IROQUOIS CENTER FOR HUMAN DEVELOPMENT

Kansas Frontier Behavioral Health Integration Collaborative (FBHIC)

REQUEST FOR PROPOSALS

Data Integration Consultant

Issuing Organization	Iroquois Center for Human Development (ICHD)
Project	Kansas Frontier Behavioral Health Integration Collaborative (FBHIC)
Funding Source	Kansas Rural Health Transformation Program (RHTP) / CMS Federal Award
RFP Issue Date	Friday, July 25, 2026
Questions Due	Friday, August 7, 2026 by noon Central Time
Proposals Due	Friday, August 14, 2026 by 5:00 p.m. Central Time
Award Notification	Monday, August 31, 2026
Contract Start	Tuesday, September 1, 2026
Budget	$304,150 (Year 1)
Procurement Method	Formal Competitive Proposals per 2 CFR 200.320
Submission Method	Electronic submission to: stephenoneill@irqcenter.com
RFP Contact	Stephen O'Neill, LSCSW, MBA | Executive Director | stephenoneill@irqcenter.com

SECTION 1: INTRODUCTION AND BACKGROUND

Iroquois Center for Human Development (ICHD) is a Certified Community Behavioral Health Clinic (CCBHC) and Community Mental Health Center (CMHC) headquartered in Greensburg, Kansas, serving a four-county frontier region including Clark, Comanche, Edwards, and Kiowa counties.

ICHD was awarded $1,720,957 through the Kansas Rural Health Transformation Program (RHTP) Regional Partnerships Grant Program on May 27, 2026, to launch the Kansas Frontier Behavioral Health Integration Collaborative (FBHIC). The FBHIC is a regional health care partnership structured as an Organized Health Care Arrangement (OHCA) between ICHD and five hospital partners:

- Comanche County Hospital, Coldwater, KS
- Ashland Health Center, Ashland, KS
- Kiowa County Memorial Hospital, Greensburg, KS
- Minneola Healthcare, Minneola, KS
- Edwards County Medical Center, Kinsley, KS

Each partner organization operates an independent electronic health record (EHR) system. ICHD uses the Credible EHR platform. Hospital partners use a variety of EHR systems that vary by site. To support effective care coordination, data collection, and grant performance reporting across the

partnership, ICHD requires a qualified data integration consultant to bridge data across all partner EHR environments. This procurement is conducted under formal competitive proposal procedures as required by 2 CFR 200.320, as the contract value exceeds ICHD's informal acquisition threshold of $250,000, which is more restrictive than the federal simplified acquisition threshold of $350,000.

SECTION 2: SCOPE OF WORK

ICHD is seeking a qualified consultant or consulting firm to provide data integration services across the FBHIC partnership. The consultant will work closely with ICHD's Data and Reporting Specialist, Project Manager, and IT or data contacts at each of the five hospital partners. The total budget is $304,150 in Year 1.

2.1 Discovery and Assessment

- Conduct structured discovery with ICHD and all five hospital partners to document current EHR systems, data structures, reporting environments, and existing data sharing capabilities
- Identify technical barriers to data sharing across the partnership, including EHR interoperability limitations, network and security constraints, and data governance gaps
- Produce a written discovery and gap analysis report with findings and recommended integration approach
- Assess compatibility between ICHD's Credible EHR and partner EHR platforms, identifying viable integration pathways including FHIR APIs, HL7 messaging, direct data extracts, or middleware solutions

2.2 Integration Design and Development

- Develop a comprehensive data integration architecture supporting cross-partner care coordination, shared referral tracking, and grant performance reporting
- Design and build data pipelines, interfaces, or middleware solutions to enable secure, HIPAA-compliant data exchange between ICHD and each of the five hospital partners
- Ensure integration design aligns with the FBHIC regional care coordination platform and supports data flow between the platform and individual partner EHRs
- Develop a shared data dictionary and standardized terminology mapping to support consistent data collection and reporting across all partner organizations
- Build reporting data feeds or exports aligned to ICHD CCBHC reporting requirements, RHTP grant performance metrics, and the FBHIC external evaluation framework

