



**18626**

**American Society of Addiction Medicine (ASAM) Training Services**

Issue Date: 6/18/2026

Questions Deadline: 6/30/2026 03:00 PM (CT)

Response Deadline: 7/13/2026 03:00 PM (CT)

**Contact Information**

Contact: Andy Lane

Address: Purchasing

202 PCO

Iowa City, IA 52242-2500

Phone: (319) 335-1207

Email: andy-lane@uiowa.edu

## Event Information

Number: 18626  
Title: American Society of Addiction Medicine (ASAM) Training Services  
Type: Request for Qualifications - Sealed  
Issue Date: 6/18/2026  
Question Deadline: 6/30/2026 03:00 PM (CT)  
Response Deadline: 7/13/2026 03:00 PM (CT)  
Notes: The University of Iowa (hereafter, The University /University) located in Iowa City, Iowa, is soliciting written proposals from qualified Suppliers to provide statewide training and technical assistance for implementing the ASAM 4th Edition to behavioral health professionals across Iowa.

**Please be aware that this is an extensive bid. All Suppliers are cautioned to allow ample time for the submittal of responses well before the due date required.**

## Billing Information

Contact: AP  
Address: AP  
PCO  
202  
202 PCO  
Iowa City, IA 52242-2500  
Phone: (319) 335-0379

## Bid Attachments

### Standard Terms and Conditions 2026.04.24 FINAL.pdf

University of Iowa Standard Terms and Conditions accessibility update 2026.04.24

[Download](#)

### Professional-Services-Agreement-with-Travel-Addendum-2026.02.25-FINAL Accessible.docx

Professional Services Agreement with Travel Addendum with Accessibility Update

[Download](#)

## Requested Attachments

### Proposal

*(Attachment required)*

Supplier must provide a detailed proposal as described in Attribute #7.

### Audited Financial Statements

*(Attachment required)*

Supplier must provide audited financial statements as requested in Attribute #17.

## Bid Attributes

### 1 Request for Qualifications

RFQL responses MUST be submitted electronically through the eBid system. RFQL responses submitted by any other means will not be accepted.

☐ Read and Agree

(Required: Check if applicable)

### 2 General

The University of Iowa, located in Iowa City, Iowa (hereafter, "University") desires to obtain written proposals from qualified suppliers to provide statewide training and technical assistance for implementing the American Society of Addiction Medicine (ASAM) 4th Edition to behavioral health professionals across Iowa.

Although the University has listed general criteria that will be used in its final evaluation, the University does not intend these criteria to limit the Supplier's creativity in preparing a proposal it believes will accomplish the University's goals. The use of a specific Supplier will be based on the Supplier's performance.

The required documentation of expertise and qualifications outlined in this request is intended to serve primarily as a general guide for each statement of qualifications, with the minimum requirements listed. Each Supplier is expected to submit a fully detailed statement of qualifications, which adequately describes the advantages and benefits the University would realize by selecting the Supplier.

The University may at its option, require oral presentations if deemed necessary, in considering the University's best interest.

Interested Suppliers are invited to submit qualifications for the Supplier and the individual qualifications of the Supplier's representative(s) designated as key personnel to be assigned to the University if selected, as described in the RFQL.

☐ Read and Agree

(Required: Check if applicable)

### 3 Background

#### **The University of Iowa**

The University of Iowa is a broad-based public university of international stature. As of fall 2024, its enrollment totaled 32,199 students. It is recognized for its academic achievement; leadership in research; and its academic health system, University of Iowa Health Care. As of 2025 the university has an overall budget of \$5.8 billion and employs approximately 21,000 full-time faculty and staff. More information can be found at the [Office of the Registrar](#).

