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REQUEST FOR PROPOSAL (RFP)

Civil Money Penalty Quality Improvement Initiative Grant (CMPQII)

MED-22-006

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Section A RFP Purpose

The Agency is issuing this Request for Proposal (RFP) to solicit proposals for the Civil Money Penalty Quality Improvement Initiative (CMPQII) Grant Program. Grant opportunities are available to various interested stakeholders such as certified long term care facilities, consumer advocacy organizations, professional associations, resident or family councils, ombudsmen and private Contractors. Grants awarded for Initiatives submitted on behalf of a specific facility, a group of facilities or a stakeholder group will be distributed to a distinct entity that will be contractually responsible for the funds.

The grant program's objective is to develop and implement quality improvement Initiatives that directly or indirectly improve the quality of care and/or quality of life for Nursing Facility residents and staff through projects that focus on enhancement and/or educational Initiatives. These Initiatives should highlight a variety of enhancement or educational philosophies through current and sound evidence-based practices. The grant program also seeks to help protect the health or property of residents of facilities with a history of a deficient practice.

To apply for funding from the CMPQII Grant Program, Eligible Entities must submit the Application titled "Application Packet for the Civil Money Penalty Quality Improvement Initiative ("Application") that is posted with this RFP at the State of Iowa Bid Opportunities website.

Section B Grant Funding

***All grant awards are subject to approval by CMS*.**

**B.1 Use of Grant Funds**

In accordance with CMS Code of Federal Regulations, 42 CFR 488.433 and 441 Iowa Administrative Code (IAC) chapter 166:

B.1.1 Grants are available for Quality Improvement Initiatives that are outside the scope of normal operations for the Nursing Facility or other Applicant. Grants cannot be used as replacement funding for goods or services that the Applicant already offers.

B.1.2 Grant funds can only be used to benefit residents in certified Nursing Facilities, as described in this RFP.

B.1.3 Grant funds cannot be used for assisted living facilities, hospitals, adult day health care, etc.

**B.2** **Grant Awards**

Grants may be awarded for short-term Quality Improvement Initiatives for one year and up to three years.

**B.3 Ineligible Use of Grant Funds**

Grant funds may NOT be used for the following:

B.3.1 Projects disapproved by CMS;

B.3.2 General Operations or administrative salaries;

B.3.3 Capital improvements, construction projects, or other activities that would increase square footage or results in an increase in the assessed value of any property;

B.3.4 Facility maintenance activities intended to meet the minimum standards for nursing facilities set forth in 441 Iowa Administrative Code (IAC) Chapter 81;

B.3.5 Goods or services for which the Applicant or others are already obligated to pay

B.3.6 Vendor payments and payroll obligations for a facility’s normal operations or for fulfillment of state or federal requirements;

B.3.7 Cost related to travel, bonuses, or other direct employee benefits;

B.3.8 Costs that are not specifically outlined in the Applicant’s grant Application or are already included in the facility’s cost report;

B.3.9 Projects, programs, goods, or services unrelated to improving the quality of life or quality of care of Nursing Facility residents.

**B.4 Availability of Funds**
The grant program utilizes civil money penalties (CMPs) collected by the Iowa Department of Inspections and Appeals (DIA) to help protect the health or property of residents of facilities with a history of a deficient practice.

At the beginning of each calendar year, the Agency sets aside an annual amount from the civil money penalty fund established pursuant to Iowa Code section 249A.57 to be awarded in the form of grants to Eligible Entities for approved Quality Improvement Initiatives. At no time can the amount set-aside cause the civil money penalty fund to drop below $1 million. In any calendar year in which sufficient funds are available in the civil money penalty fund to support Quality Improvement Initiative grants, the Agency issues a Request for Proposals for grants.

There is no entitlement to any funds available for grants awarded through this Initiative. The Agency may award grants to the extent funds are available and, within its discretion, to the extent that Proposals are approved.

The entity or nursing home that requests CMP funding is accountable and responsible for all CMP funds entrusted to it. If a change in ownership occurs after CMP funds are granted or during the course of the project, the project leader shall notify CMS and the State or territory Agency within five calendar days. The new ownership shall be disclosed as well as information regarding how the project will be completed. A written letter regarding the change in ownership and its impact on the CMP Application award will be sent to the CMS regional office (RO) and the State or territory Agency. If the Agency does not approve of a change in ownership, the Agency may terminate the Contract effective immediately without penalty and without advance notice or opportunity to cure for any of the reasons defined in [Section 2 General Terms of Service Contracts](https://dhs.iowa.gov/contract-terms).

***B.5 Distribution of Funds:***
Grantees can Invoice quarterly as expenses incur. Note that successful Grantees must first enter into a contract with the Agency before work can begin or expenses be incurred.

Section C Duration of Contract.

The Agency anticipates executing multiple contracts as a result of this RFP. Each contract will have a one year contract term beginning on or after January 4, 2022, with two optional one-year extensions pending approval by the Agency and CMS.

Section D Applicant Eligibility Requirements.

Grant opportunities are available to various interested stakeholders, such as certified long term care facilities, consumer advocacy organizations, professional associations, resident or family councils, ombudsmen, and private Contractors. Applicants must not have a conflict of interested relationship with the entity who will benefit from the intended Initiative. Applicants must not receive funds from a state or federal source to perform the same function as the Initiative.

Eligible Entities, as defined in this RFP, may submit an Application in response to this RFP. At the time an Eligible Entity submits an Application, they must not have:
a. Any pending enforcement actions that could result in the closure of the facility;
b. Any outstanding sanctions by the IME or the Centers for Medicare and Medicaid Services (CMS); or
c. Any outstanding or unresolved Class I Violations.

Applicants may only receive a maximum of two grants within a five-year period. Applicants who have already received two grants within the last five years may not receive funding through this grant.

