IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF COMPLIANCE AND ADMINISTRATION

Healthy Hometowns Cardiovascular Health Hub Program

REQUEST FOR PROPOSAL # COMPADM26007

Contract Term:
January 29, 2027 to September 30, 2031

HHS Issuing Officer
Name: Jennifer Zepeda
Email: jennifer.zepeda1@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) # COMPADM26007 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 cardiovascular health Hub and Spoke sites in a "Network". The purpose of developing Hub and Spoke sites to form a Network is to sustain and expand access to high-quality cardiovascular diagnostics, interventional procedures, disease management, rehabilitation, and tele-cardiology for rural Iowans. It is also to promote chronic disease prevention and management in rural Iowa (option 3 below). Through the Healthy Hometowns Rural Health Transformation Program, Iowa seeks innovative models to address persistent gaps in cardiovascular care, reduce disparities, and improve outcomes for patients with heart disease, vascular disease, and other conditions.

Hub and Spoke sites will work collaboratively to build Networks that increase access to advanced cardiac care, such as percutaneous coronary interventions (PCI), cardiac catheterization, advanced imaging, and cardiac rehabilitation. Local rural providers are to be supported and care should be delivered as close to home as possible when clinically appropriate. This procurement offers three flexible options for organizations to participate in a cardiovascular or chronic disease Hub and Spoke Network, with more details below:

1) **Option 1 – Regional Hub and Spoke Network**: Apply as a regional Hub and Spoke Network for advanced cardiovascular services. The Hub organization should be able to provide access to emergency services, cardiology, interventional cardiology, cardiac and vascular surgery, heart failure specialists, and electrophysiologists. At least two Spoke facilities must be included in the application that can provide or begin providing local access to diagnostics, disease management, rehabilitation, and leverage tele-cardiology and virtual consultations with the regional Hub.
2) **Option 2 – Expand Iowa's Hub Capacity in Rural Areas:** Apply as a single organization committing to becoming a regional cardiovascular Hub in any region of Iowa that lacks access to advanced cardiovascular services. Organizations should make a significant investment to increase access to advanced cardiovascular services in areas that currently lack access. For example, this may include increasing access to interventional cardiology, cardiac and vascular surgery, or electrophysiology studies. Spoke facilities must be identified and formal referral and legal agreements executed by December 2028 to provide local rural access to diagnostics, disease management, rehabilitation, and leverage tele-cardiology and virtual consultations as clinically appropriate.
3) **Option 3 – Support and Sustain Iowa's Spokes**: Apply as a network of primary and secondary cardiovascular care organizations that focus on preventive care, chronic disease management, diagnostics, outpatient and/or lower-level therapeutics, rehabilitation, and participate in tele-cardiology and virtual consultations with advanced cardiovascular care teams. A Hub organization must be identified for each Spoke facility and need not be the same for each. For example, organizations may choose to offer separate but complementary sets of services that together increase access to chronic disease prevention and management for rural Iowans.

This procurement is supported by the Centers for Medicare and Medicaid Services (CMS) of the

U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling approximately $209,040,063.71 in the first year of a potential five-year period with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official view of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Iowa's year two award for this program is anticipated by October 15, 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 January 29, 2027, 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.

Applicants for all three options:

- 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 Agency, preferably to the named Issuing Officer, on or before the due date of the mandatory letter of intent, October 19, 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 procurement contract may not be eligible to apply for this procurement.

Eligibility criteria specific to each Option are listed below. Failure to meet any of the following

requirements will disqualify the application.

Eligibility Criteria Option 1 – Regional Hub and Spoke Network

- **Organization type:** Public, private, nonprofit, for-profit, academic institutions or governmental entities.
- **Hub location:** The applicant "Hub" site must be physically located in rural Iowa as defined in this procurement (Rural Health Grants Eligibility Analyzer).
- **Spoke locations:** Spoke facilities where healthcare will occur must be physically located in Iowa. Spoke site must be located in a Rural area as defined in this procurement (Rural Health Grants Eligibility Analyzer).
- **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.
- **Lead Applicant:** Only one entity shall apply on behalf of the proposed Network. The Applicant entity for the procurement may be any member (Hub or Spoke) 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 at least 3 members (including the Applicant organization).
    - All Spoke facilities must be within a reasonable driving distance of the Hub facility. The Department reserves the right to determine reasonable driving distance depending on the availability of advanced cardiovascular services across the state.
- **Required letter of intent:** Applicants must submit a letter of intent via email on or before October 19, 2026, to Jennifer Zepeda Jennifer.Zepeda1@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.

Eligibility Criteria for Option 2 – Expand Iowa's Hub Capacity in Rural Areas

- **Organization type:** Public, private, nonprofit, for-profit, academic institutions or governmental entities.
- **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.
- **Required letter of intent:** Applicants must submit a letter of intent via email on or before October 19, 2026, to Jennifer Zepeda Jennifer.Zepeda1@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.

Eligibility Criteria for Option 3 – Support and Sustain Iowa's Spokes

- **Organization type:** Public, private, nonprofit, for-profit, academic institutions or governmental entities.
- **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 at least 3 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 of the Network must have at least one designated Hub site listed in the application to indicate where advanced cardiovascular care will be delivered. 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 the funding is pre-approved by the Agency.
        - Hubs designated through Option 3 **do not** need to be located in Iowa and **do not** need to be located in a rural area but only Iowa-based organizations located in a Rural area are eligible for funds through this procurement.
- **Required letter of intent:** Applicants must submit a letter of intent via email on or before October 19, 2026, to Jennifer Zepeda at Jennifer.Zepeda1@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

The Agency aims to support and sustain cardiovascular healthcare in areas where current access is limited, insufficient, or threatened.

