



Health and Human Services

# **IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**DIVISION OF PUBLIC HEALTH**

**Primary Care Provider Loan Repayment Program**

**REQUEST FOR PROPOSAL 58825024**

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# NOTICE

## REGISTERING FOR IOWAGRANTS AND STARTING AN APPLICATION

IowaGrants Electronic Grant Management System ([www.iowagrants.gov](http://www.iowagrants.gov)) applications are typically geared toward organizations. **However, this RFP is for individuals.** Therefore, to register, applicants need to use their first and last name when prompted to provide the “Organization” and **select** “Individual” for “Organization Type”.

### **New Applicants Registering in IowaGrants**

To register for the first time, please follow the guidance at <https://dom.iowa.gov/iowa-grants-login>.

### **Applicants already Registered with IowaGrants**

If you are already registered under an organization, do **not** register a second time. Instead, contact the IowaGrants Helpdesk for assistance to create your individual registration. [iowagrants.helpdesk@hhs.iowa.gov](mailto:iowagrants.helpdesk@hhs.iowa.gov).

### **Starting your application**

There are three places at the beginning of the application that applicants need to put their first and last name:

1. For Authorized Official, the applicant's first and last name goes under “Name”.
2. For Authorized Official, the applicant's first and last name goes under “Organization”. Do **not** put Employer Information here.
3. For Fiscal Officer/Agent, the applicant's first and last name goes under “Name”. Do **not** put Employer's Fiscal Officer/Agent here.

## **SECTION 1 – GENERAL AND ADMINISTRATIVE ISSUES**

### **1.01 Purpose**

The purpose of this Request for Proposal (RFP) 58825024 is to solicit applications that will enable the Iowa Department of Health and Human Services (referred to as Agency) to select the most qualified applicant to provide eligible applicants (individuals) to be recipients for loan repayment under the Primary Care Provider Loan Repayment Program (Primary Care Provider LRP).

The goal of the Primary Care Provider LRP is to improve access to primary health care among rural and/or underserved populations by providing educational loan repayment assistance to primary care medical, dental, and mental health practitioners for a service obligation within federally designated health professional shortage areas (HPSA) in Iowa. Iowa Code Chapter 135.107 establishes the Primary Care Provider LRP under the Iowa Department of Health and Human Services, Division of Public Health.

The Agency is actively working to strengthen our capacity to address health inequities in Iowa. Health equity is defined as the attainment of the highest possible level of health for all people by achieving the environmental, social, economic and other conditions in which all people have the opportunity to attain their highest possible level of health. This program promotes health equity by expanding the primary care workforce, thereby working to ensure access to quality health care, especially in rural and underserved areas of Iowa.

### **1.02 Contract Term**

The contract term shall not exceed a four-year period, determined by the service obligation criteria. The issuance of this RFP in no way constitutes a commitment by the Agency to award a contract.

#### **Service Obligation**

If eligible and awarded, healthcare practitioners (award recipients) must sign a contract and complete a minimum two year, full-time; or two-year, half-time; or four-year, half-time service obligation at an approved practice site(s) located in a federally designated health professional shortage area (HPSA) for the duration of the contract term. The following service obligation requirements will be included in the contract:

#### **Full-time, 2-Year Service Obligation and Half-time, 2-Year Service Obligation Requirements**

- A. If service obligation includes more than one practice site, **ALL** sites must meet practice site eligibility requirements (refer to RFP Section 1.03B).
- B. Service credit begins when the contract period starts.
- C. Award recipients are required to provide services for a minimum of 45 weeks per service year for the duration of the service obligation.
- D. Recipients have the option to take a maximum of 7 weeks of time off (35 full-time workdays or 280 full-time working hours) per service year for any reason (e.g., vacation,

holidays, sick leave, or continuing education). However, time-off does **NOT** count toward the 45 week service requirement (45 weeks service + 7 weeks optional time off = 52 weeks per year). Requests for additional time off are considered and if approved, require a contract amendment to extend the service obligation (contract end date).

- E. Services are provided under full-time employment status. Full-time service is defined as 40 hours per week.
  - a. The 40 hours per week may be compressed into no less than 4 days/week, with no more than 12 hours of work to be performed in any 24-hour period.
  - b. Hours in excess of 40 hours per week cannot be applied to any other work week.
  - c. If an award recipient works more than the minimum number of 40 hours per week, and it is not considered overtime, the only allotted time off that will need to be deducted are the hours of absence that cause a participant's work hours to fall below the required 40 hours per week.
    - i. **Example:** A practitioner is sick for 24 hours one week. He works a standard 60 hours that week with no overtime so he will only need to claim 4 hours of allotted time-off for the week.
  - d. Overtime hours do not count toward service obligation.
  - e. "On call" hours do not count toward the service obligation, except to the extent the provider is providing patient care during that period.
- F. At least 32 hours per week full-time are spent providing patient care at practice sites.
  - a. Telehealth delivered services, if applicable, cannot exceed more than 75% of the minimum weekly hours required to provide direct patient care.
- G. No more than 8 hours per week full-time are spent in a teaching capacity or performing clinical-related administrative activities.
- H. Award recipients are allowed to change full-time or half-time employment status once per service obligation upon request to the Agency. If approved, the change will require a contract amendment and may require a change to the service obligation period/contract term.

### **Half-time, 4-Year Service Obligation Requirements**

- A. If service obligation includes more than one practice site, **ALL** sites must meet practice site eligibility requirements (refer to RFP Section 1.03B).
- B. Service credit begins when the contract period starts.
- C. Award recipients are required to provide services for a minimum of 45 weeks per service year for the duration of the service obligation.
- D. Recipients have the option to take a maximum of 7 weeks of time off (35 half-time workdays or 140 half-time working hours) per service year for any reason (e.g., vacation, holidays, sick leave, continuing education). However, time-off does **NOT** count toward the 45 week service requirement (45 weeks service + 7 weeks optional time off = 52 weeks per year). Requests for additional time off are considered and if approved, require a contract amendment to extend the service obligation (contract end date).
- E. Services are provided under half-time employment status. Half-time service is defined as a minimum of 20 hours per week not to exceed 39 hours per week.
  - a. The 20 hours per week may be compressed into no less than 2 days/week, with no more than 12 hours of work to be performed in any 24-hour period.
  - b. Hours in excess of 20 hours per week cannot be applied to any other work week.
  - c. If an award recipient works more than the minimum number of 20 hours per week, and it is not considered overtime, the only allotted time off that will need to be

deducted are the hours of absence that cause a participant's work hours to fall below the required 20 hours per week.

- i. **Example:** A practitioner is sick for 24 hours one week. He works a standard 36 hours that week with no overtime so he will only need to claim 8 hours of allotted time-off for the week.
- d. Overtime hours do not count toward service obligation.
- e. "On call" hours do not count toward the service obligation, except to the extent the provider is providing patient care during that period.
- F. At least 16 hours per week are spent providing patient care at practice sites.
- G. Telehealth delivered services, if applicable, cannot exceed more than 75% of the minimum weekly hours required to provide direct patient care.
- H. No more than 4 hours per week are spent in a teaching capacity or performing clinical-related administrative activities.
- I. Award recipients are allowed to change full-time or half-time employment status once per service obligation upon request to the Agency. If approved, the change will require a contract amendment and may require a change to the service obligation period/contract term.

### 1.03 Eligibility Conditions and Requirements

NOTICE: To be considered for an award, applicants must meet **ALL** Eligibility Conditions outlined in section 1.03A and Eligibility Requirements outlined in section 1.03B.

**The documentation required to be submitted with the application may take the applicant several days to weeks to obtain.** It is strongly recommended that the applicant thoroughly review the conditions and requirements and begin obtaining the documentation immediately to meet the application submission deadline. Late applications are not accepted.

**The Agency will verify eligibility for every condition and requirement listed in section 1.03A and 1.03B during application eligibility determination (refer to RFP Section 4).**

#### 1.03A Eligibility Conditions

The following conditions automatically disqualify an applicant from being considered for an award under the Primary Care Provider LRP. Individuals who have experienced **ANY** of the following conditions **should not apply**.

