

AMENDMENT #01

HEALTH CARE AUTHORITY

REQUEST FOR PROPOSALS (RFP)

Brain Injury Services Fund – Fiscal Intermediary Agent



**HEALTH CARE
AUTHORITY**

RFP# 26-630-8000-0017

RFP Release Date: April 5, 2026

Proposal Due Date: **May 1, 2026** by 4:00pm MST/MDT

ELECTRONIC-ONLY PROPOSAL SUBMISSION

This Amendment No. 01 serves to modify the following section on the specified pages of the RFP:

**CHANGE ON COVER PAGE
PROPOSAL DUE DATE**

The due date listed on the cover page has been updated to May 1, 2026 to align with the dates listed in the Sequence of Events in Section II.A. as listed on page 14.

**CHANGE ON PAGE 1
SECTION I.A. PURPOSE OF THIS REQUEST FOR PROPOSALS**

Paragraph 3 of this section has been amended to read as follows:

The specific Fiscal Intermediary services required under this RFP include processing payments and reimbursements for authorized services and goods; administering a specialized provider network willing to serve individuals with brain injury; maintaining financial controls and accountability mechanisms; tracking expenditures and utilization; and producing required fiscal and programmatic reports. **The FIA does not provide direct participant services, determine eligibility, or assess the need for services. The FIA is responsible for financial review and authorization of services in accordance with program requirements and funding limits.**

**CHANGE ON PAGE 47
SECTION IV.C.4.b. FINANCIAL STABILITY**

Item b of this section has been amended to read as follows:

- b.** Offerors must submit copies of the most recent years independently audited financial statements and the most current 10K, as well as financial statements for the preceding three (3) years, if they exist. The submission must include the audit opinion, the balance sheet, and statements of income, retained earnings, cash flows, and the notes to the financial statements. Offerors in business for less than three (3) years should submit all available financial reports. Include the independent auditor's summary of findings for each report. **If independently audited financial statements do not exist, Offeror must state the reason and, instead, submit sufficient information (e.g. D & B report) to enable the Evaluation Committee to assess the financial stability of the Offeror.**

**CHANGE ON PAGE 54
APPENDIX D: STATEMENT OF ASSURANCES**

Item G. Pay Equity Initiative Requirements has been removed as the Pay Equity Reporting Form PE10-249 or Form PE250 are no longer required by the New Mexico State Purchasing Division.

APPENDIX D: STATEMENT OF ASSURANCES

New Mexico Health Care Authority
Brain Injury Services Fiscal Intermediary Agent
RFP# 26-630-8000-0017

This form must be completed and signed by the Offeror and required documentation **must be returned with the proposal. This signed form and requested documentation in A-F must be provided as part of the response to Section IV. C. Business Specifications**

A. Corporate

1. Copy of agency article of incorporation, as approved by New Mexico Public Relation Commission.
2. Copy of agency by-laws.
3. Copy of agency annual corporate report, as filed with the New Mexico Public Regulation Commission for all agencies who have complete one (1) year of fiscal operation.

B. Financial Status

A proposal can be rejected if, after review of the document submitted under this section, the HSD determines an Offeror is not fiscally sound. Please provide:

1. Current New Mexico Business License.
2. Copy of proof of registration with the New Mexico Taxation and Revenue Department for the payment of gross receipts tax or proof of grant of an exception from payment of federal income tax pursuant to the Internal Revenue Code of 1954, 26 USC Section 501 (C) (3).

C. Licensing and Certification

1. If your agency operates a licensed health facility or facilities, attach a current copy of certificate(s).
2. Statement that licensing requirements have been met or is in process.
3. The agency agrees to hire, employ and sub-contract with only licensed and/or certified personnel for the provision of all services that require such licensure and/or certification.

D. Board of Directors

List the number of directors/members 1) living with a disability; 2) living with brain injury; 3) who are professionals working with individuals with a disability; and 4) who are professionals working with individuals living with a brain injury.”

E. Compliance with Federal and State Regulations

The agency agrees to comply with all Federal and State legal requirements, including Human Services Department policies and regulations, which apply to the services being provided.

F. Proof of Insurance

As part of your contractual agreement with the Human Services Department, you are required to carry insurance coverage. A proposal can be rejected if, after review of the documents

submitted under this section, verification of insurance is missing. You must submit applicable:

1. Professional Liability Insurance
2. Surety Bonding for individual practitioners
3. Dishonesty Bonding for agencies and group practices

I certify that the information provided through these assurances to the Human Services Department is true and correct, and I fully assure compliance with all the requirements cited above.

Authorized Signature of Agency

Date

Title