to terminate negotiations with that applicant. However, the Agency may elect to negotiate with the successful applicant regarding contract terms which do not materially alter the substantive requirements of the RFP or the contents of the applicant's application.

### 1.13 Costs of Application Preparation

All costs of preparing the application are the sole responsibility of the applicant. The Agency is not responsible for any costs incurred by the applicant which are related to the preparation or submission of the application or any other activities undertaken by the applicant related in any way to this RFP.

### 1.14 Multiple Applications

For Option 1, an applicant may submit up to two applications (a maximum of one application for the mental health line of service and a maximum of one application for the maternal/neonatal health line of service). For Options 2 and 3, an applicant may submit only one application. Proposed Spoke sites may be included in multiple applications but can only be funded through one network. If a proposed Spoke site is included in two or more awarded applications, the Agency will work collaboratively with the impacted awarded applications to determine the arrangement that best supports rural maternal health care in Iowa. This may include requiring a Hub site to identify an additional Spoke site. Applicants for Option 2 may be included within Hub and Spoke Networks for Option 3. In no situation can a site be funded for the same activities through multiple contracts.

### 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 or around 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 Applicants considered in the competitive range. The Applicants within the competitive range may be requested to make presentations of their applications. The Applicant presenting may include slides, graphics, and other media to illustrate the strength of the Application.

Prior to the Applicant Presentations, Applicant will be notified as to specific times they will need to present. Applicants may be asked to present in-person or virtually. If virtual, each Applicant will be sent an email containing a link to present virtually. Presenting Applicants for Option 3 are to include key personnel from each site within the proposed Network and will be provided a 60 to 90-minute time slot for presentation based on the number of presentations, as determined by the Agency.

During the Presentations, Applicant will provide an overview of their Application noting the highlights that they believe make them the best choice, including use of scenario-based walk-

throughs to compare and contrast experiences and the Applicant's proposed approach (as outlined in their Application) to meet the needs identified in this RFP. The presentation must not materially change from information contained in the submitted Application.

### 1.16 Disqualification of Applications/Cancellation of the RFP

A. The Agency reserves the right to disqualify, in whole or in part, any or all applications, to advertise for new applications, to arrange to receive or itself perform the services herein, to abandon the need for such services, and to cancel this RFP if it is in the best interests of the Agency.

B. Any application will be disqualified outright and not evaluated for any of the following reasons:

1. The applicant is not an eligible applicant as defined in section 1.03.
2. An applicant submits more than one application for the same funding opportunity, except as allowed within this procurement.
3. An application is submitted in a manner other than the Electronic Grant Management System at www.IowaGrants.gov.

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

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

### 1.17 Restrictions on Gifts and Activities

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

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

## 1.18 Use of Subcontractors

A. The Agency acknowledges that the selected Applicant may contract with third parties for some of the Contractor's obligations with prior written approval from the Agency. The Agency reserves the right to provide prior approval for any subcontractor used to perform services under any contract that may result from this RFP.

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

C. The Applicant is fully responsible for all work performed by subcontractors. No subcontract into which the Applicant enters into with respect to performance under the contract will, in any way relieve the Applicant of any responsibility for performance of its duties.

D. For Option 1, successful applicants may be required to subcontract or form other sufficient agreements to provide telehealth equipment to other organizations in Iowa if needed to receive the services of the Applicant. All subcontracts shall be reviewed and are subject to approval by the Agency prior to execution. The Agency may provide required terms and funding amounts for Subcontracts.

E. For Option 3, successful applicants will be required to subcontract with all other members of the Network as described within Section 1.03 above. All subcontracts shall be reviewed and are subject to approval by the Agency prior to execution. The Agency may provide required terms and funding amounts for Subcontracts. Subcontracts with Network member sites must be executed within 45 days following contract execution.

F. For Option 2 or 3, successful applicants may, with prior written approval of the Agency, subcontract with community-based organizations, local health departments, rural health clinics, Federally Qualified Health Centers, or other similar organizations located in any area of Iowa to provide support for prenatal, postpartum, or other perinatal-related services that are necessary to support the Applicant and associated Network, as applicable. In this case, the Network may contract with a service provider that serves all members of the Network and share costs to make services more financially feasible for Iowans.

## 1.19 Reference Checks

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

## 1.20 Criminal Background Checks

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

contract awards. The applicant shall cause all waivers to be executed by appropriate persons to effectuate the investigations.

### 1.21 Information from Other Sources

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

### 1.22 Verification of Application Contents

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

### 1.23 Litigation and Investigation Disclosure

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

### 1.24 Financial Accountability

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

### 1.25 RFP Application Clarification Process

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

for this reason.

### 1.26 Waivers and Variances

The Agency reserves the right to waive or permit cure of non-material variances in the application's form and content providing such action is in the best interest of the Agency. In the event the Agency waives or permits cure of nonmaterial variances, such waiver or cure will not modify the RFP requirements or excuse the applicant from full compliance with RFP specifications or other contract requirements if the applicant is awarded the contract. The determination of materiality is in the sole discretion of the Agency.

### 1.27 Disposition of Applications

All application submissions become the property of the Agency.

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

### 1.28 Public Records and Requests for Confidential Treatment of Application Information

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

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

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

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

Failure of the Applicant to request information be treated as confidential as specified herein shall relieve Agency personnel from any responsibility for maintaining the information in confidence. Applicants may not request confidential treatment with respect to pricing or budget information

and transmittal letters. An applicant's request for confidentiality that does not comply with this section or an applicant's request for confidentiality on information or material that cannot be held in confidence as set forth herein are grounds for rejecting an application as non-responsive.

A. Confidential Treatment of Information is Requested by the Applicant
An applicant requesting confidential treatment of information contained in its application shall be required to submit two copies of its application (one complete application (containing confidential information) and one redacted version (with confidential information excised) and complete and submit Form 22 with both applications; as outlined herein:

1. Complete and Submit Form 22 with both applications
APPLICANT NOTE: SUBMISSION OF THIS FORM 22 IS REQUIRED **ONLY** IF REQUESTING CONFIDENTIAL TREATMENT OF APPLICATION INFORMATION.

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

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

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

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

The applicant must submit one copy of the application labeled "Redacted Copy" from which the confidential information had been excised. In order to do this, the applicant shall rename the copy with the word 'Redacted' added as the **first** word

in the application title, using the exact same title as the first copy of the application. The applicant must then revise each form within the copied/redacted application removing the confidential information and inserting the word 'redacted' in the required fields. The confidential material must be excised from the redacted version in such a way as to allow the public to determine the general nature of the material removed and to retain as much of the application as possible.

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

B. Public Requests

In the event the Agency receives a public request for application information marked confidential, written notice shall be given to the applicant seventy-two (72) hours prior to the release of the information to allow the applicant to seek injunctive relief pursuant to Iowa Code Section 22.8. The information marked confidential shall be treated as confidential information to the extent such information is determined confidential under Iowa Code Chapter 22 or other provisions of law by a court of competent jurisdiction. If the Agency receives a request for information that applicant has marked as confidential and if a judicial or administrative proceeding is initiated to compel the release of such material, applicant shall, at its sole expense, appear in such action and defend its request for confidentiality. If an applicant fails to do so, the Agency may release the information or material with or without providing advance notice to the applicant and with or without affording applicant the opportunity to obtain an order restraining its release from a court possessing competent jurisdiction.

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

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

## 1.29 Copyrights

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

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

Applicants may request reconsideration of either a notice of disqualification or notice of intent to

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

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

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

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

### 1.31 Definition of Contract and Exclusivity

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

### 1.32 Construction of RFP

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

## SECTION 2 – BACKGROUND AND SCOPE OF WORK

### 2.01 Background

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

The primary goal of the Healthy Hometowns Maternal Health Hub and Spoke Program is as follows:

1. Iowans will have the ability to receive prenatal, labor and delivery, and postpartum care at the location that is closest to home that meets their health needs and their personal preferences. This includes meeting the mental health needs of maternal health patients.

This will be achieved through the following mechanisms:

[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

1. Statewide Hubs will provide expertise and workforce support to Rural Iowa hospitals by providing consultations for mental health, maternal health and neonatal health.
2. Level I and Level II Maternal Care Hospitals will have sufficient telehealth supplies and equipment to support their participation in teleconsultation.
3. Rural Iowa hospitals will develop networks to support and sustain the local maternal health care environment in their geographic areas. These networks will work collaboratively to develop models that support the unique needs of their communities, the healthcare providers at their locations, and the current circumstances surrounding maternal and neonatal care delivery in their areas of Rural Iowa.
4. Community based organizations, community health centers, local government agencies, and other partners will provide ancillary support to Rural Iowa hospitals for prenatal care needs, mental health support, and other needed services, particularly for uninsured or high need Iowans.
5. Iowans with high-risk pregnancies and multiple comorbidities will receive care at locations with specialized providers, access to specialized equipment, and a workforce able to support and sustain care for a larger number of high-risk patients. Hubs will exist throughout the state, if possible, to allow for access to high level care within a reasonable travel distance for all Iowans.
6. Iowans with low-risk pregnancies that have a desire to receive prenatal, labor and delivery, and postpartum care close to home or work in Rural communities will have access to high quality care and access to a workforce able to provide necessary care. This includes having hospitals that are prepared for emergency situations and have established transfer protocols and equipment to transfer maternity and neonatal patients quickly and safely. Rural facilities will have the ability to provide a prenatal, labor and delivery, and postpartum experience that meets the needs and preferences of their communities.
7. Iowa healthcare providers will invest in telehealth, tele-consultation, tele-mentoring, and telemedicine and use these tools to connect patients to higher levels of care and providers to second opinions and additional expertise. Legal agreements will exist across the Iowa network to facilitate this strategy and account for payment arrangements.
8. Iowa healthcare providers will have access to and participate in formal networks, supported by formally executed legal agreements and payment arrangements, for provider-to-provider consultation to support providers at hospitals with lower numbers of annual births or with providers less experienced with high-risk pregnancies or mental health care during pregnancy and postpartum.
9. Iowa's maternal health network will provide high quality prenatal, labor and delivery, and postpartum care in a way that is sustainable for Rural providers and supported by higher level providers with access to more resources via a network that is stabilized by legal agreements across both affiliated and non-affiliated healthcare organizations.

**Applicants for this RFP will vary depending on the Option selected.**

**Option 1 - Statewide Hub**

Iowa HHS's goal is for all Iowa Level I and Level II Maternal Care Hospitals to have access to mental health, maternal, and neonatal care expertise from higher level Maternal Care Hospitals via telehealth and teleconsultation. Iowa seeks organizations to provide these services statewide. Applicants must commit to providing services to at a minimum, all Level I and Level II Maternal Care Hospitals. Successful Applicants may serve additional organizations that provide care to pregnant and postpartum Iowans if capacity allows. Successful Applicants will be

considered statewide hubs for one or more of the services described below.

a. Iowa HHS seeks approximately one applicant to provide statewide mental health tele-consultation services for at a minimum, Level I and Level II Maternal Care Hospitals and others providing prenatal and postpartum care and in need of consultation and second opinions related to providing mental health or behavioral health services to pregnant or postpartum Iowans. This work will also include building a referral network of eligible providers throughout the state capable of providing pregnant and postpartum Iowans with timely access to in-person or telehealth mental health and substance use treatment visits. Services may include procuring and distributing telehealth supplies or equipment needed to receive these teleconsultation services to Level I and Level II Maternal Care Hospitals if the participating hospitals are not part of another Healthy Hometowns award.
b. Iowa HHS seeks approximately one applicant to provide statewide maternal and neonatal health tele-consultation services to provide support and second opinions to Level I and Level II Maternal Care Hospitals offering services to maternal health clients and their newborns. This work will also include building a referral network of eligible providers throughout the state to assist with timely access to in-person or telehealth visits for Iowans needing perinatal care. Services may include procuring and distributing telehealth supplies or equipment needed to receive these teleconsultation services to Level I and Level II Maternal Care Hospitals if the participating hospitals are not part of another Maternal Health Hub award.

Successful applicants must provide services to hospitals and organizations, regardless of whether or not they are affiliated with the same parent company. Applicants will have the opportunity to apply for an approximate total four-year award of $14,000,000 for each of the above lines of service.

**Option 2 – Expand Iowa's Hub Capacity**

It is the goal of Iowa HHS for Iowans to have statewide access to Level II or higher Maternal Care Hospitals capable of providing specialty obstetrics care. Iowans need access to Level II Maternal Care Hospitals across the state that can receive referrals for high-risk pregnancies. For the purposes of this procurement, statewide access is defined as having an Iowa-based Level II Maternal Care Hospital within approximately 60 miles of all Iowans.