For Option 1 – Regional Hub and Spoke Network: the Hub and Spoke sites must be physically located in Rural Iowa.

For Option 2 – Expand Iowa's Hub Capacity in Rural Areas: the hub site must be physically located in Rural Iowa.

For Option 3 – Support and Sustain Iowa's Spokes: All Hub and Spoke Member sites of the Network must all be physically located in Rural Iowa. Applicants may identify Hubs not part of the Network which may be located anywhere in Iowa and in border states, provided distances to these Hub facilities are deemed reasonable. Hub facilities identified but not part of the Network and located outside of Iowa are not eligible to receive funds through this procurement.

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 $33,361,333 for an undetermined number of awards. These funds will be available for the time period of 1/29/2027 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.

Contract Year 1 (1/29/2027 – 10/30/2027)	Contract Year 2 (10/31/2027 – 10/30/2028)	Contract Year 3 (10/31/2028 – 10/30/2029)	Contract Year 4 (10/31/2029 – 10/30/2030)	Contract Year 5 (10/31/2030 – 10/30/2031)
$33,361,333	$25,090,671	$26,114,682	$23,986,916	No additional funds

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

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

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

EVENT	DATE
RFP Issued	September 21, 2026
Letter of Intent (Mandatory)	October 19, 2026
Written Questions and Responses	
Round 1 Questions Due: Responses Posted By:	October 5, 2026**, by 12:00 PM** (noon) October 12, 2026
Round 2 Questions Due: Responses Posted By:	October 30, 2026**, by 12:00 PM (noon)** November 6, 2026
Applications Due	**November 17, 2026, by 12:00 PM (noon)**
Applicant's Oral Presentations, if requested by the Agency	On or around January 11, 2027
Post Notice of Intent to Award	On or around January 19, 2027

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

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

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

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

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

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

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

be considered part of the RFP.

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

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

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

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

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

E. Applications Due – Applications must be submitted by **12:00 noon (local Iowa time) November 17, 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 – November 17, 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 Jennifer Zepeda at Jennifer.Zepeda1@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 technical assistance regarding IowaGrants.gov, please contact the Agency IowaGrants Helpdesk at iowagrants.helpdesk@hhs.iowa.gov or by calling 1-866-520-8987 (available between 8:00 AM and 4:00 PM on weekdays, excluding state holidays).

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

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

incorporated into the RFP or the contract.

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

1.08 Amendments to the RFP

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

1.09 Open Competition

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

1.10 Withdrawal of Applications

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

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

1.11 Resubmission of Withdrawn Applications

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

To access a withdrawn application:

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

The application that was copied will be open in this funding opportunity. Be sure to re-title the

application, if necessary, by going into the General Information form and editing it. Continue to complete the application forms and submit following the guidance provided in sections 1.06 (D) and (E), and in section 3 of this RFP.

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

1.12 Acceptance of Terms and Conditions

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

B. The Agency reserves the right to accept or reject any exception taken by an applicant to the terms and conditions of this RFP. Should the successful applicant take exception to the terms and conditions required by the Agency, the successful applicant's exceptions may be rejected, and the Agency may elect to terminate negotiations with that applicant. However, the Agency may elect to negotiate with the successful applicant regarding contract terms which do not materially alter the substantive requirements of the RFP or the contents of the applicant's application.

1.13 Costs of Application Preparation

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

1.14 Multiple Applications

An applicant (Hub site) may submit only one application. Proposed Spoke sites may be included in multiple applications but can only be funded through one Network. If a proposed Spoke site is included in two or more awarded applications, the Agency will work collaboratively with the impacted awarded applications to determine the arrangement that best supports rural cardiovascular care in Iowa. This may include requiring a Hub site to identify an additional Spoke site.

1.15 Oral Presentation

At the discretion of the Agency, Applicants may be required to make an oral presentation of the application. The determination of need for presentations, the location, order, and schedule of the presentations is at the sole discretion of the Agency. Presentations are anticipated to occur on the date(s) listed in the schedule of events table above but are subject to change at the Agency's discretion. If an oral presentation is required, applicants may clarify or elaborate on

their applications but may in no way change their original application.

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

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

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

1.16 Disqualification of Applications/Cancellation of the RFP

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

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

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

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

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

or references.

8. The applicant fails to include any signature, certification, authorization, or stipulation requested by this RFP.
9. The applicant initiates unauthorized contact regarding the RFP with a state employee.
10. The applicant proposes project plans that include construction costs or other items listed under cost restrictions within this RFP.

1.17 Restrictions on Gifts and Activities

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

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

1.18 Use of Subcontractors

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

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

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

D. 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.

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 Confidential Treatment of Application Information

A Respondent may request confidential treatment of any portion of its Application. The Agency will treat information marked confidential only to the extent such treatment is supported under Iowa Code chapter 22 or other applicable law, as determined by a court of competent jurisdiction.

By submitting a Application and completing Form 22– Request for Confidential Treatment of Application, the Respondent acknowledges and agrees to the following:

- Evaluation Documents May Reference Confidential Information:

Even when a Respondent properly requests confidential treatment, the Agency's evaluation documents may reference information the Respondent marked confidential. These evaluation documents (which may include but is not limited to evaluator notes that document the Respondents' Application strengths, weaknesses and general comments, score tools and summaries, and the evaluation committee's recommendation) become part of the public domain once the Agency issues a Notice of Intent to Award. The Agency does not redact evaluation documents, including references to information a Respondent designated as confidential.

- Public Records Requests:

If the Agency receives a public records request for information marked confidential, the Agency will provide the Respondent written notice seventy-two (72) hours prior to release so the Respondent may seek injunctive relief under Iowa Code §§ 22.5 or 22.8. If the Respondent does not pursue such relief, the Agency may release the information with or without further notice. See section 2.18.3 below.