#### **The University of Iowa Health Care**

University of Iowa Health Care is Iowa's comprehensive academic health system, which includes the Roy J. and Lucille A. Carver College of Medicine, the UI Health Care clinical enterprise, and UI Physicians, the multispecialty medical and surgical group practice. The clinical enterprise includes medical centers on the university campus, downtown Iowa City campus, and North Liberty campus in the neighboring community of North Liberty, Iowa. UI Health Care also has outpatient clinic locations in the Iowa City area and communities throughout the state. The downtown campus, formerly Mercy Iowa City Hospital, joined UI Health Care in January 2024. The North Liberty campus, the first construction of a new hospital away from the university campus, opened in April 2025. At its medical centers and clinics, UI Health Care provides adult and pediatric primary and specialty care to patients and families from across Iowa, throughout the nation, and around the world. Its clinical enterprise is comprised of more than 1,200 staff physicians and dentists, nearly 875 resident and fellow physicians, and over 6,000 nursing team members. Collectively, the three medical center campus locations include more than 1,000 inpatient beds. For fiscal year 2024, UI Health Care reported more than 34,000 inpatient admissions and over 1.3 million clinic visits at its medical centers and clinics. UI Health Care is ranked annually by U.S. News & World Report as the state's top medical center and one of the nation's best hospitals, with several of its specialties ranked among the top 50 in the country. UI Health Care Stead Family Children's Hospital is Iowa's only children's hospital nationally ranked by U.S. News. UI Health Care was the first in Iowa to be designated a Magnet Hospital (2004) by the American Nurses Credentialing Center and the first in Iowa to be re-designated four times (2008, 2013, 2018, and 2023). Through innovation, collaboration, and expertise, UI Health Care is committed to providing safe, high-quality care with excellent service and exceptional outcomes. In addition to serving as a center for highly specialized care, UI Health Care conducts research to better understand, prevent, and treat injuries and illnesses, and it also educates students and trainees in medicine and allied health professions.

## **4 Scope of Services**

The successful Supplier will work in partnership with the Center of Excellence for Behavioral Health at the University and will be expected to fulfill the following scope of services, including but not limited to the following:

The Supplier will be supporting local professionals and statewide leadership in two capacities:

### **1. Statewide Training**

- a. Host a statewide listening session for stakeholders.
- b. Provide a series of virtual trainings to behavioral health professionals inclusive of content related to adoption of and transition to the ASAM 4th Edition.

### **2. Statewide Technical Assistance**

- a. Provide ongoing, at least monthly, technical assistance to state agency leadership to inform on the full integration and adoption of the ASAM 4th Edition throughout multiple levels of Iowa's behavioral health system. Technical assistance requested includes, but is not limited to, aligning local rules and/or regulations, update related licensing requirements, support reviewing and updating related fee schedules, and support navigating ongoing, sustainable monitoring and implementation.

## **Project Deliverables**

### **1. Contractor Hosted Events**

- a. Conduct an in-person technical assistance and "listening" session for state leaders, Medicaid Managed Care Organization (MCO) leaders, and behavioral health professionals.
- b. Offer, via a virtual platform, ASAM 4th Edition training intended for state leaders, program leaders, Iowa Medicaid, and Medicaid MCO leaders at an estimated capacity of 250 professionals.
- c. Offer, via virtual platform, ASAM 4th Edition skill-building training intended for substance use disorder (SUD) treatment leaders, SUD clinicians, state leaders, Iowa Medicaid and Medicaid MCO staff, at an estimated capacity of 700 professionals.
- d. Offer, via a virtual platform, ASAM 4th Edition advanced skill-building training intended for SUD treatment leaders, SUD clinicians, state leaders, Iowa Medicaid and Medicaid MCO staff, at an estimated capacity of 250 professionals.

### **2. Event Administrative Responsibilities**

- a. Assist with development of a communication strategy for ASAM 4th Edition statewide training and technical assistance rollout.
- b. Host an electronic calendar of events for ASAM 4th Edition training which is linked to training event registration.
- c. Manage training event registration, including limiting individuals to attend only one of each training phase.
- d. Offer certificates of completion to each training attendee.
- e. Collect, analyze, and share data on post-training event surveys.

### **3. Technical assistance to state leaders and implementers**

- a. Attend monthly, 1-hour technical assistance meetings with state leaders and other stakeholders to consult on system-level requirements for statewide ASAM 4th Edition adoption.

**5 Scope of Services - Changes**

The University reserves the right to change the scope of work as required. Notices of such changes will be made in writing by the University to the Supplier.

☐ Read and Agree

*(Required: Check if applicable)*

**6 Supplier Requirements**

Suppliers must clearly demonstrate and provide documentation substantiating that they are compliant in each of the following areas. The University reserves, solely, the right to reject any submittals if the evidence or references submitted by such Supplier fails to satisfy the University that said Supplier is properly qualified in any of these areas. It shall not be the responsibility of the University to request additional information to satisfy these requirements, if such information is not provided with the submitted response. Failure to respond to any question or follow the instructions herein may result in disqualification

**7 Project Proposal**

Provide a proposal detailing the Supplier's process to be used in providing the services described herein. The proposal should clearly indicate any major requirements that cannot be met by the Supplier, and highlight the major features of the proposal to assist the reader in determining generally how the qualifications of the Supplier and the proposal meets and exceeds the requirements proposed by the University.