2.3 Implementation and Go-Live Support

- Manage all technical implementation activities, including configuration, testing, quality assurance, and go-live support across all six organizations
- Develop and execute a phased implementation plan that minimizes disruption to clinical and operational workflows at each partner site
- Provide on-site or live virtual go-live support for each partner organization as needed
- Establish data validation processes to ensure accuracy and completeness of integrated data from go-live forward

2.4 Training

- Provide comprehensive training for ICHD and partner staff on data integration workflows, reporting tools, and data quality processes
- Training must address both technical users (IT and data staff) and operational users (care coordinators, project staff, and administrators)
- Provide training documentation, user guides, and reference materials

- Offer post-go-live refresher training or office hours support during the first 90 days following go-live

2.5 Documentation and Knowledge Transfer

- Deliver complete technical documentation of all integration architecture, data pipelines, interface specifications, and data dictionaries upon project completion
- Conduct a formal knowledge transfer with ICHD and designated partner staff
- Provide a post-implementation support plan addressing how issues will be identified and resolved following the end of the contract

2.6 Pricing Structure

The budget for this contract is $304,150 for Year 1, structured as follows per the approved grant budget:

- One-time flat integration fee; and
- Flat training fee
- If ongoing, user-based monthly subscription fees are required, please detail this in the proposal within the allowable Year 1 budget

Vendors proposing alternative pricing structures that achieve comparable scope within the approved budget are encouraged to do so with clear explanation. Proposals must identify all costs, including any costs not covered within the Year 1 budget estimate. ICHD has prepared an independent cost estimate consistent with 2 CFR 200.323 and will use it to evaluate cost reasonableness.

2.7 Sustainability

ICHD and its hospital partners anticipate that the data integration work will be a durable component of the regional partnership beyond the initial grant period. Vendors should address long-term pricing, licensing flexibility, and transition support in their proposals.

SECTION 3: PROPOSAL REQUIREMENTS

Proposals must include the following components in the order listed. Incomplete proposals may be deemed non-responsive.

1. **Cover Letter:** Brief introduction identifying the vendor or firm and primary contact. Must include a certification that the vendor is not debarred or excluded from federal programs and that no conflict of interest exists.
2. **Organization Overview:** Description of the consultant or firm, including years in operation, size, relevant credentials, and primary areas of health care data integration expertise.
3. **Relevant Experience and References:** At least three comparable health care data integration projects, including EHR systems involved, scope, and outcomes. Contact information for at least two references.
4. **Technical Approach:** Detailed description of the proposed integration approach, tools and technologies, and how the consultant will address the multi-EHR environment described in Section 2, including HIPAA compliance and data security.
5. **Project Plan and Timeline:** Proposed milestones, deliverables, and timeline from discovery through go-live and knowledge transfer. Identify any dependencies on partner organizations.
6. **Staffing Plan:** Key personnel assigned to this project, their qualifications and roles, and the designated project lead.
7. **Training Plan:** Training approach, format, content areas, and estimated hours to be delivered within the approved budget.

8. **Pricing Proposal:** A complete and transparent pricing schedule including all one-time, recurring, and optional costs.
9. **Sustainability and Post-Contract Support:** How the integration will be maintained and supported following contract end, and any optional ongoing support services available.
10. **Conflict of Interest Disclosure:** A written disclosure of any known or potential conflicts of interest between the vendor and ICHD, its officers, employees, agents, board members, or hospital partners.
11. **Certifications:** Signed certifications confirming (a) the vendor is not debarred or excluded from federal programs, (b) PDF copy of SAM.gov entity record, (c) the vendor has not and will not use federal funds for lobbying (Byrd Anti-Lobbying Amendment), and (d) the vendor does not use prohibited telecommunications or video surveillance equipment as defined under 2 CFR 200.216.
12. **Subcontractors:** Identification of any subcontractors or third-party partners, including confirmation of SAM.gov eligibility.

