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ASO Services for Rural and Behavioral Health Program Administration

RFP# 26-630-1000-0019

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Amendment

SECTION 1: ADMINISTRATIVE CORRECTIONS

Amendment 1A: Service Domain Numbering and References

The following Service Domain numbering shall govern throughout the procurement documents, Submittable application, evaluation process, questionnaires, appendices, and related materials:

- Service Domain 1: State-funded Rural Health Care Delivery Fund (RHCDF) (Appendix F.1)
- Service Domain 2: Senate Bill 3 (Behavioral Health Reform and Investment Act, 2025) (Appendix F.2)
- Service Domain 3: Federally-funded Rural Health Transformation Program (RHTP) (Appendix F.3)
- Service Domain 4: Non-Medicaid Behavioral Health Services Administration, Monitoring and Oversight (Appendix F.4)

Where references to Appendix I.1 through I.4 appear within procurement documents, those references shall be interpreted as corresponding references to Appendix F.1 through F.4, unless otherwise specified.

In the event of inconsistency between domain numbering, appendix references, Submittable selections, or questionnaire labels, the numbering above shall govern.

Amendment 1B: Procurement Library and Hyperlink Corrections

HCA acknowledges that certain hyperlinks and references contained within the RFP are inaccessible, incomplete, or nonfunctional.

Updated hyperlinks, procurement references, submission portals, and related resources incorporated through this amendment shall supersede prior references contained within the RFP.

Offerors remain responsible for reviewing all amendments and updated materials.

Links are as follows:

1. Procurement Library/Relevant Links:
<https://newmexicohealthcareauthorityhca.submittable.com/submit/350837/aso-services-for-rural-and-behavioral-health-program-administration>
2. Response to written questions and RFP Amendments will be linked here:
<https://newmexicohealthcareauthorityhca.submittable.com/submit/350837/aso-services-for-rural-and-behavioral-health-program-administration>

And here: <https://www.hca.nm.gov/lookingforinformation/open-rfps/>

3. Only electronic submission via submittable:
<https://newmexicohealthcareauthorityhca.submittable.com/submit/350837/aso-services-for-rural-and-behavioral-health-program-administration>
4. Submittable Technical Support and Resource Center
<https://www.submittable.com/help/submitter>
<https://form.jotform.com/251907074824157>
5. Link to the Native American and NM Resident and Veteran Preference
<https://www.tax.newmexico.gov/businesses/business-preference-certification/>
6. Rural Health Transformation Program
<https://www.hca.nm.gov/rht/>
7. Rural Health Care Delivery Fund
<https://www.hca.nm.gov/primary-care-council/rural-health-care-delivery-fund/>
8. NM HCA Behavioral Health Services Division
https://www.hca.nm.gov/about_the_department/behavioral_health_services_division/

Any references to Bonfire or other procurement submission platforms shall be interpreted as references to the Submittable procurement portal listed above.

Amendment 1C: Appendix Reference Corrections

HCA acknowledges that certain appendix references within the RFP contain inconsistencies or incorrect appendix numbering.

Unless otherwise specified, references to:

- Appendix I.1 shall be interpreted as Appendix F.1
- Appendix I.2 shall be interpreted as Appendix F.2
- Appendix I.3 shall be interpreted as Appendix F.3
- Appendix I.4 shall be interpreted as Appendix F.4

Any conflicting appendix references contained within the RFP, questionnaires, evaluation materials, or related procurement documents are superseded by this amendment.

Amendment 1D: Alignment of References Across Procurement Materials

To ensure consistency across procurement documents, the Service Domain numbering, appendix references, hyperlinks, and related corrections incorporated through this amendment shall govern where inconsistencies exist among:

- The Request for Proposals (RFP);
- Service Domain Specifications Questionnaires;
- Cost Proposal templates;
- Appendices and Scopes of Work;
- Evaluation criteria and scoring materials;
- Procurement Library materials;
- Submittable application forms and instructions;
- Responses to Written Questions;
- RFP amendments; and
- Other procurement-related materials issued by HCA for this solicitation.

Where discrepancies occur between procurement documents, the most recent amendment issued by HCA shall govern, unless otherwise expressly stated.

