

HEALTH CARE AUTHORITY

REQUEST FOR APPLICATIONS (RFA)

**Healthy Horizons Regional Hub Organizations
(Healthy Horizons)**



HEALTH CARE
A U T H O R I T Y

RFA Release Date: June 1, 2026

Application Due Date: July 2, 2026

ELECTRONIC-ONLY APPLICATION SUBMISSION

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I. INTRODUCTION

A. PURPOSE OF THIS REQUEST FOR APPLICATIONS

The New Mexico Health Care Authority (HCA) is issuing this Request for Applications (RFA) to select eligible organizations to serve as Regional Hub Organizations for Healthy Horizons, a core initiative under New Mexico's Rural Health Transformation (RHT) Program.

Healthy Horizons is intended to expand access to care, strengthen rural health infrastructure, improve care coordination across providers and settings, and support better health outcomes in rural, frontier, and tribal communities across New Mexico. The initiative will support regionally tailored strategies that address local access gaps while aligning with statewide RHT Program goals, federal requirements, and HCA priorities.

Through this RFA, HCA seeks to select Regional Hub Organizations to lead Healthy Horizons implementation within designated regions. Regional Hub Organizations will serve as the primary regional entities responsible for planning, convening, partner coordination, funding recommendations, implementation oversight, and performance monitoring within their assigned region.

This RFA is not intended for every individual provider, practice, clinic, or community organization to apply directly to HCA for implementation funding. Local providers, practices, tribal health programs, community-based organizations, local public health entities, and other partners are expected to participate through partnerships, subawards, subcontracts, grants, or other HCA-approved funding arrangements coordinated through the selected Regional Hub Organization.

Regional Hub Organizations are not expected to directly deliver all services or carry out all activities funded through Healthy Horizons. Instead, Regional Hub Organizations will build and coordinate regional networks, review and reflect on provided regional needs assessments, develop HCA-approved regional implementation plans, and monitor progress across the region.

Healthy Horizons will operate within a statewide program framework established by HCA. HCA will retain final approval authority over awards, scopes of work, budgets, implementation plans, funded activities, reporting expectations, and material program changes. Regional Hub Organizations will be expected to coordinate with HCA, the RHT Program Management Office, the Administrative Services Organization, the Center for Rural Health Sustainability and Innovation, and other HCA-designated statewide partners as directed by HCA.

HCA reserves the right, in its sole discretion, to make one award, multiple awards, or no award under this RFA; to adjust award amounts; to fund all or part of an application; and to make awards in a manner that supports geographic distribution, regional coverage, rural/frontier/Tribal impact, program priorities, implementation readiness, and available funding.

This RFA sets forth HCA's process for soliciting, reviewing, and selecting applications for Healthy Horizons Regional Hub Organization funding. The application process will be conducted electronically through HCA's RHT Program application portal in Submittable, the online application submission tool.

B. BACKGROUND INFORMATION

The New Mexico Health Care Authority administers the Rural Health Transformation Program, authorized under H.R. 1, Public Law 119-21, Section 71401. New Mexico's RHT Program is structured around five core initiatives:

1. **Healthy Horizons:** Expanding access to specialty care, maternal health, behavioral health, chronic disease management, care coordination, telehealth, remote care, and related health technology supports in rural communities.
2. **Rooted in New Mexico:** Building and retaining a rural health workforce pipeline.
3. **Rural Health Innovation Fund:** Supporting community-designed and community-led rural health solutions.
4. **Bridge to Resilience:** Providing technical assistance and sustainability support to rural providers through the Center for Rural Health Sustainability and Innovation.
5. **Rural Health Data Hub:** Strengthening analytics, transparency, predictive planning, and data-informed rural health decision-making.

Rural, frontier, and tribal communities in New Mexico face persistent challenges related to geographic isolation, workforce shortages, limited infrastructure, financial instability, limited access to specialty and behavioral health services, transportation barriers, and gaps in preventive care and care coordination. These challenges contribute to delays in care, unmet health needs, avoidable utilization, and disparities in health outcomes.

Healthy Horizons is designed to respond to these conditions through a regional hub model. The model is intended to balance statewide consistency with regional flexibility. HCA will establish the statewide framework, program requirements, funding parameters, reporting expectations, and approval processes. Regional Hub Organizations will serve as the regional organizing entities responsible for convening partners, assessing local needs, developing implementation plans, coordinating local funding recommendations, and overseeing approved regional strategies.

The regional approach is intended to ensure that implementation is locally informed, coordinated across providers and settings, and responsive to the unique needs of each region, while maintaining alignment with statewide priorities. Regional Hub Organizations will serve as conveners and integrators, supporting shared infrastructure, reducing fragmentation, and enabling scalable solutions that strengthen access to care across communities.

All funded activities will operate within a structured program framework that includes State oversight, reporting, performance monitoring, financial accountability, coordination with other RHT initiatives, and compliance with applicable federal and State requirements.

This project is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$211,484,740.89, with 100 percent funded by CMS/HHS. The contents of this RFA do not necessarily represent the official views of, nor an endorsement by, CMS, HHS, or the U.S. Government.

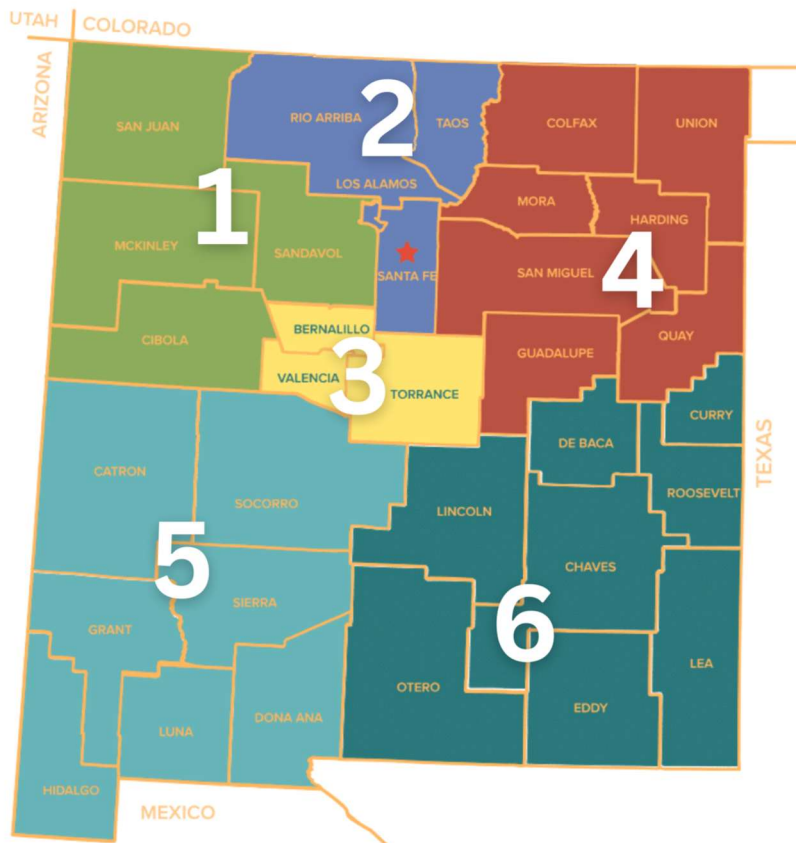
C. FUNDING OPPORTUNITY OVERVIEW

HCA anticipates making approximately \$74,061,254.17 available through this RFA to support implementation of Healthy Horizons Regional Hub Organizations, subject to federal approval, availability of funds, State priorities, and applicable requirements.

HCA anticipates selecting Regional Hub Organizations aligned with designated Healthy Horizons regions. Applicants must identify the region or regions they propose to serve. HCA reserves the right to adjust the number of awards, regional coverage, and award amounts based on application review, available funding, federal requirements, regional coverage needs, budget reasonableness, applicant capacity, and the approved regional implementation approach.

Designated Healthy Horizons regions are:

Region	Counties
Region 1	Cibola, McKinley, San Juan, Sandoval
Region 2	Los Alamos, Rio Arriba, Santa Fe, Taos
Region 3	Bernalillo, Tarrant, Valencia, Statewide, and all-region support
Region 4	Colfax, Guadalupe, Harding, Mora, Quay, San Miguel, Union
Region 5	Catron, Doña Ana, Grant, Hidalgo, Luna, Sierra, Socorro
Region 6	Chaves, Curry, De Baca, Eddy, Lea, Lincoln, Otero, Roosevelt



HCA anticipates distributing Healthy Horizons funding across designated regions using a methodology that balances baseline regional operating capacity with regional need. The methodology is intended to ensure that each Regional Hub Organization has sufficient funding to perform core hub functions while directing additional funding to regions with greater rural access barriers, Medicaid need, geographic isolation, and provider infrastructure challenges.

Regional planning allocations do not authorize expenditure of funds until an agreement is executed and required scopes of work, budgets, deliverables, and implementation plans are approved by HCA. HCA may structure payments across implementation phases and may require approval of regional deliverables before authorizing implementation funding.

In addition to the regional hub responsibilities described in this RFA, HCA has identified a Year One statewide maternal health planning priority to be led by the Regional Hub Organization selected for Region 3. The selected Region 3 Regional Hub Organization will be required to facilitate a statewide learning collaborative and assessment process to inform development of a maternal health hub-and-spoke model for New Mexico.

This Year One activity is intended to compile and review existing maternal health needs and gaps information, assess maternal health access needs, identify existing provider capacity and service gaps, review regional referral and care coordination pathways, evaluate potential hub-and-spoke design options, and support statewide learning among providers and partners involved in maternal health access and service delivery.

The selected Region 3 Regional Hub Organization may use funds designated by HCA to support this Year One activity, subject to HCA approval and applicable funding requirements. The Year One process is expected to result in findings and recommendations for HCA consideration. HCA will retain final approval authority over any maternal health model design, funding approach, implementation requirements, and future regional roles.

In future years, Regional Hub Organizations may be expected to support establishment and implementation of a maternal health hub-and-spoke model based on the Year One assessment, learning collaborative findings, HCA direction, available funding, and applicable federal and State requirements.

Healthy Horizons Program Structure

Healthy Horizons will operate through a coordinated structure that includes HCA, Regional Hub Organizations, the Administrative Services Organization, and the Center for Rural Health Sustainability and Innovation (CRHSI). Each entity has a distinct role. HCA establishes the statewide program framework, approves regional plans and funding approaches, and retains final decision-making authority. Regional Hub Organizations lead regional strategy and partner engagement. The Administrative Services Organization supports contracting, payment, documentation, and reporting infrastructure. CRHSI provides statewide technical assistance, planning support, and shared resources to support consistency across regions.