Applicants may not submit an Application for or receive funding for the same type of Initiative previously awarded to them. Additionally, Applicants previously awarded a CMPQII grant that failed to achieve that Initiative’s intended goals or outcomes are ineligible to apply for a period of five years following that grant award. The Agency may waive this five-year period of ineligibility if the Agency determines the Applicant’s inability to complete the Initiative was due to circumstances beyond the Applicant’s control.

Section E Procurement Timetable

There are no exceptions to any deadlines for the Applicant; however, the Agency reserves the right to change the dates. Times provided are in Central Time.

|  |  |
| --- | --- |
| **Event** | **Date** |
| Agency Issues RFP Notice to Targeted Small Business Website (48 hours): | **August 4, 2021** |
| Agency Issues RFP to Bid Opportunities Website | **August 6, 2021** |
| Applicants’ Conference Will Be Held on the Following Date and Time  | **August 13, 2021****10:00 a.m.** |
| Applicant Written Questions Due By | **August 18, 2021****3:00 p.m.** |
| Agency Responses to Questions Issued By | **August 25, 2021** |
| **Applicant Proposals and any Amendments to Proposals Due By** | **September 15, 2021****3:00 p.m.** |
| Agency Announces Apparent Successful Applicant/Notice of Intent to Award pending CMS approval  | **October 15, 2021** |
| Contract Negotiations and Execution of the Contract Completed  | **January 4, 2022** |
| Anticipated Start Date for the Provision of Services | **January 4, 2022** |

Section 1 Background and Scope of Work

1.1 Background.

Section 1919 of the Social Security Act, 42 CFR 488.433 and Iowa Code section 249A.57 allows the Agency to impose civil money penalties when a long-term care facility is not in substantial compliance with one or more Medicare or Medicaid participation requirements. These penalties may range from $50 to $10,000 per day, depending on the kind of deficiency recorded by the Iowa Department of Inspections and Appeals (DIA). The Centers for Medicare and Medicaid Services (CMS) returns a portion of the CMP funds to the states and permits states to direct collected civil money penalty funds for quality improvement projects that enhance the quality of care and the quality of life for Nursing Facility residents.

The Agency Civil Money Penalty Quality Improvement Initiative (CMPQII) Grant Program accepts proposals from certified long term care facilities, consumer advocacy organizations, resident and family councils, professional associations, ombudsmen, and private contractors that are interested in promoting quality of care or quality of life for both residents and staff of nursing facilities licensed by the Iowa Department of Inspections and Appeals (DIA) and certified as meeting the requirements of participation for Medicaid and Medicare.

1.2 RFP General Definitions.

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

***“Agency”*** means the Iowa Department of Human Services.

 ***“Application”*** or ***“Proposal”*** means the Applicant’s proposal submitted in response to the RFP.

***“Contractor”*** or **“*Grantee*”** means the Applicant who enters into a Contract as a result of this Solicitation.

***“Deliverables”*** means all of the services, goods, products, work, work product, data (including data collected on behalf of the Agency), items, materials, and property to be created, developed, produced, delivered, performed, or provided by or on behalf of, or made available through, the Contractor (or any agent, Contractor or subcontractor of the Contractor) in connection with any contract resulting from this RFP.

***“Invoice”*** means a Contractor’s claim for payment. At the Agency’s discretion, claims may be submitted on an original Invoice from the Contractor or may be submitted on a claim form accepted by the Agency, such as a General Accounting Expenditure (GAX) form.

***Definitions Specific to this RFP.***

**"*Applicant*"** or **"*Facility Applicant*"** or **"*Applicant*"** means an entity who submits a response to the RFP.

**"*Eligible* *Entities*"** means Nursing Facilities, state agencies, Nursing Facility advocacy groups, resident and family councils, and other Nursing Facility stakeholder groups as defined in Iowa Administrative Code rule 441-166.1(249A).

**"*Nursing* *Facility*"** or ***“Nursing* *Facilities*"** means a Medicaid-enrolled facility that is defined in Iowa Administrative Code rule 441—81.1(249A) as "facility."

**"*Qualify* *Improvement* *Initiative*"** or **"*Initiative*"** means a project or training in accordance with provisions of 42 CFR 488.433 that directly or indirectly supports and benefits the quality or care and quality of life of Nursing Facility residents as defined in Iowa Administrative Code rule 441—166.1(249A).

***1.3 Scope of Work.***

The Contractor shall provide the following:

**1.3.1 Deliverables, Performance Measures, and Monitoring Activities**

**1.3.1.1 Description of the Quality Improvement Initiative**
The Contractor shall complete and fully describe each component of the Quality Improvement Initiative as outlined in the Application Packet for the Civil Money Penalty Quality Improvement Initiative.

* Project Description and Purpose
* Quality of Care/Quality of Life
* Performance Measurement, Objectives and Outcomes
* Implementation Plan
* Budget
* Community Involvement and Sustainability

**1.3.1.2 Performance Measures**
The Contractor shall adhere to their respective Application's goals, objectives, measurement and monitoring, timelines, and adherence to the itemized budget. Specific performance measures for each Initiative may differ. However, the Contractor is expected to meet the performance measures identified in its Application while performing services under the Contract.

**1.3.1.3 Monitoring Reports**
The Contractor is expected to monitor the progress of their initiative and shall submit the following reports to the Agency:

**1.3.1.3.1** Baseline report within thirty (30) days of the start of the Contract using the report template provided by the Agency.
**1.3.1.3.2** Quarterly interim monitoring reports on all Deliverables, performance measures, and funds expended using the report template provided by the Agency.
**1.3.1.3.3** Final Report within sixty (60) days of completion of the Initiative using the report template provided by the Agency. The final report must provide evidence of successful completion of the Quality Improvement Initiate and must address the following:

a) Purpose of the grant
b) Expected outcomes of the Initiative
c) Actual outcomes of the Initiative
d) Challenges or risks encountered during the Initiative and how they were addressed,
e) Number of residents and facilities who benefitted from the Initiative,
f) Impact on the resident's quality of care/quality of life,

g) Lessons learned, and
h) Status of the action plan for sustainability if the Initiative will continue beyond the grant funding.