Eligible applicants must **not** have:

- A. Eligible applicants must not have judgment lien(s) arising from federal or state debt.
- B. Eligible applicants must not have a current default on any federal payment obligations [e.g., Department of Education student loans, Health Education Assistance Loans, Nursing Student Loans, Federal Housing Administration Loans, federal income tax liabilities, federally guaranteed/insured loans (e.g., student or home mortgage loans) or any non-federal payment obligations (e.g., court-ordered child support payments or state tax liabilities)] even if the creditor now considers the default to be in good standing.
- C. Eligible applicants must not have breached a prior service obligation to the federal/state/local government or other entity, even if the service obligation was subsequently satisfied.

- D. Eligible applicants must not have write-offs/charge-offs of any federal or non-federal debts as uncollectible or a waiver of any federal service or payment obligation.
- E. Eligible applicants must not have an existing current service obligation, e.g., an NHSC Scholarship or Loan Repayment Program obligation, a NURSE Corps Loan Repayment Program obligation, or other state loan repayment program, and agree not to incur any service obligation that would be performed concurrently with, or overlap with, their Primary Care Provider Loan Repayment Program service obligation.
  - a. **Certain provisions in employment contracts can create a service obligation** (e.g., an employer offers a physician a recruitment bonus in return for the physician's agreement to work at that facility for a certain period of time or pay back the bonus).
  - b. **EXCEPTION:** Individuals in the Reserve Component of the U.S. Armed Forces or National Guard are eligible to participate in Primary Care Provider LRP. In making awards to reservists, the Agency must inform the potential Primary Care Provider LRP participant that:
    - i. Placement opportunities may be limited by the Primary Care Provider LRP program in order to minimize the impact that a deployment would have on the vulnerable populations served by the reservist.
    - ii. Military training or service performed by reservists will not satisfy the Primary Care Provider LRP service commitment.
    - iii. If participant's military training and/or service, in combination with the participant's other absences from the service site, exceed 35 workdays per service year, the Primary Care Provider LRP service obligation must be extended to compensate for the break in service.
    - iv. If the participant is a reservist and is called to active duty, the amount of time he/she is on active duty (which does not count as Primary Care Provider LRP service) must be added to the length of the original Primary Care Provider LRP obligation.

#### 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 [iowa.grants@mail.webgrantscloud.com](mailto:iowa.grants@mail.webgrantscloud.com). Applicants are required to assure these communications are received and responded to accordingly.



## 1.03B Eligibility Requirements

All eligibility requirements and information are listed in Table 1. Each eligibility requirement is listed in **Column 1** of the table and may include additional information specific to that requirement. **Column 2** lists what the applicant will need to provide to the Agency to satisfy each requirement. A [Glossary of Terms](#) and a [Frequently Asked Questions](#) resource is included in Section 7 – Links of this RFP and may be helpful to understanding the eligibility requirements.

**TABLE 1**

Eligibility Requirement 1	Applicant Requirements for Eligibility Verification
<p><i>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</i></p>	<p><i>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</i></p>
<p><b>Applicants must be a U.S. citizen or U.S. naturalized citizen</b></p>	<p><b>1.1 Verification of Citizenship</b>            Upload a JPEG, PNG, or PDF of one of the following original documents.</p> <ul style="list-style-type: none"> <li>• Certified copy of the applicant’s birth certificate issued by a state or territory of the U.S.</li> <li>• Valid, unexpired U.S. passport or U.S. passport card</li> <li>• Certificate of Naturalization</li> <li>• Certificate of Citizenship</li> </ul> <p>Do <b><u>NOT</u></b> submit a copy of an original document that is illegible, edited, or altered.</p> <p><b>1.2 Verification of Legal Name(s)</b>            If a different name is listed on any of the documents submitted for this application (i.e. name change due to marriage, divorce, etc.), applicant must upload a JPEG, PNG, or PDF of one of the following original documents:</p> <ul style="list-style-type: none"> <li>• Marriage Certificate</li> <li>• Divorce Decree</li> <li>• Court Order</li> </ul> <p>Do <b><u>NOT</u></b> submit a copy of an original document that is illegible, edited, or altered.</p>
Eligibility Requirement 2	Applicant Requirements for Eligibility Verification

**Column 1** lists each eligibility requirement and may include additional information specific to that requirement.

**Column 2** lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.

**Applicants must be licensed, board eligible, or board-certified to practice in Iowa as a health care provider in an eligible discipline and specialty (if specialty is applicable).**

**2.A** Applicants may apply with a provisional license or certificate **but** must have a current, full, permanent, unencumbered, and unrestricted health professional license, certificate, or registration, as applicable, prior to the posting of the Notice of Intent to Award.

**2.B** Applicant's license or certificate **MUST** be consistent with the professional discipline declared in this application.

**2.C Eligible Health Profession Disciplines and Specialties**

- a. Advanced Registered Nurse Practitioner (Eligible Specialties for Nurse Practitioners - Adult, Family, Pediatrics, Psychiatry/mental health, Geriatrics, Women's Health)
- b. Allopathic Medicine/Osteopathic Medicine Physician. Physicians who have not completed residency training programs are NOT eligible for funding under the Primary Care Loan Repayment Program (Eligible Specialties for Physicians - Family Medicine/Osteopathic General Practitioners, General Internal Medicine, Pediatrics, Obstetrics/Gynecology, Geriatrics, Psychiatry)
- c. Alcohol and Substance Abuse Counselors (Licensed/Credentialed/Certified)
- d. Certified Nurse-Midwife
- e. General and Pediatric Dentistry
- f. Health Service Psychologist (Clinical and Counseling)
- g. Licensed Clinical Social Worker
- h. Licensed Independent Social Worker
- i. Licensed Master Social Worker
- j. Licensed Professional Counselor
- k. Marriage and Family Therapist
- l. Pharmacist (Eligible pharmacists are practitioners who

**2.1 Verification of eligible discipline**

Upload a JPEG, PNG, or PDF of professional license or certificate.

Do **NOT** submit a copy of an original document that is illegible, edited, or altered.

Do **NOT** submit a document that states "Not an acceptable form of verification" on the document.

**2.2 Verification of eligible specialty for Advanced Registered Nurse Practitioners or Allopathic Medicine/Osteopathic Medicine Physicians.**

Upload a copy, in JPEG, PNG, or PDF format, of a specialty board certificate (e.g. ANCC or AANP for Nursing; or ABFM, ABP, or BCGM for Physicians) to practice in Iowa that is consistent with the professional specialty that is declared in this application.

Do **NOT** submit a copy of an original document that is illegible, edited, or altered.

**Do NOT submit a document that states "Not an acceptable form of verification" on the document.**

<p>provide direct patient care. Pharmacists whose primary roles are dispensing medication and/or are located in retail settings are NOT eligible for the Primary Care Provider Loan Repayment Program)</p> <ul style="list-style-type: none"> <li>m. Physician Assistant (Eligible Specialties for Physician Assistants - Adult, Family, Pediatrics, Psychiatry/mental health, Geriatrics, Women’s Health)</li> <li>n. Psychiatric Nurse Specialist</li> <li>o. Registered Dental Hygienist</li> <li>p. Registered Nurse</li> </ul>	
<p style="text-align: center;"><b>Eligibility Requirement 3</b></p>	<p style="text-align: center;"><b>Applicant Requirements for Eligibility Verification</b></p>
<p><i>Column 1 lists each eligibility requirement and may include additional information specific to that requirement.</i></p>	<p><i>Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.</i></p>
<p><b>Applicants must have qualifying graduate and/or undergraduate education that is related to the applicant’s discipline.</b></p>	<p><b>Verification of qualifying education:</b>  Upload a JPEG, PNG, or PDF of an official educational transcript or signed statement from educational institution on official letterhead for <b><u>EACH</u></b> educational institution attended to obtain the minimum degree required for licensure under the applicant’s discipline.</p> <p><b>Certificates or diplomas are <u>NOT</u> acceptable documentation.</b></p> <p>Do <b><u>NOT</u></b> submit a copy of an original document that is illegible, edited, or altered.</p> <p>Official educational transcripts <b><u>MUST</u></b> include:</p> <ul style="list-style-type: none"> <li>a. Institution Name,</li> <li>b. Dates of attendance, and</li> <li>c. Degree obtained (or indicate “No Degree Awarded”, if applicable)</li> </ul> <p><b><u>OR</u></b></p> <p>A signed statement from educational institution on official letterhead <b><u>MUST</u></b> include:</p> <ul style="list-style-type: none"> <li>a. Institution Name,</li> <li>b. Student Name,</li> </ul>