Entity	Primary Role	What the Entity Does
HCA / RHT Program Management Office	Statewide program oversight and approval authority	Establishes statewide program requirements, approves regional implementation plans, budgets, funding approaches, deliverables, reporting expectations, and material program changes.

		Coordinates alignment across Healthy Horizons and other RHT Program initiatives.
Regional Hub Organizations	Regional strategy, partnership, and implementation leadership	Convene regional stakeholders, review and respond to provided needs and gaps information, develop HCA-approved regional implementation plans, make regional funding recommendations, support hub-and-spoke model development, coordinate partner participation, and maintain programmatic relationships with local providers and partners.
Administrative Services Organization	Administrative, contracting, payment, and tracking backbone	Supports HCA with contracting processes, payment processing, deliverable tracking, backup documentation, reporting systems, and centralized agreement tracking across RHT programs.
Center for Rural Health Sustainability and Innovation	Statewide technical assistance and shared support	Provides statewide support to Regional Hub Organizations and partners, including technical assistance, planning support, templates, shared tools, regional plan consistency, implementation support, and coordination across RHT initiatives.

D. RFA MANAGER

HCA has assigned an RFA Manager responsible for the conduct of this application process.

Name	Title	Telephone	Email
Elisa Wrede	Acting Rural Health Director	505-231-2630	elisa.wrede@hca.nm.gov

Applicants may only contact the RFA Manager regarding this RFA. Questions must be submitted in writing by the deadline identified in Section II.A, Sequence of Events. HCA will respond to questions in writing and post responses through the official application portal or application library.

Only written responses issued by HCA through the official application portal or application library are binding. Oral communications, informal discussions, or other communications not issued through the official process shall not modify this RFA or create any obligation for HCA.

E. APPLICATION SUBMISSION

Applications must be submitted electronically through HCA’s RHT Program Submittable portal: <https://nmhca-rhtp.submittable.com/submit>.

HCA will not accept applications submitted by email, facsimile, hard copy, or any method other than the designated Submittable portal, unless alternative written instructions have been issued.

Applicants are responsible for ensuring that all required fields, uploads, certifications, and attachments are complete and submitted by the application deadline. The Submittable portal will automatically close at the deadline identified in the application portal. Applicants are responsible for confirming that the application has been successfully submitted and is not saved only as a draft. Late, incomplete, or unsubmitted applications may be deemed ineligible for review.

Applicants should allow adequate time to register in Submittable, complete required forms, upload required documents and submit the application before the deadline. HCA is not responsible for technical issues that prevent submission after the deadline.

F. DEFINITION OF TERMINOLOGY

1. “Applicant” means an eligible organization submitting an application to serve as a Healthy Horizons Regional Hub Organization.
2. “Application” means all materials submitted by an applicant in response to this RFA.
3. “Award” means funding approved by HCA for an applicant selected under this RFA.
4. “Awardee or Recipient” means an applicant selected to receive funding under this RFA.
5. “Regional Hub Organization” means an entity selected through this RFA to serve as the lead regional planning, convening, partner coordination, funding recommendation, implementation support, and progress monitoring organization for a designated Healthy Horizons region.
6. “Regional Hub Network” means the group of providers, tribal health programs, community-based organizations, local public health entities, health councils, social service organizations, managed care organizations where applicable, academic partners, and other stakeholders convened by the Regional Hub Organization to support Healthy Horizons planning and implementation.
7. “Primary Implementation Partner” means a provider, organization, subrecipient, contractor, grantee, or other partner identified in the approved regional implementation plan as responsible for carrying out a major Healthy Horizons activity within the region.
8. “Partner” means an organization participating in Healthy Horizons planning or implementation but not directly receiving an award from HCA unless designated as a subrecipient or contractor under the approved regional budget.
9. “Subrecipient” means an entity receiving a portion of award funds from the Regional Hub Organization to carry out a substantive portion of the approved regional implementation plan.
10. “Contractor” means an entity paid by the Regional Hub Organization to provide goods or services necessary to implement the approved regional implementation plan.
11. “Healthy Horizons” means the RHT Program initiative designed to expand specialty care, maternal health, chronic disease management, behavioral health, care coordination, workforce, telehealth, remote care, health information technology, and digital health access through regional hub implementation.
12. “Rural Health Transformation Program or RHT Program” means the federal CMS program authorized under H.R. 1, Public Law 119-21, Section 71401.
13. “Regional Implementation Plan” means the approved plan developed by a Regional Hub Organization that describes regional needs, strategies, partners, funding approach, budget, timeline, performance measures, and implementation responsibilities.
14. “Administrative Costs” means costs associated with program management, financial oversight, reporting, compliance, grants management, and other administrative functions necessary to manage the award.
15. “Allowable Costs” means costs that are necessary, reasonable, allocable, and directly tied to approved activities and permitted under applicable federal, State, and HCA requirements.

- 16. “Application Library” means the official online location where HCA may post this RFA, amendments, questions and answers, templates, guidance, and related materials.
- 17. “HCA-Designated Statewide Partner” means an organization, contractor, subrecipient, or other entity identified by HCA to provide statewide planning, technical assistance, data, administrative, implementation, or other support for Healthy Horizons or the broader RHT Program.
- 18. “Funding Recommendation” means a recommendation made by a Regional Hub Organization regarding proposed funding priorities, partners, activities, or budget allocations within a region. Funding recommendations are subject to HCA review and approval and do not authorize expenditure of funds unless approved by HCA through an executed agreement, approved budget, or other written authorization.

II. CONDITIONS GOVERNING THE APPLICATION PROCESS

A. SEQUENCE OF EVENTS

HCA will make every effort to adhere to the following schedule:

Action	Responsible Party	Due Date
1. Issue RFA	HCA	June 1, 2026
2. Optional applicant webinar	HCA	June 11, 2026
3. Deadline to submit written questions	Applicants	June 11, 2026
4. Responses to written questions posted	HCA	June 18, 2026
5. Application submission deadline	Applicants	July 2, 2026
6. Application review period	HCA	July 2, 2026 – July 14, 2026
7. Potential virtual interview or clarification meetings with finalists	HCA	July 6, 2026 – July 14, 2026
8. Anticipated award notifications	HCA	July 15, 2026
9. Anticipated project start date	Selected Applicants	August 1, 2026

Dates are estimates and may be modified by HCA. HCA may amend this RFA or issue updated instructions through the application library.

B. EXPLANATION OF EVENTS

- 1. Issue RFA
This RFA is issued by the New Mexico Health Care Authority on the date identified in Section II.A.
- 2. Optional Applicant Webinar
HCA will host an optional applicant webinar to provide an overview of Healthy Horizons, application requirements, allowable uses of funds, budget expectations, reporting

requirements, and the Submittable application process. Attendance is encouraged but not required.

Participants can join at:

Microsoft Teams meeting

Join: <https://teams.microsoft.com/meet/26185719456694?p=1cbG7CLupEiUUemUaX>

Meeting ID: 261 857 194 566 94

Passcode: QC3uM6ta

3. Deadline to Submit Written Questions

Applicants may submit written questions to the RFA Manager until the deadline identified in Section II.A. Questions must be submitted in the format and manner specified by HCA. Questions submitted after the deadline may not receive a response.

4. Responses to Written Questions

HCA will post written responses to questions through the application library or Submittable portal. Written responses issued by HCA are considered part of the official application record.

5. Application Submission

Applications must be submitted electronically through Submittable by the deadline identified in Section II.A. A submission that is not fully complete and submitted by the deadline may be deemed late or incomplete and may be excluded from review.

6. Application Review

HCA will review applications for eligibility, completeness, alignment with Healthy Horizons priorities, regional approach, implementation feasibility, budget reasonableness, organizational capacity, sustainability, and expected impact.

7. Clarification Period

HCA may invite applicants to participate in a virtual interview or clarification meeting during the review period. HCA may also request written clarifications, additional documentation, or budget revisions as needed to complete its review. Participation in a clarification process does not guarantee an award. Applicants may not materially revise the proposed regional approach after submission unless requested or permitted by HCA.

8. Award Notifications

HCA anticipates notifying selected applicants by the date identified in Section II.A. HCA may also notify applicants that are not selected for funding.

9. Agreement Execution

Selected applicants must complete all required award documentation before funds are obligated or program activities begin. HCA may require revisions to scope, budget,

workplan, performance measures, reporting expectations, or partner documentation prior to award execution.

10. Project Start Date

Project activities may begin only after HCA approval and execution of required award documents, unless HCA provides written authorization otherwise.

C. GENERAL REQUIREMENTS

1. By submitting an application, the applicant agrees to comply with the terms, conditions, requirements, and instructions contained in this RFA, including any amendments or written guidance issued by HCA.
2. Applicants are responsible for all costs associated with preparing and submitting an application. HCA will not reimburse applicants for application preparation costs.
3. This RFA does not guarantee that any applicant will receive funding. HCA may cancel this RFA, reject any or all applications, decline to fund all or part of any application, or issue a new funding opportunity.
4. Awards are contingent upon availability of federal funds, State approval, HCA priorities, compliance with applicable requirements, and continued authorization of the RHT Program.
5. The RFA is for the performance period of August 1, 2026 – September 30, 2027. Continuation of the award is subject to recipient performance and the availability of federal funds.
6. Healthy Horizons funds are subject to applicable federal requirements, including the CMS RHT Program cooperative agreement, applicable terms and conditions, federal guidance, 2 CFR Part 200, and other requirements identified by HCA.
7. Applicants and recipients must comply with applicable State requirements, HCA policies, award terms, reporting requirements, monitoring requirements, and any additional guidance issued by HCA.
8. The Regional Hub Organization is responsible for the accuracy of the application and, if selected, for implementation of the approved regional plan, management of partners and subrecipients, use of funds, reporting, compliance, monitoring, audit readiness, and sustainability planning for activities supported through the award.
9. Applicants proposing to use subrecipients or contractors must identify those entities, describe their roles, and include costs in the project budget. HCA may require additional documentation before award execution.
10. Applicants must disclose any actual, potential, or perceived conflict of interest related to the application, proposed activities, partners, subrecipients, contractors, or use of funds.
11. Applications and award materials may be subject to public records requirements after award decisions are complete, subject to applicable protections for confidential or legally protected information.
12. Applicants must ensure that all information submitted is accurate, complete, and not misleading.
13. HCA may amend this RFA at any time before the application deadline. Amendments will be posted in the application library or issued through Submittable.