Report Performance Measures.

* Contractor shall submit the baseline report within thirty days of the start of the contract
* Contractor shall submit the quarterly interim report with thirty days of the end of each calendar quarter
* Contractor shall submit the final report within sixty days of completion of the Initiative.

**1.3.2Contract Payment Methodology.**

The Contractor is obligated to perform all of the responsibilities and meet all of the performance measures in this contract. The Contractor shall submit Invoices for expenses as incurred during the Contract period. The Agency may withhold up to 10% of the annual compensation for failure to perform. No amount shall be withheld when the failure to perform is due solely to another party's action or failure to act, including without limitation, the Agency's action or failure to act. The amount withheld for failure to perform or to meet a performance measure shall be released to the Contractor upon presentation to the Agency of a successful completion of a corrective action plan to correct the performance failure for which the amount was withheld.

Section 2 Basic Information About the RFP Process

2.1 Issuing Officer.

The Issuing Officer is the sole point of contact regarding the RFP from the date of issuance until selection of the successful Applicant. The Issuing Officer for this RFP is:

Jeanne Schirmer

Iowa Medicaid Enterprise
Bureau of Medical and LTSS
1305 East Walnut
Des Moines, IA 50319-0114

Phone: 515-321-7247

jschirm@dhs.state.ia.us

2.2 Restriction on Applicant Communication.

From the issue date of this RFP until announcement of the successful Applicant, the Issuing Officer is the point of contact regarding the RFP. There may be no communication regarding this RFP with any State employee other than the Issuing Officer, except at the direction of the Issuing Officer or as otherwise noted in the RFP. The Issuing Officer will respond only to questions regarding the procurement process.

Questions pertaining to the interpretation of this RFP may be submitted in accordance with the Questions, Requests for Clarification, and Suggested Changes section of this RFP.

2.3 Downloading the RFP from the Internet.

The RFP and any related documents such as amendments or attachments (collectively the “RFP”), and responses to questions will be posted at the State of Iowa’s website for bid opportunities: <http://bidopportunities.iowa.gov/>. Check this website periodically for any amendments to this RFP. The posted version of the RFP is the official version. The Agency will only be bound by the official version of the RFP document(s). Applicants should ensure that any downloaded documents are in fact the most up to date and are unchanged from the official version.

2.4 (Reserved) (Online Resources)

***2.5 (Reserved) (Intent to Bid)***

***2.6 Applicants’ Conference.***

The Applicants’ conference will be conducted as a conference call on the date and time listed in the Procurement Timetable. The purpose of the Applicants’ conference is to inform prospective Applicants about the work to be performed and to provide prospective Applicants an opportunity to ask questions regarding the RFP. Verbal discussions at the conference shall not be considered part of the RFP unless incorporated into the RFP by amendment. Questions asked at the conference that cannot be adequately answered during the conference may be deferred and responded to in writing. Participation in this conference call is optional, but recommended as this will be the only opportunity to ask verbal questions regarding this RFP.

To join the call on the specified date and time, dial the following number (866) 685-1580 number and use the following conference code when prompted by the system: 7391900264 conference code.

***2.7 Questions, Requests for Clarification, and Suggested Changes.***

Applicants are invited to submit written questions, requests for clarifications, and/or suggestions for changes to the specifications of this RFP (hereafter “Questions”) by the due date and time provided in the Procurement Timetable. Applicants are not permitted to include assumptions in their Applications. Instead, Applicants shall address any perceived ambiguity regarding this RFP through the question and answer process. If the Questions pertain to a specific section of the RFP, the page and section number(s) must be referenced. Applicants shall submit questions to the Issuing Officer by email. The Applicant may wish to request confirmation of receipt from the Issuing Officer to ensure delivery. Do not submit questions by mail, shipping service, or hand delivery.

Written responses to Questions will be posted at <http://bidopportunities.iowa.gov/> by the date provided in the RFP’s Procurement Timetable.

The Agency assumes no responsibility for verbal representations made by its officers or employees unless such representations are confirmed in writing and incorporated into the RFP. In addition, the Agency’s written responses to Questions will not be considered part of the RFP. If the Agency decides to change the RFP, the Agency will issue an amendment.

2.8 Submission of Application.

Each Applicant is responsible for ensuring that the Issuing Officer receives the Application by the time and date specified in the Procurement Timetable at the address provided in the RFP for the Issuing Officer. The Agency will not waive this mandatory requirement. Any Application received after this deadline will be rejected and will not be evaluated.

Applications are to be submitted in accordance with the Formatting Requirements section of the Application form. Applications may not be hand-delivered to the Issuing Officer. Rather, Applications are to be mailed through the postal service or shipping service.

2.9 Amendment to the RFP and Application.

Each Applicant is responsible for ensuring that the Issuing Officer receives the Application and any permitted amendments by the established deadlines at the address provided in the RFP for the Issuing Officer. Amendments must be received utilizing the same delivery method as set forth in the RFP for the submission of the original Application.

Applicants may amend a previously submitted Application at any time before the bid submission date and time. Any such amendment must be in writing and signed by the Applicant. The Applicant shall provide the same number of copies of the amended Application as is required for the original Application, for both hardcopy and electronic copies, in accordance with the Application Formatting Section.

The Agency reserves the right to amend or provide clarifications to the RFP at any time. RFP amendments will be posted to the State’s website at <http://bidopportunities.iowa.gov/>. If an RFP amendment occurs after the closing date for receipt of Applications, the Agency may, in its sole discretion, allow Applicants to amend their Applications.

2.10 Withdrawal of Application.

The Applicant may withdraw its Application prior to the closing date for receipt of Applications by submitting a written request to withdraw signed by the Bidder, scanned, and then emailed to the Issuing Officer. The Applicant should request confirmation of receipt of the email from the Issuing Officer to ensure delivery.