Iowa HHS seeks an undetermined number of applicants for this procurement that are currently Level I Maternal Care Hospitals and are interested in using these funds to upscale their practices and attempt to become Level II Maternal Care Hospitals. At the end of the five-year grant period, these applicants should be capable of receiving referrals from neighboring Level I Maternal Care Hospitals for high-risk pregnant Iowans. To best meet the needs of Iowans, these facilities should also plan to develop and implement protocols to encourage low risk pregnancies to deliver at sites closer to the patient's home (reduce rural bypass) and to execute legal agreements with other Maternal Care Hospitals to coordinate care throughout the state. Upscaling of Level I Maternal Care Hospitals is particularly needed in specified areas of the state in order to achieve statewide access. See Section 4 and Appendices 1 and 2 for priority point scoring regarding needed services.

Applicants will have the opportunity to apply for an approximate total four-year award of $10,666,667.

**Option 3 - Support and Sustain Iowa's Spokes**
Iowa HHS's goal is to maintain access to labor and delivery care throughout Iowa. This is achieved via Hub and Spoke Networks. Iowa HHS seeks Level I or Level II Maternal Care Hospitals in Iowa that desire to form networks that contain a total of three to five Level I and Level II Maternal Care Hospitals in Iowa for the purposes of supporting and strengthening all of the hospital maternal care services within the network. These funds will serve to stabilize the entire maternal health network in that geographic region of the state. In Option 3, the applicant may be any member of the network that commits to serving in a coordinating and leadership role. Additionally, in Option 3, the members of the network are not required to all utilize the same Hubs for specialty and sub-specialty care. At the time of application, the Applicant must specify the Level II, Level III, or Level IV Maternal Care Hospital(s) (Hub(s)) that each member of the network will use for referral purposes for patients. These Hubs could be the same or different from other members of the network and may be a member of the network. Hubs designated through the application, but not part of the network itself will not receive funds through this Procurement unless a specific need is identified and this funding is approved by the Agency. Hubs designated through Option 3 do not need to be located in Iowa, but only Iowa-based organizations are eligible for funds through this opportunity.

Applicants will have the opportunity to apply for an approximate total four-year award of $19,927,775.

For all Options, by the end of the five-year grant period, the work proposed through these applications should be financially sustainable without reliance on government funding. All proposed uses of funds should be considered short term. Sites should use these funds as assistance with start-up and network building, with plans to become sustainable and provide services and staffing long-term without future state or federal government fund investments.

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

## 2.02 Definitions

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

**"Agency"** means the Iowa Department of Health and Human Services.

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

**"Equipment"** means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the recipient or

subrecipient for financial statement purposes, or $10,000.

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

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

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

“**Hub**” means healthcare provider location, as designated by both organization name and location, where maternal health care occurs for high-risk pregnancies. Hubs support and partner with surrounding “Spoke” agencies to ensure coordinated, efficient, and sustainable service delivery. Hubs must be a Level II or higher Maternal Care Hospital as defined by IAC 641–150.6.

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

**“Spoke**” means facilities that provide maternal healthcare for low-risk pregnancies and use Hubs to refer higher risk pregnancies.

**“Level I Maternal Care Hospital”**: A provider of basic obstetrical care for maternal health as described within Iowa Administrative Code 641-150.6(1). A Level I Maternal Care Hospital provides care to women who are low-risk and are expected to have an uncomplicated birth.

**“Level II Maternal Care Hospital”:** A provider of specialty care for maternal health as described within Iowa Administrative Code 641-150.6(2). In addition to meeting the criteria of a Level I Maternal Care Hospital, a Level II Maternal Care Hospital provides care of appropriate high-risk pregnant women, both those directly admitted to the hospital and those transferred from another hospital.

**“Level III Maternal Care Hospital”**: A provider of sub-specialty care for maternal health as described within Iowa Administrative Code 641-150.6(3). A Level III Maternal Care Hospital provides care to women that includes all Level I and Level II services and has subspecialists available on site, by telephone, or by telemedicine to assist in providing care for more complex maternal and fetal conditions.

**“Level IV Maternal Care Hospital”**: A provider of services as a regional perinatal health care center as described within Iowa Administrative Code 641-150.6(4). In addition to meeting the requirements for a Level III Maternal Care Hospital, a Level IV Maternal Care Hospital provides care to women with additional requirements and has considerable experience in the care of the most complex and critically ill pregnant women throughout antepartum, intrapartum, and postpartum care.

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

**2.03 Scope of Work.**

The Agency seeks qualified applicants to serve as maternal health Hubs and Spokes for the Hometown Connections initiative of the Healthy Hometowns project.

- **Option 1 – Statewide Hub:** Hubs applying for Option 1 must provide tele-consultation services that are available to all Level I and Level II Maternal Care Hospitals in Iowa and other entities that provide prenatal and postpartum care. For mental health tele-consultation services, services must be provided during extended business hours. For maternal and neonatal health support, these services must be available 24/7 for emergencies and during extended business hours for non-emergent second opinions and collegial support. Successful applicants will deliver provider to provider consultation to assist less experienced providers in Rural areas or to support providers working in hospitals without peer support for second opinions and problem-solving. This support may include using technology to talk with patients collaboratively, to review scans or test results simultaneously, to problem-solve together while actively treating patients, or to consult on cases when patients are not present with both providers. While the primary intent of this option within this procurement is to deliver provider to provider consultation, services may include telehealth or telemedicine services if determined to be appropriate by the Agency and in support of advancing maternal health access in Iowa.

  For Option 1, the applicant will serve as a statewide Hub and all organizations that receive services will be considered Spokes. The Hub will provide contractual agreements with Spokes that receive services. These agreements will be subject to Agency review. The Hubs will also provide support (directly or via subcontract) with consenting procedures, technology set-up, scan and test result transfer for review, and other services needed to establish this type of care in Rural Iowa. The work of the Statewide hub(s) should be provided at no cost to Rural hospitals and other Rural organizations through the term of funding provided by this procurement. The Hub will be required to develop a payment, reimbursement, and cost-sharing model for providing these services sustainably without government funds at the end of this grant period. Applicants should describe their plan for sustainability within their applications. Additionally, the Hub will assist with the procurement and distribution of compatible telehealth equipment that can be used to provide the consultation services offered by the Hub. Telehealth equipment capable of facilitating teleconsultation between Level I and Level II Maternal Care Hospitals and the Hub will be made available throughout the state through the successful applicant.

- **Option 2 – Expand Iowa's Hub Capacity:** Level I Maternal Care Hospitals will apply to receive funds to work toward becoming a Level II Maternal Care Hospital. Applications should include information regarding the current capabilities for the Level I Maternal Care Hospital, activities the site will undertake to work toward achieving Level II Maternal Care

Hospital status, and the ways the funds provided through this RFP could be used to achieve those goals. Applicants must designate a Hub to refer high-risk patients while working toward achieving Level II status. Applicants should also indicate the nearby Level I hospitals that could use the Applicant as a Hub if the Applicant upscaled to a Level II Maternal Care Hospital. After becoming a Level II Maternal Care Hospital, this Hub site will provide specialized care for patients with multiple comorbidities or uncommon situations that need specialized providers.

- **Option 3 – Support and Sustain Iowa's Spokes:** Hub and Spoke Networks will be developed to collaboratively sustain maternal health care access in Rural Iowa areas. These sites will form regional collaborations to work together to provide back-up coverage, second opinions, and resource sharing across providers. Networks could choose to share OB nurse navigators, prenatal education courses, marketing materials, templates for agreements or care protocols, telehealth trainings, lactation counselors, and mental health providers. These Networks will guide patients to the appropriate location for prenatal, labor and delivery, and postpartum care based on their health needs and personal preferences. Spokes will use funds to sustain their perinatal practices, ensuring the Rural sites are able to provide safe local care for those choosing to receive services in these locations. Spoke sites will advance telehealth consultation for patients to allow them to consult with providers at Hub sites without traveling for all appointments.

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

**B. Deliverables.** In compliance with the Agency-approved work plan within IowaGrants and any required modifications by the Agency following the award, the Contractor shall develop Hub and Spoke networks for maternity care and provide the following minimum requirements based on the unique requirements of each Option. These plans will be tailored to meet the exact scope of work prescribed by the applicant, based on Agency and CMS requirements, the submitted workplan of the application, and the needs of Iowans:

**a. Option 1 Requirements– Statewide Hub**

1. Staffing:
    1. Hire staff for the Hub to enable the provision of services at the Spokes.
2. Planning:
    1. Develop a comprehensive workplan for Agency approval, inclusive of timelines and the exact services that will be provided to all Spoke sites.
    2. Develop a business plan that includes a sustainability plan to determine how the services provided will be sustainable following the federal grant funding. This should include detailed plans for billing insurance providers and/or cost sharing modalities and fee structures for providing services. Any fee structure proposed should consider tiering costs for providers based on their size and the number of patients they serve. Contractors must provide detailed financial information regarding the costs to provide the services, possible revenue sources, and the income needs for being sustainable and profitable long term.
    3. Identify potential barriers to participation and report these to the Agency.

Work collaborative with the Agency and other state partners to find solutions to these barriers.

3. Service Delivery:
    1. By July 31, 2027, begin providing services for Spoke sites. These services may be different for each successful applicant but may include providing provider-to-provider consultations via telehealth or providing direct patient care visits for mental health.
    2. Provide services via multiple modes (phone, video, telehealth) and provide detailed information to the Agency regarding the technology needs for Rural providers to best participate in this network.
    3. Provide services in a manner that allows for 24/7 coverage in the event of after-hours emergency consult needs and timely appointments during regular business hours for non-emergency care.
    4. Build a referral network of eligible providers throughout the state to assist with timely access to in-person or telehealth visits.
4. Reporting
    1. Provide reporting to the Agency regarding participating hospitals and overall utilization of the service and information to assist the Agency with understanding sustainability options and needs. This may include working collaboratively with the Agency to describe insurance reimbursement and policy change needs.
5. Outreach
    1. Determine mechanisms and implement strategies for conducting outreach to Spokes to make them aware of services available and provide guidance on how to access services. This may include formal outreach campaigns.
    2. Providers that will perform the consultation shall provide on-site visits to Spoke sites throughout the state to introduce their work and services and to form relationships with the providers that may use their consultation services.
    3. Attend conferences or other events to spread awareness of service offerings.
    4. Develop and maintain a comprehensive list of partners, both within and outside the state of Iowa, for those providing similar or related services. Find ways to partner with these organizations and reduce duplication.

**b. Option 2 Requirements – Expand Iowa's Hub Capacity**

1. Staffing:
    1. Hire staff for the Hub to support the workplan activities.
    2. Develop and implement plans to hire and maintain a continuous availability of adequate number of registered nurses with the competence to care for obstetric patients and their babies.
    3. Develop and implement plans and activities to achieve the required staffing provided for Level II Maternal Care Hospital care, including but not limited to the required obstetrician and anesthesia services available at all times.
    4. Develop and implement plans and activities to hire staff or contract for

staff to provide required support services for a Level II Maternal Care Hospital.

2. Planning:
    1. Develop a comprehensive workplan for Agency approval, inclusive of timelines and the exact activities that will be funded. This workplan should highlight all activities the Hub site will undertake to work toward changing from a Level I Maternal Care Hospital to a Level II Maternal Care Hospital. These activities include documenting all areas where the site is deficient in achieving Level II Maternal Care Hospital Status and the activities that will address this.
    2. Develop a business plan that includes a sustainability plan to determine how the services provided will be sustainable following the federal grant funding. This should include detailed plans for billing insurance providers and/or cost sharing modalities and fee structures for providing services.
    3. Identify potential barriers to achieving program outcomes and report these to the Agency. Work collaborative with the Agency and other state partners to find solutions to these barriers.
3. Reporting
    1. Provide reporting to the Agency regarding use of funds and use of services, including services provided to high-risk individuals when appropriate.
4. Outreach and Partnership Development
    1. Form partnerships with Level I Maternal Care Hospitals within 60 miles of the Hub site and begin developing protocols and practices to refer high risk patients to the Hub site.
        i. Develop agreement templates, shared protocols, and referral arrangements with these sites. These agreements should outline how the contractor will absorb additional high risk clients from surrounding Level I Maternal Care Hospitals and may include protocols to refer lower risk clients back to the Level I Maternal Care Hospitals when those sites are closer to their residence.
5. Develop plans and implement approved changes to ensure appropriate stabilization and transfer of high-risk patients and newborns who exceed Level II Maternal Care Hospital care criteria.
6. Purchase equipment needed to meet the requirements of a Level II Maternal Care Hospital, including equipment needed to care for obese patients and equipment needed to provide maternal-fetal medicine specialist care (via in-person care or telemedicine).
7. Maintain all requirements of a Level I Maternal Care Hospital.