14. Recipients must obtain prior written approval from HCA before making material changes to scope, budget, timeline, partners, subrecipients, performance measures, or approved activities.

III. APPLICATION FORMAT AND ORGANIZATION

A. NUMBER OF APPLICATIONS

Applicants may submit one application in response to this RFA. Applicants may propose to act as the Regional Hub Organization for one or more regions within a single application. Applicants proposing to act as the Regional Hub Organization for more than one region must identify each proposed region and demonstrate sufficient capacity, partnerships, governance, staffing, and financial infrastructure to support all proposed regions.

HCA may limit the number of regions awarded to a single applicant or affiliated applicants based on funding availability, geographic distribution, regional coverage, program priorities, applicant capacity, and portfolio balance.

Applications must be submitted electronically through the HCA RHT Program Submittable portal at <https://nmhca-rhtp.submittable.com/submit>.

Applicants are responsible for ensuring that all required fields, uploads, certifications, and attachments are complete and submitted by the deadline. The Submittable portal will automatically close at the deadline identified in the application portal. Late, incomplete, or unsubmitted applications may be deemed ineligible for review.

For technical support, applicants should use the Submittable Resource Center or contact Submittable Customer Support. HCA is not responsible for technical issues that prevent submission after the deadline.

B. APPLICATION CONTENT ORGANIZATION

Applications will be submitted through Submittable using the following forms.

Form 1: Applicant Information

Applicants must complete Form 1 in Submittable.

Field	Type	Required	Notes
Organization name	Text	Yes	Must match legal/tax records
Doing business as, if applicable	Text	No	If different from legal name
Organization type	Dropdown	Yes	Hospital, Clinic, FQHC, Tribal entity, CBO, Academic Institution, regional collaborative, Other (write-in)
Legal status	Text	Yes	For-profit, Non-profit, Public Institution, Native

			American / Tribal Government, State / Local Government Entity
Business address	Text	Yes	
Mailing address	Text	Yes	If different from mailing address
Region(s) for which the organization proposes to act as the Regional Hub Organization	Multi-select	Yes	Region 1 through Region 6
Federal EIN	Text	Yes	
New Mexico BTIN, if applicable	Text	If applicable	
UEI, if available	Text	If applicable	May be required before award
Primary contact name	Text	Yes	
Primary contact title	Text	Yes	
Primary contact email	Text	Yes	
Primary contact phone	Text	Yes	
Authorized representative name	Text	Yes	Person authorized to submit application and sign award documents
Applicant eligibility certification	Checkbox	Yes	Applicant certifies eligibility (Appendix A)
Regional hub role certification	Checkbox	Yes	Applicant certifies it is applying to serve as Regional Hub Organization
Conflict of interest disclosure	Yes/No + Text	Yes	If yes, explain in 500 words
Debarment/suspension certification	Checkbox	Yes	Applicant certifies it is not debarred or suspended
Application submitted by lead applicant	Yes/No	Yes	Application must be submitted by proposed Regional Hub Organization
Allowable Use Certification	Checkbox	Yes	
Non-Supplantation Certification	Checkbox	Yes	

Form 2: Healthy Horizons Application Content

Applicants must complete Form 2 in Submittable. Applicants proposing to act as the Regional Hub Organization for more than one region must provide the additional multi-region capacity explanation requested in the application.

Section	Field or Upload	Required	Limit
Application Summary	Text response	Yes	300 words
Multi-Region Capacity Explanation	Text response	Yes	300 words
Organizational Overview and Hub Capacity	Text response	Yes, if applicable	600 words
Regional Hub Network and Partnerships	Text response	Yes	600 words
Governance and Decision-Making	Text response	Yes	500 words
Regional Planning and Implementation Readiness	Text response	Yes	500 words
Regional Planning and Needs Assessment Review Approach	Text response	Yes	600 words
Regional Implementation Approach	Text response	Yes	600 words
Subaward, Subcontract, or Grantmaking Approach	Text response	Yes	600 words
Outcomes and Performance Measures Approach	Text response	Yes	600 words
Sustainability and Long-Term Value	Text response	Yes	500 words
Regional Hub Budget	Upload	Yes	Excel workbook
Administrative Cost Detail	Numeric fields + text response	Yes	500 words
Budget Narrative	Text response	Yes	500 words
Partner Letters or MOUs	Upload	Optional	15 Files Maximum
Regional Knowledge and Potential Priority Areas	Text response	Yes	1,200 words
Initial Deliverables Approach	Text response	Yes	1,000 words
Additional Information	Text or upload	Optional	300 words

C. APPLICATION CONTENT DETAIL

The application questions in this section are intended to help HCA assess each applicant’s knowledge of the proposed region, understanding of regional access challenges, existing partnerships, implementation capacity, and readiness to serve as a Regional Hub Organization. Applicants are not expected to make final implementation or funding decisions as part of the application. Final regional priorities, funded activities, partner roles, budgets, performance

measures, and implementation strategies will be developed after award through the HCA-approved regional planning and implementation process.

Information submitted in response to this RFA may be considered during future regional planning and implementation plan development; however, inclusion of an idea, priority, partner, activity, or proposed strategy in an application does not guarantee that it will be approved, funded, or included in the final regional implementation plan. All final implementation plans, funding approaches, partner arrangements, budgets, and material activities are subject to HCA review and approval.

1. Application Summary

Applicants must provide a concise summary of the applicant’s proposed role as a Regional Hub Organization, including the region or regions proposed, organizational capacity, regional experience, and overall approach to supporting Healthy Horizons planning and implementation.

Applicants are not expected to identify final implementation strategies or funding decisions in the summary. Final regional priorities and implementation plans will be developed after award through the HCA-approved planning process.

Limit: 300 words.

2. Region and Service Area (if applicable)

Applicants proposing to act as the Regional Hub Organization for more than one region must explain how they would support each proposed region. The response should address staffing, governance, regional presence or relationships, partner coordination, financial infrastructure, and ability to manage distinct regional planning and implementation responsibilities.

Applicants proposing to act as the Regional Hub Organization for only one region may enter “Not applicable.”

Limit: 300 words.

3. Organizational Overview and Hub Capacity

Describe your organization’s mission, primary services, governance or leadership structure, service area, and populations supported. Describe your experience working with rural, frontier, or Tribal communities; managing programs of similar scope or complexity; coordinating partners; managing public funds; and meeting federal, State, or other reporting requirements.

Include information about staffing capacity, financial infrastructure, partner coordination experience, and any relevant experience serving as a convener, backbone organization, fiscal agent, grant manager, regional coordinator, or implementation lead.

Limit: 600 words.

4. Regional Hub Network and Partnerships

Applicants must describe existing and proposed regional relationships that may support Healthy Horizons planning and implementation, including providers, hospitals, clinics, Tribal health programs, local public health entities, health councils, community-based organizations, social service organizations, managed care organizations where applicable, academic partners, and other stakeholders. Applicants should describe each partner's expected role in planning or implementation, whether the relationship already exists, and how coordination would occur.

Identification of a partner in the application does not constitute HCA approval of a formal partnership, funded role, subaward, subcontract, grant, or scope of work. Final partner roles and funded arrangements are subject to HCA review and approval.

Limit: 600 words.

5. Governance and Decision-Making

Applicants must describe the proposed approach to regional governance, stakeholder representation, decision-making, conflict-of-interest protections, Tribal engagement or consultation where applicable, documentation of decisions, and development of regional funding recommendations.

Regional governance structures will inform planning and recommendations but will not replace HCA approval authority. Final implementation plans, funding decisions, partner arrangements, and material changes are subject to HCA review and approval.

Limit: 500 words.

6. Regional Planning and Implementation Readiness

Describe how your organization would approach early Regional Hub planning and implementation activities after award. Include how you would organize staff and partners, participate in HCA-directed planning processes, review and respond to needs and gaps information, support regional stakeholder engagement, coordinate with HCA and HCA-designated statewide partners, and develop an HCA-approved regional implementation plan.

HCA will provide Regional Hub Organizations with templates, planning tools, reporting expectations, and additional instructions after award. Applicants are not expected to submit a final implementation workplan as part of the application. This response is intended to help HCA assess the applicant's readiness, organizational approach, and ability to move from award to HCA-approved regional planning and implementation.

Limit: 500 words

7. Regional Planning and Needs Assessment Approach

Applicants must describe how they will review, respond to, and apply existing needs assessments, gap analyses, provider landscape information, data summaries, and stakeholder input compiled or provided by HCA or HCA-designated statewide partners. Applicants should describe how they will engage regional partners to review the information provided, assess whether the findings reflect local conditions, identify additional regional context or considerations, and determine how the needs and gaps

information should inform the regional implementation plan, proposed strategies, funding priorities, partner roles, and performance measures.

Applicants are not expected to conduct an independent needs assessment as part of the application or as a standalone Regional Hub responsibility. After award, Regional Hub Organizations will be expected to participate in an HCA-directed regional planning process that uses compiled needs and gaps information, regional partner input, and HCA-approved planning tools to support development of the regional implementation plan.

Limit: 600 words.

8. Regional Implementation Approach

Applicants must describe how they would support development and implementation of a regional hub-and-spoke model, coordinate with HCA and statewide partners, support local partners, monitor implementation progress, manage risks, and update the regional implementation plan over time. Applicants should describe how they would operate within HCA-approved funding, partner selection, reporting, and implementation processes.

Limit: 600 words.

9. Subaward, Subcontract, or Grantmaking Approach

Applicants must describe their experience and proposed approach for supporting subaward partner promotion, identification, selection, coordination, and monitoring within an HCA-prescribed process.

Applicants should address how they would support partner outreach, partner identification, conflict-of-interest protections, regional review or selection activities, documentation, coordination, implementation monitoring, corrective action support, and sustainability or continuation of services beyond the initial contract period.

HCA anticipates establishing standardized requirements for local partner selection, funding recommendations, agreement processing, reporting, documentation, and oversight across all regions. Regional Hub Organizations will be expected to operate within HCA-approved processes. The identification and selection of local partners will occur at the regional hub level, subject to final review and approval by HCA.

Funding agreements, contracts, payment processing, documentation, and reporting infrastructure will be managed or supported through the Administrative Services Organization, as directed by HCA. Regional Hub Organizations will be responsible for coordinating regional partnerships, supporting partner readiness, monitoring implementation progress, identifying performance or compliance concerns, and maintaining ongoing programmatic relationships with regional partners.