- c. Dates of attendance, and
- d. Degree obtained

**Eligibility Requirement 4**

**Applicant Requirements for Eligibility Verification**

*Column 1 lists each eligibility requirement and may include additional information specific to that requirement.*

*Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.*

**Applicants must have qualifying graduate and/or undergraduate educational loans.**

- 3.A** Applicants have the opportunity to submit individual, consolidated, or refinanced federal or commercial student loans.
- i. Federal Educational Loan: A federal educational loan is a loan made by the federal government to help you pay for your college education. Federal educational loans are provided through the Department of Education's Loan Program.
  - ii. Commercial (Private) Educational Loan: A commercial educational loan is an alternative/supplemental funding option to help cover the costs of college education. A commercial educational loan is made by an individual bank or lender.
  - iii. Consolidation Loan: A consolidated loan allows you to consolidate (combine) one or more educational loans into a new consolidation loan.
- 3.B** Qualifying educational loans are limited to the minimum undergraduate or graduate education required to obtain licensure in the profession under which you are applying.
- 3.C** Qualifying educational loans must have a related transcript or signed statement included in the application.
- 3.D** Qualifying educational loans must correspond to the dates indicated on educational transcripts (or signed statements from educational institutions) provided by the applicant.

**3.1 Authorization to Access Student Loan Data**

Provide express written consent in the application for the Agency and the Iowa College Student Aid Commission (ICSAC) to access the National Student Loan Data System (NSLDS) in order to verify student loan information.

**3.2 Verification of Student Loans**

**Accurate and complete information must be provided for each educational loan submitted for consideration.**

Loans will be verified to determine whether they are eligible for repayment through a review of information and supporting documents provided in the application, and loan data provided by the Iowa College Aid Commission.

**Failure to provide the required information will delay the Agency's ability to verify loans and may result in rejection of an application.**

**Applicants will be required to submit the following information about each loan for consideration, and the *Required Supporting Documentation* (see below) must be uploaded:**

- a. Debtor Name/Borrower Name (i.e., the PCPLRP applicant)
- b. Lender/Holder Name
- c. Servicer Name
- d. Educational Institution Name
- e. Loan Account Number
- f. Loan ID Number (e.g. token, group, or number for each

**3.E** Qualifying educational loans are government and commercial loans for actual costs paid for tuition and reasonable educational and living expenses related to the education of the applicant.

- q. Reasonable educational expenses are costs of education, exclusive of tuition, (e.g., fees, books, supplies, clinical travel, educational equipment and materials, and board certification/licensing exams), which do not exceed the school's estimated standard student budget for educational expenses for the participant's degree program and for the year(s) of that participant's enrollment. Debt associated with residency programs or relocation is not considered a "reasonable educational expense".
- r. Reasonable living expenses include the costs of room and board, transportation, and commuting costs, which do not exceed the school's estimated standard student budget for living expenses at that school for the participant's degree program and for the year(s) of that participant's enrollment. Debt associated with residency programs or relocation is not considered a "reasonable living expense".

**3.F Ineligible loans include, but are not limited to:**

- a. Credit Card debt
- b. Loans for which the applicant incurred a service obligation which will not be satisfied prior to the start of this contract.
- c. Loans obtained after the applicant submits an application for loan repayment assistance.
- d. Loans not obtained from a government entity or commercial student loan lending institution. (Most loans made by private foundations to individuals are not eligible for repayment)
- e. Loans that have no current balance or have already been paid in full.
- f. Loans subject to cancellation (for example, Perkins Loans may require documentation to confirm no cancellation through service).

loan)

- g. Loan Type (e.g. Direct Subsidized Loan, Direct Unsubsidized Loan, Direct Grad PLUS Loan, Direct Consolidation Loan)
- h. Loan Origination Date
- i. Original Loan Amount
- j. Last Disbursement Date
- k. Outstanding Balance/Total Balance (must be no more than 30 days from the date of the PCPLRP application submission).
- l. Principal Balance
- m. Interest Balance
- n. Interest Rate
- o. For a consolidated loan, additional information and documents will be required:
  - i. Original date of consolidation.
  - ii. Original balance of consolidation.
  - iii. Account number.
  - iv. What loans were included in the consolidation
  - v. Supporting documentation (see below) for each loan included

**NOTE:** If a loan was consolidated more than once, each consolidation must be listed separately in the application. Information must be provided about all of the loans included in each consolidation.

**Required Supporting Documentation.** Applicants will be required to provide an account statement and a disbursement report for each commercial loan, each consolidated loan, and for each loan included in the consolidation. Supporting documentation for an individual federal loan is not required (unless the loan is part of a consolidation).

An example of a [Disbursement Report](#) and [Disclosure Statement](#) can be found in RFP Section 7 Attachments.

- a. Account **Statement.** This document is used to provide current information on qualifying educational loans and

- g. Loans that have been consolidated with another person's loans (e.g., a spouse or child). This makes the entire loan ineligible.
- h. Loans that have been consolidated with any personal debt.
- i. Parent Plus loans (reference <https://studentaid.gov/understand-aid/types/loans/plus>)
- j. Personal lines of credit/Personal loans
- k. Primary Care Loans, as they have an obligation for health professional service to the federal government.
- l. Residency loans
- m. Relocation loans
- n. Loans for other educational degrees that were not required to obtain licensure in the profession under which you are applying.
- o. If an otherwise eligible educational loan is consolidated/refinanced with ineligible (non-qualifying) debt of the applicant, no portion of the consolidated/refinanced loan will be eligible for loan repayment.

should:

- i. be on official letterhead or other clear verification that it comes from the lender/holder;
  - ii. include the name of the debtor/borrower (i.e., the PCPLRP applicant);
  - iii. contain the account number;
  - iv. include the date of the statement (cannot be more than 30 days from the date of PCPLRP application submission);
  - v. Include the principal balance and outstanding/accrued interest;
  - vi. include the current outstanding balance/total balance (principal and interest); and
  - vii. include the current interest rate.
- b. **Disbursement Report.** This report is used to verify the originating loan information and should:
- i. be on official letterhead or other clear verification that it comes from the lender/holder;
  - ii. include the name of the debtor/borrower;
  - iii. contain the account number;
  - iv. include the type of loan;
  - v. include the original loan date (must be prior to the date of the PCPLRP application submission);
  - vi. include the original loan amount; and
  - vii. include the educational institution name.

For non-federal loans, the disbursement report requirement may be satisfied through various types of documents including a promissory note, a disclosure statement, and letters directly from the lender containing the required information (as indicated above). The applicant may be able to obtain this disbursement information on their lender's website or from other documentation; however, **all documentation must be on official letterhead and clearly demonstrate that the loan originated from the servicer/lender.**

Failure to provide the required information will delay the

Agency's ability to verify loans and may result in rejection of an application.

### Eligibility Requirement 5

### Applicant Requirements for Eligibility Verification

*Column 1 lists each eligibility requirement and may include additional information specific to that requirement.*

*Column 2 lists what the applicant will need to provide to the Agency to satisfy each eligibility requirement.*

#### Applicants must work at an eligible practice site.

#### 5.1 Verification of Employment

##### 5.A Eligible Business Structure

A resource to verify the business structure is on the Secretary of State's website at <https://sos.iowa.gov> (Search Databases/Business Entities).

Applicants must be working at an eligible practices site or have accepted an offer of employment at an eligible practice site by the application submission date.

Submit the following information about the applicant's place of employment:

- a. Public entity (any state or local government)
- b. Non-profit private entity (an entity which may not lawfully hold or use any part of its net earnings to the benefit of any private shareholder or individual and which does not hold or use its net earnings for that purpose)
- c. For-profit health facility operated by a non-profit organization

- a. Employer Legal Name
- b. Employer Address, City, State, Zip
- c. Business Structure
- d. Business Type
- e. Authorized Representative Name, Email, Phone

**NOTE:** For-profit, private entities are **NOT** eligible.

##### 5.B Patient Non-discrimination Requirement

Patient non-discrimination policy must indicate that the practice site must not discriminate in the provision of services based on an individual's:

- a. Inability to pay;
- b. Medicare, Medicaid, or Children Health Insurance Program coverage; or
- c. Race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

#### 5.2 Verification of Employer/Practice Site **PATIENT** Non-discrimination Practices

Submit a copy of patient Non-discrimination policy on official letterhead.