**c. Option 3 Requirements– Support and Sustain Iowa's Spokes**

1. Telehealth:
    1. Develop and implement plans as a Network to incorporate telehealth and telemedicine into practice to support care provision closer to home when appropriate. This should include consulting with other members of the Network and with the designated Hub site for each member of the Network.
    2. Offer telehealth services for prenatal and postpartum visits for patients

electing or needing to deliver at the hub site when appropriate and desired by patients. Use telemedicine to provide consults to higher levels of care, including maternal-fetal medicine specialists when needed. Coordinate visits to this higher level of care when needed.

3. Provide teleultrasound services when needed. Employ sonographers trained in standardized imaging protocols and provide training to on-site providers overseeing the telehealth visits. Sonographers could be shared throughout the Network to support sustainability of operations.
4. Establish and implement provider to provider consults via telehealth to support spoke sites.
5. Develop solutions for virtual visits and exchanging records and data between Hubs and Spokes.
6. Purchase telehealth supplies and equipment as needed to achieve the goals of this procurement.
7. Establish and maintain provider to provider consultation telehealth arrangements to support providers that must give emergency care to pregnant or postpartum patients.

2. Care Coordination:
    1. Provide support for comprehensive prenatal care in local, Rural communities.
    2. Coordinate care for patients between Hub and Spoke sites and with community-based organizations when appropriate, resulting in care provided locally in Rural communities whenever possible and appropriate visits to the Hub site coordinated to maximize appointment time and reduce the amount of travel needed for completion of care plans.
    3. Market availability of prenatal, labor and delivery, and postpartum care services, including information on how to appropriately navigate Hub and Spoke models of care.
3. Referral Pathways:
    1. Provide Referral pathways, memorialized through legally executed agreements, to substance use providers that specialize in care for pregnant and postpartum women. Additionally, to mental health providers that specialize in care for pregnant and postpartum women. This should include support for a various level of needs for patients, including postpartum depression and anxiety and management of complex mental health conditions that complicate pregnancy and the postpartum period, and mental health medication management during pregnancy and postpartum, including during breastfeeding.
    2. Develop transport agreements, policies, and procedures for prenatal, delivery, and postpartum patients requiring higher levels of care. Agreements must consider the closest hospital able to provide the care needed by the patient, even if this hospital is not owned or managed by the same organization. Provide opportunities to keep families together whenever possible.
    3. Develop and execute referral agreements, telehealth agreements, and innovative payment models between sites within the Network and between the individual network member sites and their designated Hubs to support the long-term success of the Hub and Spoke network(s).

4. Workforce Strategies:
    1. Hire OB nurse navigators to assist patients with navigating the Hub and Spoke Network of care. These navigators will see patients multiple times throughout their pregnancy and at least once post-partum. Navigators may be shared between multiple sites within the Network.
    2. Develop strategies to recruit and maintain obstetricians, family medicine providers specializing in OB, nurses and nurse midwives, anesthesiologists, supporting specialties, and other members of the maternal care team.
    3. Establish training and observation opportunities that align with evidence-based best practices as determined by American College of Obstetricians and Gynecologists (ACOG) and the Iowa Perinatal Quality Control Collaborative (IPQCC) for providers that deliver babies at Level I Maternal Care Hospitals to assist with increasing the total number of births they can attend. This includes programs that support providers being credentialed in neighboring hospitals and paying for temporary housing or travel costs so these providers can attend more births. It may also include supporting providers at hospitals with more births providing back-up coverage for physicians attending births at other facilities for more experience or attending simulation trainings to upskill or prepare for emergencies. This could resemble a fellowship style training program to improve workforce knowledge, skills and confidence related to obstetrical emergency preparedness for providers practicing in low volume facilities within the network.
    4. Provide retention incentives to local providers who receive advanced training in maternal health care and agree to serve in the rural community for at least five years
    5. Develop and implement plans for back-up coverage of providers assisting with prenatal, labor and delivery, and postpartum care, utilizing other members of the Network when appropriate, to reduce provider burnout and increase quality of life for practitioners in Rural Iowa.
    6. Receive training that aligns with evidence-based best practices as determined by American College of Obstetricians and Gynecologists (ACOG) and the Iowa Perinatal Quality Control Collaborative (IPQCC) for identification of hemorrhage, Cardiovascular Disease Assessment, Venous Thromboembolism and Pulmonary Embolism Risk Assessment and management.
5. Services and Supports
    1. Explore innovative solutions that support sustainability of labor and delivery units in local communities in a way that both supports patients and providers. This may include exploring solutions to provide as much patient choice as possible for their labor, delivery, and postpartum care.
    2. Provide prenatal care services and support relationships with providers who will conduct delivery services.
    3. Provide lactation services locally, either via a trained staff member working on site or via a travelling consultant from hubs.
    4. Provide local access to in-person childbirth education classes, either via a trained staff member working on site or via a travelling consultant from the

hub.

6. Agreements
    1. Draft and execute contracts outlining mutually agreed upon facility and patient obligations with clearly defined pre-natal and post-natal standards of care. Spoke Site patients may receive some of their pre-natal and post-natal care within the Spoke community from local Primacy Care Providers and in consultation with Hub Site OB/GYNs; however, some travel to the Hub Site at predetermined intervals will also be required, including for labor and delivery. Patients needing Maternal-Fetal Medicine (MFM) specialty services not available at the Hub Site may receive these services via telemedicine from an MFM Site.
    2. Agreements may need to include data sharing provisions, agreement for sharing services for patients, description of tele-health relationships, agreement for the development of protocols on patient care within Hub and Spoke networks, agreement for Spoke sites to provide follow-up care for services provided Hub sites, agreement for Hub sites to provide technical assistance and support to Spoke sites, and shared payment strategies.
    3. Develop or update transport plans and agreements that facilitate care provision at the closest and most appropriate site for patient care in various circumstances. This should include establishing agreements with sites that are not owned, managed, or affiliated with the same organization if there are other appropriate locations for care closer. Plans must describe how emergencies are handled.
7. Maternal transport committees
    1. Establish and implement maternal transport committees to have routine meetings to discuss quality improvement opportunities.
    2. Receiving facilities should offer comments and feedback on whether patients were sufficiently stabilized prior to transport, the completeness of the medical record, the ease of data sharing and information sharing, medication details, and other documentation.
    3. Sending facilities should offer comments on whether or not they received timely consultation, effective communication, and responses to requests for transfer.
    4. All sites should develop strategies (inclusive of policies and procedures) to increase timeliness, efficiency, and information transfer for transport.
    5. Partner with any High Risk OB and Neonatal Transport programs located within their geographic area.

**d. Requirements for all sites:**

1. Sustainability
    1. Develop sustainability plans to showcase how the initial provision of Healthy Hometown funds will lead to long-term improvements in healthcare access for Iowans. Routinely update sustainability plans as lessons are learned and the project progresses.
    2. Expand access to specialty services in a financially sustainable manner.
    3. Streamline or centralize functions to create cost savings, improve the financial viability of Rural providers.

4. Preserve the independence of Rural providers.
5. Keep care local in Rural communities when possible and appropriate by developing models of sustainability for rural maternal health providers, including but not necessarily limited to training support for providers with low volumes of maternity patients to maintain skills.
6. Implement transformational models of care that makes Iowa a nationwide leader for positive Rural health outcomes.

2. Care Coordination or System Navigation.
    1. A Hub and Spoke Network must have staff available to assist patients with establishing care at the Spoke site and coordinating visits to the Hub site. Care coordinators must arrange for patients to get multiple types of service within the same visit to the Hub or Spoke site if desired, to avoid transportation barriers.
3. Health Information Exchange.
    1. All Hub and Spoke sites must sign participation agreements with the Agency's Contractor for Health Information Exchange services. All Hub and Spoke sites must exchange data through Iowa's Health Information Exchange currently operated by Converge Health. Successful projects must include commitments to use Iowa's Health Information Exchange to share data between network Hub and Spoke sites.
4. Technical Assistance and Collaboration.
    ii. Partner with Health Hub Technical Assistance Contractor to complete the work described in this RFP including participating in communities of practice, individualized technical assistance, needs assessments, and other workshops.
    iii. Participate in collaborative work sessions with other Hub and Spoke networks throughout the state and country. Provide representation from both Hub and Spoke sites to provide feedback and input regarding mechanisms to improve rural healthcare via Hub and Spoke models of care.
    iv. Participate in all meetings with the Agency and the Agency's TA contractors to discuss progress, as determined by the Agency.
    v. Develop a coalition of all participating organizations and network members and meet regularly to identify opportunities for collaboration.

**C.** Infrastructure and Equipment.

a. Develop infrastructure necessary to implement changes required for Hub and Spoke model. This includes purchasing new equipment and conducting minor renovations to accommodate existing spaces for necessary care provision. All minor renovations must be approved by the Agency and CMS.
    i. Draft plans for equipment needs and locations where that equipment is needed. These plans shall be supported by data and include sustainability metrics to show that services will be self-sustaining over time via insurance reimbursements and other site revenue sources.

1. Plans for equipment should include needs for both on-site care and for telehealth services.
    ii. Draft plans for technology upgrades needed to participate in these care networks.
    iii. Draft plans for minor modifications to sites, if needed.
    iv. Implement plans for procuring and installing equipment.

v. Option 1 Applicants should plan to procure and distribute telehealth equipment to approximately 25 sites, with this number subject to change and at the discretion of the Agency.

**D.** Workforce Strategies.

a. Recruit, hire, and train staff to implement Hub and Spoke models of care.
b. Develop and implement staffing models. This may include developing shared staffing strategies, including cross-site roles, telehealth-enabled positions, and regional workforce pools.
c. Providers in Rural areas will spend time in more populated areas to observe and assist with births, including c-sections when appropriate. This will allow providers to stay up to date with their skills, receive training for emergency situations, and increase the number of births they assist with for training purposes.
d. Networks will work collaboratively to make sure there are providers trained for assisting with complicated pregnancies and can get specialized care for all Iowans when needed.
e. Members of the network will develop a plan to collaboratively ensure adequate coverage at each site, either through in-person back-up care or telehealth

**E.** Outreach.

a. Market services to patients and surrounding care providers to raise awareness of the ability to get care at appropriate locations. This must include a comprehensive website buildout that provides detailed information online and easily accessible to patients. Area providers across disciplines should be educated on referral options and care models.

**F.** Services and Supports.

a. With prior approval from the Agency, integrate non-clinical services within Hubs and Spokes by incorporating behavioral health, social supports, barrier navigation, and prevention or risk factor reduction needs.
b. Spoke sites can create plans for additional, value add and wrap around services that may incentivize patients to receive care in their local communities and avoid rural bypass. Any plans for these activities must be approved by the Agency prior to implementation and must include plans for sustainability or statements as to why these services increase the long-term sustainability of the care site, even if the services are not offered in the future
c. Work collaboratively to stabilize the maternal health care in the network's geographic area of the state. Develop plans for having providers deliver back-up coverage for neighboring hospital to reduce the amount of time Rural providers are required to be on-call. Provide second opinions and secondary support for complex cases. Assist providers with becoming credentialed at neighboring hospital sites where they may provide back-up care. This back-up care could also be used to allow sites to participate in SIM trainings or other educational sessions. Formalize these arrangements through legal agreements that define and support these collaborative relationships.