2.11 Costs of Preparing the Application.

The costs of preparation and delivery of the Application are solely the responsibility of the Applicant.

2.12 Rejection of Applications.

The Agency reserves the right to reject any or all Applications, in whole and in part, and to cancel this RFP at any time prior to the execution of a written contract. Issuance of this RFP in no way constitutes a commitment by the Agency to award or enter into a contract.

2.13 Review of Applications.

Only Applicants that meet the mandatory requirements and are not subject to disqualification will be considered for award of a contract.

2.13.1 Mandatory Requirements.

Applicants must meet these mandatory requirements or will be disqualified and not considered for award of a contract:

* The Issuing Officer must receive the Application, and any amendments thereof, prior to or on the due date and time (See RFP Sections 2.8 and 2.9).
* The Applicant is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving federal funding by any federal department or Agency (See RFP Additional Certifications Attachment).
* The Applicant is eligible to submit a bid in accordance with the Applicant Eligibility Requirements of this RFP (See RFP Applicant Eligibility Requirements Section).

2.13.2 Reasons Proposals May be Disqualified.

Applicants are expected to follow the specifications set forth in this RFP. However, it is not the Agency’s intent to disqualify Applications that suffer from correctible flaws. At the same time, it is important to maintain fairness to all Applicants in the procurement process. Therefore, the Agency reserves the discretion to permit cure of variances, waive variances, or disqualify Applications for reasons that include, but may not be limited to, the following:

* Applicant initiates unauthorized contact regarding this RFP with employees other than the Issuing Officer (See RFP Section 2.2);
* Applicant fails to comply with the RFP’s formatting specifications so that the Application cannot be fairly compared to other bids (See RFP Section 3);
* Applicant fails, in the Agency’s opinion, to include the content required for the RFP;
* Applicant fails to be fully responsive in the Applicant’s Approach to Meeting Deliverables Section, states an element of the Scope of Work cannot or will not be met, or does not include information necessary to substantiate that it will be able to meet the Scope of Work specifications (See RFP Section 3);
* Applicant’s response materially changes Scope of Work specifications;
* Applicant fails to submit the RFP attachments containing all signatures (See RFP Section 3);
* Applicant marks entire Application confidential, makes excessive claims for confidential treatment, or identifies pricing information in the Cost Proposal as confidential (See RFP Section 3);
* Applicant includes assumptions in its Application (See RFP Section 2.7); or
* Applicant fails to respond to the Agency’s request for clarifications, information, documents, or references that the Agency may make at any point in the RFP process.
* Applicant is a “scrutinized company” included on a “scrutinized company list” created by a public fund pursuant to Iowa Code §12J. This list is maintained by the Iowa Public Employees’ Retirement System. The list is currently found here: [https://ipers.org/investments/restrictions](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fipers.org%2Finvestments%2Frestrictions&data=04%7C01%7Cclindgr%40dhs.state.ia.us%7Cfcd3552ae92b40bb63cd08d92c45b41c%7C8d2c7b4d085a4617853638a76d19b0da%7C1%7C1%7C637589500152528885%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0&sdata=O4vbidy2uv6CeZD8dKZ6YSFZr4xof1GsKvkHC0H2v3U%3D&reserved=0).

The determination of whether or not to disqualify a proposal and not consider it for award of a contract for any of these reasons, or to waive or permit cure of variances in Applications, is at the sole discretion of the Agency. No Applicant shall obtain any right by virtue of the Agency’s election to not exercise that discretion. In the event the Agency waives or permits cure of variances, such waiver or cure will not modify the RFP specifications or excuse the Applicant from full compliance with RFP specifications or other contract requirements if the Applicant enters into a contract.

2.14 Application Clarification Process.

The Agency may request clarifications from Applicants for the purpose of resolving ambiguities or questioning information presented in the Applications. Clarifications may occur throughout the Application evaluation process. Clarification responses shall be in writing and shall address only the information requested. Responses shall be submitted to the Agency within the time stipulated at the occasion of the request.

2.15 Verification of Application Contents.

The contents of an Application submitted by an Applicant are subject to verification.

2.16 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, to discuss the Applicant’s qualifications, and/or to discuss the qualifications of any subcontractor identified in the Application.

2.17 Information from Other Sources.

The Agency reserves the right to obtain and consider information from other sources concerning an Applicant, such as the Applicant’s capability and performance under other contracts, and the Applicant’s authority and ability to conduct business in the State of Iowa. Such other sources may include subject matter experts.

2.18 Criminal History and Background Investigation.

The Agency reserves the right to conduct criminal history checks and background investigations (hereafter, “Investigations”) of the Applicant and the Applicant’s officers, directors, shareholders, partners, and managerial and supervisory personnel involved in the performance of the Contract. The Agency’s right to perform such Investigations also extends to the Applicant’s staff, agents, or subcontractors who may have direct contact with the Agency’s clients or those that may provide services for the Agency’s clients. By submitting its Proposal, the Applicant hereby explicitly authorizes the Agency to conduct such Investigations. These Investigations may include, but may not be limited to: Child Abuse Registry, Dependent Adult Abuse Registry, Sexual Offender Registry Checks, and DCI/FBI Criminal History Record checks for specific categories of persons who may have direct contact with the Agency’s clients or may provide services for the Agency’s clients. Upon the Agency’s request, the Bidder shall fully cooperate with the Agency in obtaining authorizations on Agency forms and any required waivers or releases in a timely manner. The Agency may determine, in its sole discretion, to either not award or not enter into a contract with a applicant, or to terminate a subsequent contract, based on the results of these Investigations.

2.19 Disposition of Applications.

Opened Applications become the property of the Agency and will not be returned to the Applicant. Upon issuance of the Notice of Intent to Award, the contents of all Applications will be in the public domain and be open to inspection by interested parties subject to exceptions provided in Iowa Code chapter 22 or other applicable law.

