

HEALTH CARE AUTHORITY

REQUEST FOR PROPOSALS (RFP)

Behavioral Health Assessment and Feasibility Study



RFP# 26-630-8000-0004

RFP Release Date: July 1, 2025

Proposal Due Date: July 31, 2025

ELECTRONIC-ONLY PROPOSAL SUBMISSION

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I. INTRODUCTION

A. PURPOSE OF THIS REQUEST FOR PROPOSALS

The purpose of the Request for Proposal (RFP) is to solicit sealed proposals to establish a contract through competitive negotiations for the procurement of a professional organization that specializes in behavioral health services. federal waivers (e.g., Section 1115 demonstrations, 1915c Home and Community-Based), Medicaid State Plans, data analysis and trending, statistics, and economics with actuary expertise in health care service array, financing, and finance modeling to conduct a structured analysis of the current Medicaid service array, potential alternatives under federal authority, and factors that influence access, continuity, and coordination of care for high-need populations.

B. BACKGROUND INFORMATION

The New Mexico Legislature appropriated one million dollars (\$1,000,000) to the Health Care Authority in House Bill 2, 2025 Regular Session, for the purpose of studying the merits, feasibility, costs, and likely enrollment in a proposed new Medicaid waiver for individuals with serious mental illness or substance dependency who experience regular confinement in county jails or intensive overuse of hospital emergency rooms or other emergency or crisis services.

The appropriation was a compliment to House Bill 70, which did not pass during the 2025 Legislative Session and was introduced to enact a Behavioral Health Waiver Act requiring the New Mexico Health Care Authority (HCA) to submit a Medicaid waiver to the Centers for Medicare & Medicaid Services (CMS) to provide Home and Community-Based Services to individuals with behavioral health conditions including a serious mental illness (SMI), serious emotional disturbance (SED), substance use disorder (SUD), or brain injury (BI), when the condition substantially impairs a person's ability to manage their affairs or makes a person eligible to receive disability benefits from the state or federal government.

C. SCOPE OF PROCUREMENT

The New Mexico Legislature appropriated one million dollars (\$1,000,000) to the Health Care Authority in House Bill 2, 2025 Regular Session, for the purpose of studying the merits, feasibility, costs, and likely enrollment in a proposed new Medicaid waiver for individuals with serious mental illness or substance dependency who experience regular confinement in county jails or intensive overuse of hospital emergency rooms or other emergency or crisis services. In fulfilling this directive and honoring legislative intention, the Medical Assistance Division of the New Mexico Health Care Authority (herein referred to as New Mexico Medicaid) will undertake a structured analysis of the current Medicaid service array, potential alternatives under federal authority, and factors that influence access, continuity, and coordination of care for high-need populations. The study is intended to inform decision-making around waiver development while also generating insights relevant to broader behavioral health policy planning.

New Mexico Medicaid is seeking a professional organization that specializes in behavioral health services, federal waivers (e.g., Section 1115 demonstrations, 1915c Home and Community-Based), Medicaid State Plans, data analysis and trending, statistics, and economics with actuary expertise in health care service array, financing, and finance modeling.

The assessment and study must be completed prior to New Mexico's January 2026 legislative session. The term of the resulting contract will be for five months.

The scope of the procurement encompasses the defined Scope of Work described in section IV.A.

This RFP will result in a single award.

This procurement will result in a contractual agreement between two parties; the procurement may **ONLY** be used by those two parties exclusively.

D. PROCUREMENT MANAGER

The New Mexico Health Care Authority has assigned a Procurement Manager who is responsible for the conduct of this procurement whose name, address, telephone number and e-mail address are listed below:

Name: Charles Canada, Procurement Manager
Telephone: (505) 660-9361
Email: Charles.Canada@hca.nm.gov

1. **Any inquiries or requests** regarding this procurement should be submitted, in writing, to the Procurement Manager. Offerors may contact **ONLY** the Procurement Manager regarding this procurement. Other state employees or Evaluation Committee members do not have the authority to respond on behalf of the HCA/HCA.
2. **Protests of the solicitation or award must be submitted in writing to the Protest Manager identified in Section II.B.13.** As a Protest Manager has been named in this Request for Proposals, pursuant to §13-1-172 NMSA 1978 and 1.4.1.82 NMAC, **ONLY** protests delivered directly to the Protest Manager in writing and in a timely fashion will be considered to have been submitted properly and in accordance with statute, rule and this Request for Proposals. Protests submitted or delivered to the Procurement Manager will **NOT** be considered properly submitted.

E. PROPOSAL SUBMISSION

Submissions of all proposals must be accomplished via the Health Care Authority's electronic procurement portal, Bonfire. Refer to Section III.B.1 for instructions.