SECTION 2: EVALUATION & SCORING METHODOLOGY

Amendment 2A: Applicability of Service Domain Specifications Questions and “Not Applicable” Responses

Offerors responding to Service Domain Specifications Questions shall provide responses applicable to the proposed Service Domain(s).

Where an Offeror determines that a question, sub-question, or requirement is not applicable to the proposed Service Domain(s), the Offeror may submit a response explaining the basis for non-applicability.

A properly supported “Not Applicable” (N/A) response consistent with instructions shall not constitute failure to submit a response for purposes of proposal disqualification.

Responses shall be evaluated based on applicability to the proposed Service Domain(s) and overall responsiveness to solicitation requirements.

Where a question contains multiple components and only certain components apply to the proposed Service Domain(s), evaluation shall focus on the applicable portions of the response.

Amendment 2B: Independent Service Domain Evaluation and Scoring

Evaluation, scoring, ranking, and award determinations shall occur independently by Service Domain, unless otherwise expressly stated through amendment.

Submission of proposals for multiple Service Domains shall not result in combined evaluation scores across Service Domains.

Each Service Domain will result in:

- independent evaluation outcomes;
- separate negotiations;
- separate awards;
- separate contracts; and/or
- no award.

HCA reserves the right, in accordance with the terms of the solicitation and applicable procurement requirements, to make multiple awards, a single award, partial awards, or no award, and to determine funding and award decisions independently by Service Domain.

Evaluation methodologies, including oral presentations where applicable, shall be interpreted consistently with independent evaluation by Service Domain.

If oral presentations are conducted and an Offeror has submitted proposals for multiple Service Domains, the Offeror shall provide a separate oral presentation for each proposed Service Domain, and each presentation shall be evaluated independently, as though the Offeror were applying solely for that Service Domain.

Amendment 2C: Applicability of Preference Scoring

References within the solicitation to New Mexico Resident Business Preference, Resident Veteran Business Preference, Native American Preference, or related preference scoring provisions shall be interpreted consistent with applicable State and federal requirements.

For Service Domain 3 (Federally funded Rural Health Transformation Program (RHTP)), preference scoring associated with New Mexico Resident Business Preference, Resident Veteran Business Preference, and Native American Preference shall not apply in evaluation or scoring for this solicitation, consistent with applicable federal requirements.

Section 13-1-21(J) NMSA 1978 provides:

“This section shall not apply when the expenditure includes federal funds for a specific purchase.”

Accordingly, preference scoring shall continue to apply for Service Domains 1, 2, and 4, unless otherwise prohibited by applicable law or expressly modified through amendment.

This amendment applies solely to evaluation and scoring associated with this solicitation and shall not be interpreted to determine, prohibit, require, or otherwise govern the applicability of preference provisions to downstream contracts, subawards, subrecipient arrangements, procurements, or other funding mechanisms established under Service Domain 3, which shall be subject to applicable State law, federal requirements, funding source restrictions, and HCA direction.

Offerors may submit applicable certifications or documentation requested through the procurement process; however, such documentation shall not result in preference scoring for Service Domain 3 where prohibited by law.

Evaluation, scoring, ranking, and award determinations shall be conducted consistently with applicable State and federal requirements and the funding source associated with the proposed Service Domain(s).

SECTION 3: COST PROPOSAL, CONTRACT TERM, AND FINANCIAL DOCUMENTATION

Amendment 3A: Financial Documentation Requirements

Where independent audited financial statements are unavailable, Offerors may submit alternative financial documentation sufficient to demonstrate financial stability and operational capacity, consistent with solicitation requirements.

Acceptable documentation may include:

- internally prepared financial statements;
- current fiscal year budget documentation;
- year-to-date actuals;
- explanatory narratives; and/or
- other documentation responsive to financial stability requirements.

Financial documentation submitted through the procurement process shall be handled consistent with applicable confidentiality provisions and public records requirements.

Amendment 3B: Cost Proposal Requirements and Contract Term Assumptions

The Cost Proposal template provided in the solicitation represents the minimum required level of detail for submission.

Offerors may provide additional detail or supplemental information to explain assumptions, implementation approaches, phased timelines, staffing models, subcontracting arrangements, ramp-up periods, or other cost considerations relevant to the proposed Service Domain(s). Cost Proposals shall not provide less detail than required by the solicitation.