- Waiver and Responsibility:

Failure to request confidential treatment through Form 22 constitutes a waiver of any confidentiality rights. Agency personnel are not responsible for maintaining the confidentiality of information for which no proper request was submitted.

- Information That Cannot Be Kept Confidential:

Respondents may not request confidential treatment for pricing, including cost

Applications and budget information, or transmittal letters. Requests that are unreasonable, incomplete, or seek confidentiality for information that cannot legally be withheld are grounds for deeming the Application non-responsive.

1.28.2 Instructions for Requesting Confidential Treatment of Application Information
If a Respondent wishes to request confidential treatment of any portion of its Application, the Respondent must submit two Applications within IowaGrants: (1) a complete, unredacted Application containing the confidential information, and (2) a redacted Application with all confidential information removed.

Form 22 – Request for Confidential Treatment must be completed directly within IowaGrants. Full completion of this form is required only when the Respondent is requesting confidential treatment. For each item the Respondent designates as confidential, the form must (1) identify the portion of the Respondent's Application where confidential treatment is requested, (2) identify the specific legal basis under Iowa Code chapter 22 or other applicable law, (3) describe why the material should be kept confidential, (4) explain why disclosure would not be in the public's best interest, and the Respondent must also provide contact information for the individual authorized to respond to inquiries about the confidentiality request. Requests to designate an entire Application as confidential may be disqualified as non-responsive.

The Respondent must submit in IowaGrants:

- One complete, unredacted Application. This version will be evaluated.
- One redacted Application labeled "Redacted Copy." The redacted version must use the exact Application title with the word "Redacted" added at the beginning. In the redacted version, all confidential information must be removed, and the Respondent must insert the word "redacted" in the affected fields. Redactions must be made in a way that allows the public to understand the general nature of the removed material and preserves as much of the Application as possible.

Both the complete Application and the redacted Application must be submitted in IowaGrants by the deadline listed in the Procurement Timetable.

1.28.3 Public Requests
If the Agency receives a public records request for information marked confidential, the Agency will provide written notice to the Respondent seventy-two (72) hours before releasing the information, allowing the Respondent to seek injunctive relief under Iowa Code section 22.8. Information marked confidential will be treated as confidential only to the extent a court of competent jurisdiction determines such information is protected under Iowa Code chapter 22 or other applicable law.

If a court or administrative agency initiates a proceeding to compel release of material the Respondent has marked confidential, the Respondent must, at its own expense, appear and defend its confidentiality request. If the Respondent does not do so, the Agency may release the information with or without further notice.

If the Respondent fails to properly follow the confidentiality request process, submits an unreasonable request, or withdraws the request, the Agency may release the information with or without advance notice.

Failure to request confidential treatment as outlined in this section will be deemed a waiver of any right to confidentiality.

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 Appeals and Review Procedures

Notice of Intent to Appeal

To contest an Agency's decision for disqualification or award decision, Respondents must submit a written Notice of Intent to Appeal within five (5) calendar days, inclusive of Saturdays, Sundays, and legal State holidays, from the date on the Notice of Disqualification or the date on the Notice of Intent to Award, whichever is earlier.
The Notice of Intent to Appeal must:

- Be submitted via email to hhsopenrecords@hhs.iowa.gov and reconsiderationrequest@hhs.iowa.gov.
- Identify all procurement records being requested pursuant to Iowa Administrative Code 7—2506.102(5) Public Records in Vendor Appeals.

Notices submitted through any method other than email will not be accepted. It is the Respondent's responsibility to ensure receipt by the Agency.

Notice of Appeal: First-tier Review (Reconsideration)

Upon the Agency's release of allowable documents or initial disclosures, the Respondent must submit a Notice of Appeal (formally known as a reconsideration) within five (5) calendar days, inclusive of Saturdays, Sundays, and legal State holidays. The Notice of Appeal will trigger a First-tier review by the Agency.
Notice of Appeal must:

1. Be submitted via email to reconsiderationrequest@hhs.iowa.gov. Respondents may request a read receipt. Requests submitted through any other method may not be accepted.
2. The Respondent's contact information, including contact information for the individual filing the notice of appeal, the individual's association with the appealing Respondent, and a showing of the individual's authority to appeal on behalf of the Respondent;
3. Details of the award decision and clearly identify all contested issues; as well as why and how the Respondent is aggrieved by the decision. Reference the applicable page number(s) and section number(s) of the RFP. The legal and factual reasons for the Respondent's appeal, including references to the relevant grounds of appeal as set forth in Iowa Code section 17A.19(10);
4. The relief the Respondent is seeking.

Multiple Applications: If a Respondent submitted multiple Applications and wishes to contest decisions affecting more than one Application, the Respondent must submit a separate Notice of Intent to Appeal and a separate Notice of Appeal for each Application. The Agency may, at its discretion, review these requests separately or consolidate them into one response.

Agency Decision on First-tier Review
The Agency will review and issue a written decision on the First-tier review expeditiously.

Notice Seeking Second-tier review = Appeal Hearing
Within five (5) calendar days, inclusive of Saturdays, Sundays, and legal State holidays, following the Agency's First-tier review decision, the Respondent may file a Notice seeking second-tier review which is an appeal hearing in accordance with Iowa Administrative Code 7-2506.103(2). Notice seeking second-tier review must:

- Be submitted to: appeals@hhs.iowa.gov.
- Comply with subrule 2506.102(3), except that it must refer to the first-tier review decision instead of the award decision.

