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## Center for Rural Health Strategy & Innovation (CRHSI) RFP

RFP# 27-630-1000-0003

June 1, 2026

# Amendment

## SECTION 1: ADMINISTRATIVE CORRECTIONS

### Amendment 1A: Correction to Evaluation Point Total

Section V.A. Evaluation Point Summary and any related scoring references are amended to clarify that the scored evaluation criteria total 1,000 points.

The reference to 650 points for Technical Specifications is corrected to 550 points for the combined technical components, as follows:

Evaluation Factor	Points
Organizational Experience	50
Organizational References	50
Questionnaire Specifications	450
Workplan	100
Cost Proposal	300
Oral Presentation, if conducted	50
<b>Total</b>	<b>1,000</b>

Any inconsistent references to a total of 1,100 points are corrected to 1,000 points.

### Amendment 1B: Removal of New Mexico/Native American Resident Preference Scoring

Section II.C.33, New Mexico/Native American Resident Preferences; Section V.B.8, Resident Preference Scoring; and any related references are amended to remove New Mexico/Native American Resident Preference scoring from this RFP.

New Mexico/Native American Resident Preference points will not be applied to this RFP because the procurement includes federal funds for a specific purchase. Section 13-1-21(J) NMSA 1978 provides: "This section shall not apply when the expenditure includes federal funds for a specific purchase."

Accordingly, any references to New Mexico/Native American Resident Preference points, including any associated scoring criteria, are removed and will not be included in the evaluation denominator or scoring process.

### Amendment 1C: Correction to Workplan Template Reference

Section III.C.XI, Workplan, and any related references are amended to clarify that HCA will not provide a separate Workplan template for this RFP.

Offerors should submit the Workplan using their own format, provided the Workplan includes all required information identified in the RFP, as amended. The Workplan should include sufficient detail to describe the Offeror’s proposed approach to establishing, implementing, and operating CRHSI, including proposed activities, milestones, staffing and resource assumptions, timelines, dependencies, and alignment with the Cost Proposal.

**Amendment 1D: Correction to Questionnaire Response Limit in Submittable**

Questionnaire Specifications Sections 2 and 3, and any related Submittable response fields are amended to clarify that the intended response limit is 1,200 words, not 1,200 characters.

HCA will update the applicable Submittable response fields to allow responses of up to 1,200 words for Questionnaire Specifications Section 2, Sustainability & Financial Viability Analysis, and Section 3, Agreement Initiation and Execution Support.

Offerors should follow the word limits stated in the RFP, as amended, and in the corrected Submittable response fields.

**Amendment 1E: Correction to Performance/Penalty Section Reference**

Appendix E, Section 3.1.1, Contractor Deliverables, and any related references are amended to correct the erroneous reference to “the chart in Section 8.4.2 below.”

The reference to Section 8.4.2 is removed and replaced with the correct applicable section reference for performance standards, remedies, service levels, or penalty thresholds, as amended.

Offerors should rely on the performance expectations, reporting requirements, remedies, and any applicable penalty thresholds included in the RFP, as amended, and the final executed contract.

**Amendment 1F: Correction to Appendix E Section 4.6 Heading**

Appendix E, Section 4.6, and any related references are amended to correct the blank or missing section heading.

The corrected heading for Appendix E, Section 4.6 shall align with the performance standards, remedies, service levels, or penalty threshold language included in the RFP, as amended.

Offerors should rely on the corrected section heading and the amended RFP language for any applicable performance expectations, remedies, or penalty thresholds.

**SECTION 2: PROCUREMENT SCHEDULE**

**Amendment 2A: Revised Sequence of Events**

Section II.A, Sequence of Events, is amended to update the procurement schedule.

Offerors must follow the revised dates listed in the amended Sequence of Events. All dates after the proposal submission deadline are anticipated dates and may be adjusted at HCA’s discretion in accordance with the RFP and applicable procurement requirements.

Event	Responsible Party	Revised Date
Responses to written questions posted	HCA	June 1, 2026
Organizational references due	Potential Offerors	May 29, 2026
<b>Proposal submission deadline</b>	<b>Potential Offerors</b>	<b>June 12, 2026</b>
*Evaluation committee review	HCA	June 15 – July 1, 2026

*Selection of Finalists	HCA	June 26, 2026
*Oral presentations, if held	Finalist Offerors	July 1, 2026
*Best and Final Offers, if requested	Finalist Offerors	July 2, 2026
*Finalize Contractual Agreement	HCA/Finalist Offerors	July 2 – July 10, 2026
*Contract Awards	HCA/Finalist Offerors	July 13, 2026
*Protest Deadline	Finalist Offerors	July 27, 2026
*Anticipated Contract Start Date	HCA/Finalist Offerors	August 1, 2026

\*Dates are estimates only and may be subject to change without necessitating an amendment to the RFP.