**G.** Hub and Spoke Network.

a. Participate in statewide maternal and neonatal quality improvement initiatives as required by the Agency.
b. Execute subcontracts with all Network member sites. These subcontracts will provide funds to the sites to complete the work and services described below. All subcontracts shall be subject to Agency review and approval.

c. Ensure that all contractual obligations from the Agency and CMS, including but not limited to the terms of this agreement, are passed on to Spoke site subcontractors. This shall include all data reporting requirements.
d. Incorporate allowable costs to achieve the below as part of a comprehensive plan to develop Hub and Spoke Models and achieve deliverables in section B.1 above.
    1. Expand access to maternal healthcare services in a financially sustainable manner.
    2. Streamline or centralize functions to create cost savings.
    3. Improve the financial viability of rural providers.
    4. Keep care local in rural communities when possible and appropriate.
    5. Develop models of sustainability for rural providers and networks of care.
    6. Develop governance frameworks that outline roles and responsibilities.
    7. Draft, sign, and implement provider service agreements, partnership MOUs, telehealth agreements, and other legal agreements. Any provider service agreement must address Stark Law and Anti-Kickback Statutes.
    8. Develop staffing plans for Hub and Spoke models of care focused on maternal health.
    9. Develop plans to conduct outreach and marketing in a way that directs patients to the most appropriate care, closest to home.
    10. Develop data sharing agreements between facilities within Hub and Spoke models of care.
    11. Develop protocols for emergency care provision via telehealth when appropriate.
    12. Develop minor renovation and equipment procurement plans. Identify necessary equipment and supplies for implementing Hub and Spoke models of care. Note that the Agency and CMS must approve all requests for equipment and minor renovations prior to implementation.
    13. Develop referral and care coordination workflows that move patients from throughout the network when necessary.
    14. Develop, implement, or improve tele-health models for teleconsultation, remote ultrasounds, and links to maternal-fetal medicine specialists.
    15. Explore the benefits of community health workers, doulas, or non-traditional providers related to providing consistent care providers and support for patients as they travel throughout the network.
    16. Develop and implement strategies to attract and retain qualified staff for maternal healthcare, 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.
    17. Hire coordinators or other staff needed to oversee and advance the work of the Hub and Spoke model of care.
    18. Establish legal agreements to solidify commitments and networks for care.
    19. Hire consultants, as needed, to develop memoranda of understanding, referral agreements, telehealth agreements, and other service agreements to connect Hub and Spoke sites.
    20. Develop protocols that outline how care for patients will be managed throughout the network. This includes details on referral guidelines, payment models and billing parameters for sharing patients, guidelines on how to determine when patients should be referred to the Hub versus when they should be offered care at

the Spoke closest to their homes, and others as needed to implement the plan.

21. Develop or optimize transfer protocol, quality improvement, and perinatal support workgroups.

**H. Data and Reporting:**

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

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

Illustrate the lines of authority in two tables:

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

No grant funds may be used to pay the salary or fringe costs of any provider with a non-compete agreement.

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

| Report Name | Report Type | Due Date |
|---|---|---|
| Federal Funding Accountability and Transparency Act | FFATA | Within 45 days of Iowa HHS signing the agreement |
| Insurance Certificate | Insurance Certificate | Within 30 Days of Iowa HHS Signing the Agreement |
| Monthly Progress Reports | Monthly | 15th working day for all months that do not require a quarterly report |
| Quarterly Reports | Quarterly | January 15, 2027<br>April 15, 2027<br>July 15, 2027 |

| | | |
|---|---|---|
| | | October 15, 2027<br>Quarterly though end of contract, if requested by agency |
| Annual Reports | Annual | July 15, 2027<br>July 15, 2028<br>July 15, 2029<br>July 15, 2030<br>July 15, 2031 |
| Other Reports as Requested by Agency | Other | TBD |

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

- Number of clients served at each site for maternal healthcare, by type of service or treatment prior to implementation of project.
- Number of clients served at each site for maternal healthcare, by type of service or treatment prior to implementation of project.
- Number of clients that are dually eligible for Medicaid and Medicare benefits.
- Number of telehealth visits between Hub and Spoke sites occurring prior to start of project.
- Number of telehealth visits between Hub and Spoke sites occurring throughout project implementation.
- Number of clients served at each site for maternal mental healthcare, by type of service or treatment prior to implementation of project.
- Number of clients served at each site for maternal mental healthcare, by type of service or treatment prior to implementation of project.
- Number of telehealth visits for maternal mental health occurring prior to start of project.
- Number of telehealth visits for maternal mental health occurring throughout project implementation.

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

- Within 45 days following execution of the Contract between the Agency and the Contractor, the Contractor shall have signed subcontracts with each of the Spoke sites. Failure to have signed Subcontracts with the Spoke sites will result in a disincentive of $300,000 per Spoke site without a contract. The $300,000 for each Spoke site without a signed contract shall result in an overall budget reduction of $200,000 from the Hub site and $100,000 from the Spoke sites.

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

### 2.04 Contract Payment Methodology

A. **Contractor Payments.** The Contractor is anticipated to be paid an amount not to exceed the awarded amount for Year 1 for services described in Section 2 for the time

period of 10/31/2026 through 10/30/2027. The Agency anticipates that successful applicants will have until 9/30/2028 to expend funds obligated in Contract Year 1. In no event will funds from Year 1 be able to be spent beyond 9/30/2028.

The Contractor shall invoice via IowaGrants claim submitted to the Agency monthly for reimbursement of the costs associated with meeting the Deliverables of the Contract. This reimbursement shall be in accordance with the Agency approved budget. The Contractor shall complete and submit an Agency approved line-item budget in an Agency approved format for Year 2-5 of the Contract, with this Application, see below and Section 3. Each subsequent Contract Year the Contractor shall submit a line-item budget in an Agency approved format, at least 90 days prior to the beginning of each Contract Year, for Agency review and approval.

B. **Cost Restrictions**.

a. The Contractor shall only be eligible to receive reimbursement for services described within the Scope of Work, and for expenses as approved in the budget.
b. There is a 10% cap for all administrative costs, including both indirect and direct costs. Not more than 10% of the amount allotted to a contractor for a budget period may be used for administrative expenses. This 10% limit includes indirect and direct costs that are considered administrative costs. Contractors will be required to track and report to the Agency the total amount spent on administrative costs and these costs shall not exceed 10% of the funds received.
c. Contractors must follow all funding restrictions and requirements described within the Centers for Medicare & Medicaid Services' Rural Health Transformation Program, opportunity #: CMS-RHT-26-001. These include, but may not be limited to the following:
    i. Costs prior to the start date of this Contract
    ii. Matching requirements for any other grants or projects
    iii. Services, equipment, or supports that are the legal responsibility of another entity under federal, state, or tribal law, such as vocational rehabilitation or education services.
    iv. Services, equipment, or supports that are the legal responsibility of another party under any civil rights law, such as modifying a workplace or providing accommodations that are obligations under law.
    v. Goods or services not allocable to this Contract.
    vi. Supplanting existing State, local, tribal, or private funding of infrastructure or services, such as staff salaries.
    vii. Construction or building expansion, purchasing or significant retrofitting of buildings, cosmetic upgrades, or any other cost that materially increases the value of the capital or useful life as a direct cost.
    viii. Purchase of covered telecommunications and video surveillance equipment (See 2 CFR 200.216) as well as financial assistance to households for installation and monthly broadband internet costs.

ix. Food or meals, unless part of per diem or subsistence allowance provided in conjunction with allowable travel, as approved by the Agency.
x. Payments related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any State government, State legislature, local legislature or legislative body, including but not limited to paying the salary or expenses of any grant Recipient or agent acting for such Recipient for such activity.
xi. Lobbying, but Recipients can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying.
xii. Any new construction.
xiii. Supplanting funding for in-process or planned construction projects
xiv. Construction or building expansion that materially increases the value of the capital or useful life as a direct cost. Funds may be used for minor renovations or alterations following prior approval from the Agency and CMS. These funds shall be no more than 20% of the total Contract amount.
xv. Purchasing or significant retrofitting of buildings that materially increases the value of the capital or useful life as a direct cost
xvi. Cosmetic upgrades to buildings that materially increases the value of the capital or useful life as a direct cost
xvii. Funds may not be used to replace payment for clinical services that could be reimbursed by insurance. Funds also may not be used for payments to clinical services if they duplicate billable services and/or attempt to change the payment amounts of existing fee schedules.
xviii. Any costs associated with electronic health record (EHR) systems unless prior approval is received by the Agency.
xix. Funds may not be used for clinician salaries or wage supports for providers subject to non-compete contractual limitations.
xx. SSA 2105(c), paragraphs (1), (7), and (9) apply as funding limitations. These limitations are related to general limitations, limitations on payment for abortions, and citizenship documentation requirements for payments made with respect to an individual.
xxi. Costs of promotional items and memorabilia, including models, gifts, and souvenirs.
xxii. Costs of advertising and public relations designed solely to promote the non-Federal entity.

**C. Budget.**

**a.** Within the Budget form of the grant application (refer to section 3), Applicants to this RFP shall propose a line-item budget (using the determined categories outlined below) for activities that align with the scope of work of the RFP and CMS requirements for the time period of 10/31/2026 through 10/30/2027 for year 1 and then annually from 10/31 through 10/30 for the remaining **three** budget years.

**b.** The Agency requests that budgets be proposed for these time periods to align with CMS guidance. However, the Agency anticipates that successful Applicants will have until 9/30/2028 to expend year 1 funds that were obligated between

10/31/2026 and 10/30/2027 for all expenses EXCEPT salaries and fringe costs.

**c.** Similarly, Applicants will have until 9/30/2029 to spend funds obligated between 10/31/2027 and 10/30/2028 and until 9/30/2030 to spend funds obligated between 10/31/2028 and 10/30/2029, for all expenses EXCEPT salaries and fringe costs. For project budget years one through three, salary and fringe costs must be spent in the same budget year they are received.

**d.** 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.

**e.** For Option 3, the applicant's workplan should include costs for **all four years** of the grant **for each member of the Network.**

**f. Required Budget for Option 1 – Statewide Hub:** All applicants must submit a budget (and work plan) that complies with the maximum amounts by year as listed in the Required Budget 1 table below. Applicants may request less funding than these amounts.

| Required Budget for Option 1 | | | | |
|---|---|---|---|---|
| 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 | |
| $5,000,000 | $3,000,000 | $3,000,000 | $3,000,000 | $14,000,000 |

*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.

**g. Required Budget for Option 2 – Expand Iowa's Hub Capacity**: All applicants must submit a budget (and work plan) that complies with the maximum amounts by year as listed in the Required Budget for Option 2 table below. Applicants may request less funding than these amounts.

| Required Budget for Option 2 | | | | |
|---|---|---|---|---|
| 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 | |
| $3,333,333 | $2,666,666 | $2,666,666 | $2,000,000 | $10,666,667 |

*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.

**h. Required Budget - Option 3 – Support and Sustain Iowa's Spokes**: All applicants must submit a budget (and work plan) that complies with the maximum amounts by year as listed in the Required Budget for Option 3 table below. Applicants may request less funding than these amounts.

| Required Budget for Option 3 | | | | |
|---|---|---|---|---|
| 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 | |
| $6,197,019 | $4,363,556 | $4,704,893 | $4,662,305 | $19,927,775 |

*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

i. The Applicant will prepare budgets adequate to support the work of the application in accordance with the specific line-item categories outlined below. Within the budget, across all line-item categories: Applicants must identify which proposed direct costs count as administrative expenses within each budget category. Note that indirect costs will also be tracked as administrative costs. In no case may the total value of all administrative costs exceed a total of 10% of the budget for each budget year.

ii. Administrative costs are costs used to administer the grant. For example, a financial staff person submitting claims to the Agency on behalf of the Contractor would be included as

administrative costs, but a medical staff member offering care coordination or navigation services to clients would not be identified as administrative costs.

Direct Costs Categories

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

- Salary and Fringe Benefits
  The applicant shall include all staff salary and fringe amounts directly funded, wholly or partially with these funds. A justification for each staff charged to this project shall include the staff position title, the annual salary and fringe for the position, and the full-time equivalent (FTE) portion to be charged to these funds and whether the position will be administrative costs.

- Subcontract
  If services performed for any activities outlined in this RFP are to be subcontracted, the applicant must detail the anticipated subcontract expenses in this category. Subcontractors are also limited to 10% administrative costs. Subcontracts costs must also identify which costs will be administrative.

- Equipment
  List any equipment planned to be purchased with these funds. Equipment must meet the definition of this RFP in order to be identified in this budget category. Items that do not meet the definition of equipment must be included in "other" cost category.

- Other
  This category may include items such as office supplies, educational supplies, project supplies, incentives, communication, rent and utilities, training, information technology-related expense, travel*, etc., ONLY if these expenses are not included in the indirect cost rate (if using). This category also includes any items not meeting the above definition for equipment. You must specifically provide a total for travel and supplies within the budget. **Each cost budgeted in the other line-item category must include a justification and be identified as administrative or not.**

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

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

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

  Indirect costs are those shared across multiple projects and not easily separated. Costs included in the indirect cost pool must not be charged as direct costs. To charge indirect costs, the applicant can use the organization's appropriate approved rate: If the

Applicant currently has an indirect cost rate approved by your Cognizant Federal Agency, you may use that rate. If you include indirect costs in your budget using an approved rate of cost allocation plan, include a copy of your current agreement approved by your Cognizant Federal Agency for indirect costs.

Potential allowable costs are listed below. All proposed costs should work collaboratively with the workplan to create a comprehensive plan to transform maternal healthcare.