Offerors may include supplemental cost schedules, assumptions, and supporting documentation through the “Additional Documents” section of the application; however, required Cost Proposal components remain mandatory.

Cost Proposals should be structured using State Fiscal Year (SFY) periods (July 1 – June 30) where applicable to support comparison, budget review, and contract administration.

Where Service Domains have differing implementation timelines, phased approaches, or operational assumptions, Offerors should structure Cost Proposals to reasonably reflect anticipated implementation and operational costs associated with the proposed Service Domain(s).

For Service Domain 3 (Rural Health Transformation Program (RHTP)), Offerors should assume an initial budget period beginning July 1, 2027 (or later based on contract execution date) through September 30, 2027, unless otherwise specified through amendment or contract negotiation. Costs should be identified by applicable State Fiscal Year, where relevant.

Actual contract effective dates and implementation periods for all Service Domains shall begin upon contract execution and may vary by Service Domain based on procurement timelines, contract negotiations, funding availability, implementation planning, and HCA direction.

Contract duration, extensions, renewals, and funding remain subject to applicable procurement requirements, funding availability, State law, contract negotiation, and Service Domain-specific considerations.

Submission of a Cost Proposal does not guarantee award, funding, renewal, extension, or execution of a contract for any Service Domain.

SECTION 4: AUDIT READINESS, KEY PERSONNEL & EXPERIENCE REQUIREMENTS

Amendment 4A: Audit Readiness and Relevant Experience Requirements

References within the solicitation to audit readiness, audit support, or related qualifications are intended to address an Offeror’s capacity to support documentation, compliance activities, reporting, monitoring, financial tracking, agreement administration, records retention, corrective actions, operational oversight, and other activities necessary to support HCA in preparation for or response to federal, State, internal, or external review, monitoring, or audit activities, as applicable.

Audit readiness requirements shall not be interpreted as requiring independent financial audit services, CPA licensure, Generally Accepted Auditing Standards (GAAS), Government Auditing Standards (GAGAS) experience, or independent audit engagements, unless otherwise expressly stated for a specific Service Domain.

Offeror experience examples may relate to the full range of applicable ASO functions described in the Scope of Work, including but not limited to:

- payment administration;
- agreement management;
- monitoring and reporting;
- compliance activities;
- documentation and records management;
- financial oversight;
- risk identification;
- performance monitoring;
- corrective support activities;

- operational support; and/or
- related administrative functions.

Amendment 4B: Key Personnel Requirements for Audit Readiness Functions

References to “Lead Auditor” within the solicitation are superseded by this amendment.

Offerors shall identify Key Personnel with qualifications appropriate to the proposed Service Domain(s) and Scope of Work, including experience in areas such as:

- compliance;
- monitoring;
- financial management;
- reporting;
- operational oversight;
- risk management;
- documentation management;
- program administration; and/or
- other relevant functions.

Proposed Key Personnel shall demonstrate qualifications and experience relevant to the services proposed and need not possess independent audit credentials unless expressly required by the applicable Scope of Work.

Amendment 4C: Applicability Across Service Domains

Key Personnel expectations and experience requirements shall be interpreted as consistent with the applicable Service Domain(s) and associated Scope of Work.

Requirements shall not be construed to require identical personnel structures, qualifications, or operational models across all Service Domains.

SECTION 5: STAFFING, SUBCONTRACTING & KEY PERSONNEL RESTRICTIONS

Where limitations on subcontracting staffing apply within a Scope of Work, such limitations shall be interpreted to prohibit the use of subcontracting arrangements that would replace or materially substitute for the Offeror’s primary operational responsibility, oversight, and management functions under the applicable Service Domain.

These limitations shall not automatically prohibit the use of subcontractors, consultants, independent contractors, or professional service providers engaged to perform specialized, discrete, technical, or supporting functions, unless otherwise expressly prohibited.

Allowable subcontracted functions may include, where applicable:

- information technology services;
- hosting and security services;
- legal services;
- actuarial services;
- independent review or audit support;
- evaluation services;
- technical expertise;
- specialized consulting; and/or
- other supporting functions.