F. DEFINITION OF TERMINOLOGY

This section contains definitions of terms used throughout this procurement document, including appropriate abbreviations:

1. **“1115(a) Waiver”** refers to the State of New Mexico’s Medicaid demonstration project, authorized by CMS pursuant to Section 1115(a) of the Social Security Act to implement its managed care delivery system and multiple initiatives under the name Turquoise Care.
2. **“Agency”** means the State Purchasing Division of the General Services Department or that State Agency sponsoring this Procurement.
3. **“Alternative Benefit Plan (ABP)”** means the services outlined in the Managed Care Organization (MCO) contract Attachment 4: Alternative Benefit Plan Covered Services. The ABP lists the covered services available to Medicaid beneficiaries in the Other Adult Group unless the Medicaid beneficiary is ABP Exempt.
4. **“Award”** means the final execution of the contract document.
5. **“Behavioral Health (BH)”** is the umbrella term for mental health conditions (including psychiatric illnesses and emotional disorders) and substance use disorders (involving addictive and chemical dependency disorders). The term also refers to preventing and treating co-occurring mental health conditions and substance use disorders (SUDs).
6. **“Brain Injury (TBI)”** means an injury to the brain of traumatic or acquired origin, including an open or closed head injury caused by: an insult to the brain from an outside physical force; Anoxia; electrical shock; shaken baby syndrome; a toxic or chemical substance; near drowning; infection; a tumor; a vascular lesion; an event that results in either temporary or permanent, partial or total impairments in one or more areas of the brain that results in total or partial functional disability, including cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem solving, sensory perception and motor abilities, psychosocial behavior, physical functions, information processing, and speech.
7. **“Brain Injury Services Fund (BISF)”** offers short-term non-Medicaid services to individuals with a confirmed diagnosis of brain injury, either traumatic brain injury (TBI) or other acquired brain injury.
8. **“Business Hours”** means Monday through Friday, except for State of New Mexico holidays. If the last date or the deadline for a given act falls on a day which is not a business day, the time for the given act shall be extended to the next business day.
9. **“Business Associate Agreement (BAA)”** means a contract between entities that will use protected health information (PHI) for administrative, research, pricing, billing or quality assurance purposes.

10. **“Calendar Days”** means all seven days of the week, including State of New Mexico holidays.
11. **“Care Coordination”** involves deliberately organizing a person’s care activities and sharing information among all of the participants concerned with the person’s care to achieve safer and more effective care. This means that the person’s needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the person.
12. **“Centers for Medicare & Medicaid Services (CMS)”** means the federal agency responsible for administering Medicare and overseeing state administration of Medicaid.
13. **“Close of Business”** means weekdays (Monday – Friday) 5:00 PM MST/MDT, whichever is in effect on the date given.
14. **“Confidential”** means confidential financial information concerning Offeror’s organization and data that qualifies as a trade secret in accordance with the Uniform Trade Secrets Act §§57-3-A-1 through 57-3A-7 NMSA 1978,. See also NMAC 1.4.1.45. The following items may **not** be labelled as confidential: Offeror’s submitted Cost response, Staff/Personnel Resumes/Bios (excluding personal information such as personal telephone numbers and/or home addresses), and other submitted data that is **not** confidential financial information or that qualifies under the Uniform Trade Secrets Act.
15. **“Contract”** means any agreement for the procurement of items of tangible personal property, services or construction.
16. **“Contract Provider”** means an individual provider, clinic, group, association, vendor or facility employed by or under a provider agreement with the Managed Care Organization and/or the New Mexico Health Care Authority to furnish Physical Health, Behavioral Health, or Long-Term Care covered services to Medicaid Members.
17. **“Contractor”** means any business having a contract with a state agency or local public body.
18. **“Cultural Competence”** means an awareness and appreciation of a person’s customs, values, socioeconomic considerations, and beliefs and the ability to incorporate them into the screening, assessment, treatment and all Member/family interactions to increase the quality of health care services and improve health outcomes. Cultural Humility is a necessary component of cultural competence, including recognition of power dynamics and imbalances, and a desire to fix those power imbalances and to develop partnerships with people and groups who advocate for others.
19. **“Determination”** means the written documentation of a decision of a procurement officer including findings of fact required to support a decision. A determination becomes part of the procurement file to which it pertains.

20. **“Desirable”** – the terms “may,” “can,” “should,” “preferably,” or “prefers” identify a desirable or discretionary item or factor.
21. **“Demilitarized Zone (DMZ)”** is the software/web page for the transmission and storage of data.
22. **Developmental Disability 1915(c) Waiver** means the State of New Mexico’s Medicaid home- and community-based waiver program for individuals with developmental disabilities authorized by CMS pursuant to Section 1915(c) of the Social Security Act.
23. **“Electronic Submission”** means a successful submittal of Offeror’s proposal in the eProNM system.
24. **“Electronic Version/Copy”** means a digital format consisting of text, images or both, readable on computers or other electronic devices, which includes all content that the Original document contains. The electronic version/copy CANNOT be emailed.
25. **“Emergency Medical Condition”** means a Physical Health or Behavioral Health condition manifesting itself through acute symptoms of sufficient severity (including nerve pain) such that a prudent layperson with average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in: (i) placing the person’s health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (ii) serious impairment to bodily functions; (iii) serious dysfunction of any bodily organ or part; or (iv) serious disfigurement to the person.
26. **“Emergency Room (ER) or Emergency Department (ED)”** means a portion of the hospital where emergency diagnosis and treatment of illness or injury is provided.
27. **“Emergency Services”** means Covered Services that are inpatient or outpatient and are: (i) furnished by a Provider that is qualified to furnish these services; and (ii) needed to evaluate or stabilize an Emergency Medical Condition.
28. **“Evaluation Committee”** means a body appointed to perform the evaluation of Offerors’ proposals.
29. **“Evaluation Committee Report”** means a report prepared by the Procurement Manager and the Evaluation Committee to support the Committee’s recommendation for contract award. It will contain scores and written evaluations of all responsive Offeror proposals.
30. **“Fee-for-Service”** is a system of health insurance payment in which a doctor or other health care provider is paid a fee for each particular service rendered to a Medicaid beneficiary and is enrolled as a Medicaid provider with the New Mexico Health Care Authority.