## Examples of Anticipated Allowable Costs

**Staffing:**

- Recruitment bonuses for providers, accompanied by required 5-year service commitments for Rural areas.
- Funding for recruitment agencies to attract medical staff to the community
- Salary and fringe for necessary medical providers. Providers funded through this procurement will need to be working on grant activities. Funds cannot supplant costs from insurance reimbursement for direct patient care.
- Salary and fringe for staff necessary to coordinate relationships with other providers and establish referral networks.
- Salary and fringe for patient navigators to guide patients to the most appropriate care for their situation that is closest to their residence and to align care plan needs in a way that reduces overall travel for maternal health care.
- Salary and fringe for staff establishing data sharing or connection to health information exchange services
- Salary and fringe for the development or optimization of an interdisciplinary Maternal Health outcomes committees.
- Other staff required to implement the Hub and Spoke framework of care (including additional program management support), with justification for why these costs are needed
- Development of shared staffing strategies, including cross-site roles, telehealth-enabled positions, and regional workforce pools.
- NOTE: All staff receiving recruitment or retention awards through this grant must agree to serve at a Rural practice site in Iowa for a minimum of five years.
- All staff funded through this award must not be subject to non-compete agreements, and are subject to salary caps of $225,700 per position from grant funds. Any salary or fringe funds above that amount must be paid for through other sources.
- NOTE: No funds may be used to supplant existing sources of funds. Awardees may be required to provide justification and evidence that uses of funds are not supplanting.
- NOTE: All requests for staffing must come with a sustainability plan and a description of how these positions will be funded following the expiration of grant funds or a description of why these positions will not be necessary in the future.

**Travel:**

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

**Equipment:**

- Equipment necessary to provide or expand maternal healthcare.
- Equipment is limited to medical equipment needed for prenatal, labor and delivery, and postnatal care.
- Telehealth related equipment with clear justification for how it will be used within the Hub and Spoke network.
- All equipment requests must include clear justification for how this equipment will enhance maternal healthcare via the Hub and Spoke network

**Supplies:**

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

**Contractual Charges:**

- Retrofitting space or making minor alterations to provide new or expanded care (limited to 20% of the total budget for each year).
- Attorney costs for drafting agreements, telehealth arrangements, payment models
- Facilitators or subject matter expert consultants to assist with tabletop exercises or protocol development
- Workforce recruitment support

**Software and Technology:**

- Telehealth-related software specific to the scope of work within this procurement
- Telehealth modules for electronic health records
- Integration costs for telehealth platforms and remote patient monitoring
- Technology necessary for the development or optimization of an interdisciplinary maternal health committee.
- Use of health information exchange as mechanism for data sharing and coordinated care between Hubs and Spokes.

**Other Possible Uses of Funds, Subject to Agency Approval and only after accomplishing goal to increase access to and availability of maternal health care in Rural areas.**

- Integration of non-clinical services within Hubs and Spokes by incorporating behavioral health, nutrition, social supports, barrier navigation, and prevention or risk factor reduction needs.
- Support staff training, fidelity tracking, and continuous improvement of evidence based interventions.
- Optimize or adopt electronic health record workflows to integrate clinical and social services, coordinate care, and track data. This may include incorporating tele-health modules in electronic health records (EHR).
- Design appropriate outreach and patient engagement strategies, prioritizing populations with low healthcare service uptake and uninsured individuals.
- Provision of direct patient care for uninsured Iowans, subject to limitations imposed by the Agency and CMS.

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

## SECTION 3 -- APPLICATION CONTENT

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

### 3.01 Application Instructions

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

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

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

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

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

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

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

### 3.02 Application Forms:

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

Follow the instructions for each section and field within the form in IowaGrants. A summary of

each form's contents is listed below.

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

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

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

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

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

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

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

1. Did Applicant receive an award under Agency procurements RFP# COMPADM26002 (Health Hubs Technical Assistance) or RFP# COMPADM26003 (Communities of Care Technical Assistance).
    a. If yes, were appropriate Non-Disclosure or Conflict of Interest Screening Agreements or equivalent submitted prior to the deadline provided within this RFP?
2. Which option is the applicant applying for?
    a. Option 1
    b. Option 2
    c. Option 3

3. For Option 1: Attestation that the Hub will offer services to all interested Level I and Level II

Maternal Care Hospitals in Iowa, regardless of organization ownership or affiliation.

4. For Options 1, 2, and 3, applicant shall identify:

    a. Type of organization of Applicant (public, private, non-profit, for-profit, governmental, etc)
    b. Name of any organizations affiliated with or managed by, if applicable
    c. Full address of Applicant where healthcare services will occur
    d. County of physical location of Applicant
    e. Zip code of physical location of Applicant
    f. Maternal Care Hospital Level designation of Applicant
    g. Applicant is Rural according to definition in this RFP (required to be Yes for Options 2 and 3)

5. For Option 2 Only: Attestation that the Applicant meets the requirements of a verified Level I Maternal Care Hospital.

6. For Option 2 Only:
    a. Full name of hospital serving as Hub site for providing care for high risk patients, inclusive of DBA if applicable, while applicant is pursuing Level II Maternal Care Hospital designation
    b. Type of organization of Applicant (public, private, non-profit, for-profit, governmental, etc)
    c. Name of any organizations affiliated with or managed by, if applicable
    d. Full address of Applicant where healthcare services will occur
    e. County of physical location of Applicant
    f. Zip code of physical location of Applicant
    g. Maternal Care Hospital Level designation

7. For Option 3 Only:
    a. Full name of Network Member site 1, inclusive of DBA if applicable
    b. Type of organization (public, private, non-profit, for-profit, governmental, etc)
    c. Name of any organizations affiliated with or managed by, if applicable
    d. Full address of proposed Network site 1
    e. County of proposed physical location of Network site 1
    f. Zip code of proposed physical location of Network site 1
    g. Certify that location is Rural based on (Rural Health Grants Eligibility Analyzer).
    h. Distance (in miles) from Applicant
    i. Distance (in miles) from Network Member site 2
    j. Distance (in miles) from Network Member site 3 (Optional)
    k. Distance (in miles) from Network Member site 4 (Optional)

8. For Option 3 Only:
    a. Full name of Network Member site 2, inclusive of DBA if applicable
    b. Type of organization (public, private, non-profit, for-profit, governmental, etc)
    c. Name of any organizations affiliated with or managed by, if applicable
    d. Full address of proposed Network site 2
    e. County of proposed physical location of Network site 2

f. Zip code of proposed physical location of Network site 2
g. Certify that location is Rural based on (Rural Health Grants Eligibility Analyzer).
h. Distance (in miles) from Applicant
i. Distance (in miles) from Network Member site 3 (Optional)
j. Distance (in miles) from Network Member site 4 (Optional)

9. For Option 3 Only (Optional):
    a. Full name of Network Member site 3, inclusive of DBA if applicable
    b. Type of organization (public, private, non-profit, for-profit, governmental, etc)
    c. Name of any organizations affiliated with or managed by, if applicable
    d. Full address of proposed Network site 3
    e. County of proposed physical location of Network site 3
    f. Zip code of proposed physical location of Network site 3
    g. Certify that location is Rural based on (Rural Health Grants Eligibility Analyzer).
    h. Distance (in miles) from Applicant
    i. Distance (in miles) from Network Member site 4 (Optional)
10. For Option 3 Only (Optional):
    a. Full name of Network Member site 4, inclusive of DBA if applicable
    b. Type of organization (public, private, non-profit, for-profit, governmental, etc)
    c. Name of any organizations affiliated with or managed by, if applicable
    d. Full address of proposed Network site 4
    e. County of proposed physical location of Network site 4
    f. Zip code of proposed physical location of Network site 4
    g. Certify that location is Rural based on (Rural Health Grants Eligibility Analyzer).
    h. Distance (in miles) from Applicant

11. Upload all the following signed legal agreements and letters of support/commitment
    a. For Option 1:

The Hub site must provide at least (7) seven letters of support from Level I or Level II Maternal Care Hospitals throughout the state (at least one from each of the Iowa HHS districts, see Attachment E for map) to demonstrate intended support to work collaboratively. These letters must not be exclusively from affiliates of the same organization or organizations owned by the same parent organization. Template letters in which a copy of the same or very similar text is copied and signed by different leaders for different hospitals will not be accepted.

Applicants must also provide letters of support/commitment from each of the following: Chief Executive Officer, Chief Financial Officer, and Chief Medical Officer or equivalent. The Chief Medical Officer or equivalent must work at the physical location of the Applicant (not a corporate office located in a different area). If the Chief Medical Officer does not work at the physical location of the Applicant, the Applicant must submit a letter of support from the highest-ranking medical professional that oversees care at the physical location of the Applicant site. If any activities proposed within this application require approval from a Board of Directors or equivalent, a letter from this Board must also accompany the application.

i. Applicant site

1. Chief Executive Officer
2. Chief Financial Officer
3. Chief Medical Officer or Equivalent
4. Board of Directors, if applicable
5. Letter of Support, HHS District 1
6. Letter of Support, HHS District 2
7. Letter of Support, HHS District 3
8. Letter of Support, HHS District 4
9. Letter of Support, HHS District 5
10. Letter of Support, HHS District 6
11. Letter of Support, HHS District 7

b. For Option 2:

Applicants must provide letters of support/commitment from each of the following: Chief Executive Officer, Chief Financial Officer, and Chief Medical Officer or equivalent. The Chief Medical Officer or equivalent must work at the physical location of the Applicant (not a corporate office located in a different area). If the Chief Medical Officer does not work at the physical location of the Applicant, the Applicant must submit a letter of support from the highest-ranking medical professional that oversees care at the physical location of the Applicant site. If any activities proposed within this application require approval from a Board of Directors or equivalent, a letter from this Board must also accompany the application.

The Applicant must also submit at least two letters of support from Level I Maternal Care Hospitals within the same geographic region as the applicant to express the need for a Level II Maternal Care Hospital at that site and a willingness to refer patients to this site in the future.

i. Applicant site
    1. Chief Executive Officer
    2. Chief Financial Officer
    3. Chief Medical Officer or Equivalent
    4. Board of Directors, if applicable
    5. Letter of Support, Level 1 Maternal Care Hospital 1 to serve as potential referral partner
    6. Letter of Support, Level 1 Maternal Care Hospital 2 to serve as potential referral partner

c. For Option 3:

Applicants must provide letters of support/commitment from each of the following for the Applicant and for each site in the Network: Chief Executive Officer, Chief Financial Officer, and Chief Medical Officer or equivalent. The Chief Medical Officer or equivalent must work at the physical location of the Applicant (not a corporate office located in a different area). If the Chief Medical Officer does not work at the physical location of the Applicant, the Applicant must submit a letter of support from the highest-ranking medical professional that oversees care at the physical location of the Applicant site. If any

activities proposed within this application require approval from a Board of Directors or equivalent, a letter from this Board must also accompany the application.

Members of the Network must submit executed legal agreements (signed by both parties) at the time of application indicating a commitment to work together on this program. This agreement must be signed by a high-level member of leadership for each network member organization. These agreements must also demonstrate to the Agency that there is general agreement on the application scope of work, desire to work together, and agreement on the submitted budget. Budgets may change through project implementation.

i. Applicant site
    1. Chief Executive Officer
    2. Chief Financial Officer
    3. Chief Medical Officer or Equivalent
    4. Board of Directors, if applicable
    5. Legally executed agreement with Network Site 1 (must outline agreement on budget proposed with application and details of relationship)
    6. Legally executed agreement with Network Site 2 (must outline agreement on budget proposed with application and details of relationship)
    7. Legally executed agreement with Network Site 3, if applicable (must outline agreement on budget proposed with application and details of relationship)
    8. Legally executed agreement with Network Site 4, if applicable (must outline agreement on budget proposed with application and details of relationship)

ii. Network Site 1
    1. Chief Executive Officer
    2. Chief Financial Officer
    3. Chief Medical Officer or Equivalent
    4. Board of Directors, if applicable

iii. Network Site 2
    1. Chief Executive Officer
    2. Chief Financial Officer
    3. Chief Medical Officer or Equivalent
    4. Board of Directors, if applicable

iv. Network Site 3, if applicable
    1. Chief Executive Officer
    2. Chief Financial Officer
    3. Chief Medical Officer or Equivalent
    4. Board of Directors, if applicable

v. Network Site 4, if applicable
    1. Chief Executive Officer
    2. Chief Financial Officer
    3. Chief Medical Officer or Equivalent
    4. Board of Directors, if applicable

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

1. **Applicant Grant Management Experience**
    a. Describe the Applicant organization's experience managing grants and budgets, negotiating and executing contracts with other healthcare organizations, and reporting data metrics. Applicants should describe their process for drafting, negotiating, and executing legal agreements with other healthcare organizations and providers. This includes a description of how the entity will acquire legal support to review and execute agreements.
    b. For Option 3, Describe the ability of each of the other proposed Network members to negotiate and enter into subcontracts from the Applicant or the Agency and negotiate and sign telehealth and referral agreements. This should include a description of the legal or compliance support available, including names when staff have been identified. If external support will be needed to accomplish contract negotiations, that should be noted.
        i. Network site 1 experience
        ii. Network site 2 experience
        iii. Network site 3 experience, if applicable
        iv. Network site 4 experience, if applicable

2. **Experience with Unaffiliated Healthcare Organizations**
    a. Describe the Network members' experience working with unaffiliated healthcare organizations (healthcare providers not owned, operated, or managed by the same parent company). Describe how current referral patterns in the area support patient needs. Describe how the Network will make sure that patients get care at the closest, most appropriate location for care regardless of affiliation or owner of the organization.