**Amendment 2B: Organizational Reference Submission Deadline**

Section III.C.VII, Reference Letters, and any related references are amended to align with the revised organizational reference submission deadline identified in Section II.A, Sequence of Events, as amended.

Organizational references must be submitted directly by the identified business reference through Submittable by the revised organizational reference submission deadline.

References received after the revised deadline may not be considered.

**SECTION 3: COST PROPOSAL REQUIREMENTS AND COST EVALUATION METHODOLOGY**

**Amendment 3A: Cost Proposal Structure and Required Budget Categories**

Section III.C.X, Completed Cost Proposal, and any related references are amended to clarify the required Cost Proposal structure.

Offerors must submit an overall CRHSI budget that includes the full estimated cost of CRHSI for the initial contract period and clearly separates, at minimum, the following cost categories:

1. CRHSI Contractor operating/service delivery costs;
2. Provider-directed payment estimates, including provider incentive payments, direct provider payments, or other provider-directed funding anticipated under CRHSI;
3. Administrative costs;
4. Equipment costs;
5. Program-related costs;
6. Indirect costs, if applicable;
7. Travel costs;
8. Subcontractor costs; and
9. Any other direct costs necessary to perform the Scope of Work.

Offerors may modify or supplement the Cost Proposal table included in the RFP, including adding columns for fiscal year breakdowns, indirect rate, fringe, provider-directed payment estimates, administrative costs, equipment costs, program-related costs, or other budget detail, provided that all required elements from the RFP are included and the proposal remains clear, complete, and comparable.

Provider-directed payment estimates must be included in the overall CRHSI budget for planning purposes but must be clearly identified separately from CRHSI Contractor operating/service delivery costs. Provider-directed

payment estimates will not be included in the cost figure used to calculate Cost Proposal points unless otherwise directed by HCA.

### **Amendment 3B: Provider-Directed Payment Estimates and Cost Scoring**

Section III.C.X, Completed Cost Proposal; Section V.B.6, Cost Proposal; and any related references are amended to clarify the treatment of provider-directed payment estimates for Cost Proposal scoring.

Provider-directed payment estimates, including provider incentive payments, direct provider payments, or other provider-directed funding anticipated under CRHSI, must be included in the overall CRHSI budget for planning purposes and comparability. These amounts must be clearly identified separately from CRHSI Contractor operating/service delivery costs.

For purposes of Cost Proposal scoring, HCA will use the Offeror's proposed CRHSI Contractor operating/service delivery cost, excluding separately identified provider-directed payment estimates, unless otherwise directed by HCA.

The Cost Proposal score will be calculated as follows:

$$\frac{\text{Lowest responsive CRHSI Contractor operating/service delivery cost}}{\text{Offeror's CRHSI Contractor operating/service delivery cost}} \times \text{available Cost Proposal points}$$

Provider-directed payment estimates will not be included in the cost figure used to calculate Cost Proposal points unless otherwise directed by HCA. The detailed provider incentive structure, eligibility criteria, metrics, and distribution process will be developed during implementation and approved by HCA.

HCA is not required to select the lowest-cost proposal. Award will be made to the responsible Offeror whose proposal is most advantageous to the State, taking into consideration the evaluation factors set forth in the RFP, as amended.

### **Amendment 3C: Administrative Cost Cap and Equipment Cost Treatment**

Section III.C.X, Completed Cost Proposal; Section V.B.6, Cost Proposal; and any related references are amended to clarify the treatment of administrative costs, provider-directed payment estimates, and equipment costs.

Administrative costs, including direct and indirect administrative costs, are subject to the applicable federally required 10 percent cap. For purposes of calculating compliance with the administrative cost cap, HCA will use the overall CRHSI budget amount proposed by the Offeror, including separately identified provider-directed payment estimates.

Offerors must clearly identify all administrative cost line items, including indirect costs, overhead, administrative staffing, and other administrative expenses. Provider-directed payment estimates must be separately identified in the overall CRHSI budget but are not administrative costs unless otherwise determined based on the nature and purpose of the cost.

Any proposal that includes administrative costs exceeding the applicable 10 percent administrative cost cap will receive zero points for the Cost Proposal category and will not be used as the lowest responsive cost for purposes of calculating other Offerors' Cost Proposal scores.

Equipment costs must be separately identified in the Cost Proposal. Equipment costs will be reviewed for allowability, allocability, reasonableness, alignment with the Scope of Work, and compliance with any applicable CMS or federal cost limitations.