Requirements may vary by Service Domain and associated Scope of Work.

Any proposed subcontracting arrangements, including subcontract awards, shall remain subject to HCA review and written approval prior to execution, consistent with solicitation requirements, contract terms, and applicable procurement requirements.

Approval of a subcontracting arrangement by HCA does not relieve the prime contractor of responsibility or accountability for performance under the applicable contract.

Amendment 5B: Prime Contractor and Subcontractor Relationships

An organization or individual may participate:

- as a prime contractor for one Service Domain and as a subcontractor for another Service Domain; and/or
- as a subcontractor supporting multiple Offerors and/or Service Domains,

provided all applicable solicitation requirements, conflict disclosures, and procurement requirements are met.

Offerors shall disclose proposed subcontracting relationships, including arrangements involving participation across multiple Service Domains or Offerors, as applicable.

Any actual, potential, or perceived conflicts of interest associated with proposed subcontracting arrangements shall be disclosed and may be subject to review by HCA.

All subcontracting arrangements remain subject to HCA review and written approval prior to execution.

Approval of subcontracting arrangements shall not relieve the prime contractor of responsibility or accountability for performance under the applicable contract.

Requirements and allowable arrangements may vary by Service Domain, funding source, and Scope of Work.

Federal Funding Considerations – Service Domain 3 (RHT Program)

For Service Domain 3 (Rural Health Transformation (RHT) Program), subcontracting relationships, contractor relationships, funding arrangements, and other downstream administrative structures shall be interpreted consistent with applicable federal requirements, including 2 CFR Part 200, CMS Cooperative Agreement requirements, and associated federal terms and conditions, as applicable.

The ASO may be expected to support HCA in administration, monitoring, documentation, reporting, compliance activities, oversight, and operational functions across multiple funding, payment, and contractual arrangements under the RHT Program, including but not limited to:

- direct agreements or funding arrangements with State entities;
- contracts with vendors or contractors;
- subrecipient arrangements;
- provider incentive payments;
- payment administration activities;
- reporting and monitoring activities;
- agreement administration; and/or
- other funding, payment, or contractual structures established or directed by HCA.

Applicable classifications, monitoring expectations, contractual requirements, and oversight activities shall be determined based on the nature of the relationship, services performed, funding structure, applicable federal requirements, and HCA direction.

Participation as a contractor, subcontractor, consultant, subrecipient, or supporting entity under Service Domain 3 shall be interpreted consistent with applicable federal and State requirements and does not independently determine the nature of the relationship for purposes of oversight, monitoring, or compliance obligations.

Approval of subcontracting or downstream arrangements by HCA does not relieve the prime contractor of responsibility or accountability for performance under the applicable contract.

Amendment 5C: Cost Proposal Detail for Staffing and Subcontracting Arrangements

The Cost Proposal template represents the minimum required level of detail.

Offerors may provide additional detail regarding staffing assumptions, subcontracting arrangements, implementation models, rates, phases, personnel categories, cost allocation methodologies, or related information where appropriate.

Required Cost Proposal components remain mandatory and responses shall not provide less detail than required by the solicitation.

Supplemental cost schedules, assumptions, and supporting documentation may be submitted through the Additional Documents section of the application.

SECTION 6: SYSTEMS, PLATFORMS & TECHNOLOGY EXPECTATIONS

Amendment 6A: Systems, Methodologies, and Operational Approaches

References within the solicitation to systems, methodologies, or related operational capabilities shall be interpreted broadly to include:

- technologies;
- software platforms;
- operational structures;
- workflows;
- methodologies;
- processes;
- implementation approaches;
- management systems; and/or
- other mechanisms used to support delivery of services.

Requirements that an Offeror possess existing systems or methodologies shall not be interpreted to require proprietary software platforms where equivalent operational structures, methods, processes, or approaches demonstrate capacity to perform the applicable Scope of Work.

Offerors may propose operational approaches appropriate to the applicable Service Domain(s) and associated Scope of Work.