**NOTE:** Employee non-discrimination policies are **NOT** acceptable documentation.

**5.C Eligible Telemedicine Practices Requirement**

- a. The originating site (location of the patient) and the distant site (location of the Primary Care Provider LRP participant) must be located in a HPSA and be an eligible practice site.
- b. Applicants must comply with all applicable telemedicine policies of their site as well as all-applicable federal and state rules and policies regarding telemedicine services.
- c. Applicants must be practicing in accordance with applicable licensure and professional standards.
- d. Applicants must be available, at the discretion of the approved practice site(s), to provide in-person care at the direction of each telehealth site on the application regardless of whether such sites are distant or originating.
- e. Telehealth may be conducted to or from an approved alternative setting as directed by the participant's practice site(s).
- f. All service completed in an approved alternative setting is restricted to the program guidelines.
- g. Self-employed clinicians are NOT eligible to earn service credit for telehealth services.
- h. If telehealth services are provided to patients in another state, the clinician must be licensed to practice (including compacts) in both the state where the clinician is located (i.e., the distant site) and the state where the patient is physically located (i.e., the originating site).
- i. Telehealth services must be furnished using an interactive telecommunications system, defined as multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the patient at the originating site and the applicant at the distant site.
- j. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

**5.D Employer/Practice Site Sliding Fee Scale Practices Requirement**

**5.3 Verification of Employer/Practice Site Telemedicine Practices**

In the application, indicate adherence to telemedicine policies for employer/practice site(s).

**5.4 Verification of Employer/Practice Site Sliding Fee Scale Practices**



- a. Sliding fee scale documentation MUST be a copy of an official document of the employer/practice site and must be identified as such.
- b. Sliding fee scale must be the most updated version in accordance with U.S. Department of Health and Human Services (HHS) Poverty Guidelines.
  - i. For information about the U.S. Department of Health and Human Services (HHS) Poverty Guidelines, please visit <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.
- k. Sliding Fee Policy must indicate that:
  - ii. For individuals with annual incomes at or below 100 percent of the HHS Poverty Guidelines, practice sites provide services at no charge or at a nominal charge.
  - iii. For individuals between 100 and 200 percent of the HHS Poverty Guidelines, practice sites must provide a schedule of discounts, which must reflect a nominal charge covered by a third party (either public or private).
  - iv. Practice sites may charge for services to the extent that payment will be made by a third party which is authorized or under legal obligation to pay the charges.
  - v. Critical Access Hospitals must utilize a Sliding Fee Discount Program, at a minimum, for low-income patients in both the emergency room and the affiliated outpatient clinic. The Sliding Fee Discount Program requirements do not extend to the Critical Access Hospital inpatient fee structure (i.e., the Critical Access Hospital in-house discounted fee schedule or charity care program for other settings) or for requirements necessary to meet Medicare certification requirements.
  - vi. Practice sites cannot require Medicare, Medicaid, or Children's Health Insurance Program application or proof of denial before allowing a patient to apply

Submit a copy of a Sliding Fee Scale and Policy on official letterhead

<p style="text-align: center;">and be eligible for the Sliding Fee Discount Program</p> <p>I. Here is a <a href="#">sample</a> of a sliding fee scale policy and schedule.</p>	
<p><b>5.E Health Insurance Acceptance Requirement</b> Each eligible practice site must accept insurance, including Medicare, Medicaid, and the Children’s Health Insurance Program.</p>	<p><b>5.5 Verification of Employer/Practice Site Health Insurance Acceptance Requirement</b> In the application, indicate adherence to acceptance of health insurance requirements.</p>
<p><b>5.F Professional Services Rates Requirement</b> Each eligible practice site must charge for professional services at the usual and customary prevailing rates (free clinics are exempt from this requirement).</p>	<p><b>5.6 Verification of Employer/Practice Site Professional Services Rates Requirement</b> In the application, indicate adherence to rate requirements.</p>
<p><b>5.G Patient Acceptance Requirement</b> Each eligible practice site must accept all individuals regardless of their ability to pay.</p>	<p><b>5.7 Verification of Employer/Practice Site Patient Acceptance Requirement</b> In the application, indicate adherence to patient acceptance requirements.</p>
<p><b>5.H Eligible Practice Site Types</b></p> <ul style="list-style-type: none"> <li>a. Centers for Medicare &amp; Medicaid Services Certified Rural Health Clinics</li> <li>b. Community Outpatient Facilities</li> <li>c. Community Mental Health Facilities</li> <li>d. Correctional or Detention Facilities <ul style="list-style-type: none"> <li>i. Federal Prisons</li> <li>ii. State Prisons</li> </ul> </li> <li>m. Critical Access Hospital affiliated with a qualified outpatient clinic</li> <li>n. Federally Qualified Health Centers (FQHCs), may include: <ul style="list-style-type: none"> <li>i. Community Health Centers</li> <li>ii. Migrant Health Centers</li> <li>iii. Homeless Programs</li> <li>iv. Public Housing Programs</li> </ul> </li> <li>o. FQHC Look-Alikes (community-based health care providers that meet all HRSA Health Center Program</li> </ul>	<p><b>5.8 Verification of Practice Site(s)</b> Submit the following information for <b><i>EACH</i></b> practice site at which the applicant will be providing services to fulfill the service obligation:</p> <ul style="list-style-type: none"> <li>a. Practice Site Name</li> <li>b. Doing Business As (DBA)</li> <li>c. Practice Site Address</li> <li>d. Practice Site City, State, Zip</li> <li>e. Practice Site County</li> <li>f. Practice Site Type</li> <li>g. FTE (what portion of time will be spent at each practice site (e.g. 0.2 FTE, 0.7 FTE)</li> <li>h. Rural Status</li> <li>i. County-level Poverty</li> <li>j. Health Professional Shortage Area (HPSA) Discipline</li> <li>k. HPSA ID</li> <li>l. HPSA Name</li> <li>m. HPSA Score</li> </ul>

requirements and are part of the Health Center Program but do not receive federal award funding)

- p. Free Clinics
- q. Immigration and Customs Enforcement Health Service Corps
- r. Indian Health Service Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs to include:
  - i. Federal Indian Health Service (IHS) Clinical Practice Sites
  - ii. Tribal/638 Health Clinics
  - iii. Urban Indian Health Program
  - iv. IHS and tribal hospitals
- s. Mobile Units
- t. Private Practices (Solo or Group), must be operated by a non-profit organization
- u. School-based Programs
- v. State and County Health Department Clinics
- w. State Mental Health Facilities

**INELIGIBLE PRACTICE SITE TYPES**

- a. Homes of Patients or Providers
- b. Retail Pharmacies
- c. Private, For-profit Entities
- d. County/local prisons
- e. Inpatient hospitals, unless specified
- f. VA Medical Centers and Clinics, Military Bases, and Civilian Health Care Providers in the Tricare Network
- g. Long-term care facilities

#### 1.04 Service Delivery Area Reserved

#### 1.05 Available Funds

The source of funding for this program is provided through the U.S. Department of Health and Human Services, Health Resources and Services Administration Program CFDA: 93.165 Grants to States for Loan Repayment (refer to Section 7 Links), and funding from the State of Iowa. The Agency anticipates up to \$1,000,000 available for approximately 17 awards. Actual total awards and individual contract funding levels may vary from that 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.

Loan Repayment Award Amounts are based on the health care discipline and the term of the service obligation, see Table 2. Applicants who elect a two-year, half-time service obligation are eligible for no more than 50% of the max award.