Please include, at minimum, the following information in your Proposal:

- a. Describe your proposed approach or model for supporting statewide implementation of training on the ASAM 4th Edition to behavioral health service providers across Iowa. Include processes for supporting local providers' adoption and transition to ASAM 4th Edition as well as identify plans to support staff replacement training.
- b. Describe your proposed approach to supporting state leadership on full incorporation of ASAM 4th Edition throughout multiple levels of Iowa's behavioral health system. Including but not limited to supporting adjustment to Medicaid fee schedules, licensure requirements, state rules and regulations, and/or statewide monitoring and ongoing implementation.
- c. Describe your organization's qualifications to provide ASAM 4th Edition training and technical assistance. Please identify certification or designation to support qualification.
- d. Provide experience in which your organization previously delivered statewide or large-scale training and technical assistance initiatives.
- e. Provide a timeline for fulfillment of project deliverables in alignment with proposed project timeframe.
- f. Provide a detailed budget and narrative describing how project funds will be allocated to support successful statewide implementation.
- g. Describe how your organization will support and inform the development of an ongoing sustainability plan to equip state leadership with processes to ensure maintenance of ASAM 4th Edition implementation to fidelity.

*(Required: Maximum 4000 characters allowed)*

## 8 References

The successful Supplier must demonstrate to The University that it has adequate experience. Please submit **three (3)** references for which the Supplier has provided these services. Of particular interest to us would be your firm's previous work with comparable institutions using services outlined in this RFQL. Client references should represent major accounts of the Supplier. Include the business or institution's name and address, as well as the contact's name with a telephone number, fax number and e-mail address.

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(Required: Maximum 4000 characters allowed)

## 9 Single Point Contact

The name of a single point managerial-level contact for the University to coordinate all requirements and to be the point of contact for any problems/questions that may arise. This individual will meet periodically with University personnel and/or the committee, will research information and deliver special reports as needed or directed by the University and/or the committee.

Please indicate the individual consultant(s) who will be the key participants in delivering these services. You must include name(s), qualifications, and level of involvement.

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(Required: Maximum 4000 characters allowed)

## 10 Stakeholders Involvement

Include Supplier's approach to involving stakeholders throughout the data gathering and planning processes and the development of recommendations. Based on Supplier's experience from similar engagements identify the individuals and/or groups that Supplier believes should be informed of the process, and/or those that should provide input into this engagement, and explain Supplier's rationale for including those groups in this process.

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(Required: Maximum 4000 characters allowed)

**1 Expertise**

Identify issues Supplier believes from reviewing this RFQL and Supplier's expertise with previous engagements of a similar nature that were not defined, which Supplier will be able to address in addition to the requirements of this RFQL.

(Required: Maximum 4000 characters allowed)

**1 Risk Assessment**

Include from Supplier's perspective and past experiences, what Supplier believes to be the inherent risks in a project of this nature.

(Required: Maximum 4000 characters allowed)

**1 Exceptions to Terms and Conditions**

Any contract resulting from this bid process will reference the University of Iowa Standard Terms and Conditions (found under the 'Attachments' tab). Any exceptions to these terms and conditions must be provided with the proposal submission.

**If no exceptions are provided, the bidding supplier certifies compliance with all terms and conditions stated herein.**

(Optional: Maximum 4000 characters allowed)

**1 Professional Services Agreement**

The Supplier selected to provide these services will be required to sign a University of Iowa Professional Services Agreement (UI-PSA). All terms and conditions as detailed in the UI-PSA shall prevail during the term of any Agreement established with the successful Supplier.

The Professional Services Agreement is attached for Supplier's review. Please note all requisite terms and conditions including but not limited to, insurance requirements and liability obligations.

☐ Read and Agree

(Required: Check if applicable)



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5**Business Associate Agreement**

The successful Supplier must agree to the University's Business Associate Agreement ("BAA") if it, or any of its agents or subcontractors, will be performing any of the following functions:

- Accessing, using, transferring, disclosing, or maintaining patient information, or "Protected Health Information" ("PHI") as that term is defined under the Health Insurance Portability and Accountability Act, Pub. L. No. 104-191 110 Stat. 1936 (1996) and its implementing regulations; or
- Providing training or otherwise assisting the University health care providers in the calibration, insertion, or other technical implementation of medical devices or products at bedside or in the operating room during patient procedures.