3. **Telehealth Experience**
    a. Describe the Hubs' and Spokes' experience providing care and/or consultations via telehealth. This section should address the experience of each member of the Network.
    b. Describe current technology available for telehealth at each site and how these funds could increase the ability to provide additional telehealth services.
    c. For Option 3, describe the experience of each Network site with assisting local patients receive telehealth services from specialists at other sites.

4. **Healthcare Provider Recruitment Experience**
    a. Describe the experience of each site with recruiting healthcare professionals to their organization. Applicants should describe any funding received through Healthy Hometowns Provider Recruitment procurement that may support this work.

5. **Project Staffing Form:** Within the fields provided in the IowaGrants form, the Applicant shall answer questions below within the form that indicate staffing capacity to serve as a Hub and Spoke network through this procurement. Due to the short timeline for implementation, applicants who have staff on board at the time of application may be considered more prepared for implementation and the evaluation team may award a higher score.
    a. **Applicant Overall Staffing Plan**
        i. Describe the staffing plan to implement the work of contracting with the Agency and subcontracting with all other members of the Network. Staffing plans should include 1) Current staff to work on this project, 2) Staff that need to be hired to work on this project, 3) Plans to complete work until staff are hired, 4) Hiring and recruitment plans to get needed staff onboard for grant management purposes. This must include the name and background of the current staff person who will oversee this, either as interim support or for the duration of the project. At a minimum, the Applicant must employee one (1) 100% FTE position to coordinate the project and serve as the primary contact for the Agency.
        ii. Describe the staffing plan to implement the work of conducting data collection and grant reporting to the Agency on behalf of the entire Network. Staffing plans should include 1) Current staff to work on this project, 2) Staff that need to be hired to work on this project, 3) Plans to complete work until staff are hired, 4) Hiring and recruitment plans to get needed staff onboard for grant management purposes. This section must include the name and background of the current staff who will oversee this, either as interim support or for the duration` of the project.
    b. **Contracting and Legal Support:** For the Applicant and each of the Network members when applicable, the Applicant shall describe staffing support (which may include contracted resources) available to provide legal support with contract and referral agreement drafting, negotiation, and execution.

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

6. **Description of Current Maternal Health Care Environment for the Network**
    a. Provide a comprehensive and thorough description of the maternal care services offered at the Applicant's site and each site within the Network (if applicable). Describe current referral patterns throughout and outside of the network for both maternal health and neonatal health issues. Describe the staffing for each site related to maternal and neonatal care needs. Applicants should provide a bullet point list of the current types of maternal and neonatal related services provided at each site. This list should include prenatal, labor and delivery, post-partum, mental health, and wrap-around supports (such as child birthing and education courses and lactation classes).

7. **Transformational Potential**
    a. The Applicant should describe what they are not able to achieve without the

funding provided through this procurement and how this short-time investment of government funds will result in long-term change for these Rural areas of Iowa. The Applicant should describe why their network is most likely to be successful and how they know the new or additional services provided as a result of these funds will improve health outcomes.

b. Describe any risks the members of the Network are currently facing related to the provision of maternal and neonatal healthcare services. This should include difficulties transferring within or outside of the state, description of patient needs and ability to address those needs with the current resources available at the sites and within the network, workforce recruitment and retention challenges, transfer-related risks (inclusive of challenges in poor weather or windy weather where transport may be compromised).

8. **Implementation Feasibility**
    a. Applicants should provide justification for how they know the plan they have submitted within this application is feasible for the given dollar amounts and within the given timelines. The feasibility section of the application should describe what resources are already available within the Network at each of the sites and any funds already provided through previous Healthy Hometown procurements (for example, Best and Brightest or Centers of Excellence). The applicant should describe the partnerships that exist to advance this work and existing infrastructure that can be utilized. The Applicant should describe how this project can be successful without funding available through this procurement for construction costs and very minimal support available for minor alterations and renovations. Applicants should describe their projected volume of patients or clients over the five year period and how these funds will impact changes. Applicants should indicate how their costs and revenue will change over time for this line of service and how these funds contribute toward these changes. Describe the timelines needed to implement this work and achieve the project's goals. **Applicants should indicate their ability to begin work as quickly as possible.**

9. **Sustainability**
    a. Describe how services provided through these funds will be sustained beyond the term of these funds. Describe how these funds will serve as start-up costs or short term costs that can lead to longer term positive outcomes. The Agency does not expect any funds to be available for this work following 2030. Applicants must describe how they will use these short-term funds to start this work and then sustain the operations through normal business practices. This section could describe former experience or cases described within literature and a mapping of funds needed to become profitable or reduce financial deficits.

**Healthy Hometowns Project Work Plan Form:** This form will have **two upload fields** where Applicant shall upload the PDF Project Work Plan(s). One work plan is a

comprehensive detailed plan for year one that aligns with the proposed budget for year one; the second work plan is a high-level work plan for years 2-4; see below.

The Work Plans must describe applicant's approach including detailed steps, timelines and responsible parties to accomplish all of the planned activities (see below) to outline anticipated use of funds. Work plans must comply with formatting requirements listed in **Attachment B**.

To be considered responsive, applicants must submit a comprehensive year one workplan that includes the below. Applicants should also outline a high-level, less detailed work plan for workplan years 2-4. Applicants will have the opportunity to modify this workplan over the course of the five-year project if necessary and approved by the Agency.

- **Planned Activities:** Specific actions to be undertaken for the Applicant and each proposed network member, if applicable. Activities must include, descriptions of how funds will be used at each site within the Network.
- **Timelines:** The workplan should describe the planned timelines for achieving major project milestones and activities. If timelines are different for the different Network Member sites, this should be clearly described. The Agency expects that sites will be at varying stages of readiness and require different activities and timelines to achieve project goals.
- **Responsible Parties:** The workplan should describe the staff person name or position name (if position currently vacant) for each activity.

**Healthy Hometowns Proposed Line-Item Budget Form.** All applicants must submit a budget, not to exceed the amounts given in the Budget Section. All budget information provided by the applicant must meet the funding requirements as outlined in this RFP and for the corresponding budget.

**Required Budget Spreadsheet**: Applicants shall download the spreadsheet template within the IowaGrants Budget form and then upload the completed budget into the corresponding upload field.

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

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

**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.

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

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.

Phase III – Data Driven Scoring (Options 2 and 3 Only): This phase will involve the Agency reviewing the proposed Member site locations based on available data. The Agency will provide scores to each application based on the proposed physical locations of the sites. The data driven scoring process may occur simultaneously to Phase II. The Agency will use the following data sources for this scoring:

- Statistical modeling to identify areas of the State that have the most need and would benefit most from increased access to higher levels of maternal care (identified in this procurement as Level II Maternal Care Hospitals and higher).
- Statistical modeling to identify areas of the State that have the most need and would benefit most from improved maternal health outcomes.

The Agency reserves the right to adjust these data driven factors, including adding additional sources of data or factors for data driven scoring. The intent of the data driven scoring is to ensure that the investments of these funds are impactful and sustainable. Listings of priority zip codes for site placement are in Appendices 1 and 2. These listings are subject to change.

Phase IV - Combination of Data Driven and Evaluation Committee Scoring: The next phase of the evaluation will involve combining the results of the Phase II and Phase III (for Options 2 and

3) evaluation processes to review overall quality, proposed impact, proposed project feasibility, and proposed sustainability of the submitted networks of care. During this stage, the Evaluation Committee will rank applications for each Option separately based on the evaluation scores.

Phase V -- Agency Review and Award: This phase will be a final review. The Agency will consider the submitted applications and the evaluation committee's scores and recommendations. The Agency will review overall application quality, varied geographic coverage for maternal care and higher levels of maternal care as determined by the Agency, and overall budget amounts to determine the ability to fund a distribution of Option 1, Option 2, and/or Option 3 projects that best meet the needs of Rural Iowans and best support long-term sustainability of Iowa's maternal health care network (as determined solely by the Agency).

The Agency may consider geographical distribution, budget information, data-driven factors, any information received pursuant to Sections 1.18 - 1.25 of the RFP, including references, and any other information received pursuant to the procurement process or available to the Agency from other outside sources. The Agency reserves the right not to award the contract to the applicant with the highest score; and to select applications based on achieving statewide coverage of maternal care in Rural Iowa, as determined solely by the Agency.

### 4.02 Scoring of Applications

Accepted applications will be evaluated based on the following criteria:

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

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

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

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

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

| | |
|---|---|
| 4 | Applicant has agreed to comply with the requirements and provided a clear and compelling description of how each requirement would be met, with relevant supporting materials. Applicant's proposed approach frequently goes above and beyond the minimum requirements and indicates superior ability to serve the needs of the Agency. |
| 3 | Applicant has agreed to comply with the requirements and provided a good and complete description of how the requirements would be met. Response clearly demonstrates a high degree of ability to serve the needs of the Agency. |
| 2 | Applicant has agreed to comply with the requirements and provided an adequate description of how the requirements would be met. Response indicates adequate ability |

| | |
|---|---|
| | to serve the needs of the Agency. |
| 1 | Applicant has agreed to comply with the requirements and provided some details on how the requirements would be met. Response does not clearly indicate if all the needs of the Agency will be met. |
| 0 | Applicant has not addressed any of the requirements or has provided a response that is limited in scope, vague, or incomplete. Response did not provide a description of how the Agency's needs would be met. |

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

| Application Form | Component | Weight | Potential Maximum Score |
|---|---|---|---|
| Cover Sheet- General Information | - | N/A- Required | N/A |
| Business Organization | - | N/A- Required | N/A |
| Application Certification and Conditions | - | N/A- Required | N/A |
| Maternal Health Hub and Spoke Requirements Form | - | N/A-Required | N/A |
| Operational Readiness Form<br><br>Includes all of the following:<br>• Grant Management Experience<br>• Experience with Unaffiliated Healthcare Organizations<br>• Telehealth Experience<br>• Healthcare Provider Recruitment Experience<br>• Project Staffing: Non-clinical Staff, including legal and contracting staff | - | 14.31 | 57.24 |
| Rural Health Transformation Form<br><br>Includes all of the following:<br>• Description of Current Maternal Health Environment and Need for Funds<br>• Transformational Potential<br>• Implementation Feasibility<br>• Sustainability<br>• Project Staffing: Clinical Staff | - | 15.43 | 61.72 |
| Healthy Hometowns Project Work Plan<br><br>Includes all of the following:<br>• Planned Activities | - | 18.83 | 75.32 |

| | | | |
|---|---|---|---|
| • Timelines<br>• Responsible Parties | | | |
| Budget and Budget Justification<br>• Line item budget<br>• Justification for costs and activities | - | 13.63 | 54.52 |
| Minority Impact Statement | - | N/A- Required | N/A |
| **Total maximum without presentation and without priority points:** | | | 248.8 |

If applicant is applying for Option 2 or Option 3, the points below will be added to the application score based on the geographic location of the site where care will be provided.

| **Assessment Criteria** | **Component** | **Weight** | **Potential Maximum Score** |
|---|---|---|---|
| Data Driven Score (Options 2 and 3 Only) | Maternal Health Outcomes (For Option 3, the scores for all sites will be averaged) | 1 | 120 |
| | Access to Higher Level of Care (For Option 3, the scores for all sites will be averaged) | 1 | 40 |
| **Total maximum score for data driven priority points (Options 2 and 3 Only)** | | | 160 |

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

| **Assessment Criteria** | **Weight** | **Potential Maximum Score** |
|---|---|---|
| Overview of application by Applicant | 3 | 12 |
| Responses to Agency's questions | 2 | 8 |
| **Total Maximum Points with presentation score:** | | 428.8 |