Amendment 6B: HCA-Designated Software, Platforms, Tools, Operational Requirements, and Data Ownership

Where the solicitation requires operation within HCA-designated systems, such requirements may include, as applicable:

- HCA-designated software solutions, platforms, applications, databases, portals, or technology tools used for communication, document management, reporting, monitoring, oversight, workflow management, payment administration, or related functions;
- HCA-required processes, workflows, methodologies, operational structures, reporting approaches, or administrative requirements; and/or
- other implementation requirements identified by HCA.

Offerors shall utilize HCA-designated software, platforms, tools, workflows, or processes where required by HCA.

Offerors may utilize their own software platforms, technologies, methodologies, workflows, operational structures, or implementation approaches to support delivery of services, provided such approaches:

- are consistent with the applicable Scope(s) of Work;
- support required deliverables and reporting;
- comply with applicable contractual, State, and federal requirements;
- do not conflict with HCA-designated requirements; and
- do not impair HCA access to information, records, reports, systems outputs, or data.

Use of Offeror-owned systems, platforms, software solutions, methodologies, or operational approaches may vary by Service Domain, funding source, implementation approach, and HCA direction.

HCA-designated software, platforms, tools, access expectations, training requirements, licenses, implementation expectations, and related requirements may be identified prior to award, during negotiation, or throughout contract implementation, as applicable.

All data, records, reports, analyses, deliverables, documentation, system outputs, work products, and other information created, collected, maintained, processed, submitted, or produced under the contract shall remain the property of HCA, unless otherwise expressly required by law.

Offerors shall provide HCA with access to such information in formats and timeframes determined by HCA and shall not assert ownership rights or impose restrictions that limit HCA access, use, retention, transition, transfer, reporting, oversight, or continued operations.

Nothing in this amendment shall be interpreted to prohibit Offerors from using proprietary operational systems or platforms to support performance, provided HCA requirements, access expectations, and ownership provisions are met.

SECTION 7: COMMUNICATION, CUSTOMER SERVICE, TECHNICAL ASSISTANCE, MONITORING & CORRECTIVE ACTIONS

Amendment 7A: Communication Roles, Programmatic Authority, and Operational Support

HCA shall serve as the primary point of contact for programmatic functions, including but not limited to:

- policy interpretation;
- funding decisions;
- approvals;
- program oversight;
- corrective action issuance and enforcement;
- escalation decisions; and/or
- other functions identified by HCA.

The selected ASO shall provide operational and administrative support under the direction and authority of HCA, as applicable to the Service Domain and approved by HCA.

Under the direction and authority of HCA, the selected ASO may support:

- administrative functions;
- operational support;
- coordination;
- monitoring;
- documentation collection;
- reporting;
- contracting support;
- invoicing;
- payment administration;
- deliverable tracking;
- closeout activities;
- technical assistance;
- customer support functions; and/or
- related activities,
- as applicable to the Service Domain and approved by HCA.

The nature and extent of direct communication with applicants, grantees, providers, recipients, contractors, subrecipients, or other participating entities may vary by Service Domain.

Amendment 7B: Customer Service Functions and Direct Communication

Customer service, help desk functions, technical support, communication activities, and operational support expectations may vary by:

- Service Domain;
- funding source;
- implementation approach;
- operational model; and/or
- HCA direction.

Authorization for customer service functions, direct communication, recipient-facing support, provider-facing support, and operational support activities shall be determined by HCA and may vary by Service Domain.

Authorization for direct communication by the ASO may be established through:

- contract terms;
- implementation planning;
- operational procedures;
- written direction;
- approval processes; and/or
- other mechanisms established by HCA.

HCA may modify, expand, limit, or revoke authorization for direct communication, customer support functions, or operational support responsibilities consistent with program needs and contractual requirements.

Specific communication roles, workflows, escalation processes, customer support expectations, and authorization for direct communication shall be determined by HCA and may vary by Service Domain.

Amendment 7C: Technical Assistance, Monitoring, and Corrective Action Support

The selected ASO may support HCA in:

- monitoring;
- documentation;
- tracking;
- analysis;
- communication;
- reporting;
- implementation support;
- corrective action recommendations;
- corrective action monitoring;
- coordination; and/or
- other operational activities,
- under the direction and authority of HCA and consistent with the applicable Scope of Work.