31. **“Final Award”** means, in the context of this Request for Proposals and all its attendant documents, that point at which the final required signature on the contract(s) resulting from the procurement has been affixed to the contract(s) thus making it fully executed.
32. **“Finalist”** means an Offeror who meets all the mandatory specifications of this Request for Proposals and whose score on evaluation factors is sufficiently high to merit further consideration by the Evaluation Committee, as explained in Section II.B.8.
33. **“Frontier”** for purposes of the contract means the following counties in New Mexico: Catron, Harding, DeBaca, Union, Guadalupe, Hidalgo, Socorro, Mora, Sierra, Lincoln, Torrance, Colfax, Quay, San Miguel, and Cibola.
34. **“Health Disparity”** means a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion, as defined in Health People 2030.
35. **“Health Education”** means programs, services, or promotions that are designed or intended to inform existing or potential Medicaid beneficiaries about issues related to healthy lifestyles, situations that affect or influence health status, or methods or modes of medical treatment.
36. **“Health Equity”** means a health system where all persons can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, other socially determined circumstances, or intersections among these factors.
37. **“Health Insurance”** means insurance that covers the whole or a part of the risk of a person incurring medical expenses, spreading the risk over a large number of persons.
38. **“Health Related Social Needs (HRSN)”** means individual-level, adverse social conditions that negatively impact a person’s health or health care, including but not limited to those identified in the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM).
39. **“Home & Community Base Services (HCBS)”** program permits a state to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization.
40. **“Hospitalization”** means the period of stay in a hospital that is twenty-four (24) hours or longer.

41. **“Hourly Rate”** means the proposed fully loaded maximum hourly rates that include travel, per diem, fringe benefits and any overhead costs for contractor personnel, as well as subcontractor personnel if appropriate.
42. **“Housing Insecurity”** is an umbrella term that encompasses a number of challenges, such as having trouble paying rent, overcrowding, moving frequently, co-habiting with relatives, or spending the bulk of household income on housing costs. Homelessness is an extreme form of housing insecurity.
43. **“In Lieu of Services or Settings”** means alternative services or services in settings that are not covered services, but are medically appropriate and cost-effective substitutes for covered services.
44. **“Institution for Mental Diseases (IMD)”** shall have the same definition as found in 42 C.F.R. § 435.1010 for purposes of the Agreement – an inpatient or residential facility of more than sixteen (16) beds that specializes in psychiatric care. Medicaid funds are not available to these facilities for Medicaid beneficiaries between the ages of twenty-one (21) and sixty-four (64), unless authorized via an 1115 demonstration waiver approved by CMS. Specifically, subparagraph (B) following Section 1902(a)(29) of the Social Security Act restricts Medicaid reimbursements to IMD.
45. **“IT”** means Information Technology.
46. **“Justice-Involved Individual”** is a person (both minors and adults) who has a formal relationship with the criminal justice system, including but not limited to an incarcerated individual, an incarcerated individual who is eligible for release, an individual in the community who is on probation or has an ongoing relationship with the criminal justice system and an individual serving a jail or prison sentence within the community.
47. **“Managed Care Organization (MCO)”** means an entity that meets the requirements of 42 CFR § 438.2 and participates in Turquoise Care under contract with the New Mexico Health Care Authority to assist the State in meeting the requirements established under NMSA 1978, § 27-2-12.
48. **“Mandatory”** – the terms “must,” “shall,” “will,” “is required,” or “are required,” identify a mandatory item or factor. Failure to meet a mandatory item or factor may result in the rejection of the Offeror’s proposal.
49. **“Medically Fragile 1915(c) Waiver”** means the State of New Mexico’s Medicaid home- and community-based waiver program for the medically fragile, authorized by CMS pursuant to Section 1915(c) of the Social Security Act and/or classified by category of eligibility code “095”.
50. **“Medically Necessary”** means Physical Health, Behavioral Health, and LTSS, and supplies, that: (i) are essential to prevent, diagnose or treat medical conditions or are essential to enable the person to attain, maintain, or regain the person’s optimal functional

capacity; (ii) are delivered in the amount, duration, scope and setting that are both sufficient and effective to reasonably achieve their purposes and clinically appropriate to the specific Physical Health, Behavioral Health, and long term care needs of the person; (iii) are provided within professionally accepted standards of practice and national guidelines; (iv) are required to meet the Physical Health, Behavioral Health, and LTC needs of the person and are not primarily for the convenience of the person, the Provider, or the managed care organization; and (v) are reasonably expected to achieve appropriate growth and development as directed by the New Mexico Health Care Authority.