<b>Table 2: Eligible Health Care Discipline</b>	<b>Maximum Award Two-year, Full-time <u>OR</u> Four-year, Half-time Service Obligation</b>	<b>Maximum Award Two-year, Half-time Service Obligation</b>
Primary care physician <ul style="list-style-type: none"> <li>- Family Medicine (and osteopathic general practice)</li> <li>- General Internal Medicine</li> <li>- Pediatrics</li> <li>- Obstetrics/Gynecology</li> <li>- Geriatrics</li> <li>- Psychiatry General Practitioners</li> </ul> General and Pediatric Dentistry	\$75,000	\$37,500
Nurse Practitioners and Physician Assistants <ul style="list-style-type: none"> <li>- Adult</li> <li>- Family</li> <li>- Pediatrics</li> <li>- Psychiatry/mental health</li> <li>- Geriatrics</li> <li>- Women's health</li> </ul> Psychiatric Nurse Specialist Certified Nurse Midwife Health Service Psychologist (Clinical and Counseling) Pharmacist Licensed Clinical Social Worker/Licensed Independent Social Worker	\$65,000	\$32,500

Licensed Master Social Worker Licensed Professional Counselor Marriage and Family Therapist Registered Clinical Dental Hygienist Registered Nurse Alcohol and Substance Abuse Counselor	\$55,000	\$27,500
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**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 Date & Deadlines as needed.

<b>Schedule of Important Events</b>	<b>Dates &amp; Deadlines</b>
The RFP is issued	December 3, 2024
<b><u>Eligibility Determination Phase</u></b>	
The timeframe for applicants to submit questions about any part of eligibility determination is:	<b>From:</b> Dec 10, 2024 <b>To:</b> Jan 7, 2025
The Agency will provide a response to each question submitted by applicants. The Agency will maintain a running list of questions asked and answers supplied, and will be publicly accessible at the following intervals:  The Agency will publish responses to questions on: The Agency will publish updated responses to questions on: The Agency will publish updated responses to questions on:	Dec 19, 2024 Jan 3, 2025 Jan 14, 2025
The applicant Eligibility Determination Form submission deadline is:  <b>****The application is closed to the public. Only applicants that have submitted the required forms will be eligible to advance to the next step in the RFP process.****</b>	Jan 21, 2025 by 4:00 PM (local Iowa time)
Agency verification of applicant eligibility is:	<b>From:</b> Jan 22, 2025 <b>To:</b> Mar 11, 2025
<b><u>Clarification Phase</u></b>	
The Agency will issue eligibility clarifications to applicants by:	Mar 13, 2025
The timeframe for applicants to submit questions about eligibility clarifications is:	<b>From:</b> Mar 14, 2025 <b>To:</b> Mar 27, 2025

Schedule of Important Events	Dates & Deadlines
<p>The Agency will provide a response to each question submitted by applicants. The Agency will maintain a running list of questions asked and answers supplied, and will be publicly accessible at the following intervals:</p> <p style="text-align: center;">The Agency will publish responses to questions on:  The Agency will publish updated responses to questions on:  The Agency will publish updated responses to questions on:</p>	<p>Mar 20, 2025  Mar 26, 2025  Apr 3, 2025</p>
<p><b>Application is due on:</b></p>	<p>Apr 8, 2025 by 4:00 PM (local Iowa time)</p>
<p>Agency Review of application is:</p>	<p><b>From:</b> Apr 9, 2025  <b>To:</b> Apr 29, 2025</p>
<p>The posting of the Notice of Intent to Award is:</p>	<p>May 13, 2025</p>

**A. RFP Issued** – The Agency will post the RFP under Grant Opportunities quick link at [www.iowaGrants.gov](http://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** – No Applicants Conference will be offered.

**C. Written Questions and Responses** – Written questions related to the RFP must be submitted through [www.iowaGrants.gov](http://www.iowaGrants.gov) no later than the dates specified in the table above. 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 final 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](http://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](http://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](http://www.iowaGrants.gov) periodically for written questions and responses to this RFP.

**D. Application Creation** – Applicants to this funding opportunity must NOT use the ‘Copy Existing Application’ function. Applicants must click ‘Start a New Application’ for this Funding Opportunity to begin and application. The application will consist of multiple required forms (refer to Section 3) available within the Electronic Grant Management system at [www.iowaGrants.gov](http://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 4:00 PM (local Iowa time) **April 8, 2025**, in the Electronic Grant Management System at [www.iowaGrants.gov](http://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.

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

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

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

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

**F. Release of Names of Applicants – April 11, 2025.** 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 [Mike Drottz at michael.drottz@hhs.iowa.gov](mailto:mike.drottz@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 10 business days on the Agency Web page <https://hhs.iowa.gov/about/funding-opportunities/notice-intent-award> under Funding Opportunities link by 4:30 pm on the date specified in the Schedule of Events table above. Applicants are solely responsible for reviewing the Notice of Intent to Award to determine their award status.

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

## **1.07 Inquiries**

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

For assistance regarding IowaGrants, please contact the Agency IowaGrants Helpdesk at [iowagrants.helpdesk@hhs.iowa.gov](mailto: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](http://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](mailto: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](http://www.iowaGrants.gov) as a returning user;
- Search Funding Opportunities;
- Select this Funding Opportunity;
- Click on 'Copy Existing Application';
- Select the application that you want to copy by marking it under the 'Copy' column (Note: all applications whether in editing, submitted or withdrawn status will be displayed to be copied);
- Click the 'Save' button.

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

Withdrawn applications for this RFP posting must be submitted by the due date provided in section

1.06 in order to be considered for funding. Withdrawn, submitted, or editing status applications are also available to copy to other Funding Opportunities in IowaGrants at any time.

### **1.12 Acceptance of Terms and Conditions**

- A. An applicant's submission of an application constitutes acceptance of the terms, conditions, criteria and requirements set forth in the RFP and operates as a waiver of any and all objections to the contents of the RFP. By submitting an application, an applicant agrees that it will not bring any claim or have any cause of action against the Agency or the State of Iowa based on the terms or conditions of the RFP or the procurement process.
- B. The Agency reserves the right to accept or reject any exception taken by an applicant to the terms and conditions of this RFP. Should the successful applicant take exception to the terms and conditions required by the Agency, the successful applicant's exceptions may be rejected and the Agency may elect to terminate negotiations with that applicant. However, the Agency may elect to negotiate with the successful applicant regarding contract terms which do not materially alter the substantive requirements of the RFP or the contents of the applicant's application.

### **1.13 Costs of Application Preparation**

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

### **1.14 Multiple Applications**

An applicant may submit only one application.

### **1.15 Oral Presentation**

Applicants may be requested to make an oral presentation of the application. The determination of need for presentations, the location, order, and schedule of the presentations is at the sole discretion of the Agency. If an oral presentation is required, applicants may clarify or elaborate on their applications, but may in no way change their original application.

### **1.16 Rejection of Applications/Cancellation of the RFP**

- A. The Agency reserves the right to reject, 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 rejected 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](http://www.iowaGrants.gov).
- C. Any application may be rejected 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.

### **1.17 Restrictions on Gifts and Activities**

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

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

### **1.18 Use of Subcontractors**

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

### **1.19 Reference Checks**

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

### **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 subcontractors, 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 an Agency Service Contract Compliance Officer. Clarification responses shall be in writing in the format provided by the Agency and shall address only the information requested. Responses shall be submitted to the Agency within the time stipulated at the time of the request. An applicant will not be permitted to modify or amend its application if contacted by the Agency for this reason.

## **1.26 Waivers and Variances**

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

## **1.27 Disposition of Applications**

All application submissions become the property of the Agency.

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

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

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

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

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

Failure of the Applicant to request information be treated as confidential as specified herein shall relieve Agency personnel from any responsibility for maintaining the information in confidence. Applicants may not request confidential treatment with respect to pricing or budget information and transmittal letters. An applicant's request for confidentiality that does not comply with this section or an applicant's request for confidentiality on information or material that cannot be held in confidence as set forth herein are grounds for rejecting an application as non-responsive.

A. Confidential Treatment of Information is Requested by the Applicant

An applicant requesting confidential treatment of information contained in its application shall be required to submit two copies of its application (one complete application (containing confidential information) and one redacted version (with confidential information excised) and complete and submit Form 22 with both applications as outlined herein:

1. Complete and Submit Form 22 with both applications

APPLICANT NOTE: SUBMISSION OF THIS FORM 22 IS REQUIRED **ONLY** IF REQUESTING CONFIDENTIAL TREATMENT OF APPLICATION INFORMATION.