# 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 # COMPADM26006 Healthy Hometowns: Maternal Health Hub and Spoke Program
- B – Work Plan Formatting Specifications
- C – HHS Application Forms Instruction Guidance (IowaGrants)
- D – Sample Draft Contract Maternal Health Hub and Spoke Program
- E – Iowa HHS District Map

## SECTION 7 – LINKS

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

A. IowaGrants Registration and Login Instructions
B. HHS General Terms and Contingent Terms for Contracts
C. Iowa HHS Rural Health Transformation (RHT) | Health & Human Services
D. CMS Rural Health Transformation (RHT) Program | CMS

## SECTION 8 – Appendix

- Appendix 1- Data Driven Scoring Criteria, Priority Zip Codes (Opportunity for Enhanced Maternal Health Outcomes), Option 2 and Option 3
- Appendix 2 - Data Driven Scoring Criteria, Priority Zip Codes (Opportunity for Enhanced Access to Higher Levels of Maternal Health Care), Option 2 and Option 3

**Appendix 1: Data Driven Scoring, Priority Zip Codes (Opportunity for Enhanced Maternal Health Outcomes)**

| Zip Codes | Points |
|---|---|
| 50535, 50588, 50616, 51002, 51005, 51012, 51053, 51248, 51347, 51351, 51358, 51430, 51450, 51526, 51632, 51638, 51639, 52057 | 120 |
| Zip Codes | Points |
| 50058, 50101, 50219, 50435, 50449, 50517, 50548, 50585, 51031, 51041, 51338, 51346, 51357, 51401, 51436, 51455, 51501, 51503, 51510, 51535, 51550, 51577, 51650, 51652, 52223, 52748, 52802, 52804, 52806 | 110 |
| Zip Codes | Points |

| Zip Codes | Points |
|---|---|
| 50022, 50025, 50034, 50041, 50071, 50274, 50430, 50441, 50457, 50476, 50483, 50519, 50522, 50536, 50538, 50558, 50567, 50568, 50579, 50583, 50594, 50606, 50801, 50839, 50847, 51009, 51011, 51014, 51027, 51033, 51231, 51232, 51239, 51249, 51333, 51432, 51433, 51440, 51443, 51463, 51466, 51467, 51521, 51527, 51530, 51537, 51542, 51555, 51565, 51575, 51576, 51601, 51647, 52038, 52040, 52041, 52077, 52169, 52330, 52722, 52753, 52773, 52807 | 100 |

| Zip Codes | Points |
|---|---|
| 50005, 50010, 50014, 50020, 50031, 50032, 50033, 50036, 50050, 50076, 50110, 50112, 50124, 50137, 50154, 50165, 50227, 50251, 50258, 50273, 50278, 50401, 50421, 50426, 50427, 50428, 50431, 50436, 50438, 50440, 50447, 50448, 50450, 50452, 50455, 50456, 50458, 50459, 50460, 50461, 50464, 50465, 50468, 50469, 50471, 50475, 50479, 50501, 50510, 50511, 50515, 50518, 50527, 50528, 50529, 50533, 50542, 50543, 50552, 50559, 50561, 50562, 50565, 50569, 50571, 50573, 50575, 50578, 50581, 50591, 50592, 50595, 50598, 50599, 50603, 50608, 50625, 50633, 50636, 50649, 50657, 50658, 50665, 50675, 50681, 50682, 50701, 50702, 50703, 50707, 50848, 50857, 50864, 51001, 51018, 51022, 51025, 51028, 51029, 51034, 51036, 51037, 51045, 51047, 51050, 51061, 51234, 51235, 51238, 51243, 51245, 51247, 51301, 51334, 51340, 51341, 51342, 51343, 51345, 51350, 51354, 51355, 51360, 51364, 51365, 51366, 51444, 51445, 51446, 51449, 51452, 51454, 51458, 51465, 51528, 51532, 51536, 51543, 51544, 51546, 51549, 51552, 51553, 51557, 51561, 51646, 51651, 52043, 52065, 52076, 52133, 52142, 52151, 52154, 52254, 52345, 52568, 52593, 52657, 52742, 52756, 52758, 52767, 52774, 52801 | 90 |

| Zip Codes | Points |
|---|---|
| 50001, 50013, 50023, 50038, 50042, 50046, 50054, 50060, 50069, 50074, 50075, 50106, 50107, 50116, 50118, 50120, 50122, 50126, 50127, 50131, 50133, 50134, 50148, 50156, 50158, 50160, 50161, 50163, 50201, 50206, 50211, 50212, 50226, 50229, 50232, 50233, 50234, 50235, 50236, 50243, 50247, 50248, 50263, 50264, 50265, 50266, 50271, 50275, 50276, 50309, 50310, 50311, 50314, 50324, 50420, 50423, 50424, 50432, 50433, 50434, 50444, 50453, 50470, 50472, 50473, 50477, 50478, 50480, 50516, 50521, 50523, 50524, 50525, 50530, 50531, 50532, 50539, 50540, 50545, 50551, 50554, 50557, 50560, 50563, 50566, 50574, 50576, 50577, 50586, 50597, 50602, 50605, 50612, 50613, 50619, 50622, 50626, 50627, 50628, 50630, 50638, 50642, 50643, 50645, 50647, 50648, 50651, 50653, 50654, 50655, 50659, 50660, 50662, 50667, 50668, 50670, 50671, 50672, 50674, 50677, 50843, 50853, 51003, 51004, 51008, 51010, 51019, 51020, 51023, 51035, 51046, 51048, 51054, 51058, 51060, 51101, 51104, 51106, 51108, 51109, 51111, 51201, 51240, 51241, 51244, 51246, 51431, 51439, 51451, 51453, 51459, 51460, 51461, 51462, 51520, 51531, 51534, 51540, 51545, 51559, 51560, 51562, 51566, 51573, 51640, 51656, 52001, 52037, 52042, 52046, 52049, 52050, 52060, 52071, 52078, 52132, 52134, 52141, 52144, 52146, 52157, 52159, 52164, 52170, 52172, 52211, 52217, 52224, 52252, 52312, 52342, 52362, 52531, 52543, 52544, 52563, 52586, 52595, 52630, 52647, | 80 |

| Zip Codes | Points |
|---|---|
| 52726, 52728, 52731, 52751, 52752, 52768, 52777, 52803 | |

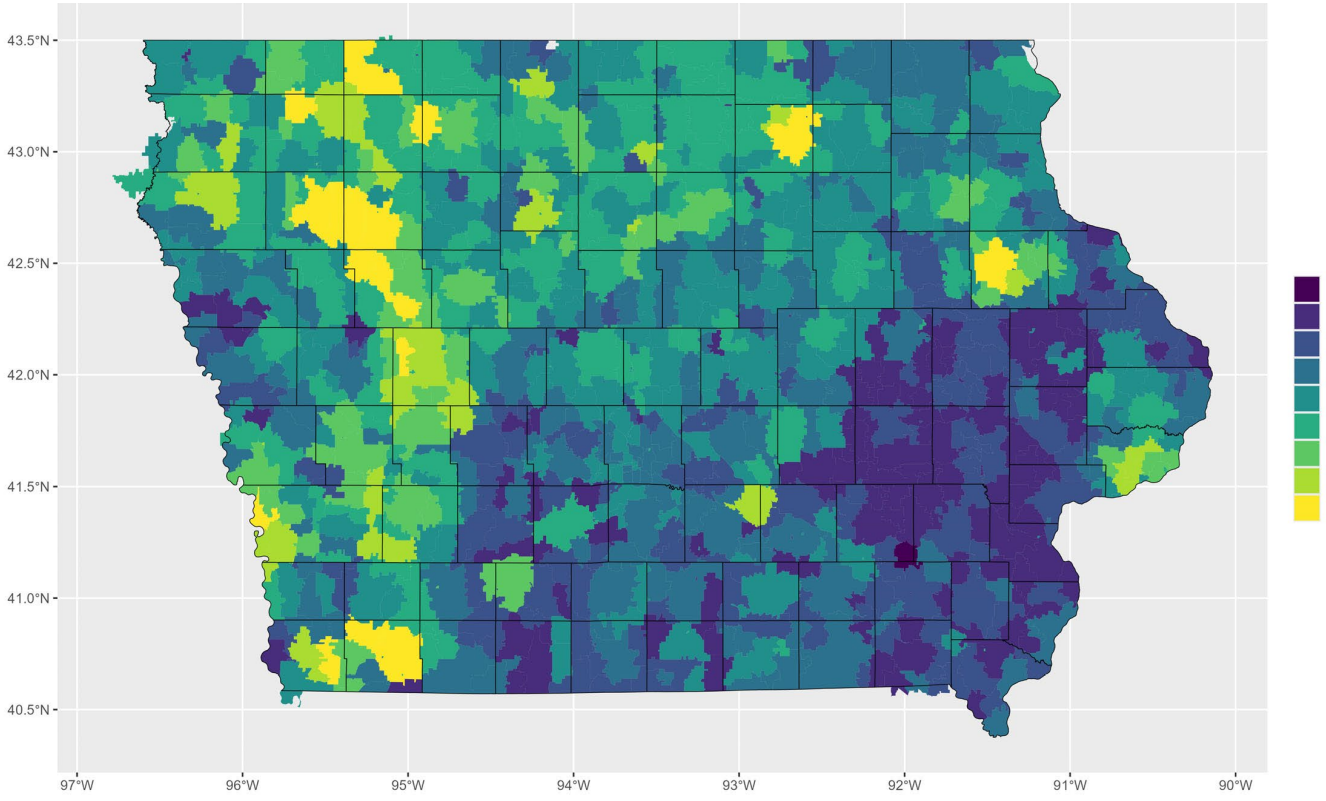
| Zip Codes | Points |
|---|---|
| 50002, 50003, 50006, 50009, 50012, 50021, 50029, 50035, 50039, 50044, 50047, 50049, 50052, 50055, 50056, 50105, 50109, 50111, 50117, 50125, 50129, 50130, 50132, 50135, 50138, 50144, 50146, 50151, 50152, 50153, 50157, 50169, 50208, 50210, 50213, 50214, 50217, 50220, 50222, 50225, 50230, 50231, 50239, 50249, 50250, 50252, 50256, 50262, 50312, 50313, 50315, 50316, 50317, 50320, 50321, 50322, 50323, 50325, 50327, 50446, 50451, 50482, 50484, 50514, 50520, 50541, 50544, 50570, 50590, 50601, 50604, 50607, 50609, 50624, 50632, 50634, 50635, 50650, 50666, 50669, 50676, 50680, 50833, 50835, 50836, 50841, 51006, 51007, 51016, 51024, 51030, 51038, 51039, 51040, 51049, 51055, 51062, 51103, 51105, 51230, 51250, 51331, 51442, 51447, 51525, 51529, 51548, 51551, 51556, 51571, 51572, 51579, 51630, 51636, 51637, 51645, 51649, 51653, 52002, 52003, 52035, 52036, 52052, 52072, 52101, 52135, 52136, 52147, 52155, 52156, 52160, 52161, 52162, 52163, 52165, 52168, 52171, 52175, 52210, 52212, 52215, 52237, 52306, 52326, 52339, 52349, 52501, 52537, 52540, 52548, 52549, 52555, 52561, 52567, 52572, 52573, 52574, 52577, 52581, 52588, 52594, 52601, 52627, 52631, 52632, 52644, 52655, 52729, 52730, 52732, 52745, 52746, 52747, 52749, 52750, 52757, 52769 | 70 |

| Zip Codes | Points |
|---|---|
| 50008, 50026, 50028, 50040, 50048, 50057, 50061, 50063, 50064, 50065, 50067, 50068, 50072, 50073, 50102, 50103, 50108, 50115, 50128, 50136, 50139, 50140, 50141, 50142, 50143, 50145, 50147, 50149, 50150, 50162, 50166, 50167, 50168, 50170, 50173, 50174, 50207, 50216, 50218, 50228, 50237, 50244, 50246, 50255, 50257, 50268, 50439, 50454, 50466, 50546, 50556, 50582, 50593, 50611, 50620, 50621, 50623, 50629, 50631, 50641, 50644, 50830, 50831, 50837, 50840, 50842, 50846, 50849, 50851, 50859, 50861, 50862, 51015, 51056, 51063, 51237, 51363, 51441, 51523, 51533, 51541, 51554, 51558, 51563, 51570, 51578, 51654, 52030, 52031, 52032, 52039, 52044, 52045, 52047, 52048, 52053, 52054, 52064, 52066, 52069, 52075, 52079, 52140, 52158, 52166, 52202, 52214, 52218, 52219, 52220, 52227, 52228, 52233, 52240, 52241, 52242, 52245, 52246, 52253, 52301, 52302, 52305, 52307, 52308, 52315, 52317, 52327, 52328, 52329, 52334, 52336, 52340, 52348, 52352, 52353, 52402, 52403, 52404, 52405, 52533, 52534, 52536, 52550, 52551, 52552, 52554, 52556, 52562, 52566, 52569, 52571, 52576, 52580, 52584, 52620, 52621, 52625, 52626, 52637, 52639, 52641, 52645, 52651, 52652, 52658, 52701, 52727, 52759, 52761, 52765, 52771, 52772, 52778 | 60 |