Applicants are not expected to identify final subrecipients, grantees, funded partners, partner-specific awards, or final partner funding amounts as part of the application. Final partner roles, funding arrangements, scopes of work, budgets, and implementation activities will be determined after award through the HCA-approved regional planning and implementation process.

Limit: 600 words.

10. Outcomes and Performance Measures Approach

Applicants must describe their experience collecting, monitoring, and reporting program outputs, outcomes, and performance measures for grants, contracts, health care programs, community-based initiatives, or similar efforts. Applicants should describe their current data collection capacity, experience working with partners to collect information, ability to track implementation progress, and approach to using performance information for continuous improvement.

Applicants are not expected to finalize Healthy Horizons performance measures or reporting systems as part of the application. HCA, the Administrative Services Organization, and HCA-designated statewide partners will support the development of standardized performance measures, reporting templates, data collection processes, and reporting systems after award. Regional Hub Organizations will be expected to participate in this process and ensure regional partners can provide required information in the format and timeline established by HCA.

Limit: 600 words.

11. Sustainability and Long-Term Value

Applicants must describe how the Regional Hub Organization will create durable value beyond the funding period. Applicants may address sustained partnerships, regional governance, care access models, shared infrastructure, technology, workflows, workforce capacity, integration into existing delivery systems, potential ongoing funding sources, and how the hub contributes to long-term rural health system transformation.

Limit: 500 words.

12. Regional Hub Budget

Upload an Excel budget workbook (using either the proposed categories in Appendix B or your own categories) describing the portion of the regional award the applicant proposes to use for Regional Hub administration and direct Regional Hub programmatic work. HCA will provide the total planning allocation for each region (Appendix H). Applicants are not expected to budget the full regional allocation or identify final subawards, subrecipients, grantees, or local partner funding amounts as part of the application.

The budget should identify:

1. The amount and percentage of the regional award proposed for Regional Hub administrative costs, not to exceed the applicable CMS administrative cost limit of 10%;
2. Personnel and fringe costs needed to support Regional Hub administration, coordination, reporting, financial oversight, compliance, and related responsibilities;
3. Direct Regional Hub programmatic costs, such as partner outreach, stakeholder engagement events, regional convenings, planning activities, travel, partner coordination, implementation support, monitoring of regional activities, and work to support progress of HCA-approved subawards or partner activities;

4. Contracted support for Regional Hub administration or direct Regional Hub programmatic work, if applicable, such as facilitation, meeting support, translation or interpretation, project management support, fiscal documentation support, or other HCA-approved support needed to carry out Regional Hub responsibilities;
5. Supplies, technology, data, reporting, or other non-personnel costs needed for Regional Hub administration or direct programmatic work; and
6. Any costs associated with work identified or required by HCA for Regional Hub implementation.

The remaining regional allocation will be reserved for future HCA-approved regional implementation priorities after the Regional Hub Organization is selected, existing needs and gaps information is reviewed, regional stakeholders are engaged, and the regional implementation plan is completed and approved by HCA.

Applicants should not identify specific subawards, subrecipients, grantees, local partner awards, provider incentive payments, or final local partner funding amounts in the application budget. Specific partner funding decisions will occur after regional priorities are identified and approved through the HCA-approved regional implementation planning process.

All proposed costs must comply with applicable federal and State requirements, including 2 CFR Part 200, the CMS Rural Health Transformation Program Cooperative Agreement Terms and Conditions, the RHT Program Notice of Funding Opportunity requirements incorporated into the award, and any additional HCA guidance. Costs must be necessary, reasonable, allocable, documented, and directly tied to approved Healthy Horizons activities.

Administrative costs must be clearly identified and may not exceed the applicable CMS administrative cost limit of 10% of the total award. Applicants must distinguish administrative costs from direct Regional Hub programmatic costs. HCA may require budget revisions if costs are not clearly categorized, adequately justified, or allowable under applicable requirements.

Equipment, technology, supplies, capital-related costs, remodeling, facility improvements, electronic health record costs, remote monitoring tools, and similar infrastructure costs must be separately identified if proposed as part of Regional Hub administration or direct Regional Hub programmatic work. These costs may be subject to additional restrictions, prior approval, documentation requirements, or funding limitations under the CMS cooperative agreement, 2 CFR Part 200, and HCA guidance.

Upload required.

13. Administrative Cost Detail

Applicants must justify any administrative costs within the 10% cap.

1. Provide the total administrative cost

2. Provide a brief narrative explaining what is included in administrative costs and why those costs are necessary to manage the Regional Hub award.

Limit: 500 words.

14. Budget Narrative

Describe and justify the proposed non-administrative Regional Hub budget. Explain how the proposed costs support the applicant's ability to carry out direct Regional Hub programmatic work for the proposed region or regions.

Applicants should address:

1. Direct Regional Hub programmatic costs, such as partner outreach, convening, planning, coordination, implementation support, monitoring, reporting, and work to support progress of future HCA-approved subawards or partner activities;
2. Staffing assumptions for non-administrative programmatic work, including positions, roles, level of effort, and whether positions are existing, new, or contracted;
3. Any contracted support for Regional Hub programmatic work, if applicable, such as facilitation, meeting support, translation or interpretation, project management support, or other HCA-approved support needed to carry out Regional Hub responsibilities;
4. Any major technology, equipment, travel, training, convening, data, reporting, or other non-personnel costs proposed for direct Regional Hub programmatic work;
5. How costs were estimated and why they are reasonable;
6. How the applicant will ensure funds are not duplicative of other funding sources or reimbursable services;
7. How the applicant will comply with 2 CFR Part 200, the CMS RHT Program Cooperative Agreement Terms and Conditions, equipment and technology restrictions, and HCA budget guidance; and
8. How the applicant will maintain required documentation and coordinate with the Administrative Services Organization and HCA to support invoicing, financial tracking, and audit-ready records for non-administrative costs.

Applicants should address administrative costs in the Administrative Cost Detail section.

Applicants are not expected to budget the full regional allocation or finalize local partner funding decisions as part of the application. HCA will reserve the remaining regional allocation for future HCA-approved regional implementation priorities after the Regional Hub Organization is selected and the regional implementation plan is completed and approved.

HCA anticipates having statewide administrative, reporting, data, and evaluation support partners in place to assist with standardized reporting, performance measurement, evaluation, invoicing support, documentation processes, and related program infrastructure. Applicants should budget only for the Regional Hub-level costs necessary to participate in and support those processes, not to independently create duplicative reporting, evaluation, or administrative systems.

HCA may require selected applicants to revise budgets, provide additional detail, submit supporting documentation, or realign costs before award execution. Final budgets, implementation funding, partner funding arrangements, scopes of work, and restricted cost categories will be subject to HCA review and approval.

Limit: 600 words.

15. Partner Letters or MOUs

Upload letters of support, memoranda of understanding, or other documentation showing existing or proposed partner involvement. Applicants may use the Partner Letter Template included in Appendix C or may submit partner documentation in another format.

Partner letters, MOUs, or other documentation submitted with the application do not constitute HCA approval of any formal partnership, subaward, subcontract, grant, funding arrangement, scope of work, or partner role. HCA may require additional partners, partner documentation, revisions to proposed partner roles, or formal agreements at its discretion. HCA must approve any formal partnerships, funded partner arrangements, subawards, subcontracts, grants, or related scopes of work before they are established or implemented. This approval may occur before award execution, during contracting, or after contracting as part of the HCA-approved regional implementation planning process.

Upload(s) optional, limit 15 documents. (Optional)

16. Regional Knowledge and Potential Priority Areas

Describe your understanding of the Healthy Horizons priority areas that may be most relevant for the proposed region or regions. Examples may include specialty care access, maternal health, behavioral health, chronic disease management, care coordination, workforce, telehealth, remote care, health information technology, referral systems, transportation or other access barriers, or other regionally identified needs.

Explain why these areas may be important in the proposed region or regions, including any available data, operational experience, stakeholder input, provider knowledge, community context, or other information that demonstrates your understanding of regional needs and access challenges.

This question is intended to help HCA assess the applicant's knowledge of the proposed region or regions. Applicants are not being asked to make final priority, funding, partner, or implementation decisions as part of the application. Final regional priorities and implementation strategies will be developed after award through the HCA-approved regional planning and implementation process. Information submitted in response to this question may be considered during future planning, but inclusion of a proposed priority or activity does not guarantee approval, funding, or inclusion in the final regional implementation plan.

Limit: 600 words.

17. Initial Deliverables Approach

Describe how your organization would complete the initial Regional Hub deliverables after award. Include how you would organize staff, partners, governance activities, planning

activities, stakeholder engagement, coordination with HCA and HCA-designated statewide partners, and internal project management to meet required timelines.

Applicants should describe their approach to completing early deliverables such as the Regional Hub Plan, Regional Hub Network proposal, governance and decision-making plan, needs assessment review and reflection summary, stakeholder engagement reports, regional implementation plan, technical assistance coordination plan, subaward selection and management process, hub-and-spoke model plan, implementation reporting, and sustainability plan.

HCA may provide templates, reporting systems, standardized processes, technical assistance, or additional instructions for required deliverables after award. Applicants are not expected to complete these deliverables as part of the application. This question is intended to help HCA assess the applicant's readiness, project management approach, and ability to coordinate with HCA, the Administrative Services Organization, CRHSI, reporting and evaluation partners, and other HCA-designated statewide partners.

Limit: 600 words.

18. Additional Information

Applicants may provide additional information necessary to support the application. HCA may disregard information that is not responsive to the RFA or exceeds the stated limit.

Limit: 300 words.

IV. PROGRAM REQUIREMENTS

A. ELIGIBLE APPLICANTS

Eligible applicants must demonstrate the capacity to act as a Regional Hub Organization and lead coordinated, multi-partner planning, coordination, and implementation support efforts within one or more designated regions of New Mexico.

Eligible applicants must:

1. Be a New Mexico-based organization or demonstrate a substantial and established operational presence within the State of New Mexico.
2. Demonstrate the ability to partner with New Mexico-based health care providers and regional stakeholders, including hospitals, clinics, tribal health programs, community-based organizations, public health entities, and other organizations relevant to Healthy Horizons implementation.
3. Demonstrate the capacity to lead regional coordination and implementation support, including partner coordination, regional planning, stakeholder engagement, funding recommendations, implementation monitoring, and program activities across a defined geographic area.
4. Demonstrate experience supporting health care delivery, access expansion, workforce development, rural health, grants management, regional coordination, or community-based health initiatives.