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

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

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

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

The applicant must submit one copy of the application labeled "Redacted Copy" from which the confidential information had been excised. In order to do this, the applicant shall rename the copy with the word 'Redacted' added as the **first** word in the application title, using the exact same title as the first copy of the application. The applicant must then revise each form within the copied/redacted application removing the confidential information and inserting the word 'redacted' in the required fields. The confidential material must be excised from the redacted version in such a way as to allow the public to determine the general nature of the material removed and to retain as much of the application as possible.

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

#### B. Public Requests

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

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

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

### 1.29 Copyrights

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

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

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

The reconsideration shall be addressed to the contract compliance officer cited in the RFP [Mike Drottz](#), and shall be submitted via email, including a read receipt verification, to BOTH of the following email addresses:

[reconsiderationrequest@hhs.iowa.gov](mailto:reconsiderationrequest@hhs.iowa.gov) AND [michael.drottz@hhs.iowa.gov](mailto:michael.drottz@hhs.iowa.gov)

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

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

### **1.31 Definition of Contract and exclusivity**

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

### **1.32 Construction of RFP**

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



## **SECTION 2 – BACKGROUND AND SCOPE OF WORK**

### **2.01 Background**

The State of Iowa recognizes access to health care as one of the biggest challenges affecting rural communities. If resources are limited, community members may have unmet health needs, potentially leading to a decrease in quality of life and life expectancy. Moreover, many people living in rural Iowa are experiencing social, economic, and health-related disparities, which can create barriers to accessing quality health care services.

According to the County Health Rankings & Roadmaps 2022 Iowa Report, the ratio of population to primary care physicians, dentists, and mental health providers is higher than the national ratio:

Ratio of Population to Providers	U.S.	Iowa
Primary Care	1,310:1	1,350:1
Dental Care	1,400:1	1,440:1
Mental Health Care	350:1	570:1

If current health care utilization and delivery patterns continue, the projected needs for all physicians will escalate, especially in rural Iowa.

### **Goals and Objectives of the program**

The goal of this program is to provide loan repayment assistance to Primary Care Provider LRP awardees. Awarded funds are applied to the principal, interest, and related expenses of outstanding Government (i.e., federal, state, or local) and commercial (i.e., private) student loans. Loan repayment assistance is limited to the minimum undergraduate or graduate education required to obtain licensure in the profession and specialty (if specialty is applicable) under which you are applying.

Objective 1: Improve access to primary health care among rural and underserved populations.

Objective 2: Expand the primary care provider workforce in rural and underserved areas of Iowa.

Objective 3: Distribute primary care providers where they are most needed.

This Primary Care Provider Loan Repayment Program is part of Iowa's effort to assure access to healthcare for underserved populations. Loan repayment is a recruitment and retention tool, assisting in access to care in underserved areas including, but not limited to, rural areas and urban underserved areas.

### **2.02 Contract Reporting and Site Visit Requirements**

Successful applicants will be required to prepare and submit reports to the Agency as outlined here and in the draft contract. **Failure to submit any required reports will result in the contractor being in Breach of Contract (refer to section 5.05 below).**

The Agency requires periodic reporting of compliance with contractual expectations and provision of service obligations. Successful applicants will be awarded a contract to be managed within the IowaGrants Electronic Grant Management System at [www.iowaGrants.gov](http://www.iowaGrants.gov). The required reports and related information will be submitted within the Grant Tracking system. The reports, due dates,

and submission requirements are subject to change at the sole discretion of the Agency.

Anticipated reports (progress and data), Surveys, and Site Visits include:

- Semi-annual Progress Reports - these reports will include details about progress towards fulfilling activities detailed in the contract and proof of regularly scheduled monthly payment of approved educational loans.
- Lender Proof of Payment Report- this report will include details about the contractor's required payments to the lender(s) of approved educational loans.
- Provider Survey - the provider survey will be required to be completed at the start of service, the end of year, and the end of contract. The survey will include details about provider experience living and working in rural Iowa.
- Site Visit - A site visit may be required and may occur in-person or remotely. The practice site and LRP recipient must cooperate with planning for and completion of a site visit.

### **2.03 Award Disbursement and Loan Payment**

- A. Primary Care Provider LRP award disbursements are contingent on contract compliance and will be dispersed during year one of the service obligation.
- B. Award disbursement payments must be utilized for repayment of approved educational loans.
- C. Within 60 days of receiving an award disbursement, the Practitioner must render payment of approved educational loans directly to the lender(s).
- D. Award disbursement payments must be made in a one-time, lump sum payment to the principal and/or outstanding interest balance of approved educational loans.
- E. Refrain from applying award disbursements as a substitute for regularly scheduled monthly payments or to put a loan in "Paid Ahead Status". To avoid "Paid Ahead Status", apply the award disbursement to the loan balance.
- F. Within 90 days of receiving an award disbursement, submit documentation of payment to the lender(s) via the IowaGrants Electronic Grant Management System.
  - a. Proof of payment must show that 100 percent of Primary Care Provider LRP funds were paid to lender(s) of approved educational loans.
  - b. Proof of payment must be a copy of the most recent statement from each loan servicer showing:
    - i. servicer's name.
    - ii. health care professional name.
    - iii. account number.
    - iv. identifier (e.g., token, sequence, or number for each loan)
    - v. payment record of Primary Care Provider LRP funds.
    - vi. amount applied to principal.
    - vii. amount applied to interest.
    - viii. total amount applied to loan.
    - ix. current loan balance.
- G. Return all or part of the Primary Care Provider Loan Repayment Program disbursement to the Agency if the outstanding balance of approved educational loans is less than the

maximum disbursement amount. Practitioner is still required to complete entire service obligation regardless of return of unused funds.

- H. Return all or part of the Primary Care Provider Loan Repayment Program disbursement to the Agency if an approved educational loan is forgiven and a credit is due to the debtor/borrower that includes disbursed funds.
  - a. Return of funds may result in a service obligation adjustment in proportion to the award disbursement amount utilized.

A completed W-9 Form is mandatory for recipients of the Primary Care Provider LRP to be established as a payee in the State's financial system and to receive award disbursements for approved educational loans. The W-9 Form is available via hyperlink in the eligibility determination form.

## **2.04 Tax Liability**

Loan repayment program awards are not subject to federal or state income taxes. Public Law 111-148, the Patient Protection and Affordable Care Act, makes payments under the National Health Service Corps Loan Repayment Program and certain state loan repayment programs tax exempt. The Primary Care Provider LRP is Iowa's State Loan Repayment Program. The provision is effective with respect to loan repayment grants received by an individual in taxable years beginning after December 31, 2008.

Iowa income taxes were coupled with the Internal Revenue Code as of January 31, 2005, thereby exempting Primary Care Provider LRP funds from state income taxes under the same effective dates reflected in federal legislation.

## **2.05 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.

**“Administrative Costs”** means those costs and fees that may include, but are not limited to, those that have been incurred for common or joint purposes or objectives, benefitting more than one cost objective, and/or cannot be readily identified with a particular final cost objective. For the purposes of this RFP, examples of Administrative Costs shall include general administration and general expenses such as accounting, expenses of executive officers, personnel administration, costs of operating and maintaining the facility, rent and lease payments, utilities, data collection and data processing costs, printing, communications equipment and services, depreciation, and other costs necessary to support the delivery of services.

**“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 any single item with a cost or value of \$5,000 or more and with an

anticipated useful life of one year or more.

**“Indirect Costs”** represent the expenses of doing business that are not readily identified with a particular grant, contract, project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. These may be costs and fees that have been incurred by the Grantee for common or joint purposes or objectives, benefitting more than one cost objective, and/or cannot be readily identified with a particular final cost objective. For the purposes of this RFP, examples of Indirect Costs shall include general administration and general expenses such as accounting, expenses of executive officers, personnel administration, costs of operating and maintaining the facility, rent and lease payments, utilities, data collection and data processing costs, printing, communications equipment and services, depreciation, and other costs necessary to support the delivery of services.

**“Indirect Cost Plan or Indirect Cost Allocation”** means an accounting function by which estimates are made to distribute indirect costs to programs or functions, in order to approximate their full cost.