Equipment costs are not automatically subject to the 10 percent administrative cost cap. However, if an equipment-related cost is proposed or approved as part of an administrative function, overhead, indirect cost, or other administrative cost category, it will be counted toward the administrative cost cap. Equipment costs may also be subject to separate CMS or federal limitations depending on the nature and purpose of the cost, including limitations applicable to capital expenditures, infrastructure, health information technology, or other CMS-limited cost categories.

### **Amendment 3D: Cost Reasonableness, Feasibility, and Best-Value Evaluation**

Section V.B.6, Cost Proposal, and any related references are amended to clarify HCA's review of cost reasonableness, feasibility, and alignment with the proposed technical approach and Workplan.

HCA may review Cost Proposals for completeness, allowability, reasonableness, feasibility, and alignment with the Offeror's proposed technical approach and Workplan. HCA may consider whether the proposed staffing model, level of effort, subcontractor support, timeline, assumptions, and budget are sufficient to perform the full Scope of Work.

A proposal may receive reduced scoring or be deemed non-responsive if the proposed cost, staffing, level of effort, assumptions, or Workplan is not sufficient to perform the full Scope of Work, even if the proposal receives a high score under the cost formula.

HCA is not required to select the lowest-cost proposal. Award will be made to the responsible Offeror whose proposal is most advantageous to the State, taking into consideration the evaluation factors set forth in the RFP, as amended.

## **SECTION 4: FINANCIAL STABILITY MATERIALS**

### **Amendment 4A: Required Pass/Fail Financial Stability Materials**

Questionnaire Specifications Section 4, Financial Monitoring, Incentive Tracking, and Program Accountability, and any related Submittable fields are amended to require pass/fail financial stability materials.

HCA will update Submittable to include the following required fields under Questionnaire Specifications Section 4: Financial Monitoring, Incentive Tracking, and Program Accountability:

#### **D. Litigation, Bankruptcy, and Investigation Disclosure**

Offerors must list any pending lawsuit or bankruptcy petition, any lawsuit or bankruptcy that has been concluded within the last five years, or any current investigation of the Offeror, its parent, affiliates, or subsidiaries that may be relevant to operation of this program. Offerors must include a brief description of each item listed. This response will have a 500-word limit.

#### **E. Financial Statements Upload**

Offerors must upload copies of the most recent year's independently audited financial statements and the most current 10-K, if applicable, as well as financial statements for the preceding three years, if they exist. The

submission must include the audit opinion, balance sheet, statements of income, retained earnings, cash flows, and notes to the financial statements.

If independently audited financial statements do not exist, the Offeror must state the reason and submit sufficient alternative information demonstrating financial stability, such as a D&B report or other comparable documentation.

Financial stability materials will be reviewed on a pass/fail basis. HCA may request clarification or additional information as permitted under the RFP and applicable procurement requirements.

## **SECTION 5: CONTRACT PERIOD AND PRICING PERIOD**

### **Amendment 5A: Initial Contract Period and Cost Proposal/Workplan Period**

Section II.A, Sequence of Events; Section III.C.X, Completed Cost Proposal; Section III.C.XI, Workplan; Appendix B, Section 3, Term; and any related references are amended to clarify the anticipated initial contract period and the required Cost Proposal and Workplan period.

HCA anticipates that the initial contract period will be August 1, 2026, through September 30, 2027, subject to final contract execution.

Offerors must submit a Cost Proposal and Workplan for the first two federal fiscal years of CRHSI work. For purposes of this RFP, Federal Fiscal Year (FFY) means October 1 through September 30, and State Fiscal Year (SFY) means July 1 through June 30.

Offerors must separately identify:

1. FFY26 allocation: The portion of the FFY26 CRHSI allocation proposed to be used during the anticipated initial contract period, beginning August 1, 2026, through September 30, 2027. FFY26 funds are authorized to be used through FFY27.
2. Additional anticipated FFY27 need: Any additional amount the Offeror anticipates needing in FFY27 beyond the FFY26 allocation. This amount must be listed separately from the FFY26 allocation and is for informational purposes only. It will not be included in the initial contract unless and until FFY27 federal funding is secured and HCA authorizes the additional funding.

Offerors should not include funding estimates for FFY28 through FFY30 in the Cost Proposal or Workplan.

HCA anticipates extending the contract for additional years through contract amendment, dependent on federal funding availability, State RHT Program performance, Contractor performance, operational need, and HCA approval. Future-year funding and contract extensions are not guaranteed.