5. Demonstrate ability to manage public funds and comply with financial, reporting, monitoring, documentation, audit, and program integrity requirements.
6. Submit a complete application through Submittable by the deadline.
7. Agree to comply with applicable federal, State, HCA, and RHT Program requirements.

Eligible entity types may include, but are not limited to:

- Hospitals and health systems.
- Federally Qualified Health Centers and rural health clinics.
- Tribal governments, Tribal health organizations, and Indian Health Service providers.
- Community-based organizations and nonprofit organizations.
- Local, county, or regional governmental entities.
- Academic institutions.
- Regional partnerships, consortiums, or collaboratives with a qualified lead applicant.
- Other organizations with relevant experience and a clear role in rural health planning, coordination, and implementation support.

Applicants may apply as a single lead organization or as a lead organization with identified partners, contractors, collaborators, or proposed regional network participants. Applicants are not required or expected to identify final subrecipients, grantees, or funded implementation partners as part of the application. Final partner roles, subawards, subcontracts, grants, funding arrangements, and scopes of work are subject to HCA review and approval after award.

Technology vendors, consultants, or other entities whose primary role is the provision of products or services are not eligible to serve as the lead applicant unless they demonstrate a substantial regional hub role and meet all eligibility requirements. Such entities may participate as subcontractors or partners to an eligible lead applicant, subject to HCA review and approval.

B. Regional Hub Scope of Work

Selected applicants will act as Regional Hub Organizations responsible for leading regional planning, stakeholder engagement, partner coordination, funding recommendations, implementation support, and progress monitoring for the Healthy Horizons initiative within one or more designated regions.

HCA will provide Regional Hub Organizations with statewide guidance, technical assistance, templates, tools, reporting formats, planning frameworks, and standardized processes to support implementation. Regional Hub Organizations will not be expected to create core program documents, reporting systems, or funding processes from scratch. Instead, Regional Hub Organizations will be expected to use HCA-approved materials, align regional work with established processes, and make regional recommendations and implementation decisions within the parameters established by HCA.

Regional Hub Organizations will operate within the statewide framework established by HCA. HCA retains final approval authority over regional implementation plans, budgets, funding approaches, partner arrangements, scopes of work, reporting expectations, and material program changes. Regional Hub Organizations shall coordinate with HCA, the RHT Program Management Office, the Administrative Services Organization, the Center for Rural Health Sustainability and

Innovation, reporting and evaluation partners, and other HCA-designated statewide partners as directed by HCA.

Regional Hub Organizations shall perform the following responsibilities:

1. Develop and Maintain a Regional Hub Implementation Plan

- a. Act as the primary contracting entity with HCA for the assigned region or regions.
- b. Serve as the regional point of accountability for planning, coordination, partner engagement, reporting support, implementation support, and progress monitoring.
- c. Establish the staffing, governance, partnerships, and administrative capacity necessary to carry out Regional Hub responsibilities.
- d. Build and coordinate a regional network of partners to support Healthy Horizons planning and implementation.
- e. Coordinate with HCA, the RHT Program Management Office, the Administrative Services Organization, the Center for Rural Health Sustainability and Innovation, reporting and evaluation partners, and other HCA-designated statewide partners as directed by HCA.
- f. Develop and maintain a Regional Hub Implementation Plan describing how the Regional Hub Organization will meet the requirements of the scope of work, coordinate with HCA and HCA-designated statewide partners, and carry out required Regional Hub responsibilities.

Deliverable: Regional Hub Implementation Plan

Due: September 10, 2026

2. Establish a Regional Hub Network

- a. Identify key regional partners needed to support Healthy Horizons planning and implementation.
- b. Describe the anticipated roles and responsibilities of participating partners.
- c. Establish a process for partner engagement, communication, decision-making recommendations, and accountability.
- d. Ensure that the Regional Hub Network reflects the region’s geography, provider landscape, community needs, tribal considerations, and rural access challenges.
- e. Maintain documentation of partner participation, commitments, roles, and anticipated implementation responsibilities.
- f. Submit an initial Regional Hub Network proposal to HCA for review and approval.

Deliverable: Proposal for Regional Hub Network

Due: October 1, 2026

3. Establish Regional Governance and Decision-Making

- a. Establish a governance structure to guide regional planning, funding recommendations, implementation support, and regional accountability.

- b. Include representation from key regional stakeholders and meaningful participation from rural, frontier, tribal, and underserved communities.
- c. Include tribal representation or tribal meeting processes where applicable.
- d. Define advisory roles, decision-making recommendations, conflict-of-interest protections, and documentation requirements.
- e. Submit documentation of the governance structure to HCA for review and approval.

Deliverable: Governance and Decision-Making Plan

Due: October 1, 2026

4. Review and Respond to Regional Needs and Gaps Information

- a. Work with HCA and HCA-designated statewide partners to review existing needs assessments, gap analyses, provider landscape information, data summaries, and stakeholder input relevant to the assigned region.
- b. Convene regional partners to review and reflect on the compiled needs and gaps information.
- c. Assess whether the compiled information reflects local access challenges, service gaps, provider capacity, workforce limitations, community needs, and implementation barriers.
- d. Identify additional regional context, missing information, local considerations, or emerging needs that should inform the regional implementation plan.
- e. Use the compiled information and regional feedback to inform the regional implementation plan, funding recommendations, partner roles, hub-and-spoke model, and performance measures.

Deliverable: Regional Needs Assessment Review and Reflection Summary

Due: October 1, 2026

5. Support Subaward Selection and Management Process Plan

- a. Carry out subaward partner promotion, identification, and selection activities in alignment with HCA-prescribed processes, HCA-approved templates, the Regional Hub Network, the needs assessment review and reflection summary, the Regional Implementation Plan, and other applicable Regional Hub deliverables.
- b. Promote subaward or partner funding opportunities to eligible regional providers, Tribal health programs, community-based organizations, public health entities, and other potential implementation partners, as directed or approved by HCA.
- c. Identify potential local partners or subrecipients whose proposed activities align with HCA-approved regional priorities, Healthy Horizons goals, applicable federal and State requirements, and the approved Regional Implementation Plan.
- d. Facilitate the regional review or selection process in accordance with HCA-prescribed criteria, conflict-of-interest requirements, documentation expectations, and approval processes.

- e. Submit regional partner funding recommendations, supporting documentation, proposed scopes of work, proposed budgets, and related materials to HCA for review and approval.
- f. Coordinate with HCA and the Administrative Services Organization regarding agreement processing, payment support, reporting infrastructure, documentation expectations, and other administrative requirements.
- g. Support selected partners after HCA approval by coordinating onboarding, maintaining programmatic relationships, monitoring implementation progress, identifying barriers or performance concerns, and coordinating with HCA, the Administrative Services Organization, and other HCA-designated statewide partners as needed.

Deliverable: Subaward Partner Promotion, Identification, and Selection Summary

Due: November 2, 2026

C. Additional Duties for Region 3

1. Statewide Templates and Standardized Processes

If selected to act as the Regional Hub Organization for Region 3, the recipient shall support HCA in developing, testing, and refining templates, tools, and standardized processes that may be used across all Healthy Horizons regions. This work shall be conducted under HCA direction and in coordination with HCA, the RHT Program Management Office, the Administrative Services Organization, CRHSI, reporting and evaluation partners, other Regional Hub Organizations, and other HCA-designated statewide partners.

The Region 3 Regional Hub Organization shall:

- a. Support HCA in developing or refining standardized templates, tools, and processes for Regional Hub planning, stakeholder engagement, needs assessment review and reflection, regional implementation planning, funding recommendations, partner onboarding, reporting, documentation, and other Healthy Horizons activities as directed by HCA.
- b. Participate in review sessions, pilot testing, feedback loops, and refinement activities to help ensure templates and processes are practical, regionally usable, and aligned with Healthy Horizons implementation needs.
- c. Help identify regional considerations, implementation barriers, workflow issues, or clarification needs that should be addressed before templates or processes are finalized for broader use.
- d. Support coordination with other Regional Hub Organizations to gather feedback, promote consistency, and share lessons learned related to use of HCA-approved templates and processes.
- e. Use HCA-approved templates, tools, and standardized processes when carrying out Region 3 responsibilities and support other regions in understanding or applying those materials when directed by HCA.
- f. Submit recommendations, feedback, or draft materials to HCA for review. HCA retains final approval authority over all templates, tools, standardized processes, guidance, reporting formats, and implementation requirements.

Deliverable: Statewide Templates and Standardized Processes Support Summary

Due: October 1, 2026

This additional duty applies only to the Regional Hub Organization selected for Region 3. Region 3 may support development, testing, refinement, and coordination of statewide templates and standardized processes, but HCA retains final decision-making and approval authority over all materials and requirements used across Healthy Horizons regions.

2. Statewide Maternal Health Planning Priority

If selected to act as the Regional Hub Organization for Region 3, the recipient shall coordinate an HCA-directed statewide maternal health planning priority during Year One. This work is intended to support development of a potential maternal health hub-and-spoke model for New Mexico and shall be conducted in coordination with HCA, other Regional Hub Organizations, CRHSI, the Administrative Services Organization, HCA-designated statewide partners, and regional maternal health stakeholders as directed by HCA.

The Region 3 Regional Hub Organization shall:

- a. Coordinate a statewide maternal health learning collaborative or planning process, as directed by HCA.
- b. Support compilation, review, and reflection on existing maternal health needs assessments, gaps analyses, provider landscape information, referral pathways, workforce capacity, and other data or stakeholder information provided by HCA or HCA-designated statewide partners.
- c. Engage Regional Hub Organizations and maternal health stakeholders from all Healthy Horizons regions to identify access barriers, regional service gaps, provider capacity, referral and transfer challenges, care coordination needs, and opportunities for hub-and-spoke model development.
- d. Document themes, findings, barriers, opportunities, and recommendations that may inform development of a statewide maternal health hub-and-spoke model.
- e. Coordinate with HCA and HCA-designated statewide partners to identify potential model design options, regional roles, implementation considerations, sustainability considerations, and future funding needs.
- f. Submit findings and recommendations to HCA for review and consideration. HCA retains final approval authority over any maternal health model design, funding approach, implementation requirements, partner roles, and future regional responsibilities.
- g. Support future maternal health implementation activities, if directed by HCA and subject to available funding, approved regional implementation plans, and applicable federal and State requirements.