51. **“Member or Medicaid Beneficiary”** means a person who has been determined eligible for Medicaid services and/or program benefits.
52. **“Mi Via 1915(c) Waiver”** means a self-directed Medicaid home- and community-based waiver program for individuals with developmental disabilities and/or individuals who are Medically Fragile.
53. **“Minor Irregularities”** means anything in the proposal that does not affect the price, quality and/or quantity, or any other mandatory requirement.
54. **“Multiple Source Award”** means an award of a contract for one or more items of tangible personal property, services or construction to more than one Offeror.
55. **Network** means a group of doctors, hospitals, pharmacies, and other health care providers contracted directly or indirectly with an MCO and/or the New Mexico Health Care Authority to furnish covered services to its members.
56. **Non-Contract Provider** means an individual provider, clinic, group, association, or facility that provides covered services and that does not have a provider agreement with the MCO and/or the New Mexico Health Care Authority.
57. **Non-Medicaid Contractor** means an entity contracting with a State Agency to provide medical and Behavioral Health services with the use of non-Medicaid funds.
58. **“Offeror”** is any person, corporation, or partnership who chooses to submit a proposal.
59. **Other Adult Group** means the category of Medicaid eligibility authorized in the Patient Protection and Affordable Care Act (PPACA) that covers low-income parents and childless adults between nineteen (19) and sixty-four (64) years of age with income up to one hundred and thirty-three percent (133%) of the federal poverty level as determined through the Modified Adjusted Gross Income test.
60. **Precariously Housed or Homelessness** means People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing or after discharge from an institution where they temporarily resided for up to 90 days and were in shelter or a place not meant for human habitation prior to entering that institution. People who are losing their primary night-time residence, which may include a motel or hotel or a doubled-

up situation, within 14 days, and lack resources or support networks to remain in housing. Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. Living situations that include excessive occupancy in a unit. Excessive occupancy is occupancy in excess of the lease and/or local regulations. An Excessive Occupancy Declaration must be included with the Certificate of Eligibility. Excessive occupancy applies to those with their own lease and is different than “doubled-up situation[s]” noted above. The following subcategories apply to families with children or unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment: Homeless or precariously housed families with children may be considered eligible only by an adult (18 years or older) being diagnosed with SMI (minor children with Severe Emotional Disturbance are not a qualifying situation); and Unaccompanied Youth must be 18 years of age and able to legally sign a Lease and diagnosed with a Serious Mental Illness.

61. **“Price Agreement”** means a definite quantity contract or indefinite quantity contract which requires the contractor to furnish items of tangible personal property, services or construction to a state agency or a local public body which issues a purchase order, if the purchase order is within the quantity limitations of the contract, if any.
62. **“Procurement Manager”** means any person or designee authorized by a state agency or local public body with the responsibility, authority, and resources to conduct the RFP procurement, make written determinations regarding the RFP procurement, and/or enter into or administer contracts as a result of the RFP procurement.
63. **“Procuring Agency”** means all State of New Mexico agencies, commissions, institutions, political subdivisions and local public bodies allowed by law to procure items of tangible personal property, services or construction from the agreement(s) awarded as a result of this RFP.
64. **“Project”** means a temporary process undertaken to solve a well-defined goal or objective with clearly defined start and end times, a set of clearly defined tasks, and a budget. The project terminates once the project scope is achieved and project acceptance is given by the project executive sponsor.
65. **Provider** means an institution, facility, agency, physician, health care practitioner, or other entity that is licensed or otherwise authorized to provide any of the covered services in the state in which they are furnished. Providers include individuals and vendors providing services to Medicaid members through the Self-Directed Community Benefit.
66. **“Redacted”** means a version/copy of the Offeror’s proposal with the information considered proprietary or confidential (as defined by §§57-3A-1 to 57-3A-7 NMSA 1978 and NMAC 1.4.1.45 and summarized herein and outlined in Section II.C.8 of this RFP) blacked-out BUT NOT omitted or removed.