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 goals of the Healthy Hometowns Cardiovascular Health Hub and Spoke Program are as follows:

1. Iowans will have the ability to receive comprehensive and sustainable cardiovascular care, inclusive of primary and secondary preventive care, diagnostics, routine and emergency treatment, advanced therapeutics, and rehabilitative care at the location that is closest to home that meets their health needs and their personal preferences. This care may include lifestyle interventions for preventive and risk factor management, pharmacological treatments, surgical or interventional procedures, remote patient monitoring, and implementation and maintenance of medical devices. The scope of this

[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

project includes chronic disease prevention, treatment, and management for conditions associated with cardiovascular and related diseases.

2. To improve the health and treatment outcomes of rural patients with cardiovascular and related diseases. This may include reducing avoidable emergency department visits, reducing readmission rates, and/or pursuing performance outcomes and measures that improve quality and safety in patients with cardiovascular and related diseases. Some examples of improving quality and safety include receiving quality achievement awards from the American Heart Association's Get With The Guidelines® program, accreditation/certification from the American College of Cardiology, or advanced certification from The Joint Commission and American Heart Association (e.g. Acute Heart Attack Ready Certification, Primary Heart Attack Center Certification, Comprehensive Heart Attack Center, Comprehensive Cardiac Center).

This may be achieved through the following mechanisms:

1. Improving Rural access to advanced diagnostics and imaging, such as calcium scoring and CT angiography.
2. Improving Rural access to minimally invasive interventional cardiology, such as cardiac catheterization, elective/non-emergent PCI, and electrophysiology procedures and studies.
3. Improving medication management among patients with cardiovascular and other related diseases.
4. Improving adherence to clinically appropriate cardiac and vascular rehabilitation programs for Rural patients. Including pilot programs aimed at reducing attrition among rural patients.
5. Piloting or expanding remote patient monitoring systems aimed at quality improvement, such as reducing postoperative adverse events or implant device monitoring.
6. Investing in quality improvements or other means of obtaining certification and/or accreditation in cardiovascular care.
7. Training and investment in telehealth to connect patients to Hub specialists from their home communities in Rural areas when clinically appropriate and preferred by the patient. Tele-cardiology, tele-ICU, and tele-stroke are examples of relevant telehealth designed to assist in medical decision-making and reduce wait times to see specialists in Rural communities. By incorporating telehealth into cardiovascular care, patients in Rural Iowa may receive remote interpretations of ECG, echocardiograms, CT data, and other essential cardiovascular screening, diagnostic, and therapeutic services.
8. Investing in system upgrades that allow for digital medical imaging management to increase the efficiency of tele-cardiology.
9. Workforce investments and strategies that increase a network's ability to increase access to local cardiovascular and related services, such as medical technologists, sonographers, nurses, physicians, and radiologists.
10. Provider-to-provider consultations that enable local providers to seek guidance from Hub specialists.
11. Iowa healthcare providers will have access to and participate in formal networks focused on cardiovascular care, supported by formally executed legal agreements and payment arrangements.
12. Developing and/or improving emergency and transfer protocols to transfer patients quickly and safely. Rural facilities will have the ability to provide routine and lower levels

of care with support from Hub specialists.

13. Cost and revenue sharing agreements may be appropriate to ensure financial sustainability of successful Hub and Spoke Networks. Cardiovascular Hub and Spoke Networks will deliver care that improves the sustainability and financial viability of Rural providers.
14. Developing networks that identify separate but complementary sets of services that together increase access to chronic disease prevention and management for rural Iowans.

Applicants for this RFP will depend on the Option selected.

Option 1 – Regional Hub and Spoke Network
It is the goal of Iowa HHS to establish or support a regional Hub and Spoke Network for cardiovascular care. Organizations that apply under a Network under Option 1 shall designate a single organization to serve as the applicant and submit one application. Iowa HHS seeks an undetermined number of applicants for this procurement.

Option 2 – Expand Iowa's Hub Capacity in Rural Areas:
It is the goal of Iowa HHS to reach statewide access to advanced cardiovascular care by establishing a new regional hub in areas that have limited access. Applicants under Option 2 will be committing to establishing new advanced cardiac service lines, such as in interventional cardiology and/or cardiac surgery. Iowa HHS seeks approximately one applicant for this option under this procurement.

Option 3 – Support and Sustain Iowa's Spokes
Iowa HHS's goal is to increase and maintain access to lower levels of cardiovascular care across the state. This is achieved through Hub and Spoke Networks. Iowa HHS seeks networks of primary and secondary care organizations that can increase local access to preventive care, chronic disease management, advanced diagnostics, rehabilitation, and participate in cardiovascular focused telehealth that improves rural access to cardiovascular specialists. Organizations that apply under a Network under Option 3 shall designate a single organization to serve as the applicant and submit one application. For example, organizations may choose to offer separate but complementary sets of services that together increase access to chronic disease prevention and management for rural Iowans. Iowa HHS seeks an undetermined number of applicants for this procurement.

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 advanced cardiovascular care occurs. They support and partner with surrounding "Spoke" agencies to ensure coordinated, efficient, and sustainable service delivery. Hubs must be capable of providing access to advanced cardiovascular expertise, such as cardiologists, interventional cardiologists, and radiologists. Hubs must provide advanced cardiovascular services, including but not limited to emergency services, cardiology, and interventional cardiology.

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

"Spoke" means facilities that will provider routine and lower levels of cardiovascular care, including diagnostics, rehabilitation, and follow-up care. These facilities are smaller clinics or hospitals closer to where people live.

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

"Non-Traditional Provider" means a CHW or Patient Navigator, Social Worker, Peer Support Specialist (individual with lived experience), Health Coach, Case Manager, Outreach Worker, Navigators for Social Services. They provide coordination, navigation,

education, and support. They are often community-based and are trusted by populations that may face barriers to traditional healthcare services.