Deliverable: Statewide Maternal Health Planning Summary and Recommendations

Due: July 1, 2027

This additional duty applies only to the Regional Hub Organization selected for Region 3. The Region 3 Regional Hub Organization will coordinate the Year One statewide maternal health

planning process but will not have independent authority to approve statewide maternal health strategy, funding decisions, regional responsibilities, or implementation requirements. Other Regional Hub Organizations will be expected to participate in this process as directed by HCA.

C. REGIONAL FUNDING ALLOCATION METHODOLOGY

HCA will provide a regional planning allocation for each designated Healthy Horizons region. Regional planning allocations represent the maximum amount available for each region, including approved Regional Hub administrative costs, approved direct Regional Hub programmatic costs, and future HCA-approved regional implementation priorities.

Regional planning allocations do not authorize expenditure of funds until an agreement is executed and required budgets, deliverables, and implementation plans are approved by HCA. HCA may structure payments across implementation phases and may require approval of regional deliverables before authorizing use of funds.

Each Regional Hub Organization will be required to submit a budget identifying the portion of the regional planning allocation proposed for:

1. Regional Hub administrative costs, subject to the applicable CMS administrative cost limit;
2. Direct Regional Hub programmatic costs, such as partner outreach, stakeholder engagement, convening, planning, coordination, monitoring, reporting support, and other HCA-approved Regional Hub activities; and
3. Remaining funds reserved for future HCA-approved regional implementation priorities.

Regional Hub Organizations should not identify final subawards, subrecipients, grantees, local partner awards, provider incentive payments, or final local partner funding amounts in the application budget. Specific partner funding decisions will occur after Regional Hub Organizations are selected, existing needs and gaps information is reviewed, regional stakeholders are engaged, and Regional Implementation Plans are completed and approved by HCA.

The remaining regional allocation, after approved Regional Hub administrative and direct programmatic costs, will be reserved for regional priorities identified through the HCA-approved regional planning process. These funds may be used only for HCA-approved activities included in the approved Regional Implementation Plan and related approved scopes of work, budgets, or funding arrangements.

HCA will use a transparent regional allocation methodology that balances baseline regional operating capacity with regional need. The methodology is intended to ensure that each Regional Hub Organization has sufficient funding to perform core hub functions while directing additional funding to regions with greater rural access barriers, Medicaid need, geographic isolation, and provider infrastructure challenges. See Appendix H for the detailed methodology.

HCA calculated the following regional planning allocations:

Region	Counties	Regional Planning
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		Allocation
Region 1	Cibola, McKinley, San Juan, Sandoval	\$12,050,515.13
Region 2	Los Alamos, Rio Arriba, Santa Fe, Taos	\$9,028,546.85
Region 3	Bernalillo, Torrance, Valencia Statewide Maternal Health Transformation	\$8,798,217.81 \$1,370,133.20
Region 4	Colfax, Guadalupe, Harding, Mora, Quay, San Miguel, Union	\$7,904,851.99
Region 5	Catron, Doña Ana, Grant, Hidalgo, Luna, Sierra, Socorro	\$15,226,026.46
Region 6	Chaves, Curry, De Baca, Eddy, Lea, Lincoln, Otero, Roosevelt	\$19,682,962.74
Total		\$74,061,254.17

Final award amounts and use of funds are subject to funding availability, federal requirements, HCA review, budget reasonableness, allowable cost review, approved deliverables, approved Regional Implementation Plans, and any negotiated scope or budget revisions before award execution.

All costs must comply with applicable federal and State requirements, including 2 CFR Part 200, the CMS Rural Health Transformation Program Cooperative Agreement Terms and Conditions, the RHT Program Notice of Funding Opportunity requirements incorporated into the award, and any additional HCA guidance. Costs must be necessary, reasonable, allocable, documented, and directly tied to approved Healthy Horizons activities.

D. ALLOWABLE USES OF FUNDS

Funds awarded under this RFA must be used only for costs that are necessary, reasonable, allocable, documented, and directly tied to approved Healthy Horizons activities. All costs must comply with applicable federal and State requirements, including 2 CFR Part 200, the CMS Rural Health Transformation Program Cooperative Agreement Terms and Conditions, the RHT Program Notice of Funding Opportunity requirements incorporated into the award, HCA award terms, and any additional HCA guidance.

Allowable uses may include the following, when included in an approved budget, approved scope of work, approved Regional Hub deliverable, or approved Regional Implementation Plan:

1. Personnel and fringe benefits for staff directly supporting approved Regional Hub administration or direct Regional Hub programmatic work.
2. Direct Regional Hub programmatic activities, including partner outreach, stakeholder engagement, convening, planning, coordination, implementation support, monitoring, reporting support, and other HCA-approved Regional Hub activities.
3. Contracted support necessary to carry out approved Regional Hub responsibilities, such as facilitation, meeting support, translation or interpretation, project management support, fiscal documentation support, or other HCA-approved support.
4. Regional planning, review and response to needs and gaps information, stakeholder engagement, governance, and development of HCA-approved regional implementation materials.
5. Training, technical assistance coordination, partner readiness support, capacity-building activities, and learning collaborative participation approved by HCA.

6. Data collection, reporting, performance measurement, evaluation participation, and documentation activities required by HCA, CMS, the Administrative Services Organization, reporting and evaluation partners, or other HCA-designated statewide partners.
7. Travel necessary for approved Regional Hub implementation activities or required meetings.
8. Supplies, technology, equipment, or other non-personnel costs directly tied to approved Regional Hub activities, subject to applicable restrictions and prior approval requirements.
9. Future HCA-approved regional implementation activities identified through an approved Regional Implementation Plan, which may include activities related to specialty care access, maternal and child health, behavioral health, chronic disease prevention and management, care coordination, telehealth, remote care, health information technology, appropriate care availability, post-acute and long-term care coordination, consumer technology solutions, and fostering collaboration.
10. Subawards, subcontracts, grants, or other funding arrangements with local providers, Tribal health programs, community-based organizations, public health entities, or other regional partners, only after regional priorities are identified through the HCA-approved planning process and the related partner funding arrangements, scopes of work, budgets, and agreements are approved by HCA.
11. Administrative costs necessary to manage the award, subject to the applicable CMS administrative cost limit and HCA approval.

Provider payments, capital expenditures, remodeling, facility improvements, EHR or EMR costs, consumer technology solutions, remote monitoring tools, equipment, and other technology or infrastructure costs may be subject to additional CMS restrictions, prior approval requirements, documentation requirements, or funding limitations. These costs are allowable only if approved by HCA and permitted under applicable federal and State requirements.

All expenditures must be directly tied to approved Healthy Horizons activities, included in an approved budget, necessary and reasonable, compliant with applicable federal and State requirements, compliant with HCA award terms and guidance, and documented and auditable. HCA may disallow, withhold, recover, or require corrective action for costs that are unallowable, unsupported, duplicative, not approved, or not aligned with the approved scope of work, budget, deliverables, or Regional Implementation Plan.

E. FUNDING RESTRICTIONS

Funds awarded under this RFA may be used only for approved Healthy Horizons activities and must comply with applicable federal and State requirements, including 2 CFR Part 200, the CMS Rural Health Transformation Program Cooperative Agreement Terms and Conditions, the RHT Program Notice of Funding Opportunity requirements incorporated into the award, HCA award terms, and any additional HCA guidance.

Funds may not be used for:

1. General operating support unrelated to approved Healthy Horizons activities.
2. Unrestricted subsidies or payments not tied to approved activities, deliverables, performance requirements, or allowable costs.

3. Costs that are not directly aligned with the approved scope of work, approved budget, approved Regional Hub deliverables, or approved Regional Implementation Plan.
4. Services, activities, or costs reimbursable through Medicaid, Medicare, private insurance, another payer, or another funding source, unless explicitly approved by HCA and allowable under applicable federal and State requirements.
5. Supplanting, replacing, or duplicating existing funding.
6. Costs incurred before award execution, unless authorized in writing by HCA and allowable under applicable requirements.
7. Lobbying, political activities, or costs prohibited by federal restrictions on lobbying or political activity.
8. Costs unallowable under 2 CFR Part 200, the CMS RHT Program Cooperative Agreement Terms and Conditions, the RHT Program Notice of Funding Opportunity requirements incorporated into the award, State requirements, HCA guidance, or applicable law.
9. Construction, land purchase, major capital expenditures, remodeling, facility improvements, equipment purchases, technology infrastructure, EHR or EMR costs, remote monitoring tools, or similar infrastructure costs unless expressly approved in writing by HCA and permitted under applicable federal and State requirements.
10. Provider payments, incentive payments, value-based payments, or similar payment arrangements unless expressly approved in writing by HCA and permitted under applicable federal and State requirements.
11. Clinician salaries or wage supports, except to the extent expressly authorized under an HCA-approved activity and permitted under the CMS RHT Program Cooperative Agreement Terms and Conditions. Funds may not be used for clinician salaries or wage supports for facilities that subject clinicians to non-compete contractual limitations.
12. Expenditures attributable to an intergovernmental transfer, certified public expenditure, or any other expenditure used to finance the non-federal share of expenditures required under any provision of law.
13. Activities or payments prohibited under applicable federal statutory limitations, including limitations incorporated into the CMS RHT Program Cooperative Agreement Terms and Conditions.
14. Any purpose prohibited by CMS, HCA, or applicable law.

Administrative costs may not exceed the applicable CMS administrative cost limit unless otherwise permitted under CMS requirements and approved by HCA. Additional restrictions may be included in award terms, federal guidance, HCA guidance, or HCA program instructions.

HCA may disallow, withhold, recover, or require corrective action for costs that are unallowable, unsupported, duplicative, not approved, not adequately documented, or not aligned with the approved scope of work, budget, deliverables, or Regional Implementation Plan.

F. BUDGET REQUIREMENTS

Applicants must submit a Regional Hub budget and related budget information as described in Section III.C. The budget must identify the portion of the regional planning allocation proposed for Regional Hub administrative costs and direct Regional Hub programmatic costs. Applicants are not expected to budget the full regional planning allocation or identify final subawards, subrecipients, grantees, local partner awards, provider incentive payments, or final local partner

funding amounts as part of the application.

Budgets must include sufficient detail for HCA to assess allowability, reasonableness, necessity, allocability, administrative cost compliance, and alignment with the proposed Regional Hub role. Budgets must distinguish administrative costs from direct Regional Hub programmatic costs and must align with the applicant's narrative responses.

All costs must comply with applicable federal and State requirements, including 2 CFR Part 200, the CMS Rural Health Transformation Program Cooperative Agreement Terms and Conditions, the RHT Program Notice of Funding Opportunity requirements incorporated into the award, HCA award terms, and any additional HCA guidance. Costs must be necessary, reasonable, allocable, documented, and directly tied to approved Healthy Horizons activities.