☐ Read and Agree  
(Required: Check if applicable)

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6**Intended Contract Duration**

When this RFQL is awarded, the resultant Agreement will have an initial duration of one (1) year, unless earlier terminated. Thereafter, the contractual agreement may be extended upon the written mutual consent of both parties for four (4) one (1) year periods, for a maximum agreement of five (5) years.

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7**Financials**

The University requests that the Supplier's audited financial statements and annual report for the previous two (2) years be submitted as attachments to your response to this RFQL.

☐ Read and Agree  
(Required: Check if applicable)

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8**Offshore Data**

The University prefers not to permit Suppliers to transfer, transmit, maintain, or store University data or information outside the geographic borders of the United States of America. The University's also prefers not to permit Suppliers' personnel, employees, staff, or subcontractors to access or use University data or information when such personnel, employees, staff, or subcontractors are physically located outside of the borders of the United States of America. Does the Supplier acknowledge these limitations with respect to offshoring the University's data and information? If no, please provide additional detail on Supplier's data and information security programs.

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(Required: Maximum 4000 characters allowed)

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### Export Control Classification Number (ECCN)

Suppliers are required to provide Export Control Classification Number(s) (ECCN) for any product/good/equipment that is included as part of Supplier's proposal. ECCNs are five-character alpha-numeric designations used on the Commerce Control List (CCL) to identify dual-use items for export control purposes. An ECCN categorizes items based on the nature of the product, i.e. type of commodity, software, or technology and its respective technical parameters.

Should Supplier be awarded this bid, if the products/services that Supplier would provide do not have, nor need, an ECCN, then Supplier must respond "Not applicable".

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(Required: Maximum 4000 characters allowed)

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### Compliance

The successful Supplier shall comply with all state and federal laws including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) and the Gramm-Leach-Bliley Act (GLB). Documentation of such compliance shall be provided to the University upon request.

☐ Read and Agree

(Required: Check if applicable)

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### Proposal Compliance

Supplier hereby certifies total compliance with all terms, conditions, attachments and specifications of this RFQL, except as expressly stated herein.

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(Required: Maximum 4000 characters allowed)

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### Supplier Information

No oral interpretation will be made to any Supplier as to the meaning of the RFQL documents. Should Supplier find discrepancies in, omission from, or be in doubt as to the true meaning of any part of the RFQL documents, Supplier should at once, submit a written request for an interpretation thereof to **Andy Lane at andy-lane@uiowa.edu**. All requests must include the RFQL number on the face of the correspondence. Requests received less than 72 hours before bid closing will not be answered.

The University reserves the right to amend this RFQL without altering the timing requirements indicated. Any changes or addenda to these documents will be communicated in writing to all firms as quickly as possible.

The University will assume no cost for proposal preparation and submission.

Answers to Supplier's questions that impact scope, timetable, etc., will be communicated in writing to all firms as quickly as possible.

If the University awards a contract to a proposing supplier, the Supplier's responses to this RFQL will become part of the executed contract. Therefore, all questions must be answered in an honest and straightforward manner.

☐ Read and Agree

(Required: Check if applicable)

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### Primary Contact Information

Please provide all contact information for the person(s) in charge of the University of Iowa account(s). This should include name, title (i.e. representative, owner, etc.), mailing address, phone number, fax number and email address.

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*(Required: Maximum 4000 characters allowed)*

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### Purchase Order Contact Information

Please provide all contact information to be used to place orders (if varying from information provided in the preceding attributes). This should include the name, address, phone number, fax number and email.

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*(Required: Maximum 4000 characters allowed)*

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### Payment Terms

Bid response should be submitted with a minimum of 2%10 Net 30 days for payment if cash discount is offered. Discount period will begin upon receipt of material or invoice, whichever is later.

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*(Optional: Maximum 1000 characters allowed)*

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### Evaluation Criteria/Method of Award

Evaluation will be based upon presentation of the materials outlined herein, with particular attention paid to the scope and nature of services. A University committee intends to select Supplier(s) exclusively from written proposals, but reserves the right to request a follow-up interview and presentation from qualified suppliers.

The University will select the Supplier(s) that best meets the requirements of the solicitation and other considerations as stated in the RFQL. However, the University reserves the right to withdraw this RFQL and to make decisions it determines to be in the best interest of the University.