The prohibition on technical assistance and corrective actions shall not prohibit the ASO from supporting HCA in monitoring, documentation, communication, implementation support, corrective action recommendations, corrective action monitoring, or operational coordination activities associated with performance improvement processes.

HCA retains responsibility for:

- programmatic oversight;
- approval;
- issuance;
- enforcement;
- corrective action plans (CAPs);
- funding decisions; and
- final determinations.

Expectations regarding technical assistance, corrective actions, monitoring, communication responsibilities, and operational support may vary by Service Domain.

Amendment 7D: Service Domain-Specific Communication Expectations

Communication roles, customer support functions, and operational support expectations may differ by Service Domain.

For example:

- Service Domain 1 (RHCDF): HCA program staff maintain direct relationships with funded organizations, and the ASO is anticipated to primarily support HCA staff and administrative functions rather than provide direct provider-facing customer service functions.
- Service Domain 3 (RHTP): Communication roles, workflows, implementation approaches, and operational expectations continue to evolve and may change over time.
- Service Domains 2 and 4: Communication roles, customer support expectations, operational responsibilities, and workflows may differ based on program requirements, funding structures, and operational needs.

Specific communication roles, workflows, escalation processes, customer support expectations, and authorization for direct communication shall be determined by HCA and may vary by Service Domain.

SECTION 8: PERFORMANCE STANDARDS, CORRECTIVE ACTION PLANS (CAPS), PENALTIES & SERVICE DOMAIN-SPECIFIC FRAMEWORKS

Amendment 8A: Performance Standards and Corrective Action Frameworks

Performance standards, corrective action processes, monitoring requirements, penalties, and related operational expectations may vary by Service Domain and associated Scope of Work.

Requirements related to:

- performance monitoring;
- corrective action plans (CAPs);
- performance improvement processes;
- penalties;
- escalation processes;
- monitoring expectations;
- reporting requirements; and/or
- related oversight mechanisms

shall be interpreted consistent with the applicable Service Domain and associated contractual requirements.

Amendment 8B: Service Domain-Specific Performance Expectations and Penalty Frameworks

Performance standards, corrective action processes, penalty structures, and related monitoring frameworks presented within the solicitation shall apply where identified, but may be updated, modified, expanded, refined, or supplemented by HCA, consistent with applicable procurement requirements, contract negotiation, implementation planning, funding requirements, federal requirements, operational needs, and HCA direction.

Where performance standards, CAP requirements, penalty structures, or monitoring frameworks differ by Service Domain, such requirements may be further established through:

- the applicable Scope of Work;
- amendments;
- contract negotiation;
- implementation planning;
- federal requirements;
- funding requirements; and/or
- HCA direction.

For Service Domain 4, the absence of an identified performance standard, corrective action framework, or penalty structure within the solicitation shall not be interpreted to mean that such requirements will not apply. Performance expectations, monitoring processes, corrective actions, and penalty frameworks for Service Domain 4 may be established, modified, or incorporated during contract negotiation, implementation planning, or as otherwise directed by HCA.

Amendment 8C: HCA Authority Regarding Corrective Actions and Performance Determinations

HCA retains authority for:

- approval;

- issuance;
- enforcement;
- corrective action plans;
- performance determinations;
- funding decisions; and
- final determinations regarding noncompliance.

The ASO may support HCA in monitoring, documentation, reporting, implementation support, corrective action tracking, and related operational activities under HCA direction.

SECTION 9: FEDERAL REQUIREMENTS, COMPLIANCE, AND FUNDING STRUCTURES

Amendment 9A: Federal Requirements and Compliance Support

For Service Domain 3 (RHTP), the selected ASO shall support HCA in administration, monitoring, documentation, reporting, compliance activities, oversight, and operational functions consistent with:

- applicable federal requirements;
- 2 CFR Part 200;
- CMS Cooperative Agreement requirements;
- federal terms and conditions;
- reporting requirements; and/or
- HCA direction.

Amendment 9B: Funding Structures and Agreement Types

The ASO may support HCA across multiple funding, payment, and contractual arrangements under the RHT Program, including but not limited to:

- direct agreements or funding arrangements with State entities;
- contracts with vendors or contractors;
- subrecipient arrangements;
- provider incentive payments;
- payment administration activities;
- reporting and monitoring activities;
- agreement administration; and/or
- other funding, payment, or contractual structures established by HCA.