## **SECTION 6: PERFORMANCE STANDARDS AND PENALTY THRESHOLDS**

### **Amendment 6A: Correction and Clarification of Performance/Penalty Thresholds**

Appendix E, Section 3.1.1, Contractor Deliverables; Appendix E, Section 4.6; and any related references are amended to correct the section reference and clarify the applicable performance standards, remedies, service levels, and penalty thresholds.

The reference in Appendix E, Section 3.1.1 to “the chart in Section 8.4.2 below” is deleted and replaced with the correct reference to Appendix E, Section 4.6, Performance Standards and Remedies.

Appendix E, Section 4.6 is amended to include the corrected section heading and applicable performance standards, remedies, service levels, and penalty thresholds set forth in the amended RFP.

Offerors should rely on Appendix E, Section 4.6, as amended, and the final executed contract for all applicable performance expectations, remedies, service levels, and penalty thresholds.

## **SECTION 7: SUBMITTAL REQUIREMENTS AND SUBMITTABLE CLARIFICATIONS**

### **Amendment 7A: Redacted Proposal Submission Instructions**

Section II.C.9, Disclosure of Proposal Contents, and any related Submittable fields are amended to clarify the process for submitting redacted copies of proposals.

Offerors must follow the instructions in Submittable for submitting redacted copies of their proposals. Redacted copies must be submitted in the location and format required by Submittable and should clearly show the proposed redactions.

Any redactions submitted by an Offeror will be treated as recommendations only. HCA will follow all applicable Inspection of Public Records Act (IPRA) laws and requirements, as well as applicable procurement and confidentiality requirements, when determining what information may be withheld from public disclosure.

If IPRA or other applicable law requires disclosure, HCA will disclose the information regardless of whether the Offeror marked or redacted the information in its submitted redacted copy.

The RFP provides that personal information such as personal telephone numbers and home addresses may be excluded from Staff/Personnel Resumes/Bios. However, HCA will make the final determination regarding disclosure in accordance with IPRA and applicable law.

### **Amendment 7B: Staff/Personnel Biography Supporting Uploads**

Questionnaire Specifications Section 9, Staffing and Organizational Structure, and any related Submittable fields are amended to clarify the use of supporting uploads for staff/personnel biographies.

Offerors must provide the required staffing and organizational structure narrative response within the applicable response field and word limit. Each biography must include education, work experience, relevant or applicable certifications or licenses, and any other qualifications demonstrating the individual’s capacity to perform the required work.

To the extent Submittable provides upload fields for Questionnaire Specifications Section 9, Staffing and Organizational Structure, Offerors may use those upload fields for supporting staffing documentation, such as resumes, CVs, or expanded biographies.

Supporting uploads do not replace the required narrative response and should be used only to supplement information provided in the required response field. HCA is not required to consider materials submitted outside the format or location required by the RFP or Submittable.

## **Amendment 7C: Questionnaire Word Limits for Subordinate Items**

Section III.C, Proposal Content Detail; Questionnaire Specifications; and any related Submittable response fields are amended to clarify how word limits apply to questions with subordinate bullets or numbered items.

Unless the RFP or Submittable form expressly provides a separate response field and word limit for a subordinate bullet or numbered item, the stated word limit applies to the full response for the primary question, inclusive of all subordinate bullets or numbered items listed under that question.

For example, where a primary question includes subordinate items such as 1.A.1–6, 1.C.1–6, or 5.A.1–5, the applicable word limit applies to the full response for the primary question and does not apply separately to each subordinate item.

Offerors should address the primary question and all applicable subordinate items within the stated word limit for the applicable response field.

## **Amendment 7D: Supporting Documentation for Narrative Responses**

Offerors must provide the required narrative responses within the applicable response fields and word limits. Supporting documentation may be submitted in the additional upload locations made available in Submittable, including attachments, exhibits, graphics, appendices, resumes, expanded biographies, tables, charts, or other supplemental materials relevant to the proposal.

Supporting documentation may provide additional context, detail, or supporting information, but it should not replace the required narrative responses. Offerors should ensure that each required narrative response is complete and responsive within the applicable response field and word limit.

Tables and charts included within a narrative response field count toward the applicable word limit to the extent they contain words or substantive response content. Supporting documentation uploaded separately in an allowable Submittable upload field is not counted toward the narrative word limit unless otherwise stated in the RFP, as amended, or in Submittable.

HCA is not required to consider materials submitted outside the format or location required by the RFP, as amended, or Submittable.