The University reserves the right to conduct discussions with Suppliers, to seek further information and clarification, to accept revisions of proposals, and to negotiate price changes. During this discussion period, the University will not disclose any information derived from proposals submitted, or from discussions with other bidders. Upon selection of the successful Supplier(s) the University will enter into negotiations with Supplier(s) for an appropriate agreement(s). These negotiations may not depart substantially from the selected proposal without the University's agreement. If the University and the Supplier selected are unable to reach an agreement, the University may terminate negotiations and begin negotiations with another Supplier or seek new proposals.

Supplier's submission of a proposal constitutes Supplier's acceptance of the evaluation technique and Supplier's recognition and acceptance, that subjective judgments will be used by the University during the assignment of points.

Determination of compliance and responsiveness to the requirements of the RFQL will be made after a thorough and careful review of the proposals. Your proposal must contain information relative to each of the items listed below to be considered responsive. Answers should be detailed and complete.

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(Optional: Maximum 4000 characters allowed)

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### Independent Contractor

Supplier is an independent contractor and shall not be considered the agent or employee of the University.

☐ Read and Agree

(Required: Check if applicable)

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### Supplier Background

If applicable, Supplier shall ensure that background checks are obtained and documented with respect to all assigned Supplier and subcontractor personnel with all such background checks being current within the last 12 months as of the time when each individual is first assigned to the performance of the Services and including investigation and identification of all state or federal misdemeanor or felony convictions of such individual. At the request of the University, Supplier shall deliver a written certification to the University that a background check has been performed, and the subject individual has passed such verification procedures as set forth in this Section.

☐ Supplier Accepts and Understands

(Required: Check if applicable)

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**Proprietary and Confidential Information**

The University will treat all information submitted by a supplier as public information unless the supplier properly requests that specific parts of the solicitation remain confidential at the time of submitting the response. Iowa Code Chapter 22 governs the University's release of information. Suppliers are encouraged to familiarize themselves with Iowa Code Chapter 22 prior to submitting a bid or proposal. The University will provide copies of public records as necessary for compliance within the public records laws.

Any request for confidential treatment of specific information must be included in the transmittal letter with the supplier's response. In addition, the supplier must enumerate the specific grounds in Iowa Code Chapter 22 or other applicable law that support treatment of the material as confidential and explain why disclosure is not in the best interest of the public; however, the University does not consider pricing information confidential and **will not withhold documents based on the asserted confidentiality of pricing information**. The request for confidential treatment of information must also include the name, address, and telephone number of the person authorized by the supplier to respond to any inquiries by the University concerning the confidential status of the materials.

☐ Supplier Confirms, Accepts and Understands

(Required: Check if applicable)

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**Preferred Payment Methods**

The University of Iowa's preferred methods of payment are electronic payments via Automated Clearing House (ACH), ghost, or other form of virtual payment. The University's intent is to not pay via physical check.

Please describe the methods of electronic payment available in the event of bid award.

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(Required: Maximum 1000 characters allowed)

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**University's eSupplier Portal**

In the event of bid award, Supplier is **required** to register to manage their supplier records in the University's eSupplier portal. Information regarding this portal can be viewed at <https://ap-purchasing.fo.uiowa.edu/tools-vendors>.

Please confirm acceptance and understanding of this requirement.

☐ Yes, Supplier Confirms, Accepts, and Understands

(Required: Check if applicable)

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**Termination - Non-appropriation of Funds**

Notwithstanding any other provisions, if funds anticipated for the continued fulfillment of the resulting agreement are at any time not forthcoming or insufficient, either through the failure of the Iowa Legislature or the Federal government to provide funds or alteration of the program under which funds were provided, then the University shall have the right to terminate the agreement without penalty by giving written notice documenting lack of funding.

☐ Supplier Understands and Agrees

(Required: Check if applicable)

**Bid Lines**

**1** Fee for Services

Price: \$

Total: \$

Supplier Notes: \_\_\_\_\_  
\_\_\_\_\_

- ☐ No bid
- ☐ Alternate specification  
(Attach separate sheet)
- ☐ Additional notes  
(Attach separate sheet)

**Item Attributes**

**1. Fee Details**

Submit in detail, Supplier's service fee structure for these services including, but not limited to, reimbursable and non-reimbursable items. The Supplier should clearly delineate fee structure and how fees related to services performed. All fee structures are appropriate, e.g. fee for service (not to exceed), fixed fee, and combination of fee for service and fixed fee.

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(Required: Maximum 4000 characters allowed)

Supplier Information

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Supplier Notes

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By submitting your response, you certify that you are authorized to represent and bind your company.

Print Name

Signature