2.20 Public Records and Request for Confidential Treatment.

Original information submitted by an Applicant may be treated as public information by the Agency following the conclusion of the selection process unless the Applicant properly requests that information be treated as confidential at the time of submitting the Application. See the Application Formatting Section for the proper method for making such requests. The Agency’s release of information is governed by Iowa Code chapter 22. Applicants are encouraged to familiarize themselves with Chapter 22 before submitting an Application. The Agency will copy public records as required to comply with public records laws.

The Agency will treat the information marked confidential as confidential information to the extent such information is determined confidential under Iowa Code chapter 22 or other applicable law by a court of competent jurisdiction. However, the Applicant shall certify by signing and returning RFP Attachment B its understanding that any Agency references to Application information marked confidential made during the evaluation process may become part of the public domain

In the event the Agency receives a request for 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 § 22.5 or 22.8.

The Applicant’s failure to request confidential treatment of material pursuant to this section and the relevant law will be deemed, by the Agency and State personnel, as a waiver of any right to confidentiality that the Applicant may have had.

2.21 Copyrights.

By submitting an Application, the Applicant agrees that the Agency may copy the Application for purposes of facilitating the evaluation of the Application or to respond to requests for public records. By submitting an Application, the Applicant acknowledges that additional copies may be produced and distributed, and represents and warrants that such copying does 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.

2.22 Release of Claims.

By submitting an Application, the Applicant agrees that it shall not bring any claim or cause of action against the Agency based on any misunderstanding concerning the information provided herein or concerning the Agency's failure, negligent or otherwise, to provide the Applicant with pertinent information as intended by this RFP.

2.23 Reserved. (Presentations)

2.24 Notice of Intent to Award.

Notice of Intent to Award will be sent to all Applicants that submitted an Application by the due date and time. The Notice of Intent to Award does not constitute the formation of a contract between the Agency and the apparent successful Applicant.

2.25 Acceptance Period.

The Agency shall make a good faith effort to negotiate and execute the contract. If the apparent successful Applicant fails to negotiate and execute a contract, the Agency may, in its sole discretion, revoke the Notice of Intent to Award and negotiate a contract with another Applicant or withdraw the RFP. The Agency further reserves the right to cancel the Notice of Intent to Award at any time prior to the execution of a written contract.

2.26 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:

Bureau Chief

c/o Bureau of Service Contract Support

Department of Human Services

Hoover State Office Building, 1st Floor

1305 E. Walnut Street

Des Moines, Iowa 50319-0114

Email: reconsiderationrequest@dhs.state.ia.us

The Agency must receive the written request for reconsideration within five days from the date of the notice of disqualification or notice of intent to award decision, whichever is earlier. The written request may be emailed or delivered by postal service or other shipping service. Do not deliver any requests for reconsideration to the office in person. It is the Applicant’s responsibility to ensure that the request for reconsideration is received prior to the deadline. Postmarking or submission to a shipping service by the due date shall not substitute for actual receipt of a request for reconsideration by the Agency.

The request for reconsideration shall clearly and fully identify all issues being contested by reference to the page and section number of the RFP. If an Applicant submitted multiple Applications and requests that the Agency reconsider a notice of disqualification or notice of intent to award decision for more than one Application, a separate written request shall be submitted for each. At the Agency’s discretion, requests for reconsideration from the same Applicant may be reviewed separately or combined into one response. 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 in accordance with 441 IAC 7.41 et seq.

2.27 Definition of Contract.

The full execution of a written contract shall constitute the making of a contract for services and no Applicant shall acquire any legal or equitable rights relative to the contract services until the contract has been fully executed by the apparent successful Applicant and the Agency.

2.28 Choice of Law and Forum.

This RFP and the resulting contract are governed by the laws of the State of Iowa without giving effect to the conflicts of law provisions thereof. Changes in applicable laws and rules may affect the negotiation and contracting process and the resulting contract. Applicants are responsible for ascertaining pertinent legal requirements and restrictions. Any and all litigation or actions commenced in connection with this RFP shall be brought and maintained in the appropriate Iowa forum.

2.29 Restrictions on Gifts and Activities.

Iowa Code chapter 68B restricts gifts that may be given or received by state employees and requires certain individuals to disclose information concerning their activities with state government. Applicants must determine the applicability of this Chapter to their activities and comply with the requirements. In addition, pursuant to Iowa Code § 722.1, it is a felony offense to bribe or attempt to bribe a public official.

2.30 Exclusivity.

Any contract resulting from this RFP shall not be an exclusive contract.

2.31 No Minimum Guaranteed.

The Agency anticipates that the selected Applicant will provide services as requested by the Agency. The Agency does not guarantee that any minimum compensation will be paid to the Applicant or any minimum usage of the Applicant’s services.

2.32 Use of Subcontractors.

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.

2.33 Applicant Continuing Disclosure Requirement.

To the extent that Applicants are required to report incidents when responding to this RFP related to damages, penalties, disincentives, administrative or regulatory proceedings, founded child or dependent adult abuse, or felony convictions, these matters are subject to continuing disclosure to the Agency. Incidents occurring after submission of an Application, and with respect to the successful Applicant after the execution of a contract, shall be disclosed in a timely manner in a written statement to the Agency. For purposes of this subsection, timely means within thirty (30) days from the date of conviction, regardless of appeal rights.

Section 3 How to Submit an Application: Format and Content Specifications

To respond to this RFP, Applicants must fully complete and submit the document entitled Application Packet for the Civil Money Penalty Quality Improvement Initiative that is posted jointly with this RFP at the State’s procurement website, State of Iowa Bid Opportunities.

Section 4 Evaluation of Applications

4.1 Introduction.

This section describes the evaluation process that will be used to determine which Application provides the greatest benefit to the Agency. When making this determination, the Agency will not necessarily award a contract to the Applicant offering the lowest cost to the Agency or to the Applicant with the highest point total. Rather, a contract will be awarded to the Applicant that offers the greatest benefit to the Agency.