HCA may require selected applicants to revise budgets, provide additional detail, submit supporting documentation, or realign costs before award execution. Final budgets, regional implementation funding, partner funding arrangements, scopes of work, and restricted cost categories are subject to HCA review and approval.

G. REPORTING AND MONITORING REQUIREMENTS

Selected Regional Hub Organizations will be required to participate in reporting, monitoring, documentation, and performance review activities to support oversight, accountability, federal reporting, and continuous improvement. HCA anticipates providing standardized reporting templates, systems, guidance, and support through HCA, the Administrative Services Organization, reporting and evaluation partners, and other HCA-designated statewide partners.

At a minimum, recipients may be required to:

1. Submit monthly or quarterly programmatic progress reports using HCA-approved formats.
2. Submit or support financial reports documenting approved expenditures and use of funds, in coordination with HCA and the Administrative Services Organization.
3. Report progress against approved deliverables, workplan milestones, Regional Hub responsibilities, and Regional Implementation Plan activities.
4. Report on performance measures, outputs, outcomes, and implementation progress using HCA-approved reporting tools and definitions.
5. Participate in HCA, RHT Program, ASO, CRHSI, reporting and evaluation, or other required check-ins.
6. Maintain documentation of regional activities, expenditures, decisions, stakeholder engagement, partner participation, approved agreements, funding recommendations, and implementation progress.
7. Support monitoring of approved subrecipients, contractors, grantees, funded partners, and other implementation partners in coordination with HCA and the Administrative Services Organization.
8. Respond to data or documentation requests from HCA, the RHT Program Management Office, CMS, auditors, evaluators, reporting and evaluation partners, or other authorized oversight entities.
9. Notify HCA of implementation risks, delays, budget issues, performance concerns, compliance concerns, or material changes.

10. Participate in learning activities, technical assistance, statewide coordination efforts, or continuous improvement activities as required by HCA.
11. Support sustainability planning, transition planning, final reporting, and any required award closeout activities.

Reporting and monitoring requirements may be refined by HCA after award to align with federal expectations, CMS reporting requirements, implementation needs, and evolving program guidance.

H. ADMINISTRATIVE AND COMPLIANCE REQUIREMENTS

Recipients must maintain the administrative, financial, and programmatic capacity necessary to successfully carry out approved Regional Hub responsibilities. Recipients must comply with applicable federal and State requirements, including 2 CFR Part 200, the CMS Rural Health Transformation Program Cooperative Agreement Terms and Conditions, HCA award terms, and any additional HCA guidance.

Recipients must:

1. Designate a primary point of contact for HCA, the RHT Program Management Office, the Administrative Services Organization, CRHSI, reporting and evaluation partners, and other HCA-designated statewide partners.
2. Maintain financial management systems, internal controls, and documentation sufficient to support allowable cost review, invoicing, monitoring, audit, and reporting requirements.
3. Track expenditures by approved budget category and distinguish administrative costs from direct Regional Hub programmatic costs and future HCA-approved implementation funding.
4. Maintain documentation sufficient for audit, monitoring, compliance review, and federal reporting.
5. Comply with all reporting deadlines and use HCA-approved reporting templates, systems, and formats when required.
6. Support subrecipient, contractor, grantee, and funded partner compliance in coordination with HCA and the Administrative Services Organization.
7. Protect confidential, sensitive, personally identifiable, protected health, financial, and programmatic information in accordance with applicable privacy, security, and confidentiality requirements.
8. Comply with applicable federal and State nondiscrimination, civil rights, accessibility, language access, and equal opportunity requirements.
9. Cooperate with HCA, CMS, auditors, evaluators, reporting and evaluation partners, and other authorized oversight entities in monitoring, audits, evaluation, corrective action, and program integrity activities.
10. Obtain prior written approval from HCA before making material changes to the approved scope of work, budget, timeline, partners, funding strategy, Regional Implementation Plan, subaward or partner arrangements, performance measures, or approved activities.
11. Use HCA-approved templates, tools, guidance, planning frameworks, reporting formats, and standardized processes when required.

12. Avoid creating duplicative or conflicting reporting systems, funding processes, partner management procedures, or program documents unless approved in writing by HCA.

Administrative costs associated with Regional Hub administration, project management, reporting, grants management coordination, financial oversight, and compliance may not exceed the applicable CMS administrative cost limit unless otherwise permitted under CMS requirements and approved by HCA.

V. EVALUATION

1. EVALUATION POINT SUMMARY

Applications will be reviewed using the following evaluation framework.

Evaluation Factor	Points
Eligibility and Completeness	Pass/Fail
Regional Knowledge and Alignment with Healthy Horizons Priorities	150
Regional Hub Model, Governance, and Partnerships	200
Scope of Work, Implementation Approach, and Feasibility	175
Subaward Partner Identification, Selection, and Coordination Capacity	100
Initial Deliverables and Implementation Readiness	125
Outcomes, Performance Measures, and Reporting Capacity	100
Sustainability and Long-Term Value	75
Budget Reasonableness, Allowability, and Administrative Cost Compliance	75
Total	1,000

HCA may also consider geographic distribution, regional coverage, rural/frontier/Tribal impact, portfolio balance, funding availability, application quality, implementation readiness, and alignment with RHT Program priorities when making final award decisions.

B. EVALUATION FACTORS

1. Eligibility and Completeness: Pass/Fail

- a. Application was submitted by the deadline.
- b. Application was submitted through Submittable.
- c. Application includes all required fields and uploads.
- d. Application includes required certifications and assurances.
- e. Application was submitted by an eligible applicant.
- f. Application proposes a Regional Hub role and activities that are eligible for Healthy Horizons funding.

2. Regional Knowledge and Alignment with Healthy Horizons Priorities: 150 Points

- a. Demonstrates strong knowledge of the proposed region or regions, including rural, frontier, and Tribal communities where applicable.
- b. Describes relevant regional access challenges, service gaps, workforce challenges, infrastructure limitations, transportation barriers, or system challenges.
- c. Identifies target populations and geographic considerations relevant to Healthy Horizons implementation.
- d. Provides data, operational experience, stakeholder input, community knowledge, provider experience, or other evidence demonstrating understanding of the region.
- e. Aligns with Healthy Horizons and RHT Program goals, including access to specialty care, maternal health, behavioral health, chronic disease management, care coordination, telehealth, remote care, health information technology, and other approved Healthy Horizons priorities.
- f. Demonstrates understanding that final regional priorities and implementation strategies will be developed after award through the HCA-approved regional planning and implementation process.

3. Regional Hub Model, Governance, and Partnerships: 200 Points

- a. Presents a clear and coherent approach to acting as a Regional Hub Organization.
- b. Demonstrates the ability to convene, coordinate, and support partners across the proposed region or regions.
- c. Identifies meaningful existing or proposed regional relationships with appropriate partners, which may include providers, hospitals, clinics, Tribal health programs, public health entities, health councils, community-based organizations, social service organizations, managed care organizations where applicable, academic partners, and other stakeholders.
- d. Describes anticipated partner roles and coordination methods without assuming final HCA approval of any funded partner role, subaward, subcontract, grant, or scope of work.
- e. Includes a credible approach to regional governance, stakeholder representation, advisory input, documentation, and decision-making recommendations.
- f. Demonstrates community, provider, local public health, and Tribal engagement where applicable.
- g. Demonstrates that the applicant is proposing to act as a regional convener and implementation support entity, not merely proposing a single organizational project.
- h. Includes appropriate partner letters, commitments, or evidence of regional relationships or regional buy-in, where available.

4. Scope of Work, Implementation Approach, and Feasibility: 175 Points

- a. Demonstrates understanding of the required Regional Hub Scope of Work.
- b. Presents a feasible approach for completing early Regional Hub responsibilities, including stakeholder engagement, review and response to needs and gaps information, regional planning, coordination with HCA and HCA-designated statewide partners, and development of HCA-approved deliverables.
- c. Describes how the applicant would support development of a regional hub-and-spoke model within HCA-approved processes.
- d. Shows how the applicant would support local partners and implementation activities without duplicating reimbursable services or other funding sources.

- e. Includes a practical project management approach for organizing staff, partners, timelines, deliverables, risks, and dependencies.
- f. Identifies likely implementation risks, dependencies, barriers, or capacity needs and proposes reasonable mitigation strategies.
- g. Demonstrates feasibility within the proposed timeline, available regional allocation, and HCA-approved program structure.

5. Subaward Partner Identification, Selection, and Coordination Capacity: 100 Points

- a. Demonstrates experience identifying, coordinating, supporting, or monitoring partners, subrecipients, contractors, grantees, or funded implementation partners.
- b. Describes a credible approach to carrying out subaward partner promotion, identification, and selection activities in alignment with HCA-prescribed processes.
- c. Demonstrates understanding that final funding decisions, partner awards, scopes of work, budgets, and agreements are subject to HCA review and approval.
- d. Addresses conflict-of-interest protections, documentation, regional advisory input, transparency, and consistency with HCA-approved criteria.
- e. Demonstrates ability to coordinate with HCA and the Administrative Services Organization on agreement processing, payment support, reporting infrastructure, documentation expectations, monitoring requirements, and related administrative processes.
- f. Demonstrates ability to maintain programmatic relationships with funded partners, support partner readiness, monitor implementation progress, identify concerns, and support corrective action or sustainability planning when needed.

6. Initial Deliverables and Implementation Readiness: 125 Points

- a. Demonstrates readiness to begin Regional Hub activities after award.
- b. Describes a realistic approach for completing required initial deliverables within expected timelines.
- c. Shows how the applicant would organize staff, partners, governance activities, planning activities, stakeholder engagement, and internal project management.
- d. Demonstrates ability to use HCA-approved templates, tools, reporting formats, planning frameworks, and standardized processes.
- e. Describes how the applicant would coordinate with HCA, the Administrative Services Organization, CRHSI, reporting and evaluation partners, and other HCA-designated statewide partners.
- f. Demonstrates understanding that applicants are not expected to submit final implementation deliverables as part of the application.

7. Outcomes, Performance Measures, and Reporting Capacity: 100 Points

- a. Demonstrates experience collecting, monitoring, and reporting program outputs, outcomes, and performance measures.
- b. Demonstrates ability to work with partners to collect information, track implementation progress, improve data quality, and use performance information for continuous improvement.
- c. Describes relevant data collection capacity, reporting workflows, staffing, systems, or partner coordination experience.