**“Negotiated Indirect Cost Rate Agreement (NICRA)”** is a document published to reflect an estimate of indirect cost rate negotiated between the Federal Government and a Grantee's organization which reflects the indirect costs (facilities and administrative costs) and fringe benefit expenses incurred by the organization.

**“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.

## **2.06 Scope of Work.**

Successful applicants awarded funds under this RFP will be required to sign a contract with the Agency for a service obligation. Both the award recipient and the employer shall enter into the same contract with the Agency.

### **Practitioner shall:**

- A. Ensure all information in the IowaGrants Electronic Grant Management System is current.
- B. Correspond with the Agency via the IowaGrants Electronic Grant Management System.
- C. Utilize award disbursement(s) for repayment of approved educational loans.
- D. Within 60 days of receiving each award disbursement, render payment of approved educational loans directly to the lender(s) per Section 2.03 Award Disbursement and Loan Payment.
- E. Refrain from consolidating or refinancing approved educational loans with any other debt.

- F. Remain in good standing with lenders throughout the contract period.
- G. Continue to make regularly scheduled payments toward the outstanding balance(s) of approved educational loans during the contract period unless a loan is enrolled in a program that would not require a monthly payment (i.e. income-driven repayment program or forbearance).
  - a. As part of periodic reporting per Section 2.02, provide proof of regularly scheduled payments of approved educational loans. Proof of payment must be a copy of the most recent statement from each loan servicer showing:
    - i. servicer's name.
    - ii. health care professional name.
    - iii. account number.
    - iv. identifier (e.g., token, sequence, or number for each loan).
    - v. payment record of Primary Care Provider LRP funds.
    - vi. current loan balance.
- H. Maintain credentials for the professional discipline listed under practitioner information on the contract face sheet.
- I. Maintain appropriate malpractice insurance for the duration of the contract period indicated on the contract face sheet.
- J. Provide clinical services for the duration of the contract period.
  - a. Service obligation begins when the contract period starts.
  - b. Services must be provided under the approved professional discipline.
  - c. Services must be provided at approved practice site(s).
  - d. Services must be provided on either a full-time basis or half-time basis per Section 1.02 Contract Term.
- K. Accept reimbursement under Medicare, Medicaid and the Children's Health Insurance Program, as appropriate for the approved professional discipline.
- L. Utilize a sliding fee scale.
- M. See all patients regardless of their ability to pay.
- N. Inform the Agency via IowaGrants correspondence within (10) days of the following:
  - a. Employment status change.
  - b. Change in full-time to half-time (or half-time to full-time) status is allowed one time during the contract period.
  - c. Change in professional discipline is not allowed during the contract period.
  - d. Practice site address change.
    - i. Change of practice site must have prior approval by the Agency and meet eligibility criteria per RFP 58825024.
  - e. Contact information change.
  - f. Any other circumstance that would affect the practitioner's ability to fulfill contract obligations.
- O. Complete and submit required reports.
- P. Participate in a site visit with the Employer and the Agency, as needed.
- Q. Provide documentation, as necessary, to verify compliance with the conditions of the contract.

**Practice Site shall:**

- A. Assign an authorizing representative to act in connection with the application and contract,

and to provide such additional information as may be required.

- B. Verify that the Practitioner has no other service obligation for the duration of the contract period.
- C. Verify that the practitioner is appropriately credentialed in the healthcare discipline.
- D. Verify that the Practitioner does not have a restricted professional license/certificate.
- E. Verify that the Practitioner is rendering services at the approved practice site(s), for a minimum of 45 weeks per year for the duration of the contract period.
- F. Make all attempts to employ the practitioner for the duration of the contract period.
- G. Provide a salary for the practitioner that is based on the prevailing rate in the area and is not supplanted by the contract award.
- H. Participate in site visits with the Agency and the practitioner, as needed.
- I. Provide access to any documents and other related records, as necessary, to verify compliance with the conditions of the contract.

**2.07 Contractor Budget(s) and Contract Payment Methodology.** Reserved

## **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**

Follow the instructions carefully and complete all fields within each form.

#### **Eligibility Determination Form:**

The documentation required to be submitted with the Eligibility Determination Form may take the applicant several days to weeks to obtain. It is strongly recommended that the applicant thoroughly review RFP Section 1.03 Eligibility Conditions and Requirements and begin obtaining the documentation immediately to avoid delays and to meet the application submission deadline.

applications are not accepted.

The Eligibility Determination Form has four sections:

- Section 1: Applicant Information collects information about the applicant.
- Section 2: General Information collects data required by the Health Resources and Services Administration, which funds this program.
- Section 3: Applicant Conditions provides the opportunity for applicants to agree/acknowledge to conditions listed in RFP Section 1.03A.
- Section 4: Eligibility Requirements
  - Eligibility Requirement 1: Citizenship Documentation collects the documentation to support Requirement 1 listed in [RFP Section 1.03B](#) pertaining to U.S. citizenship status.
  - Eligibility Requirement 2: Health Profession Discipline and Specialty collects the documentation to support Requirement 2 listed in [RFP Section 1.03B](#) pertaining to qualifying health professions.
  - Eligibility Requirement 3: Qualifying Education collects the documentation to support Requirement 3 listed in [RFP Section 1.03B](#) pertaining to the applicant's education.
  - Eligibility Requirement 4: Qualifying Educational Loans collects the information and documentation to support Requirement 4 listed in [RFP Section 1.03B](#) pertaining to the applicant's educational loans.
  - Eligibility Requirement 5: Qualifying Practice Sites collects the documentation to support Requirement 5 listed in [RFP Section 1.03B](#) pertaining to the practice site(s) at which the applicant will be providing services for the duration of the required service obligation.
- Section 5: W-9 Form collects information necessary to be established as a payee in the State's financial system to receive reimbursement for approved educational loans.
- Section 6: Authorization to Access Student Loan Data Form provides authorization by the applicant for the Iowa Department of Health and Human Services and the Iowa College Student Aid Commission to access educational loans in the National Student Loan Data System (NSLDS) on the applicant's behalf.

**Minority Impact Statement:** This form collects information about the potential impact of the project's proposed programs or policies on minority groups.



## **SECTION 4 – APPLICATION REVIEW PROCESS AND CRITERIA**

### **4.01 Overview of Review Process**

Review/evaluation of applications submitted under this RFP will be conducted in three phases.

#### **Phase I --Eligibility Determination:**

Applications submitted by the specified deadline will undergo Agency verification of applicant eligibility. The Agency will review information and documentation submitted by the applicant to determine compliance with the eligibility conditions and requirements listed in RFP Sections 1.03A and 1.03B.

The Agency may, at its sole discretion, contact an applicant to clarify information or documentation related to the application. Should the Agency request additional information or documentation during this timeframe, the applicant must respond to the request by the deadline specified by the Agency or the application will be rejected and will not be reviewed further by the Agency or considered for an award.

Applications submitted after the specified deadline or in any manner other than through the IowaGrants Electronic Grant Management System (e.g. electronic mail to any other address, faxed, hand-delivered, mailed, shipped or courier-service delivered versions); or that fail to satisfy ALL eligibility conditions or requirements will be rejected and will not be considered for an award. The Agency will notify the applicant if the application is rejected. The Agency reserves the right to waive minor variances at the sole discretion of the Agency.

Only applications that satisfy ALL eligibility conditions and requirements listed in section 1.03A and 1.03B will be approved to advance to Phase II Review.

**Phase II – Review Committee:** Applications determined to meet eligibility conditions and requirements listed in RFP Sections 1.03A and 1.03B. will be accepted for the second phase of evaluation, which shall be completed by a review committee or committees established by the Agency. The membership of the review committee(s) shall be determined by the bureau chief with input and oversight from the respective division director. The review committee(s) shall evaluate applications in accordance with a point system. Each committee member will review the applications and the evaluation criteria outlined in this chapter and assign a point total for each criterion. 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 determining the points awarded.

The total score awarded by each committee member will be averaged to arrive at the final score for each application and the applications will then be ranked based on the average of the evaluation scores. The Agency staff may solicit additional input and recommendations from the review committee(s).

In the event competitive applications receive an equal number of points, a second review may be conducted utilizing the same scoring process. In the event a second review is conducted, the respective program's division director will designate two management employees and one non-management employee to conduct a second review.