4.2 Evaluation Committee.

The Agency intends to conduct a comprehensive, fair, and impartial evaluation of Applications received in response to this RFP. In making this determination, the Agency will be represented by an evaluation committee.

4.3 Proposal Scoring and Evaluation Criteria.

The evaluation committee will use the method described in this section to assist with initially determining the relative merits of each Application.

**Scoring Guide.**

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

|  |  |
| --- | --- |
| 4  | Applicant has agreed to comply with the requirements and provided a clear and compelling description of how each requirement would be met, with relevant supporting materials. Applicant’s proposed approach frequently goes above and beyond the minimum requirements and indicates superior ability to serve the needs of the Agency. |
| 3 | Applicant has agreed to comply with the requirements and provided a good and complete description of how the requirements would be met. Response clearly demonstrates a high degree of ability to serve the needs of the Agency. |
| 2 | Applicant has agreed to comply with the requirements and provided an adequate description of how the requirements would be met. Response indicates adequate ability to serve the needs of the Agency. |
| 1 | Applicant has agreed to comply with the requirements and provided some details on how the requirements would be met. Response does not clearly indicate if all the needs of the Agency will be met. |
| 0 | Applicant has not addressed any of the requirements or has provided a response that is limited in scope, vague, or incomplete. Response did not provide a description of how the Agency’s needs would be met. |

**Technical Proposal Components.**

When Applications are evaluated, the total points for each component are comprised of the component’s assigned weight multiplied by the score the Application earns. Points for all components will be added together. The evaluation components, including maximum points that may be awarded, are as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Technical Proposal Components** | **Weight** | **Score (0-4)** | **Potential Maximum Points** |
| Project Description and Purpose | 5 | ------- | 20 |
| Quality of Care/Quality of Life | 5 | ------- | 20 |
| Performance Measurement, Objectives & Outcomes | 5 | ------- | 20 |
| Implementation Plan | 4 | ------- | 16 |
| Budget | 3 | ------- | 12 |
| Community Involvement and Sustainability | 3 | ------- | 12 |

**Total Points Possible: 100**

4.4 Recommendation of the Evaluation Committee.

The evaluation committee shall review the Applications and determine a final ranking and recommendation. In making this recommendation, the committee is not bound by any scores or scoring system used to assist with initially determining the relative merits of each Application. This recommendation may include, but is not limited to, the name of one or more Applicants identified for selection or a recommendation that no Applicant be selected. The DHS Medicaid Director shall consider the committee’s recommendation when making the final decision, but is not bound by the recommendation.

Since CMS has the final authority regarding approval of the funding of grant Initiatives, all Applications approved by the DHS Medicaid Director will be submitted to CMS for final approval.

#

# Attachment A: Sample Contract

*(These contract terms contained in the Special Terms, General Terms, and Contingent Terms for Services Contracts are not intended to be a complete listing of all contract terms but are provided only to enable Bidders to better evaluate the costs associated with the RFP and the potential resulting contract. Bidders should plan on such terms being included in any contract entered into as a result of this RFP. All costs associated with complying with these terms should be included in the Cost Proposal or any pricing quoted by the Bidder. See the Formatting Requirements for Application Submission instructions in the Application Packet regarding Bidder exceptions to contract language.)*

***This is a sample form. DO NOT complete and return this attachment.***

**CONTRACT DECLARATIONS AND EXECUTION**

|  |  |
| --- | --- |
| **RFP #** | **Contract #** |
| MED-22-006 | *{To be completed when contract is drafted.}* |

|  |
| --- |
| **Title of Contract** |
| *{To be completed when contract is drafted.}* |

This Contract must be signed by all parties before the Contractor provides any Deliverables. The Agency is not obligated to make payment for any Deliverables provided by or on behalf of the Contractor before the Contract is signed by all parties. This Contract is entered into by the following parties:

|  |
| --- |
| **Agency of the State (hereafter “Agency”)** |
| **Name/Principal Address of Agency:**  Iowa Department of Human Services1305 E. WalnutDes Moines, IA 50319-0114 | **Agency Billing Contact Name / Address:***{To be completed when contract is drafted.}* |
| **Agency Contract Manager (hereafter “Contract Manager” ) /Address (“Notice Address”):** *{To be completed when contract is drafted.}* | **Agency Contract Owner (hereafter “Contract Owner”) / Address:** *{To be completed when contract is drafted.}* |

|  |
| --- |
| **Contractor: (hereafter “Contractor”)** |
| **Legal Name:** *{To be completed when contract is drafted.}* | **Contractor’s Principal Address:***{To be completed when contract is drafted.}* |
| **Tax ID #:** *{To be completed when contract is drafted.}* | **Organized under the laws of:** *{To be completed when contract is drafted.}* |
| **Contractor’s Contract Manager Name/Address (“Notice Address”):** *{To be completed when contract is drafted.}* | **Contractor**’s **Billing Contact** **Name/Address:** *{To be completed when contract is drafted.}* |

|  |
| --- |
| **Contract Information** |

|  |  |
| --- | --- |
| **Start Date:** *{To be completed when contract is drafted.}* | **End Date of Base Term of Contract:** **End Date of Contract:** *{To be completed when contract is drafted.}* |
| **Possible Extension(s):**  *{To be completed when contract is drafted.}* |
| **Contract Contingent on Approval of Another Agency:** No | **ISPO Number:** N/A |
| **Contract Include Sharing SSA Data?** \*\*\*SSA\*\*\* | **DoIT Number:** N/A |

|  |
| --- |
| **Contract Execution** |

This Contract consists of this Contract Declarations and Execution Section, the Special Terms, any Special Contract Attachments, the General Terms for Services Contracts, and the Contingent Terms for Service Contracts.

In consideration of the mutual covenants in this Contract and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into this Contract and have caused their duly authorized representatives to execute this Contract.