- d. Demonstrates ability to participate in HCA-approved reporting and evaluation processes.
- e. Demonstrates understanding that HCA, the Administrative Services Organization, reporting and evaluation partners, and other HCA-designated statewide partners will support standardized reporting templates, data collection processes, performance measures, and reporting systems after award.
- f. Shows capacity to ensure regional partners provide required information in the format and timeline established by HCA.

8. Sustainability and Long-Term Value: 75 Points

- a. Describes how the Regional Hub approach may create durable value beyond the initial funding period.
- b. Supports long-term rural health system improvement and continued regional collaboration.
- c. Builds or strengthens sustainable partnerships, workflows, care access models, shared infrastructure, technology supports, or regional coordination structures.
- d. Demonstrates a credible approach to sustainability or continuation of services after the initial contract period.
- e. Avoids reliance on one-time activities with limited long-term value.

9. Budget Reasonableness, Allowability, and Administrative Cost Compliance: 75 Points

- a. Budget submission is complete and sufficiently detailed for HCA review.
- b. Clearly identifies proposed Regional Hub administrative costs and direct Regional Hub programmatic costs.
- c. Administrative costs are clearly identified, justified, and compliant with applicable CMS administrative cost limits.
- d. Proposed costs are necessary, reasonable, allocable, and aligned with the proposed Regional Hub role and application narrative.
- e. Budget does not identify final subawards, subrecipients, grantees, local partner awards, provider incentive payments, or final local partner funding amounts as part of the application.
- f. Budget assumptions are clear and reasonable.
- g. Budget avoids unallowable, duplicative, unsupported, or non-approved costs.
- h. Budget demonstrates understanding of applicable requirements, including 2 CFR Part 200, the CMS RHT Program Cooperative Agreement Terms and Conditions, equipment and technology restrictions, and HCA budget guidance.

C. EVALUATION PROCESS

1. Eligibility and Completeness Review

HCA reviews applications for timely submission, completeness, applicant eligibility, required forms, and threshold requirements.

2. Technical Review

Eligible applications are reviewed and scored based on the evaluation factors in Section V.B.

3. **Budget Review**
HCA reviews budgets for allowability, reasonableness, feasibility, and alignment with proposed activities.
4. **Clarification or Revision**
HCA may request clarifications, supporting documentation, or budget revisions.
5. **Portfolio Review**
HCA may consider geographic distribution, regional coverage, rural/frontier/Tribal impact, readiness, sustainability, and alignment with RHT Program priorities.
6. **Award Recommendation**
HCA develops award recommendations based on review results and available funding.
7. **Final Award Decision**
HCA makes final award decisions at its sole discretion.

D. AWARD PROCESS

Selected applicants will receive award notification from HCA. Award notification does not authorize the applicant to begin work, incur costs, obligate funds, enter into partner funding arrangements, or make commitments on behalf of Healthy Horizons unless expressly authorized in writing by HCA.

Before award execution, HCA may require selected applicants to revise scope, budget, administrative cost detail, direct Regional Hub programmatic costs, deliverables, timelines, performance measures, or other application materials; submit additional documentation; complete required certifications; participate in onboarding or technical assistance; address compliance or risk concerns; and agree to award-specific terms and conditions.

HCA may also require selected applicants to use HCA-approved templates, tools, reporting formats, planning frameworks, standardized processes, and coordination procedures as a condition of award. Partner letters, proposed relationships, or activities identified in an

application do not constitute HCA approval of a formal partnership, funded partner role, subaward, subcontract, grant, scope of work, budget, or implementation activity.

Final partner funding arrangements, scopes of work, budgets, subawards, subcontracts, grants, and implementation activities are subject to HCA review and approval after award and as part of the HCA-approved regional planning and implementation process.

HCA may decline to proceed with an award if the applicant does not complete required pre-award steps, address requested revisions, satisfy compliance requirements, or agree to applicable award terms and conditions.

APPENDIX A: APPLICANT ASSURANCES AND CERTIFICATIONS

By submitting an application, the applicant certifies that:

1. The applicant is eligible to apply for Healthy Horizons funding.
2. The application is accurate and complete.
3. The individual submitting the application is authorized to act on behalf of the applicant.
4. The applicant is applying to serve as a Regional Hub Organization.
5. The applicant will use funds only for approved activities.
6. The applicant will comply with applicable federal, State, HCA, and RHT Program requirements.
7. The applicant will not use Healthy Horizons funds for general operating support or unrestricted subsidies.
8. The applicant will not use Healthy Horizons funds to supplant existing funding.
9. The applicant will not use Healthy Horizons funds for services or activities reimbursable through Medicaid, Medicare, private insurance, or another payer unless explicitly approved by HCA and allowable under applicable requirements.
10. The applicant will maintain records sufficient to support monitoring, audit, and closeout.
11. The applicant will submit required programmatic and financial reports.
12. The applicant will cooperate with HCA, the RHT PMO, CMS, auditors, evaluators, and other authorized oversight entities.
13. The applicant will obtain HCA approval before making material changes to scope, budget, timeline, partners, subrecipients, contractors, grants, or approved activities.
14. The applicant will disclose conflicts of interest.
15. The applicant is not debarred, suspended, or otherwise excluded from receiving federal or State funds.
16. The applicant will ensure partner, subrecipient, contractor, and grantee compliance with applicable requirements.
17. The applicant will comply with applicable civil rights, nondiscrimination, accessibility, privacy, confidentiality, and data security requirements.
18. The applicant will return funds or take corrective action if HCA determines funds were used for unallowable purposes.
19. The applicant understands that funding is contingent on availability of funds, approval by HCA, and compliance with applicable requirements.

APPENDIX B: REGIONAL HUB BUDGET TEMPLATE

Applicants must complete the HCA regional hub budget templates for personnel and non-personnel costs.

Personnel Budget Template

Position / Role	Description of Role	Annual Salary or Hourly Rate	FTE	RHT Funding Requested	Administrative Cost	Other Funds	Total Cost
Total Personnel Costs							

Non-Personnel Budget Template

Proposed Item	Description of Activities	Budget Category (Pick One)	Unit Cost	Quantity	RHT Funding Requested	Administrative Cost	Other Funds	Total Cost
		Contractual Services / Subawards / Equipment / Supplies / Technology / Travel / Training / Data / Other						
		Contractual Services / Subawards / Equipment / Supplies / Technology / Travel / Training / Data / Other						
		Contractual Services / Subawards / Equipment / Supplies /						

		Technology / Travel / Training / Data / Other						
		Contractual Services / Subawards / Equipment / Supplies / Technology / Travel / Training / Data / Other						
Total Non- Personnel Costs								

APPENDIX C: PARTNER LETTER TEMPLATE

[Partner Organization Letterhead]

Date: _____

To: New Mexico Health Care Authority

Re: Partner Commitment for Healthy Horizons Regional Hub Organization Application

[Partner Organization Name] supports the application submitted by [Lead Applicant Name] for Healthy Horizons Regional Hub Organization funding.

Our organization will support the proposed regional hub by:

1. [Describe partner role]
2. [Describe activities or contributions]
3. [Describe coordination with lead applicant]

Our organization [will / will not / may] seek Healthy Horizons funding as part of a future regional implementation process, subject to HCA review and approval.

We understand that, if the application is selected for funding, HCA may require additional documentation or formal agreements before award execution.

Authorized Representative Name: _____

Title: _____

Organization: _____

Signature: _____

Date: _____

APPENDIX D: INITIAL DELIVERABLES SUMMARY

The deliverables and due dates listed below are provided as initial estimates for planning purposes only. HCA may revise deliverables, due dates, reporting frequency, templates, or submission requirements after award based on federal requirements, implementation needs, HCA-approved planning processes, or updated program guidance. Selected Regional Hub Organizations will be required to comply with the final deliverable schedule and instructions issued by HCA.

#	Deliverable	Due Date / Frequency
1	Regional Hub Implementation Plan	September 10, 2026
2	Proposal for Regional Hub Network	October 1, 2026
3	Governance and Decision-Making Plan	October 1, 2026
4	Regional Needs Assessment Review and Reflection Summary	October 1, 2026
5	Ongoing Stakeholder Engagement Reports	Quarterly
6	Regional Implementation Plan	November 2, 2026
7	Regional Technical Assistance Needs and Coordination Plan	November 2, 2026
8	Ongoing Technical Assistance Coordination Updates	Quarterly
9	Subaward Partner Promotion, Identification, and Selection Summary	November 2, 2026
10	Regional Hub-and-Spoke Model Plan	January 18, 2027
11	Ongoing Regional Implementation Reporting	Quarterly
12	Regional Sustainability Plan	August 2, 2027
13	Region 3 Only: Statewide Templates and Standardized Processes Support Summary	October 1, 2026
14	Region 3 Only: Statewide Maternal Health Planning Summary and Recommendations	July 1, 2027

APPENDIX E: STANDARD AWARD TERMS AND CONDITIONS

Standard award terms and conditions will be provided by HCA. Recipients will be required to comply with all award terms and conditions issued by HCA, including any federal requirements incorporated by reference.

Any future subawards, subcontracts, grants, partner funding arrangements, or related agreements will be subject to HCA review and approval and may require additional terms and conditions before funds are awarded, obligated, or expended.

APPENDIX F: REGIONAL ALLOCATION METHODOLOGY

HCA developed regional planning allocations for the Healthy Horizons Regional Hub funding pool using a multi-factor methodology intended to support regional capacity while recognizing

differences in rural access needs, Medicaid population, geographic scale, and provider infrastructure across New Mexico.

The methodology considered factors such as baseline funding needed for each Regional Hub Organization to carry out core hub responsibilities; rurality-adjusted population; rurality-adjusted Medicaid enrollment; geographic access burden and regional scale; rural and frontier county burden; provider scarcity and access infrastructure considerations; and health need and alignment with Healthy Horizons priorities.

HCA also made programmatic adjustments to support statewide Healthy Horizons implementation needs, including additional Region 3 responsibilities and statewide support functions such as needs and gaps assessment support, planning tools, templates, and standardized processes that will benefit all regions.

The regional planning allocation table is included in Section IV.C, Regional Funding Allocation Methodology. Regional planning allocations are planning amounts only and do not guarantee payment of unallowable, unsupported, duplicative, inadequately justified, or unapproved costs. Final award amounts, payment timing, and authorized use of funds are subject to funding availability, federal requirements, HCA review, budget reasonableness, allowable cost review, approved deliverables, approved Regional Implementation Plans, and any negotiated scope or budget revisions before award execution.