



**STATE OF IOWA**  
**MASTER AGREEMENT**  
Contract Declaration and Execution

**MA 005**

**24060A**

**EFFECTIVE BEGIN DATE:** 08-31-2025  
**EXPIRATION DATE:** 08-30-2027  
**PAGE:** 1 of 4

**VENDOR:**

Jennifer Rayburn PC  
Healing Hands Chiropractic  
00003116160

507 Iowa Ave W Ste C  
Marshalltown, IA 50158-4700

**VENDOR CONTACT:**

Jennifer M Rayburn  
**PHONE:** 641-328-1957  
**EMAIL:** drjenn1980@yahoo.com

**ISSUER:**

Carlos Fuentes  
**PHONE:** 515-240-2698  
**EMAIL:** carlos.fuentes1@iowa.gov

**EXT:**

**FOB:** FOB Dest, Freight Prepaid

**Contract For:** Chiropractic Services for Iowa Veterans Home

The parties agree to comply with the terms and conditions on the following attachments which are by this reference made a part of the Agreement. Attachments are on file with the Department of Administrative Service - Central Procurement.

Attachment 1: Competitive Solicitation 005-RFB-0555-2024.

Attachment 2: Contractor's Response to Competitive Solicitation 005-RFB-0555-2024 (except for any contractor objection or amendment to the Competitive Solicitation Document requirements that the State has not explicitly agreed to in writing).

Attachment 3: Contractor's Cost (final pricing documentation) Response to competitive solicitation document 005-RFB-0555-2024.

Contractor accepts the following changes to take effect on 8/31/2025:

1. Contractor shall bill/invoice for services through the IVH resident's insurance directly. IVH will be invoiced for the co-pays.
2. For residents who are uninsured, the Contractor shall bill/invoice IVH at the current Medicare reimbursement rates.

The State reserves the right to add additional services to the Contract.

**RENEWAL OPTIONS**

**FROM** 08-31-2027 **TO** 08-30-2029

**AUTHORIZED DEPARTMENT**

ALL



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LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST / PRICE OF SERVICE
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REF DOC:

REF VNDR LN:

REF COMM LN:

REF TYPE: FINAL

**Professional Medical Services (Including Physicians, Pharmac  
Chiropractic Services for Iowa Veterans Home**

Must hold a valid Iowa License in Chiropractics as issued by the Iowa Board of Examiners.

Must submit documentation of the license with your Bid Response.

Must hold a minimum of two on site clinics/visits twice a month at IVH.

The Contractor must be credentialed by the Iowa Veterans Home upon appointment and at least every two years thereafter. The Iowa Veterans Home must verify and uniformly apply the following core criteria:

\*Current license.

\*Current certification if applicable.

\*Relevant education, training and experience.

\*Current competencies.

\*Statement that the individual is able to perform the services they are applying to provide.

IVH is required to develop, implement, and maintain an effective training program with individuals providing services under a contractual arrangement, consistent with their expected roles per CMS F940. IVH is also willing to provide this education if they do not have it or their institution does not provide. Bidder must complete the training listed below before performing services at IVH if not currently completed. The following educational topics have been identified as requirements for IVH to offer to "staff" based on state and federal regulations on an annual basis: Resident Rights/ Effective Communication. HIPAA. Infection Control. Dementia (at least one 1 hour annually) . QAPI - IVH will provide via educational flyer. Safety - IVH will provide via educational flyer. Dependent Adult Abuse training must be current based on current state requirements.

Contractor must be skilled with elderly, chronically ill, dependent adults, and cognitively and physically challenged patients. Contractor must provide chiropractic adjustments to IVH residents. Chirotouch EHR software must be used for scheduling and note taking. it would be preferred that residents are scheduled at the time of the appointment for the next visit. Chirotouch EHR system will be used for documentation. There is an option to start with a half day Monday afternoon and then possibly another half day if needed. IVH Patients can call day of appointment to cancel. The appointment can be rescheduled at the residents earliest convenience.

Contractor must communicate with IVH medical provider the treatment plans for each resident. X rays at the hospital would be the only service needed off site and then the radiology report is faxed to be put in the patient file.

Equipment and supplies needed to provide services on site at IVH.



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IVH will provide a Thompson drop table. Contractor must provide face rest paper bidder and activator.

Contract must bill for services through the resident's insurance will be used at the Medicare rate.

Contractor must provide vaccination record upon request of IVH.

Contractor must ensure confidentiality and compliance where applicable with the following security and privacy requirements to assure confidentiality of IVH residents at all times per the below: . Iowa Code 715C.1, 715C.2 Personal Information Security. . Business Associates provisions of the Health Insurance Portability and Accountability Act (HIPAA). (HIPAA) of 1996 (P.L.104-191): 45 CFR Part 160, 45 CFR Part 164. . Health Information Technology for Economic and Clinical Health Act (HITECH Act); Enacted under ARA (Pub.L.111-5).



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**TERMS AND CONDITIONS**

**Services Effective 1 May 16**

The parties agree to comply with the terms and conditions on the following web site which are by this reference made a part of the Agreement. General Terms and Conditions for service contracts are posted at: <https://das.iowa.gov/sites/default/files/procurement/pdf/050116%20terms%20services.pdf>

**THIS MASTER AGREEMENT IS EFFECTIVE AS OF THE LATEST DATE SHOWN IN “EFFECTIVE BEGIN DATE” IN THE UPPER RIGHT HAND CORNER OR THE DATE BELOW SIGNED BY THE STATE OF IOWA.**

CONTRACTOR		STATE OF IOWA	
<b>CONTRACTOR'S NAME (If other than an individual, state whether a corp, partnership, etc.</b> Jennifer Slifer		<b>AGENCY NAME</b> DAS Central Procurement	
<b>BY (Authorized Signature)</b>  <small>Jennifer Wilcox Rayburn (Aug 25, 2025 10:57:17 CDT)</small>	<b>Date Signed</b> 08/25/2025	<b>BY (Authorized Signature)</b>  <small>Carlos Fuentes (Aug 25, 2025 11:04:53 CDT)</small>	<b>Date Signed</b> 08/25/2025
<b>Printed Name and Title of Person Signing</b> Jennifer Slifer, DC		<b>Printed Name and Title of Person Signing</b> Carlos Fuentes, Statewide Procurement Officer	
<b>Address</b> 507 Iowa Ave W Suite C Marshalltown, IA 50158		<b>Address</b> Hoover State Office Building, 1305 East Walnut Street Des Moines, IA 50319	









# State of IA Master Agreement 24060A - For Your Signature

Final Audit Report

2025-08-25

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