67. **“Request for Proposals (RFP)”** means all documents, including those attached or incorporated by reference, used for soliciting proposals.
68. **“Responsible Offeror”** means an Offeror who submits a responsive proposal and who has furnished, when required, information and data to prove that his financial resources, production or service facilities, personnel, service reputation and experience are adequate to make satisfactory delivery of the services, or items of tangible personal property described in the proposal.
69. **“Responsive Offer”** or means an offer which conforms in all material respects to the requirements set forth in the request for proposals. Material respects of a request for proposals include, but are not limited to price, quality, quantity or delivery requirements.
70. **“Rural”** for purposes of the contract refers to the counties in the State that are not Frontier or Urban.
71. **“Safety Net Population”** defined as those uninsured, underinsured, and/or not covered by Medicaid but accessing services through state general funds, block grants, or other funding.
72. **“Sealed”** means, in terms of electronic submission, an Offeror’s proposal and all accompanying documents has been completely and successfully uploaded into HCA’S/HCA’s electronic procurement portal bonfire system prior to the submission deadline stated in the RFP.
73. **“Serious Mental Illness (SMI)”** is a determination based on the age of the individual, functional impairment, duration of the disorder, and the diagnosis. Adults must meet all of the criteria on the SMI Criteria Checklist in the Appendix of the Behavioral Health Policy and Billing Manual.
74. **“Severe/Serious Emotional Disturbance (SED)”** is a determination based on the age of the individual, diagnoses, functional impairment, or symptoms, and duration of the disorder. The child/adolescent must meet all of the criteria on the HCA SED Criteria Checklist.
75. **“Single Source Award”** means an award of contract for items of tangible personal property, services or construction to only one Offeror.
76. **“Social Determinates of Health (SDOH)”** means the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
77. **“SPD”** means State Purchasing Division of the New Mexico State General Services Department.
78. **“Staff”** means any individual who is a full-time, part-time, or an independently contracted employee with the Offerors’ company.

79. **“State (the State)”** means the State of New Mexico.
80. **“State Agency”** means any department, commission, council, board, committee, institution, legislative body, agency, government corporation, educational institution or official of the executive, legislative or judicial branch of the government of this state. “State agency” includes the Purchasing Division of the General Services Department and the State Purchasing Agent but does not include local public bodies.
81. **“State Purchasing Agent”** means the Director of the Purchasing Division of the General Services Department.
82. **“Statement of Concurrence”** means an affirmative statement from the Offeror indicating its response to a required Section IV specification agreeing to comply and concur with the stated requirement(s). This statement shall be included in Offerors proposal, pursuant to Section III.C.1. (E.g. “We concur,” “Understands and Complies,” “Comply,” “Will Comply if Applicable,” etc.)
83. **“Substance Use Disorder (SUD)”** means a disorder that affects a person’s brain and behavior, leading to a person’s inability to control their use of substances such as legal or illegal drugs, alcohol, or medications.
84. **“Supportive Living Services”** means living supports for individuals who need residential habilitation to assure their health and safety and/or a range of services and community living arrangements designed to support individuals to attain or retain their independence or interdependence in their local communities.
85. **“Unredacted”** means a version/copy of the proposal containing all complete information; including any that the Offeror would otherwise consider confidential, such copy for use only for the purposes of evaluation.
86. **“Urban”** for purposes of this Agreement means the following counties in New Mexico: Bernalillo, Los Alamos, Santa Fe, and Doña Ana.
87. **“Wraparound services”** are a personalized, team-based, holistic approach designed to address the complex needs of individuals.
88. **“Written”** means typed in standard 8 ½ x 11-inch document format, by common electronic means (such as Microsoft Word, Adobe PDF, etc.). A larger size document is permissible for charts, spreadsheets, etc.

G. PROCUREMENT LIBRARY

A procurement library has been established. Offerors are encouraged to review the material contained in the Procurement Library by selecting the link provided in this document through your own internet connection. The library contains information listed below:

RFP, Questions & Answers, RFP Amendments, etc.

Other relevant links:

- House Bill 2: [Legislation - New Mexico Legislature](#).
- House Bill 70: [Legislation - New Mexico Legislature](#).
- Medicaid 1115 Demonstration Waiver Application and activities: [Medicaid 1115 Waiver Renewal - New Mexico Health Care Authority](#).
- Medicaid 1115 Demonstration Waiver Approvals (approval letters, Special Terms and Conditions (STCs), approved deliverables): [Approvals - New Mexico Health Care Authority](#).
- Publicly available Medicaid 1115 Demonstration Waiver reports: [Reports - New Mexico Health Care Authority](#).
- Medical Assistance Division (MAD) Contracts: [Turquoise Care MCOs Contracts - New Mexico Health Care Authority](#).
- Managed Care Policy Manual: [Managed Care Policy Manual - New Mexico Health Care Authority](#).
- Behavioral Health Policy and Billing Manual: [Behavioral Health Policy and Billing Manual - New Mexico Health Care Authority](#).
- Managed Care Organization Letters of Direction: [Managed Care Letters of Direction - New Mexico Health Care Authority](#).
- Medical Assistance Division Postings of New Mexico Administrative Code (NMAC): [Medical Assistance Division - New Mexico Health Care Authority](#).
- New Mexico Commission of Public Records Official NMAC: [Title 8 – Social Services - State Records Center & Archives](#).
- Quality Strategy: [Quality Strategy - New Mexico Health Care Authority](#).
- New Mexico State Plan: [New Mexico Medicaid State Plan - New Mexico Health Care Authority](#).
- New Mexico State Plan Amendments: [Medical Assistance Division - Pending and Approved State Plan Amendments - New Mexico Health Care Authority](#).
- Consumer Assessment of Healthcare Providers & Systems (CAHPS) Reports: [CAHPS Reports - New Mexico Health Care Authority](#).
- Healthcare Effectiveness Data and Information Set (HEDIS) Reports: [Healthcare Effectiveness Data and Information Set \(HEDIS\) Reports * New Mexico Health Care Authority](#).
- External Quality Review Organization (EQRO) Reports: [External Quality Review Organization \(EQRO\) Reports - New Mexico Health Care Authority](#).
- Medicaid Eligibility Reports: [Medicaid Eligibility Reports - New Mexico Health Care Authority](#).
- New Mexico Health Care Authority Scorecard: [New Mexico Health Care Authority](#).
- Medicaid Explained Resources: [Medicaid Explained - New Mexico Health Care Authority](#).
- New Mexico Health Care Authority Data Book: [2022 Data Book - New Mexico Health Care Authority](#).
- Social Security Act: [Social Security Act Table of Contents](#).
- Code of Federal Regulations: [eCFR :: Home](#).
- CMS Website: [Medicaid.gov: The Official U.S. Government Site for Medicaid and CHIP Services | Medicaid](#).