**SECTION 1: SPECIAL TERMS**

***1.1 Special Terms Definitions.***

*{To be completed when contract is drafted.}*

***1.2 Contract Purpose.***

*{To be completed when contract is drafted.}*

***1.3 Scope of Work.***

**1.3.1 Deliverables.**

The Contractor shall provide the following:

*{To be completed when contract is drafted.}*

**1**.**3.2 Performance Measures.**

*{To be completed when contract is drafted.}*

**1.3.3 Monitoring, Review, and Problem Reporting.**

**1.3.3.1 Agency Monitoring Clause.** The Contract Manager or designee will:

* Verify Invoices and supporting documentation itemizing work performed prior to payment;
* Determine compliance with general contract terms, conditions, and requirements; and
* Assess compliance with Deliverables, performance measures, or other associated requirements based on the following:

1.3.3.1 Verify Invoices and supporting documentation itemizing work performed prior to payment;
Determine compliance with general contract terms, conditions, and requirements;
Assess compliance with Deliverables, performance measures, or other associated in accordance with the monitoring activities set forth in the Deliverables, Performance Measures, and Monitoring Activities Section.

**1.3.3.2 Agency Review** **Clause.** The Contract Manageror designee will use the results of monitoring activities and other relevant data to assess the Contractor’s overall performance and compliance with the Contract. At a minimum, the Agency will conduct a review quarterly; however, reviews may occur more frequently at the Agency’s discretion. As part of the review(s), the Agency may require the Contractor to provide additional data,may perform on-site reviews, and may consider information from other sources.

The Agency may require one or more meetings to discuss the outcome of a review. Meetings may be held in person. During the review meetings, the parties will discuss the Deliverables that have been provided or are in process under this Contract, achievement of the performance measures, and any concerns identified through the Agency’s contract monitoring activities.

**1.3.3.3 Problem Reporting.** As stipulated by the Agency, the Contractor and/or Agency shall provide a report listing any problem or concern encountered. Records of such reports and other related communications issued in writing during the course of Contract performance shall be maintained by the parties. At the next scheduled meeting after a problem has been identified in writing, the party responsible for resolving the problem shall provide a report setting forth activities taken or to be taken to resolve the problem together with the anticipated completion dates of such activities. Any party may recommend alternative courses of action or changes that will facilitate problem resolution. The Contract Owner has final authority to approve problem-resolution activities.

The Agency’s acceptance of a problem report shall not relieve the Contractor of any obligation under this Contract or waive any other remedy. The Agency’s inability to identify the extent of a problem or the extent of damages incurred because of a problem shall not act as a waiver of performance or damages under this Contract.

**1.3.3.4 Addressing Deficiencies.** To the extent that Deficiencies are identified in the Contractor’s performance and notwithstanding other remedies available under this Contract, the Agency may require the Contractor to develop and comply with a plan acceptable to the Agency to resolve the Deficiencies.

**1.3.4 Contract Payment Clause.**

**1.3.4.1 Pricing.** In accordance with the payment terms outlined in this section and the Contractor’s completion of the Scope of Work as set forth in this Contract, the Contractor will be compensated as follows:

*{To be determined.}*

**1.3.4.2 Payment Methodology.**

*{To be completed when contract is drafted.}*

**1.3.4.3 Timeframes for Regular Submission of Initial and Adjusted Invoices.** The Contractor shall submit an Invoice for services rendered in accordance with this Contract. Invoice(s) shall be submitted quarterly. Unless a longer timeframe is provided by federal law, and in the absence of the express written consent of the Agency, all Invoices shall be submitted within six months from the last day of the month in which the services were rendered. All adjustments made to Invoices shall be submitted to the Agency within ninety (90) days from the date of the Invoice being adjusted. Invoices shall comply with all applicable rules concerning payment of such claims.

**1.3.4.4 Submission of Invoices at the End of State Fiscal Year.** Notwithstanding the timeframes above, and absent (1) longer timeframes established in federal law or (2) the express written consent of the Agency, the Contractor shall submit all Invoices to the Agency for payment by August 1st for all services performed in the preceding state fiscal year (the State fiscal year ends June 30).

**1.3.4.5 Payment of Invoices.** The Agency shall verify the Contractor’s performance of the Deliverables and timeliness of Invoices before making payment. The Agency will not pay Invoices that are not considered timely as defined in this Contract.If the Contractor wishes for untimely Invoice(s) to be considered for payment, the Contractor may submit the Invoice(s) in accordance with instructions for the Long Appeal Board Process to the State Appeal Board for consideration. Instructions for this process may be found at: <http://www.dom.state.ia.us/appeals/general_claims.html>.

The Agency shall pay all approved Invoices in arrears and in conformance with Iowa Code 8A.514. The Agency may pay in less than sixty (60) days, but an election to pay in less than sixty (60) days shall not act as an implied waiver of Iowa law.

**1.3.4.6 Reimbursable Expenses.** Unless otherwise agreed to by the parties in an amendment to the Contract that is executed by the parties, the Contractor shall not be entitled to receive any other payment or compensation from the State for any Deliverables provided by or on behalf of the Contractor pursuant to this Contract. The Contractor shall be solely responsible for paying all costs, expenses, and charges it incurs in connection with its performance under this Contract.

***1.4 Insurance Coverage.***

The Contractor and any subcontractor shall obtain the following types of insurance for at least the minimum amounts listed below:

|  |  |  |
| --- | --- | --- |
| **Type of Insurance** | **Limit** | **Amount** |
| General Liability (including contractual liability) written on occurrence basis | General AggregateProduct/CompletedOperations AggregatePersonal InjuryEach Occurrence | $2 Million$1 Million$1 Million$1 Million |
| Automobile Liability (including any auto, hired autos, and non-owned autos) | Combined Single Limit | $1 Million |
| Excess Liability, Umbrella Form | Each OccurrenceAggregate | $1 Million$1 Million |
| Workers’ Compensation and Employer Liability | As required by Iowa law | As Required by Iowa law |
| Property Damage | Each OccurrenceAggregate | $1 Million$1 Million |
| Professional Liability | Each OccurrenceAggregate | $2 Million$2 Million |

***1.5 Data and Security.*** If this Contract involves Confidential Information, the following terms apply:

**1.5.1 Data and Security System Framework**. The Contractor shall comply with either of the following:

* Provide certification of compliance with a minimum of one of the following security frameworks, if the Contractor is storing Confidential Information electronically: NIST SP 800-53, HITRUST version 9, SOC 2, COBIT 5, CSA STAR Level 2 or greater, ISO 27001 or PCI-DSS version 3.2 prior to implementation of the system and again when the certification(s) expire, or
* Provide attestation of a passed information security risk assessment, passed network penetration scans, and passed web Application scans (when applicable) prior to implementation of the system and again annually thereafter. For purposes of this section, “passed” means no unresolved high or critical findings.