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

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

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

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

2.03 Scope of Work

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

Option 1 – Regional Hub and Spoke Network: Networks applying for Option 1 must provide comprehensive cardiovascular care, including the provision of clinically appropriate services in Spoke facilities that improves rural patients' access to cardiovascular care and improves health outcomes and service quality. Newly developed and executed legal agreements between the Hub and Spoke facilities that outline the roles and responsibilities of the Network members and results in shared resources, improved care coordination, and improved quality are expected. The Hub facility is expected to provide increased access to specialists and advanced cardiovascular care. Spoke facilities are expected to provide increased local access to advanced diagnostics, disease management, rehabilitation, and telehealth. When clinically appropriate, Spoke facilities may increase access to low-risk or lower-level outpatient therapeutics (e.g. services related to cardiovascular care grouped into lower-level Ambulatory Payment Classifications in the Hospital Outpatient Prospective Payment System). Cost and revenue sharing agreements are anticipated to support financial sustainability.

Option 2 – Expand Iowa's Hub Capacity in Rural Areas: Applicants applying for Option 2 must significantly increase local Rural access to advanced cardiovascular care, including but not limited to emergency services, cardiology, interventional cardiology, and cardiac surgery. Achieving this goal may include tailored and novel workforce recruitment strategies (e.g. recruitment and retention incentives, workforce housing minor renovations, childcare center minor renovations) and minor building renovations (e.g. interior modifications, workspace reconfiguration) that repurpose existing space to offer new clinical services. Minor building renovations/modifications are considered capital expenditures and infrastructure and are subject to a 20% award cap and Department and CMS approval. Construction is unallowable under the Rural Health Transformation Program. Successful applicants are anticipated to currently possess some capabilities to provide a subset of advanced cardiovascular services and begin providing more comprehensive cardiovascular services by the end of the grant period. For example, a primary PCI hospital may seek to enter the cardiac surgery market. Successful applicants will develop a plan to initiate or expand services to and collaboration with regional Spoke sites.

Option 3 – Support and Sustain Iowa's Spokes: Hub and Spoke Networks will be developed to collaboratively increase and sustain access to cardiovascular care in Rural Iowa areas. These sites will form regional collaborations to work together to increase access to preventive care, chronic disease management, routine and advanced diagnostics, outpatient and/or lower-level therapeutics, rehabilitation, and telehealth for patients with cardiovascular and related diseases. Networks may choose to share labor, technology, and other resources that reduce costs and improve health outcomes. Spoke sites are expected to increase local access to comprehensive cardiovascular care and connect patients to Hub facilities using telehealth when clinically appropriate. Cost and revenue sharing agreements are anticipated to support financial sustainability. For example, organizations may choose to offer separate but complementary sets of services that together increase access to chronic disease prevention and management for rural Iowans.

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 cardiovascular care based on the requirements for a Hub and Spoke Network and the anticipated activities for the Option identified in the application. These plans will be tailored by the applicant to meet the exact scope of work prescribed, based on Agency and CMS requirements, the submitted and approved workplan of the application, and the needs of Iowans.

Requirements of a Cardiovascular Hub and Spoke Network.

i. Participate in statewide cardiovascular quality improvement initiatives as required by the Agency.
ii. Execute subcontracts with any 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.
iii. Ensure that all contractual obligations from the Agency and CMS, including but not limited to the terms of this agreement, are passed on to subcontractors. This shall include all data reporting requirements.
iv. Incorporate allowable costs to achieve the below as part of a comprehensive plan to develop Hub and Spoke Networks.
    1. Expand access to cardiovascular 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 cardiovascular 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 throughout the Network, when necessary.
    14. Develop, implement, or improve telehealth models for teleconsultation.
    15. Develop and implement strategies to attract and retain qualified staff for cardiovascular 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.

16. Hire care coordinators or other staff needed to oversee and advance the work of the Hub and Spoke model of care.
17. Explore the benefits of community health workers or non-traditional providers related to providing consistent care and support for patients as they travel throughout the Network.
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 cardiovascular support workgroups.
22. If applicable, identify which lines of services are complementary at each Spoke site.

C. Anticipated Activities

a. **All Applicants (Options 1, 2 and 3):**

1. Staffing
    i. Hire staff to support workplan activities
2. Planning
    i. 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 Applicant will undertake to expand cardiovascular healthcare in the region, specifically in Rural locations. Plans must include steps to obtain certification or accreditation as an organization that provides quality cardiovascular care.
    ii. Develop detailed business plans for billing insurance providers and/or cost sharing modalities and fee structures for providing services.
    iii. Identify potential barriers to achieving program outcomes and report these to the Agency. Work collaboratively with the Agency and other state partners to find solutions to these barriers.
3. Sustainability
    i. 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.

ii. Expand access to specialty services in a financially sustainable manner.

iii. Streamline or centralize functions to create cost savings that improve the financial viability of Rural providers.

iv. Preserve the independence of Rural providers.

v. Keep care local in Rural communities when possible and appropriate by developing models of sustainability for rural cardiovascular health providers, including but not limited to training support for providers with low volumes of cardiovascular patients to maintain skills. Referrals to provide care at hub sites should be limited to procedures that are absolutely necessary to be provided in the less rural areas. Hub sites should plan to provide additional services on-site in rural areas.

vi. Implement transformational models of care that makes Iowa a nationwide leader for positive Rural health outcomes.