- New Mexico State Statutes Annotated 1978: [Navigation by Date: 2025 - NMSOneSource.com](#).
- United States Code: [OLRC Home](#).

II. CONDITIONS GOVERNING THE PROCUREMENT

This section of the RFP contains the schedule of events, the descriptions of each event, and the conditions governing this procurement.

A. SEQUENCE OF EVENTS

The Procurement Manager will make every effort to adhere to the following schedule:

Action	Responsible Party	Due Dates
1. Issue RFP	HCA/HCA	7/1/2025
2. Acknowledgement of Receipt Form	Potential Offerors	7/8/2025
3. Deadline to submit Written Questions	Potential Offerors	7/8/2025
4. Response to Written Questions	Procurement Manager	7/18/2025
5. <i>Submission of Proposal</i>	<i>Potential Offerors</i>	<i>7/31/2025</i>
6.* Proposal Evaluation	Evaluation Committee	8/1/2025-8/8/2025
7.* Selection of Finalists	Evaluation Committee	8/11/2025-8/13/2025
8.* Finalize Contractual Agreements	Agency/Finalist Offerors	8/14/2025-8/29/2025
9.* Contract Awards	Agency/ Finalist Offerors	Upon agency approval
10.* Protest Deadline	HCA/HCA	+15 days after notification of award

* Dates indicated in Events 6 through 10 are estimates only, and may be subject to change without necessitating an amendment to the RFP.

B. EXPLANATION OF EVENTS

The following paragraphs describe the activities listed in the Sequence of Events shown in Section II.A., above.

1. Issue RFP

This RFP is being issued on behalf of the State of New Mexico Health Care Authority on the date indicated in Section II.A, Sequence of Events.

[New Mexico Healthcare Authority \(bonfirehub.com\)](https://bonfirehub.com)

[Open RFPs * New Mexico Health Care Authority](#)

2. Acknowledgement of Receipt Form

Potential Offerors may email the Acknowledgement of Receipt Form (APPENDIX A), to the Procurement Manager, Charles Canada at Charles.Canada@hca.nm.gov, to have their organization placed on the procurement Distribution List. The form must be returned to

the procurement manager by 5:00 pm MST/ MDT on the date indicated in Section II.A, Sequence of Events.

The procurement distribution list will be used for the distribution of written responses to questions, and/or any amendments to the RFP. Failure to return the Acknowledgement of Receipt Form does not prohibit potential Offerors from submitting a response to this RFP. However, by not returning the Acknowledgement of Receipt Form, the potential Offeror's representative shall not be included on the distribution list, and will be solely responsible for obtaining from the Procurement Library (Section I.G.) responses to written questions and any amendments to the RFP.

3. Deadline to Submit Written Questions

Potential Offerors may submit written questions to the Procurement Manager as to the intent or clarity of this RFP until 5:00 p.m. MST/MDT as indicated in Section II.A, Sequence of Events. All written questions must be addressed to the Procurement Manager as declared in Section I.D. Questions shall be clearly labeled and shall cite the Section(s) in the RFP or other document which form the basis of the question.

4. Response to Written Questions

Written responses to the written questions will be provided via e-mail, on or before the date indicated in Section II.A, Sequence of Events, to all potential Offerors who timely submitted an Acknowledgement of Receipt Form (Section II.B.2 and APPENDIX A).

The Questions and Answers will be posted to:
[New Mexico Healthcare Authority \(bonfirehub.com\)](http://bonfirehub.com)
[Open RFPs * New Mexico Health Care Authority](#)

5. Submission of Proposal

At this time, only **electronic** proposal submission is allowed. **Do not** submit hard copies until further notice.

ALL PROPOSALS MUST BE RECEIVED BY THE PROCUREMENT MANAGER OR DESIGNEE NO LATER THAN 5:00 PM MST/MDT ON THE DATE INDICATED IN SECTION II.A, SEQUENCE OF EVENTS. **NO LATE PROPOSAL CAN BE ACCEPTED.** The date and time of receipt will be recorded on each proposal. Proposals will be time-stamped in the system when the Offeror clicks "OK" after "Review and Submit." Such electronic submissions will be considered sealed in accordance with statute.