**1.5.2 Vendor Security Questionnaire.** If not previously provided to the Agency through a procurement process specifically related to this Contract, the Contractor shall provide a fully completed copy of the Agency’s Vendor Security Questionnaire (VSQ).

**1.5.3 Cloud Services.** If using cloud services to store Agency Information, the Contractor shall comply with either of the following:

* Provide written designation of FedRAMP authorization with impact level moderate prior to implementation of the system, or
* Provide certification of compliance with a minimum of one of the following security frameworks: HITRUST version 9, SOC 2, COBIT 5, CSA STAR Level 2 or greater or PCI-DSS version 3.2 prior to implementation of the system and again when the certification(s) expire.

**1.5.4 Addressing Concerns.** The Contractor shall timely resolve any outstanding concerns identified by the Agency regarding the Contractor’s submissions required in this section.

***1.6 (Reserved) (Labor Standards Provisions)***

***1.8 Incorporation of General and Contingent Terms.***

**1.8.1 General Terms for Service Contracts (“Section 2”).**  The version of the General Terms for Services Contracts Section posted to the Agency’s website at <https://dhs.iowa.gov/contract-terms> that is in effect as of the date of last signature in the Contract Declarations and Execution section, or a more current version if agreed to by amendment, is incorporated into the Contract by reference. The General Terms for Service Contracts may be referred to as Section 2.

The contract warranty period (hereafter "Warranty Period") referenced within the General Terms for Services Contracts is as follows: The term of this Contract, including any extensions.

**1.8.2 Contingent Terms for Service Contracts (“Section 3”).** The version of the Contingent Terms for Services Contracts posted to the Agency’s website at <https://dhs.iowa.gov/contract-terms> that is in effect as of the date of last signature in the Contract Declarations and Execution section, or a more current version if agreed to by amendment, is incorporated into the Contract by reference. The Contingent Terms for Service Contracts may be referred to as Section 3.

All of the terms set forth in the Contingent Terms for Service Contracts apply to this Contract unless indicated otherwise in the table below:

|  |
| --- |
| **Contract Payments include Federal Funds?** Yes*{The items below will be completed if the Contract includes Federal Funds}***The Contractor for federal reporting purposes under this Contract is a:** *{To be completed when contract is drafted.}***Office of Child Support Enforcement (“OCSE”) Funded Percentage:** *{To be completed when contract is drafted.}***Federal Funds Include Food and Nutrition Service (FNS) funds?** *{To be completed when contract is drafted.}***DUNS #:** *{To be completed when contract is drafted.}***The Name of the Pass-Through Entity:** *{To be completed when contract is drafted.}***CFDA #:** *{To be completed when contract is drafted.}***Grant Name:** *{To be completed when contract is drafted.}***Federal Awarding Agency Name:** *{To be completed when contract is drafted.}* |
| **Contractor a Business Associate?** No | **Contractor a Qualified Service Organization?** No |
| **Contractor subject to Iowa Code Chapter 8F?** Unknown | **Contract Includes Software (modification, design, development, installation, or operation of software on behalf of the Agency)?** No |

# Attachment B: Baseline and Quarterly Report Form

**Iowa CMPQII Grant Baseline and Quarterly Interim Report**

**Project Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Category**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CMP Fund Grantee**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant Purpose:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Period**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Reporting Period**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Objective/Outcome:** Complete the table below listing each objective identified in your Application separately.

|  |  |  |
| --- | --- | --- |
|  **Objective** | **Baseline Measures** | **Interim Outcomes During the Reporting Period** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Funding:** Complete the table below with thefunding amounts.

|  |  |  |
| --- | --- | --- |
| **Total Funds Awarded** | **Funds Spent During Reporting Period** | **Remaining Funds** |
|  |  |  |

**Risk/Challenges:** Describe any risks or challenges identified in the reporting period and how they were addressed. Were any objectives or action steps modified based on outcome results?

**Lessons Learned:** Describe any lessons learned for the reporting period.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Attachment C: Final Report Form

**Iowa CMPQII Grant Final Report**

**Project Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Category**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CMP Fund Grantee**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant Purpose:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Approved Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Reporting Period**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Objective/Outcome:** Complete the table below listing each objective identified in your Application separately.

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Baseline** | **Expected Outcomes** | **Actual Outcomes** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Challenges/Risks:** Describe any challenges or risks encountered during the project and how they were addressed.

**Lessons Learned**: Describe and summarize the lessons learned during this project.

**Recommendations for Improvement**: Describe any recommendations or changes that would be made if this project were to be undertaken by another applicant:

**Final Report Form, page 2**

**Resident Quality of Life/Quality of Care:**

Number of facilities that benefitted from this project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of residents that benefitted from the project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the impact of this project to the quality of care and/or quality of life of Nursing Facility residents.

Describe any resident successes or issues:

**Resident Satisfaction:** Summarize the results of the resident satisfaction surveys conducted with residents related to this project.

**Sustainability:** Address the status of the action plan for sustainability if the project will continue beyond the grant funding:

**Funding:** Complete the table below with thefunding amounts.

|  |  |
| --- | --- |
| **Total Funds Awarded** | **Total Funds from other sources used for this project.**  |
|  |  |

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_