Applicable classifications, monitoring expectations, oversight responsibilities, and compliance requirements shall be determined based on:

- nature of relationship;
- services performed;
- funding mechanism;
- applicable federal requirements; and/or
- HCA direction.

Amendment 9C: Contractor Status and Oversight Functions

The ASO shall function as a contractor/vendor to HCA and may support HCA in activities related to:

- contractor monitoring;

- documentation;
- reporting;
- compliance activities;
- subrecipient monitoring;
- payment administration;
- agreement administration; and/or
- other oversight activities,
- as directed by HCA and consistent with applicable requirements.

Support provided by the ASO does not transfer final authority or accountability from HCA regarding funding decisions, subrecipient oversight, approvals, compliance determinations, or related obligations.

Amendment 9D: Federal Reporting and Program Requirements

Specific reporting expectations, federal deliverables, monitoring requirements, and oversight functions may evolve over time and may be established through:

- CMS requirements;
- federal guidance;
- Cooperative Agreement requirements;
- contract negotiation;
- implementation planning; and/or
- HCA direction.

SECTION 10: PROCUREMENT, AWARDS, CONTRACT NEGOTIATION & IMPLEMENTATION FLEXIBILITY

Amendment 10A: Award and Funding Discretion

HCA reserves the right, consistent with applicable procurement requirements and solicitation terms, to:

- make multiple awards;
- make a single award;
- make partial awards;
- negotiate with Offerors;
- decline to award; and/or
- make no award.

Submission of a proposal or Cost Proposal does not guarantee award, funding, contract execution, extension, renewal, or continuation of services for any Service Domain.

Awards, if made, may occur independently by Service Domain and may result in separate contracts, negotiations, implementation approaches, or funding structures.

Amendment 10B: Contract Negotiation and Implementation Planning

Contract execution, implementation approaches, operational structures, staffing models, performance expectations, communication workflows, systems requirements, reporting expectations, monitoring activities, and related requirements may be further defined, refined, updated, or negotiated following award and prior to or during implementation, consistent with:

- the applicable Scope of Work;

- federal requirements;
- funding requirements;
- implementation planning;
- contract negotiation;
- operational needs; and/or
- HCA direction.

Amendment 10C: Service Domain-Specific Implementation Approaches

Implementation timelines, operational expectations, communication structures, performance standards, staffing assumptions, systems requirements, and oversight mechanisms may differ by Service Domain.

The absence of a requirement, framework, timeline, or operational expectation within one Service Domain shall not be interpreted as applying to or restricting another Service Domain.

Amendment 10D: Evolving Program Requirements

Program requirements, implementation approaches, funding structures, reporting obligations, and operational expectations may evolve over time due to:

- federal requirements;
- State requirements;
- funding availability;
- CMS guidance;
- implementation experience;
- program needs; and/or
- HCA direction.

The selected ASO(s) shall be expected to support implementation and adaptation consistent with evolving program requirements, contractual obligations, and HCA direction.

Amendment 10E: No Waiver of HCA Authority

Nothing within this solicitation, amendment, negotiation, implementation approach, communication structure, monitoring process, subcontracting arrangement, or operational model shall be interpreted to waive or transfer HCA authority regarding:

- policy interpretation;
- funding decisions;
- approvals;
- corrective actions;
- program oversight;
- compliance determinations;
- contract management; and/or
- final authority.

SECTION 11: AMENDMENT APPLICABILITY, SUPERSESSION & EFFECTIVE DATE

Amendment 11A: Applicability of Amendment

The clarifications, corrections, modifications, and additions contained within this amendment apply to the applicable Request for Proposals, associated appendices, questionnaires, procurement materials, templates, responses to written questions, and related solicitation documents, unless otherwise expressly stated.

Amendment 11B: Supersession of Conflicting Language

To the extent any provision contained within this amendment conflicts with prior solicitation language, appendices, procurement materials, references, questionnaires, templates, or related documents, this amendment shall govern.

All solicitation terms, requirements, and provisions not expressly modified by this amendment remain in full force and effect.

Amendment 11C: Incorporation into Solicitation and Contract Documents

The contents of this amendment shall be incorporated into and interpreted as part of the solicitation.