*It is the Offeror's responsibility to ensure all documents are completely uploaded and submitted electronically via the HCA's/HCA's bonfire system by the deadline set forth in this RFP. The HCA's/HCA's bonfire system will automatically cease uploading data at the date and time of the deadline. Please ensure that you, as the Offeror, **allow adequate time for large uploads and to fully complete your submittal by the deadline.** A submission that is not both: (1) fully complete; and (2) received, via the bonfire system by the*

*deadline, will be deemed late. Further, a submission that is not fully complete and received via the bonfire system by the deadline because the response was captured, blocked, filtered, quarantined or otherwise prevented from reaching the proper destination server by any anti-virus or other security software will be deemed late. In accordance with statute and rule, **NO LATE PROPOSAL CAN BE ACCEPTED.***

Proposals must be submitted electronically through HCA's/HCAS's bonfire electronic procurement system. Refer to Section III.B.1 for instructions. Proposals submitted by facsimile, or other electronic means other than through the HCA's/HCA's electronic e-procurement system, will not be accepted.

A log will be kept of the names of all Offeror organizations that submitted proposals. Pursuant to §13-1-116 NMSA 1978, the contents of proposals shall not be disclosed to competing potential Offerors during the negotiation process. The negotiation process is deemed to be in effect until the contract is awarded pursuant to this Request for Proposals. Awarded in this context means the final required state agency signature on the contract(s) resulting from the procurement has been obtained.

6. Proposal Evaluation

An Evaluation Committee will perform the evaluation of proposals. This process will take place as indicated in Section II.A, Sequence of Events, depending upon the number of proposals received. During this time, the Procurement Manager may initiate discussions with Offerors who submit responsive or potentially responsive proposals for the purpose of clarifying aspects of the proposals. However, proposals may be accepted and evaluated without such discussion. Discussions SHALL NOT be initiated by the Offerors.

7. Selection of Finalists

The Evaluation Committee will select and the Procurement Manager will notify the finalist Offerors as per schedule Section II.A, Sequence of Events or as soon as possible thereafter.

8. Finalize Contractual Agreements

After approval of the Evaluation Committee Report, any contractual agreement(s) resulting from this RFP will be finalized with the most advantageous Offeror(s), taking into consideration the evaluation factors set forth in this RFP, as per Section II.A., Sequence of Events, or as soon as possible thereafter. The most advantageous proposal may or may not have received the most points. In the event mutually agreeable terms cannot be reached with the apparent most advantageous Offeror in the timeframe specified, the State reserves the right to finalize a contractual agreement with the next most advantageous Offeror(s) without undertaking a new procurement process.

9. Contract Awards

Upon receipt of the signed contractual agreement, the Agency Procurement office will award as per Section II.A., Sequence of Events, or as soon as possible thereafter. The award is subject to appropriate Department and State approval.

10. Protest Deadline

Any protest by an Offeror must be timely submitted and in conformance with §13-1-172 NMSA 1978 and applicable procurement regulations. As a Protest Manager has been named in this Request for Proposals, pursuant to §13-1-172 NMSA 1978 and 1.4.1.82 NMAC, ONLY protests delivered directly to the Protest Manager in writing and in a timely fashion will be considered to have been submitted properly and in accordance with statute, rule and this Request for Proposals. The 15-calendar day protest period shall begin on the day following the notice of award of contract(s) and will end at 5:00 pm MST/MDT on the 15th day. Protests must be written and must include the name and address of the protestor and the request for proposal number. It must also contain a statement of the grounds for protest including appropriate supporting exhibits and it must specify the ruling requested from the party listed below.

Pursuant to NMSA 1978, § 13-1-172(B) and 1.4.1.82(D) NMAC, any protest challenging the contents, structure, or evaluation criteria of this Request for Proposals must be submitted in writing no later than fifteen (15) calendar days after the RFP issuance date. Failure to file such a protest by this deadline constitutes a waiver of any objection to the terms of this RFP.

Any and all protests must be directed to:

Office of General Counsel
1474 Rodeo Rd.
Santa Fe, New Mexico 87505

PROTESTS RECEIVED AFTER THE DEADLINE WILL NOT BE ACCEPTED.

C. GENERAL REQUIREMENTS

1. Acceptance of Conditions Governing the Procurement

Offerors must indicate their acceptance to be bound by the Conditions Governing the Procurement, Section II.C, and Evaluation, Section V, by completing and signing the Letter of Transmittal form, pursuant to the requirements in Section II.C.30, located in APPENDIX E.

2. Incurring Cost

Any cost incurred by the potential Offeror in preparation, transmittal, and/or presentation of any proposal or material submitted in response to this RFP shall be borne solely by the Offeror. Any cost incurred by the Offeror for set up and demonstration of the proposed equipment and/or system shall be borne solely by the Offeror.

3. Prime Contractor Responsibility

Any contractual agreement that may result from this RFP shall specify that the prime contractor is solely responsible for fulfillment of all requirements of the contractual

agreement with a State Agency which may derive from this RFP. The State Agency entering into a contractual agreement with a vendor will make payments to only the prime contractor.