SECTION 4: EVALUATION CRITERIA

Proposals will be evaluated by an ICHD review committee using written evaluation procedures consistent with 2 CFR 200.320. Contracts will be awarded to the responsible offeror whose proposal is most advantageous to ICHD, considering price and all other factors below.

Evaluation Criterion	Weight
Technical approach and feasibility for a multi-EHR environment	30%
Relevant experience with comparable health care data integration projects	20%
Qualifications and experience of proposed key personnel	20%
Project plan, timeline feasibility, and knowledge transfer approach, including long-term sustainability	15%
Cost and value relative to independent cost estimate and approved budget, including pricing flexibility	10%
References and demonstrated performance	5%

ICHD reserves the right to request oral presentations from shortlisted consultants prior to final award.

SECTION 5: PROCUREMENT AND COMPLIANCE REQUIREMENTS

This procurement is conducted in accordance with 2 CFR Part 200, Subpart D, Procurement Standards (Sections 200.317 through 200.327), as required under the Kansas Rural Health Transformation Program (RHTP) federal award. The following requirements apply to this procurement and to any contract awarded as a result of this RFP.

5.1 Full and Open Competition (2 CFR 200.319)

This RFP is publicly issued to ensure full and open competition. All responsible offerors are encouraged to submit proposals. ICHD will not restrict competition by placing unreasonable requirements on firms, requiring unnecessary experience or bonding, or using noncompetitive

pricing practices. Vendors who assisted in developing the specifications for this procurement are ineligible to submit proposals.

5.2 SAM.gov Verification and Debarment (2 CFR 200.212, 2 CFR Part 180)

Prior to award, ICHD will verify that the selected vendor is not excluded or disqualified from participation in federal programs by searching the System for Award Management (SAM.gov) exclusions database. Vendors must maintain active SAM.gov registration or be eligible to register as a condition of award. Vendors must certify in their proposal that they are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in federal programs.

5.3 Conflict of Interest (2 CFR 200.318)

No ICHD employee, officer, agent, or board member with a real or apparent conflict of interest may participate in the selection, award, or administration of this contract. Vendors must disclose in their proposal any known conflicts of interest, including any financial or personal relationship between the vendor and any ICHD employee, officer, agent, or board member. ICHD maintains written standards of conduct governing conflicts of interest as required under 2 CFR 200.318.

5.4 Small and Minority Business Outreach (2 CFR 200.321)

ICHD is committed to contracting with small businesses, minority-owned businesses, women-owned businesses, veteran-owned businesses, and labor surplus area firms to the extent practicable. ICHD encourages proposals from such firms and will take affirmative steps to solicit proposals from these sources when practicable.

5.5 Domestic Preferences (2 CFR 200.322)

To the greatest extent practicable, ICHD gives preference to the purchase of goods, products, and materials produced in the United States. Vendors should identify in their proposals any goods, products, or materials that are not produced domestically and explain why domestic alternatives are not practicable.

5.6 Independent Cost Estimate

Prior to issuing this RFP, ICHD developed an independent cost estimate for this procurement consistent with 2 CFR 200.323. The independent cost estimate is maintained in ICHD's procurement records and will be used to evaluate the reasonableness of proposed costs.

5.7 Required Contract Provisions (2 CFR 200. 180, 216, 322, 327 and Appendix II to Part 200)

The contract awarded as a result of this RFP will include all required provisions identified in Appendix II to 2 CFR Part 200, including but not limited to:

- Administrative, contractual, and legal remedies for contractor violations or breach of contract terms, including sanctions and penalties (2 CFR 200 200 Appendix II, Part 200 (A))
- Termination for cause and for convenience by ICHD, including the manner by which termination will be effected and the basis for settlement (2 CFR 200 Appendix II, Part 200 (B))
- Equal Employment Opportunity compliance as required by Executive Order 11246 (2 CFR 200 Appendix II, Part 200 (C))
- Byrd Anti-Lobbying Amendment certification: contractors must certify they have not and will not use federal funds to lobby federal officials in connection with the award (2 CFR 200 Appendix II, Part 200 (I))
- Debarment and Suspension certification consistent with 2 CFR Part 180 (2 CFR 200 Appendix II, Part 200 (H))
- Prohibition on certain telecommunications and video surveillance services or equipment as required under 2 CFR 200.216

