

AMENDMENT #01

HEALTH CARE AUTHORITY

REQUEST FOR PROPOSALS (RFP)

Brain Injury Services Fund – Service Coordination



**HEALTH CARE
AUTHORITY**

RFP# 26-630-8000-0016

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 PAGE 43

SECTION IV.B.3.1. COST PROPOSAL/BUDGET

Item 1 of this section has been amended to read as follows:

1. Include a completed Cost Proposal/Budget table (see APPENDIX G for blank form). Specify the information required in the “BISF Service Component Funding Request” in addition to other funding the agency is currently receiving. (Any proposal that includes a funding table, where Administrative Costs are noted as “N/A” or left blank is subject to a reduction in awarded points).

CHANGE ON PAGE 56

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.

Please see updated Appendix on page 2-3.

CHANGE ON PAGE 75

APPENDIX G COST RESPONSE FORM

Appendix G Cost Response Form has been amended to remove the column for offerors to include costs related to administrative costs as those costs are included in the Per Member Per Month (PMPM) that are indicated on page 39.

Please see updated Appendix on page 4-5.

APPENDIX D: STATEMENT OF ASSURANCES

New Mexico Health Care Authority
Brain Injury Services Service Coordination
RFP# 26-630-8000-00163

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

APPENDIX G: COST RESPONSE FORM

APPENDIX G - COST RESPONSE FORM

RFP # 26-630-8000-0016 Brain Injury Services Fund - Service Coordination

This form must be submitted as part of the response to Mandatory Specifications in Section IV, Letter C, Factor III.

Offeror Name _____

BISF Service Component Funding Request

(Complete; See Funding Table for Available Funding)

	BISF Service	Region	Projected Number of Participants (served annually)	Total Yearly Funding Requested
A*	Service Coordination	METRO		\$
		NE		\$
		NW		\$
		SE		\$
		SW		\$
TOTAL FUNDING REQUESTED				\$

*See Funding Table: Column C

Please indicate other funding your agency is currently receiving

		Number Serving/ Projected	Yearly Funding Received/ Projected
C	Medicaid		\$
D	Medicare		\$
E	Other Federal Funds (Specify)		\$
			\$
F	Other HCA Funds (Specify)		\$
			\$
G	Other State Funds (Specify)		\$
			\$
H	Other Funds (Specify)		\$
			\$
I	GRAND TOTAL (C-H)		\$

BISF Funding Table FY27 (July 1, 2026 – June 30, 2027)

New Mexico Human Services Department - Brain Injury Program

All figures are estimates. The NM HCA may reallocate funding based on proposals and funding availability.

Counties	Region	Service Coordination - Available Funding
Bernalillo	Metro	Active Participant @ \$407 PMPM Applicant @ \$265 PMPM with a total of 125 participants for FY27
Sandoval		
Socorro		
Torrance		
Valencia		
Harding	Northeast	
Los Alamos		
Mora		
Rio Arriba		
San Miguel		
Santa Fe		
Taos		
Union		
Colfax	Southeast	
Cibola		
McKinley		
San Juan		
Chaves		
Curry		
De Baca		
Eddy		
Guadalupe		
Lea		
Lincoln	Southwest	
Quay		
Roosevelt		
Catron		
Dona Ana		
Grant		
Hidalgo		
Luna		
Otero		
Sierra		