## **SECTION 8: FEDERAL REQUIREMENTS AND CONTRACT TERMS**

### **Amendment 8A: CMS Cooperative Agreement Terms and Federal Requirements**

Section II.C.16, Contract Terms and Conditions; Appendix B, Standard Contract Terms and Conditions; Appendix E, Scope of Work; and any related references are amended to clarify the applicability of CMS Cooperative Agreement Terms and Conditions and federal requirements.

The resulting contract must comply with all applicable federal requirements, including the CMS Rural Health Transformation Program Cooperative Agreement Terms and Conditions, 2 CFR Part 200, and any required federal flow-down provisions.

To the extent there is a conflict between the RFP, Appendix B, Appendix E, or other RFP attachments and the CMS Cooperative Agreement Terms and Conditions or applicable federal requirements, the CMS Cooperative Agreement Terms and Conditions and applicable federal requirements shall control.

HCA may incorporate additional federal terms, conditions, certifications, assurances, data requirements, reporting requirements, or flow-down provisions into the final contract as necessary to ensure compliance with the CMS award and applicable federal requirements.

### **Amendment 8B: Offeror-Proposed Alternate Contract Terms**

Section II.C.17, Offeror's Terms and Conditions; Appendix B, Standard Contract Terms and Conditions; and any related references are amended to clarify the process for submitting proposed alternate contract terms.

If an Offeror seeks alternate contract language related to Appendix B, Standard Contract Terms and Conditions, or any other contract term, the Offeror must submit the proposed alternate language with its proposal. The proposed alternate language must identify the specific section to be modified and include a brief explanation of the purpose and impact of the requested change.

HCA may or may not accept proposed alternate language. Final contract terms will be determined through the procurement and contract negotiation process and must remain consistent with applicable federal and state requirements, including the CMS Rural Health Transformation Program Cooperative Agreement Terms and Conditions and 2 CFR Part 200.

General references to an Offeror's standard terms and conditions or attempts to substitute the draft contract with the Offeror's standard agreement are not acceptable and may result in disqualification.

## **SECTION 9: CONFLICT OF INTEREST AND MULTIPLE RHT PROGRAM ROLES**

### **Amendment 9A: Participation in Multiple RHT Program Opportunities**

Section II.C, General Requirements; Section II.C.5, Subcontractors/Consent; and any related references are amended to clarify that participation in one RHT Program role does not automatically preclude participation in another RHT Program opportunity.

Award of the CRHSI contract, service as a CRHSI subcontractor, or participation in another RHT Program contract or subcontract does not automatically preclude an entity from submitting a proposal, application, or response for another RHT Program funding, procurement, application, or award opportunity.

However, participation in multiple RHT Program roles may require conflict of interest review and appropriate safeguards. HCA may evaluate actual, potential, or perceived conflicts of interest, including access to non-public information, involvement in developing requirements or evaluation materials, ability to obtain an unfair competitive advantage, or roles that could impair independent judgment, objectivity, program oversight, or performance.

Offerors must disclose any actual, potential, or perceived conflicts of interest related to participation in multiple RHT Program roles and must describe proposed mitigation strategies. HCA reserves the right to determine whether a conflict exists and what mitigation, limitation, recusal, firewall, or other safeguard is necessary.

Participation in one RHT Program contract, subcontract, funding opportunity, or advisory role will not provide preferential treatment, priority access, or guaranteed eligibility for any other RHT Program funding, procurement, application, or award.

## **SECTION 10: SUBCONTRACTOR APPROVAL**

### **Amendment 10A: Approval of Proposed Subcontractors**

Section II.C.5, Subcontractors/Consent; Section I.A, Purpose of this Request for Proposals; Questionnaire Specifications Section 9, Staffing and Organizational Structure; and any related references are amended to clarify the process for proposed subcontractor review and approval.

Proposed subcontractors do not need to be approved by HCA prior to proposal submission. Offerors should identify proposed subcontractors, including local partners, in their proposal as part of the proposed staffing, organizational structure, Workplan, and service delivery approach.

Subcontractors identified in an Offeror's proposal are not automatically approved unless expressly approved by HCA in the final executed contract or through separate written approval. The selected Contractor must receive written HCA approval before using any subcontractor to perform work under the contract.

HCA may review proposed subcontractors as part of proposal evaluation and/or contract finalization. In reviewing proposed subcontractors, HCA may consider factors such as the subcontractor's proposed role, qualifications, experience, capacity, financial and operational stability, conflict of interest considerations, compliance with applicable federal and state requirements, data security or confidentiality requirements, and alignment with the approved Scope of Work, Workplan, and budget.

The prime Contractor remains fully responsible for all services, deliverables, performance, compliance, reporting, and subcontractor oversight, including work performed by any HCA-approved subcontractor.