Phase III -- Agency Review and Award: The third phase will be a final review. The Agency will consider the submitted applications and the review committee's scores and recommendations.

The Agency may also consider geographical distribution, budget information, any information received pursuant to Sections 1.19 - 1.24 of the RFP, and any other information received pursuant to the procurement process. The Agency reserves the right not to award the contract to the applicant with the highest point average.

#### **4.02 Scoring of Applications**

A maximum of 200 points may be awarded to each application. A minimum average score of 120 or greater is required for the application to be considered for funding. Applications scoring less than the minimum average score will be rejected.

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

Criteria Evaluation	Weight	Potential Maximum Score
<b>Pre-Application Form</b>		
<p>1. Priority Points for Clinicians:</p> <ul style="list-style-type: none"> <li>● Psychiatrist, psychologist, dentist, primary care physician MD/DO = 5 points</li> <li>● Nurse Practitioner or Physician Assistant with psychiatry or substance use specialty = 5 points</li> <li>● Nurse Practitioner or physician assistant = 4 points</li> <li>● All other eligible professions = 3 points</li> </ul>	8	40
<p>2. High Priority County for Health Factors &amp; Health Outcomes</p> <ul style="list-style-type: none"> <li>● High Priority County: Adams, Appanoose, Black Hawk, Cass, Cerro Gordo, Clarke, Clinton, Crawford, Decatur, Des Moines, Emmet, Franklin, Fremont, Keokuk, Lee, Louisa, Marshall, Monona, Montgomery, Muscatine, Osceola, Page, Pottawattamie, Tama, Van Buren, Wapello, Wayne, Webster, Woodbury = 5 points</li> <li>● All Other Counties = 3 points</li> </ul>	4	20
<p>3. HPSA score* for primary medical care, or dental health, as applies to applicant's profession (if there is more than one HPSA score, use the highest score):</p> <ul style="list-style-type: none"> <li>● Above 20 = 5 points</li> <li>● 16-20 = 4 points</li> <li>● 1-15 = 3 points</li> </ul> <p>*Facility HPSA scores are utilized, when applicable.</p> <p>HPSA Score for Mental Health Professions:</p> <ul style="list-style-type: none"> <li>● Above 21 = 5 points</li> <li>● 19-20 = 4 points</li> <li>● 1-19 = 3 points</li> </ul>	6	30
<p>4. Practice Location by Rural Status:</p> <ul style="list-style-type: none"> <li>● Rural area= 5 points</li> <li>● Not a rural area = 3 points</li> </ul>	5	25
<p>5. Percent of population (county) below 200% of the poverty level:</p> <ul style="list-style-type: none"> <li>● 41% and over = 5 points</li> <li>● 31 to 40% = 4 points</li> <li>● Up to 30% = 3 points</li> </ul>	5	25
<p>6. Received debt assistance before:</p>	8	40

<ul style="list-style-type: none"> <li>• None = 5 points</li> <li>• Any other type of educational debt assistance requiring a service obligation = 4 points</li> <li>• Primary Care Provider LRP (formerly PRIMECARRE) = 3 points</li> </ul>		
<p>7. Rural residential background:</p> <ul style="list-style-type: none"> <li>• Applicant has a rural residential background = 5 points</li> <li>• Applicant does not have a rural residential background = 3 points</li> </ul>	4	20
Total Maximum Points:		200

## **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 review process or changes in federal or state law may require additions or changes in final contract conditions requirements.

### **5.02 Amendments to Contract**

1. This contract may be amended in writing by mutual consent of the parties. All amendments to this contract must be fully executed by the parties.
2. Parties to this contract recognize that this program is regulated in large part by the federal government and this contract may be modified or amended from time to time in order to remain compliant with federal regulations as published in the Federal Register or as established in correspondence with the federal program office.
3. In the event that this contract is materially affected by a change in the regulations as referenced above, the Agency will advise the practitioner of these changes with copies of applicable regulations or correspondence within a reasonable period of time.

### **5.03 Suspension of Contract**

1. Suspension of the service obligation for up to one (1) year under this contract shall be considered for:
  - a. temporary, documented medical condition or personal situation.
  - b. maternity/paternity leave not to exceed three (3) months.
  - c. military service for a period not to exceed one (1) year.
2. The Practitioner shall notify the Agency in writing within thirty (30) working days of suspension of service obligation, or if prior notice is not possible, immediately thereafter.
3. The Agency may request supporting documentation for approval of suspension. If the total time away from a site exceeds 35 workdays in a service year, the service obligation (contract) end date will be extended in accordance with the full-time or half-time employment status indicated on the contract face sheet.

#### **5.04 Waiver of Contract**

1. A waiver may be granted only if:
  - a. all loans listed in the contract reach a balance of zero dollars (\$0.00) as a direct result of the Public Service Loan Forgiveness or the One-time Federal Student Loan Debt Relief Program; or
  - b. the Practitioner demonstrates that compliance with their commitment is permanently impossible or would involve an extreme hardship such that enforcement of the commitment would be unconscionable.
2. The Practitioner must submit a request for a waiver to the Agency with documentation of compelling circumstances.

#### **5.05 Breach of Contract**

1. Failure to comply with the terms and conditions described in this contract shall render the Practitioner in default status and constitutes a breach of contract.
2. Practitioner is in breach of this agreement if he or she has made a materially false statement on his or her application for this program.
3. Practitioner is in breach of this agreement if he or she fails to begin the service obligation at the Practice Site(s) by the start date of the contract.
4. Practitioner will be considered in default if he or she separates from the practice site(s) prior to completion of the obligated period for any reason regardless of the initiator of the separation and does not meet the suspension criteria outlined in RFP Section 5.03.
5. Repayments and Liquidated Damages. Upon breach of this agreement, the Practitioner shall be required to pay to the Agency an amount equal to the sum of the following:
  - a. The amount of the loan repayments paid to the participant representing any period of obligated service not completed.
  - b. \$7,500 (\$3,750 for half-time) multiplied by the number of months of obligated service not completed.
  - c. Interest on the above amounts at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach.
  - d. The amount the Agency is entitled to recover shall not be less than \$31,000.
  - e. The amount owed is due to be paid within one year of breach.
  - f. Should a legal action be required to enforce repayment of loan and liquidated damages for breach of this agreement, the Practitioner agrees to pay all reasonable attorney's fees, costs and expenses of such action to the Agency.

#### **5.06 Cancellation of Contract**

Contract will be canceled in the event of the Practitioner's death.

#### **5.07 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.

## **5.08 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.

## **SECTION 6 – ATTACHMENTS**

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

- A – FY25 RFP 58825024 Primary Care Provider LRP
- B – New System Login Process for All Users for IowaGrants.gov
- C – HHS Application Instruction Guidance
- D – FY25 RFP 58825024 Primary Care Provider LRP Draft Contract Template
- E – FY25 RFP 58825024 Primary Care Provider LRP Eligibility Determination Review Tool Draft
- F – RFP 58825024 Application Score Tool Draft
- G – Form 22 Confidential Information Request
- H – Loan Disbursement Report Example
- I – Loan Disclosure Statement Example
- J – Frequently Asked Questions
- K – Glossary of Terms

## **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. Federal Student AID  
<https://studentaid.gov/>
- B. FFIEC Website  
<http://www.ffiec.gov/Geocode/>
- C. HRSA Data  
<https://data.hrsa.gov/>
- D. Contract General Conditions  
<https://hhs.iowa.gov/contract-terms>
- E. NHSC Site Reference Guide (for NHSC sliding fee scale guidance)  
<https://nhsc.hrsa.gov/sites/default/files/nhsc/nhsc-sites/nhsc-site-reference-guide.pdf>
- F. U.S. Department of Health & Human Services Poverty Guidelines  
<https://aspe.hhs.gov/poverty-guidelines>
- G. U.S. Department of Health and Human Services, Health Resources and Services Administration Program CFDA: 93.165 Grants to States for Loan Repayment  
<https://www.federalgrantswire.com/grants-for-state-loan-repayment.html#.XvYq5zFKg2w>



H. Iowa Licenses and Permits (Iowa sites to see license, permit or registration status for personal, business and professional licenses)

<https://www.iowa.gov/licenses-permits>

I. W-9 Form

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>