4. Care Coordination or System Navigation
    i. 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. Care coordination must include collaboration with primary care physicians or other local providers to ensure continuity of care.
5. Health Information Exchange
    i. 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.
6. Technical Assistance and Collaboration.
    i. Partner with Health Hub Technical Assistance Contractor to complete the work described in this RFP. Participate in communities of practice, individualized technical assistance, needs assessments, and other workshops.
    ii. 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.
    iii. Participate in all meetings with the Agency and the Agency's Technical Assistance contractors to discuss progress, as determined by the Agency.
    iv. Develop a coalition of all participating organizations and network members and meet regularly to identify opportunities for collaboration.

7. Infrastructure and Equipment
    i. Develop the infrastructure necessary to implement changes required for the 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. All requests for equipment within the applicant budget must include information as to whether the requested equipment is new or replacing existing equipment
        a. Draft plans for equipment needs and locations where that equipment is needed. These plans must be supported by evidence of need and include sustainability metrics to show that services will be self-sustaining over time via insurance reimbursements and other site revenue sources.
    ii. Plans for equipment should include needs for both on-site care and for telehealth services.
        a. Draft plans for technology upgrades needed to participate in care networks.
        b. Draft plans for minor modifications to sites, if needed.
        c. Implement plans for procuring and installing equipment.
8. Workforce Strategies
    i. Develop strategies to recruit and maintain cardiologists, cardiac nurses, imaging specialists, anesthesiologists, supporting specialties, and other members of the cardiovascular care team.
    ii. Provide retention incentives to local providers who receive advanced training in cardiovascular health care and agree to serve in the Rural community for at least five years.
    iii. Develop and implement staffing models. This may include developing shared staffing strategies, including cross-site roles, telehealth-enabled positions, and regional workforce pools.
    iv. Identify opportunities for Rural health providers to participate in Learning Health Networks, grand rounds or other activities that enhance knowledge and skills. This will allow providers to stay up to date and receive training for emergency situations.
9. Outreach
    i. 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 is easily accessible to patients. Area providers across disciplines should be educated on referral options and care models.
10. Reporting
    i. Provide reporting to the Agency regarding use of funds and use of services, including services provided to high-risk individuals when appropriate.
    ii. Submit quarterly and annual reports in IowaGrants (see F. Required Reporting).
    iii. Track and provide information to the Agency on program income, if applicable.

b. Anticipated Activities for Option 1 – Regional Hub and Spoke Network

1. Service Delivery:
    i. Provide services for Spoke sites. These services may be different for each successful applicant but may include provider-to-provider consultations via telehealth or direct patient care visits for cardiovascular health.
    ii. Provide two-way care coordination, identifying and accepting high-risk patients needing specialized or time-sensitive care at the Hub sites as well as increasing the ability for Spoke sites to provide care for stabilized or low-risk patients, including follow up or rehabilitative care.
    iii. Provide services in a manner that allows for 24/7 Network coverage in the event of after-hours emergency consult needs and timely appointments during regular business hours for non-emergency care.
    iv. 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.
    v. Spoke sites must provide or plan to provide local access to diagnostics, disease management, rehabilitation, and leverage tele-cardiology and virtual consultations with the regional Hub.
    vi. 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
    vii. Work collaboratively to stabilize cardiovascular health care in the Network's geographic area of the state. Provide second opinions and secondary support for complex cases.
2. Workforce Strategies
    i. Hire cardiac nurse navigators to assist patients with navigating the Hub and Spoke Network of care. Navigators may be shared between multiple sites within the Network.
    ii. Work collaboratively within the Network to ensure there are providers trained to handle complicated cases and identify necessary higher-level care when needed.
    iii. Work collaboratively within the Network to ensure adequate coverage at each site, either through in-person back-up care or telehealth. Assist providers with becoming credentialed at Network hospital sites where they may provide back-up care. This back-up care could also be used to allow sites to participate in simulation-based trainings or other educational sessions. Formalize these arrangements through legal agreements that define and support these collaborative relationships.
3. Telehealth:

i. Offer telehealth services for cardiovascular visits when appropriate. Use telemedicine to provide consults to Hub sites, including cardiovascular specialists.
ii. Provide telehealth services to receive remote interpretations of cardiovascular screenings and diagnostics. Employ cardiac sonographers trained in standardized imaging protocols and provide training to on-site providers overseeing telehealth visits. Cardiac sonographers could be shared throughout the Network to support sustainability of operations.
iii. Use telemedicine to provide outpatient cardiac or vascular rehabilitation.
iv. Establish and implement provider to provider consults via telehealth to support Spoke sites.
v. Develop solutions for virtual visits and exchanging records and data between Hub and Spoke sites.
vi. Purchase telehealth supplies and equipment as needed to achieve the goals of this procurement.
vii. Purchase remote monitoring devices to track cardiovascular health.
viii. Establish and maintain provider to provider consultation telehealth arrangements to support providers that must provide emergency care.

4. Referral Pathways:
   i. Develop bidirectional referral pathways that direct the patient to the appropriate level of care.
   ii. Develop transport agreements, policies, and procedures for cardiovascular 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.
   iii. Develop and execute referral agreements, telehealth agreements, and innovative payment models between sites within the Network and between the individual Network member sites to support the long-term success of the Hub and Spoke Network.
5. Agreements
   i. Develop agreements to include data sharing provisions, sharing services for patients, description of telehealth 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.
   ii. 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.