- Domestic preferences for procurements as required under 2 CFR 200.322
- Rights to audit and access records as required under 2 CFR 200.337

5.8 Business Associate Agreement (HIPAA)

The selected vendor must execute a Business Associate Agreement (BAA) with ICHD as required under the Health Insurance Portability and Accountability Act (HIPAA) prior to contract execution. Proposals must confirm the vendor's willingness and ability to execute a BAA.

5.9 Procurement Records (2 CFR 200.318)

ICHD will maintain complete procurement records for this solicitation for a minimum of three years from the date of final payment or as otherwise required by the federal award. Records will include this RFP, all proposals received, the evaluation record, the basis for contractor selection, justification for the contract price, and any other documentation required by 2 CFR 200.318.

5.10 General Provisions

- ICHD reserves the right to reject any or all proposals, to waive informalities, and to make an award in the best interest of the project and its funders.
- ICHD reserves the right to request additional information, conduct site visits, or request oral presentations from any offeror during the evaluation process.
- Proposals must remain valid for a minimum of 90 days from the submission deadline.
- All contract terms are subject to review and approval by ICHD legal counsel.
- This procurement is supported by federal financial assistance from the Centers for Medicare and Medicaid Services (CMS) through the Kansas Rural Health Transformation Program. The contents of any resulting contract do not necessarily represent the official views of CMS, HHS, or the U.S. Government.

SECTION 6: SUBMISSION INSTRUCTIONS

6.1 Submitting Questions

- Questions must be submitted in writing to:

  Stephen O’Neill, Iroquois Center, Executive Director
  stephenoneill@irqcenter.com
  No later than noon, Central Time
  Friday, August 7, 2026.

- Responses will be distributed to all interested vendors to ensure full and open competition.
- Vendors are prohibited from contacting ICHD staff, board members, or hospital partners regarding this RFP outside of the formal question and answer process. Violations may result in disqualification.

6.2 Proposal Preparation

- Proposals may not exceed 10 pages, single-spaced, with 1” margins
- Proposal should maximize legibility; Arial size 15 or Times New Roman size 11 or 12 is preferred. Charts, tables, and citations may be prepared using a smaller font size.
- All pages of the proposal must include a footer with the vendor’s name, the date, and the page number.
- Required attachments – unless otherwise indicated, these proposal requirements count toward the page limits:

- 1-page Cover Letter (does not count toward page limit);
- 10-page Proposal;
- Budget (does not count toward page limit); use provided template;
- Signed Conflict of Interest Disclosure (does not count toward page limit); use provided template; and
- Signed certifications (do not count toward page limit); use provided certification templates.

6.3 Proposal Submission

- Proposals must be submitted electronically to

  Stephen O'Neill, Iroquois Center, Executive Director
  stephenoneill@irqcenter.com

- Submission deadline is Friday, August 14, 2026 at 5:00 p.m. Central Time.
- Proposals must be submitted as a single PDF or Word document.
- The subject line of the submission email must read: FBHIC RFP Response – Data Integration - [Vendor Name].
- Late submissions will not be accepted.
- By submitting a proposal, the vendor certifies that the information provided is accurate and complete, that the vendor is not debarred or excluded from federal programs, and that no conflict of interest exists that would impair the vendor's ability to perform the contract.

This RFP is issued under the Kansas Frontier Behavioral Health Integration Collaborative (FBHIC), funded by the Kansas Rural Health Transformation Program (RHTP) with federal financial assistance from CMS/HHS. This procurement is conducted under 2 CFR Part 200 Subpart D Procurement Standards. ICHD is an Equal Opportunity Employer and contractor.