Offerors are responsible for reviewing all amendments and incorporating applicable revisions, assumptions, requirements, and clarifications into proposal submissions.

Amendment 11D: Effective Date

This amendment shall become effective upon issuance by HCA and shall apply to all proposals submitted in response to the solicitation thereafter.

Amendment 11E: No Limitation of HCA Authority

Nothing contained within this amendment shall be interpreted to:

- limit HCA authority;
- obligate HCA to make an award;
- obligate HCA to execute a contract;
- waive applicable procurement requirements;
- waive federal or State requirements; or
- limit HCA’s ability to establish, modify, refine, negotiate, or implement requirements consistent with applicable law, funding requirements, contractual obligations, or operational needs.

SECTION 12: AMENDMENT TO SECTION II.A. – SEQUENCE OF EVENTS

Amendment 12A: Revised Procurement Timeline

Section II.A. Sequence of Events is amended and superseded as follows:

Action	Responsible Party	Revised Due Date
1. Issue RFP	HCA	April 30, 2026
2. Acknowledgement of Receipt Form	Potential Offerors	May 11, 2026
3. Pre-Proposal Conference	Agency	May 11, 2026
4. Deadline to Submit Written Questions	Potential Offerors	May 13, 2026
5. Response to Written Questions	Procurement Manager	May 15, 2026
6. Submission of Proposal	Potential Offerors	June 5, 2026 (5:00 PM MST/MDT)
7. Proposal Evaluation*	Evaluation Committee	June 8, 2026 – June 24, 2026
8. Selection of Finalists*	Evaluation Committee	June 24, 2026
9. Oral Presentation(s) (if held)*	Finalist Offerors	June 25, 2026
10. Best and Final Offers*	Finalist Offerors	June 26, 2026

11. Finalize Contractual Agreements*	Agency / Finalist Offerors	June 29, 2026 – July 8, 2026
12. Contract Awards*	Agency / Finalist Offerors	July 10, 2026
13. Protest Deadline	HCA	July 27, 2026

*Dates indicated in Events 7 through 13 remain estimates only and may be subject to change without necessitating an amendment to the RFP, consistent with the original solicitation language.

Amendment 12B: Proposal Submission Deadline References

All references throughout the solicitation, appendices, questionnaires, application materials, procurement library documents, responses to written questions, templates, and related procurement materials to proposal submission deadlines shall be interpreted as:

June 5, 2026 at 5:00 PM MST/MDT

unless otherwise expressly modified through subsequent amendment.

Offerors remain responsible for reviewing amendments and incorporating revised deadlines into proposal preparation and submission activities.

SECTION 13: SUPPLEMENTAL INFORMATION SUBMISSION

Amendment 13A: Optional Supplemental Information

Offerors may submit optional supplemental information or supporting materials addressing topics including, but not limited to:

- implementation readiness and transition planning;
- continuity of operations;
- phased implementation approaches;
- change management methodologies;
- adaptation to evolving program requirements, funding structures, or federal guidance;
- data governance, access, ownership, and transition procedures;
- customer support and escalation models;
- operational workflows;
- monitoring approaches;
- performance measurement methodologies;
- staffing surge capacity and continuity planning;
- risk mitigation strategies; and/or
- other materials demonstrating operational readiness and implementation capacity.

Supplemental information may include examples such as:

- implementation plans;
- transition plans;
- dashboards;
- workflows;
- governance structures;

- sample reports;
- continuity plans;
- organizational policies;
- templates;
- methodologies;
- process maps; and/or
- other supporting documentation.

Optional supplemental materials shall be uploaded under the “Additional Documents” section of the application and shall not exceed ten (10) pages total across all supplemental submissions.

Offerors remain responsible for ensuring all required information responsive to scored questions is included within applicable response fields and word limits.

Supplemental materials may be reviewed to provide additional context or understanding regarding the Offeror’s proposed approach, operational readiness, or implementation capacity; however, such materials shall not receive separate scoring, additional points, or independent evaluation outside the applicable scored proposal responses.

The absence of supplemental materials shall not negatively impact scoring, and submission of supplemental materials shall not result in additional points or scoring advantage.