c. Anticipated Activities for Option 2 – Expand Iowa's Hub Capacity

1. Staffing
    i. Develop and implement plans to hire and maintain a continuous availability of adequate number of registered nurses and other clinical staff with the competence to care for cardiovascular patients.
    ii. Develop and implement plans and activities to achieve the required staffing to operate as a regional Hub site. Hubs must be equipped to provide the necessary cardiovascular and anesthesia services at all times.
    iii. Develop and implement plans and activities to hire staff or contract for staff to provide required support services for a regional Hub site.
2. Service Delivery
    i. To operate as a regional Hub, the site must be able to provide emergency services, cardiology, interventional cardiology, cardiac and vascular surgery, access to heart failure specialists, and electrophysiologists, or outline a detailed plan to offer these services in the future.
    ii. Purchase equipment needed to serve as a regional Hub site, including equipment needed to provide advanced cardiovascular procedures.
3. Outreach and Partnership Development
    i. Form partnerships with Spoke sites within a reasonable travel distance of the Hub site, including non-affiliated healthcare organizations.
    ii. Develop agreement templates, shared protocols, and referral arrangements with Spoke sites. These agreements should outline how the Hub site will absorb additional high-risk patients from surrounding Spoke sites and include protocols to assist Spoke sites with identifying low-risk patients that can receive treatment closer to home.
    iii. Develop plans and implement approved changes to ensure appropriate stabilization and transfer of high-risk patients whose cardiovascular needs exceed those that can be met at the Hub site.

d. Anticipated Activities for Option 3 – Support and Sustain Iowa's Spokes

1. Telehealth:
    i. 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 the Spoke site's designated Hub site.
    ii. Offer telehealth services for cardiovascular visits when appropriate. Use telemedicine to provide consults to Hub sites, including cardiovascular specialists when needed.
    iii. Provide telehealth services to receive remote interpretations of cardiovascular screenings and diagnostics. Employ cardiac sonographers trained in standardized imaging protocols and provide training to on-site providers overseeing the telehealth visits.

iv. Use telemedicine to provide outpatient cardiac or vascular rehabilitation.
v. Establish and implement provider to provider consults via telehealth to support Spoke sites.
vi. Develop solutions for telehealth visits and exchanging records and data between Hub and Spoke sites.
vii. Purchase telehealth supplies and equipment as needed to achieve the goals of this procurement.
viii. Purchase remote monitoring devices to track cardiovascular health.
ix. Establish and maintain provider to provider consultation telehealth arrangements to support providers that must provide emergency care.

2. Referral Pathways:
    i. Develop bidirectional referral pathways that direct the patient to the appropriate level of care.
    ii. Develop transport agreements, policies, and procedures for cardiovascular 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.
    iii. 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).
3. Workforce Strategies:
    i. Hire cardiac nurse navigators to assist patients with navigating the Hub and Spoke Network of care. Navigators may be shared between multiple sites within the Network.
    ii. Develop and implement plans for back-up coverage of providers assisting with cardiovascular care, utilizing other members of the Network when appropriate, to reduce provider burnout and increase quality of life for practitioners in Rural Iowa
4. Services and Supports
    i. Explore innovative solutions that support sustainability of cardiovascular healthcare 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 care.
    ii. Provide cardiac rehabilitation locally and identify strategies to increase patient participation and retention.
5. Agreements
    i. Develop agreements to include data sharing provisions, sharing services for patients, description of telehealth 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.

ii. 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.

D. Data and Reporting

a. 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.
b. 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, 2028 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.

E. 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:

a. Overall operations
b. 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.

F. 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	April 15, 2027 July 15, 2027 October 15, 2027 Quarterly through end of contract, if requested by agency
Annual Reports	Annual	July 15, 2028 July 15, 2029 July 15, 2030 July 15, 2031
Other Reports as Requested by Agency	Other	TBD

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

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

G. 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.

a. 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 1/29/2027 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.

b. 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. Examples of activities that CMS generally considers unallowable includes expansions, additions, or increases in square footage that cause a significant and substantial rise in property value or extended useful life, demolition activities, cosmetic improvements that enhance the visual appeal without altering the core structure (painting, artwork, carpet upgrades, décor), new builds, or breaking ground. Examples of activities that CMS generally considers allowable include replacing existing structure and equipment to ensure patient and staff safety and comfort, asbestos abatement, repurposing existing buildings to offer new clinical services, installing or relocating interior walls and partitions to create new patient rooms, installing soundproofing to offer telehealth services, upgrading light and electrical fixtures to energy efficient systems for lower energy costs, replacing vents and thermostats for improved climate control and lower energy costs, replacing inefficient boilers, installing directional instructions for patients and EMS vehicles.

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.

xxiii. None of the funds provided through this Contract shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. This salary cap applies to direct salaries. Contractors may pay salaries at a rate higher than the Executive Level II if the amount beyond the HHS salary cap is paid with non- HHS funds. Since the Executive Level II rate and HHS Appropriations Act citation changes each year, HHS refers to the most recent information posted on the Office of Personnel Management (OPM) website at **2025 Executive Level II Pay Scale** (January 1, 2025 – December 31, 2025). Please consult **the OPM website (Salaries and Wages)** in January 2026 for the salary cap for 2026 (January 1, 2026 – December 31, 2026).

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 01/29/2027 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 01/29/2027 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 – Regional Hub and Spoke Network:** 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
1/29/2027 – 10/30/2027	10/31/2027 – 10/30/2028	10/31/2028 – 10/30/2029	10/31/2029 – 10/30/2030	
$5,004,200	$3,763,601	$3,917,202	$3,598,037	$16,283,040

*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 in Rural Areas**: 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
1/29/2027 – 10/30/2027	10/31/2027 – 10/30/2028	10/31/2028 – 10/30/2029	10/31/2029 – 10/30/2030	
$6,672,267	$5,018,134	$5,222,936	$4,797,383	$21,710,720

*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
1/29/2027 – 10/30/2027	10/31/2027 – 10/30/2028	10/31/2028 – 10/30/2029	10/31/2029 – 10/30/2030	
$3,336,133	$2,509,067	$2,611,468	$2,398,692	$10,855,360

*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 cardiovascular 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 cardiovascular health care.
- Salary and fringe for staff establishing data sharing or connection to health information exchange services
- 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.
- NOTE: 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, for education and training purposes or for required grant meetings.