| Zip Codes | Points |
|---|---|
| 50007, 50027, 50051, 50062, 50066, 50070, 50078, 50104, 50119, 50123, 50155, 50164, 50171, 50223, 50238, 50240, 50241, 50242, 50254, 50261, 50269, 50272, 50277, 50319, 50467, 50652, 50664, 50673, 50845, 50854, 50858, 50860, 50863, 51026, 51044, 51051, 51052, 51242, 51448, 51564, 51631, 51648, 52033, 52056, 52068, 52070, 52073, 52074, 52201, 52203, | 50 |

| Zip Codes | Points |
|---|---|
| 52205, 52206, 52207, 52208, 52209, 52213, 52216, 52221, 52222, 52225, 52229, 52231, 52232, 52235, 52236, 52247, 52248, 52249, 52251, 52255, 52257, 52309, 52310, 52313, 52314, 52316, 52318, 52320, 52321, 52322, 52323, 52324, 52325, 52332, 52333, 52335, 52337, 52338, 52341, 52344, 52346, 52347, 52351, 52354, 52355, 52356, 52358, 52359, 52361, 52401, 52411, 52530, 52535, 52542, 52553, 52557, 52560, 52565, 52570, 52583, 52590, 52591, 52619, 52623, 52624, 52635, 52638, 52640, 52646, 52649, 52650, 52653, 52654, 52656, 52659, 52660, 52720, 52721, 52737, 52738, 52739, 52754, 52755, 52760, 52766, 52776 | |

| Zip Codes | Points |
|---|---|
| All other Zip Codes | 40 |




**Appendix 2: Data Driven Scoring, Priority Zip Codes (Opportunity for Enhanced Access**

**to Higher Levels of Maternal Care)**

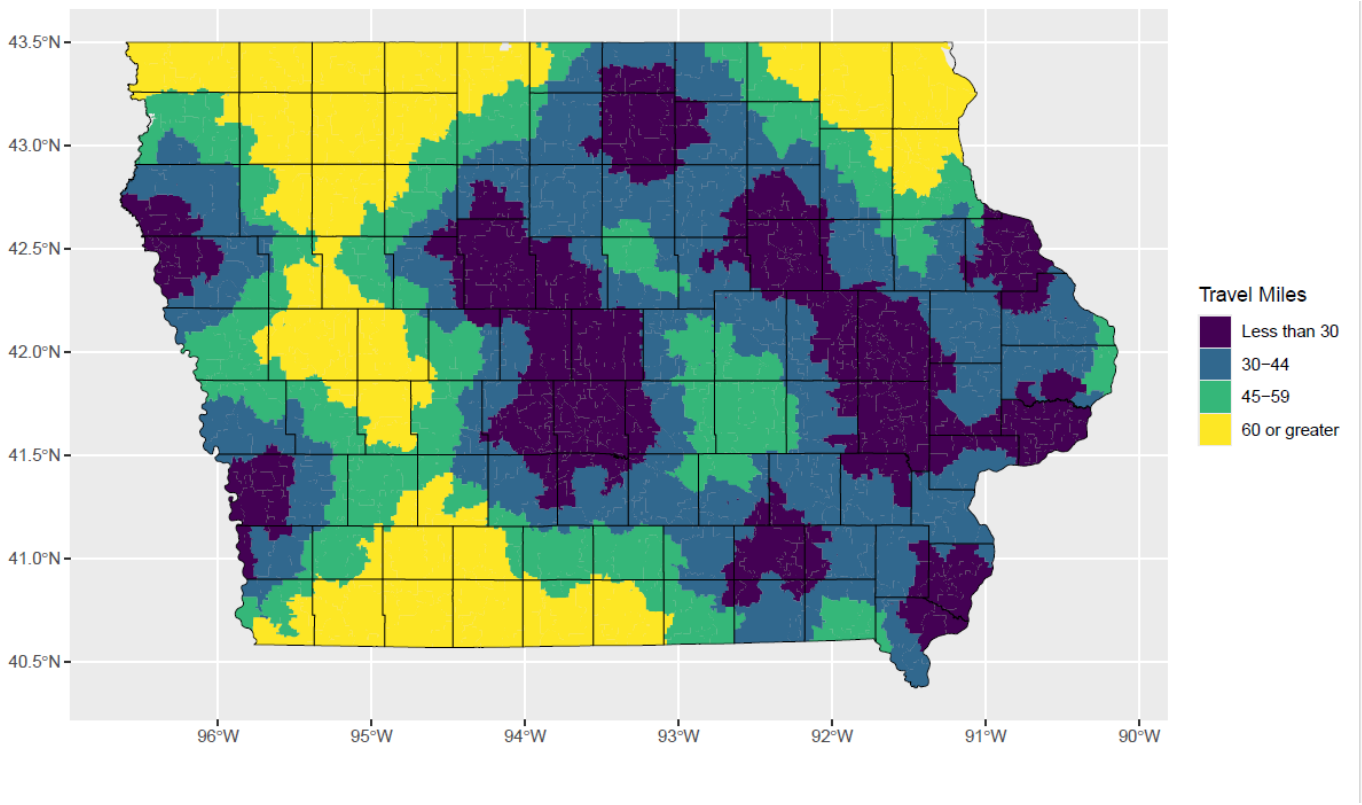
| Zip Codes | Points |
|---|---|
| 50008, 50025, 50052, 50058, 50060, 50065, 50067, 50074, 50076, 50103, 50108, 50110, 50117, 50123, 50133, 50140, 50144, 50147, 50424, 50451, 50510, 50514, 50515, 50517, 50527, 50528, 50531, 50536, 50539, 50554, 50556, 50559, 50565, 50576, 50578, 50585, 50588, 50590, 50592, 50801, 50830, 50831, 50833, 50835, 50836, 50837, 50839, 50840, 50841, 50842, 50845, 50846, 50848, 50851, 50853, 50854, 50857, 50858, 50859, 50860, 50861, 50862, 50863, 50864, 51002, 51005, 51009, 51012, 51029, 51033, 51046, 51047, 51053, 51058, 51060, 51201, 51230, 51231, 51232, 51235, 51237, 51240, 51241, 51242, 51243, 51245, 51246, 51248, 51249, 51301, 51331, 51333, 51334, 51338, 51340, 51341, 51342, 51343, 51345, 51346, 51347, 51350, 51351, 51354, 51355, 51357, 51358, 51360, 51363, 51364, 51365, 51366, 51401, 51430, 51431, 51432, 51436, 51439, 51440, 51441, 51442, 51444, 51445, 51446, 51448, 51454, 51455, 51458, 51461, 51463, 51465, 51466, 51467, 51520, 51528, 51601, 51630, 51631, 51632, 51636, 51637, 51638, 51639, 51640, 51646, 51647, 51651, 51656, 52043, 52047, 52072, 52077, 52101, 52132, 52133, 52134, 52135, 52136, 52140, 52141, 52144, 52146, 52151, 52155, 52156, 52157, 52158, 52159, 52160, 52161, 52162, 52165, 52168, 52170, 52172, 52590 | 40 |

| Zip Codes | Points |
|---|---|
| 50002, 50006, 50020, 50022, 50026, 50029, 50042, 50048, 50049, 50068, 50106, 50112, 50115, 50126, 50129, 50135, 50141, 50149, 50151, 50153, 50155, 50157, 50158, 50165, 50171, 50173, 50174, 50207, 50213, 50219, 50227, 50238, 50242, 50251, 50254, 50262, 50264, 50272, 50274, 50275, 50455, 50465, 50466, 50473, 50476, 50478, 50480, 50483, 50484, 50511, 50522, 50535, 50540, 50546, 50562, 50567, 50568, 50573, 50574, 50581, 50583, 50593, 50597, 50598, 50603, 50606, 50627, 50628, 50632, 50650, 50659, 50843, 50847, 50849, 51003, 51006, 51010, 51014, 51019, 51020, 51022, 51023, 51025, 51034, 51035, 51037, 51040, 51041, 51049, 51234, 51238, 51239, 51244, 51247, 51250, 51433, 51443, 51447, 51449, 51450, 51452, 51459, 51460, 51462, 51523, 51527, 51529, 51530, 51531, 51532, 51533, 51535, 51537, 51543, 51544, 51545, 51552, 51558, 51564, 51566, 51572, 51573, 51577, 51579, 51645, 51648, 51649, 51650, 51652, 52038, 52042, 52044, 52048, 52049, 52052, 52057, 52070, 52076, 52142, 52147, 52154, 52163, 52164, 52166, 52169, 52171, 52175, 52211, 52215, 52221, 52222, 52232, 52339, 52347, 52542, 52544, 52549, 52555, 52565, 52569, 52572, 52573, 52574, 52581, 52583, 52620, 52626, 52701, 52732, 52771 | 30 |

| Zip Codes | Points |
|---|---|
| 50005, 50027, 50028, 50034, 50041, 50044, 50050, 50051, 50057, 50062, 50064, 50066, 50070, 50071, 50072, 50078, 50101, 50104, 50107, 50116, 50119, 50120, 50122, 50125, 50128, 50136, 50137, 50138, 50139, 50142, 50143, 50145, 50146, 50148, 50150, 50162, 50163, 50164, 50166, 50170, 50206, 50208, 50210, 50212, 50214, 50216, 50220, 50222, 50225, 50230, 50232, 50234, 50235, 50239, 50247, 50250, 50255, 50256, 50257, 50258, 50268, 50269, 50271, 50273, 50277, 50420, 50421, 50423, 50430, 50431, 50432, 50435, 50436, 50438, 50439, 50441, 50447, 50450, 50452, 50453, | 20 |

| Zip Codes | Points |
|---|---|
| 50454, 50457, 50459, 50460, 50461, 50470, 50472, 50519, 50520, 50525, 50533, 50541, 50542, 50545, 50551, 50558, 50560, 50561, 50570, 50571, 50575, 50577, 50579, 50599, 50601, 50602, 50604, 50605, 50607, 50608, 50609, 50611, 50616, 50619, 50620, 50621, 50625, 50630, 50633, 50635, 50636, 50638, 50641, 50644, 50645, 50649, 50653, 50654, 50655, 50658, 50662, 50665, 50666, 50669, 50671, 50672, 50674, 50675, 50680, 50681, 50682, 51001, 51004, 51011, 51016, 51018, 51026, 51027, 51028, 51031, 51036, 51044, 51048, 51050, 51051, 51055, 51056, 51061, 51063, 51451, 51453, 51521, 51525, 51534, 51536, 51540, 51541, 51546, 51549, 51550, 51551, 51555, 51556, 51557, 51560, 51562, 51563, 51565, 51570, 51578, 51653, 51654, 52031, 52033, 52035, 52036, 52037, 52040, 52041, 52050, 52060, 52064, 52065, 52069, 52074, 52205, 52207, 52208, 52209, 52212, 52216, 52217, 52218, 52223, 52224, 52225, 52229, 52231, 52237, 52248, 52249, 52251, 52252, 52254, 52255, 52257, 52301, 52308, 52309, 52310, 52316, 52320, 52321, 52323, 52326, 52329, 52330, 52335, 52337, 52342, 52348, 52353, 52355, 52359, 52361, 52362, 52531, 52535, 52537, 52540, 52551, 52553, 52556, 52570, 52571, 52576, 52577, 52584, 52585, 52586, 52591, 52593, 52619, 52621, 52625, 52630, 52632, 52635, 52639, 52640, 52641, 52646, 52647, 52649, 52651, 52652, 52653, 52654, 52659, 52721, 52727, 52730, 52731, 52737, 52738, 52739, 52749, 52750, 52751, 52752, 52754, 52761, 52772, 52777 | |

| Zip Codes | Points |
|---|---|
| All other Zip Codes | 10 |


43.5°N
43.0°N
42.5°N
42.0°N
41.5°N
41.0°N
40.5°N
96°W
95°W
94°W
93°W
92°W
91°W
90°W
Travel Miles
Less than 30
30–44
45–59
60 or greater