Equipment:

- Equipment necessary to provide or expand cardiovascular healthcare. Equipment is limited to medical equipment needed for diagnostic and imaging or minimally invasive interventional cardiology. Equipment required to expand access to cardiac rehabilitation may be included.
- 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 cardiovascular healthcare via the Hub and Spoke network. All requests for equipment within the application must include an explanation as to whether the equipment is new or a replacement of existing equipment.

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).
- Accreditation, certification or membership fees for programs or associations that improve healthcare quality and patient safety.
- 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 cardiovascular 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 cardiovascular 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.

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

Authorized Officials: This Iowa Grants form requires information about the applicant organization, including legal name, address, alternate mailing address for warrant/payments, program manager and iowagrants manager name and contact information.

Organization Details and Disclosures: This Iowa Grants form requires information about the

applicant business structure, Federal Tax ID, number of years the organization has been in business, single audit findings, history of contracting with Iowa HHS, disclosure of financial accountability (refer to RFP Section 1.24), disclosure of litigation (refer to RFP Section 1.23), disclosure of contract default, disclosure of termination of a contract, and disclosure of debarment or suspension.

Certification Form: 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 and agree to all applicable terms required by this application. Optional section of this form requests modifications to the sample contract terms and conditions.

Form 22 Request for Confidential Treatment: This form provides the option for the Applicant to request confidential treatment of Application information in accordance with Iowa Code Chapter 22.

Certification and Disclosure Regarding Lobbying: Title 45 of the Code of Federal Regulations, Part 93 requires the Respondent to include a certification form, and a disclosure form, if required, as part of the Respondent's Application. Award of the federally funded contract from this Procurement is a Covered Federal action.

Cardiovascular 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 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. Current certifications, accreditations, or awards related cardiovascular patient quality of care
    g. Applicant is Rural according to definition in this RFP.

4. For Option 1 Only:

a. Full name of Spoke 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 Spoke site 1
e. County of proposed physical location of Spoke site 1
f. Zip code of proposed physical location of Spoke site 1
g. Certify that location is Rural based on (Rural Health Grants Eligibility Analyzer).
h. Distance (in miles) from Applicant

5. For Option 1 Only:
   a. Full name of Spoke 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 Spoke site 2
   e. County of proposed physical location of Spoke site 2
   f. Zip code of proposed physical location of Spoke site 2
   g. Certify that location is Rural based on (Rural Health Grants Eligibility Analyzer).
   h. Distance (in miles) from Applicant

6. For Option 2 Only:
   a. Full name of hospital currently serving as Hub site for providing care for high risk patients, inclusive of DBA if applicable, while applicant is increasing capacity to serve as a Hub site
   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

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)
   j.
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 Applicant must provide at least (2) two letters of support from other Network sites 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, Network site 1
    6. Letter of Support, Network site 2

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 Spoke sites within the same geographic region as the applicant to express the need for a cardiovascular Hub 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, Spoke site 1 to serve as potential referral partner
    6. Letter of Support, Spoke site 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.

1. **Description of Current Cardiovascular Health Care Environment for the Network**
   a. Provide a comprehensive and thorough description of the cardiovascular 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 cardiovascular health. Describe the staffing for each site related to cardiovascular needs. Applicants should provide a bullet point list of the current types of cardiovascular services provided at each site. This list should include current availability of preventive care, diagnostics, routine and emergency treatment, cardiac and vascular surgery, advanced therapeutics and rehabilitative care.

2. **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 cardiovascular 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).

3. **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.**

4. **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 to outline anticipated use of funds. Work plans must comply with formatting requirements listed in **Attachment B**.

Both Work Plans uploaded in this IowaGrants form must address the three topics listed below (Planned Activities, Timelines, Responsible Parties). 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 and cost restrictions as outlined in this RFP 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 attachment/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.

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. 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 in accordance with a point system. 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 – Agency Review and Award: The third phase will be a final review. The Agency will consider the submitted applications and the evaluation committee's scores and recommendations.

The Agency may 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 cardiovascular 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
General Information	-	N/A- Required	N/A
Authorized Officials	-	N/A- Required	N/A
Organization Details and Disclosures	-	N/A- Required	N/A
Form 22 Request for Confidential Treatment	-	N/A - Required	NA
Certification and Disclosure Regarding Lobbying	-	N/A - Required	NA
Cardiovascular Health Hub and Spoke Requirements Form	-	N/A-Required	N/A
Operational Readiness Form	• Experience with Unaffiliated Healthcare Organizations	15	60
	• Project Staffing: Non-clinical Staff, including legal and contracting staff	5	20
	• Healthcare Provider Recruitment Experience	5	20
	• Telehealth Experience	10	40
	• Grant Management Experience	5	20
Rural Health Transformation Form	• Description of	10	40

	Current Cardiovascular Health Environment and Need for Funds		
	• Transformational Potential	20	80
	• Implementation Feasibility	15	60
	• Sustainability	15	60
	• Project Staffing: Clinical Staff	5	20
Healthy Hometowns Project Work Plan Includes all of the following: • Planned Activities • Timelines • Responsible Parties	-	25	100
Budget and Budget Justification • Line item budget • Justification for costs and activities	-	10	40
Reimbursement Attestation	-	N/A- Required	N/A
Total maximum without presentation and without priority points:			560

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:		580

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 # COMPADM26007 Cardiovascular Health Hub Program
- B- Work Plan Formatting Specifications
- C- HHS Application Forms Instruction Guidance (IowaGrants)
- D- Sample Draft Contract Cardiovascular Hub

SECTION 7 – LINKS

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

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