4. Subcontractors/Consent

The use of subcontractors is not allowed. The prime contractor shall be wholly responsible for the entire performance of the contractual agreement whether or not subcontractors are used. Additionally, the prime contractor must receive approval, in writing, from the agency awarding any resultant contract, before any subcontractor is used during the term of this agreement.

5. Amended Proposals

An Offeror may submit an amended proposal before the deadline for receipt of proposals. Such amended proposals must be complete replacements for a previously submitted proposal and must be clearly identified as such in the transmittal letter. **Agency personnel will not merge, collate, or assemble proposal materials.**

6. Offeror's Rights to Withdraw Proposal

Offerors will be allowed to withdraw their proposals at any time prior to the deadline for receipt of proposals. The Offeror must submit a written withdrawal request addressed to the Procurement Manager and signed by the Offeror's duly authorized representative.

The approval or denial of withdrawal requests received after the deadline for receipt of the proposals is governed by the applicable procurement regulations, 1.4.1.5 & 1.4.1.36 NMAC.

7. Proposal Offer Firm

Responses to this RFP, including proposal prices for services, will be considered firm for one-hundred twenty (120) days after the due date for receipt of proposals or ninety (90) days after the due date for the receipt of a best and final offer, if the Offeror is invited or required to submit one.

8. Disclosure of Proposal Contents

The contents of all submitted proposals will be kept confidential until the final award has been completed by the Agency. At that time, all proposals and documents pertaining to the proposals will be available for public inspection, *except* for proprietary or confidential material as follows:

- a. ***Proprietary and Confidential information is restricted to:***
 1. confidential financial information concerning the Offeror's organization; and
 2. information that qualifies as a trade secret in accordance with the Uniform Trade Secrets Act, §§57-3A-1 through 57-3A-7 NMSA 1978.
- b. An additional but separate redacted version of Offeror's proposal, as outlined and identified in Section III.B.2.a, shall be submitted containing the blacked-out proprietary or confidential information, in order to facilitate eventual public inspection of the non-confidential version of Offeror's proposal.

IMPORTANT: The price of products offered or the cost of services proposed **SHALL NOT** be designated as proprietary or confidential information.

If a request is received for disclosure of proprietary or confidential materials, the Agency shall examine the request and make a written determination that specifies which portions of the proposal should be disclosed. Unless the Offeror takes legal action to prevent the disclosure, the proposal will be so disclosed. The proposal shall be open to public inspection subject to any continuing prohibition on the disclosure of proprietary or confidential information.

9. No Obligation

This RFP in no manner obligates the State of New Mexico or any of its Agencies to the use of any Offeror's services until a valid written contract is awarded and approved by appropriate authorities.

10. Termination

This RFP may be canceled at any time and any and all proposals may be rejected in whole or in part when the Agency determines such action to be in the best interest of the State of New Mexico.

11. Sufficient Appropriation

Any contract awarded as a result of this RFP process may be terminated if sufficient appropriations or authorizations do not exist. Such terminations will be affected by sending written notice to the contractor. The Agency's decision as to whether sufficient appropriations and authorizations are available will be accepted by the contractor as final.

12. Legal Review

The Agency requires that all Offerors agree to be bound by the General Requirements contained in this RFP. Any Offeror's concerns must be promptly submitted in writing to the attention of the Procurement Manager.

13. Governing Law

This RFP and any agreement with an Offeror which may result from this procurement shall be governed by the laws of the State of New Mexico.

14. Basis for Proposal

Only information supplied in writing by the Procurement Manager or contained in this RFP shall be used as the basis for the preparation of Offeror proposals.

15. Contract Terms and Conditions

The contract between an agency and a contractor will follow the format specified by the Agency and contain the terms and conditions set forth in the Draft Contract Appendix C. However, the contracting agency reserves the right to negotiate provisions in addition to those contained in this RFP (Draft Contract) with any Offeror. The contents of this RFP,

as revised and/or supplemented, and the successful Offeror's proposal will be incorporated into and become part of any resultant contract.

The Agency discourages exceptions from the contract terms and conditions as set forth in the RFP Draft Contract. Such exceptions may cause a proposal to be rejected as nonresponsive when, in the sole judgment of the Agency (and the Evaluation Committee), the proposal appears to be conditioned on the exception, or correction of what is deemed to be a deficiency, or an unacceptable exception is proposed which would require a substantial proposal rewrite to correct.

Should an Offeror object to any of the terms and conditions as set forth in the RFP Draft Contract (APPENDIX C) strongly enough to propose alternate terms and conditions in spite of the above, the Offeror must propose **specific** alternative language. The Agency may or may not accept the alternative language. General references to the Offeror's terms and conditions or attempts at complete substitutions of the Draft Contract are not acceptable to the Agency and will result in disqualification of the Offeror's proposal.

Offerors must provide a brief discussion of the purpose and impact, if any, of each proposed change followed by the specific proposed alternate wording.

If an Offeror fails to propose any alternate terms and conditions during the procurement process (the RFP process prior to selection as successful Offeror), no proposed alternate terms and conditions will be considered later during the negotiation process. Failure to propose alternate terms and conditions during the procurement process (the RFP process prior to selection as successful Offeror) is an **explicit agreement** by the Offeror that the contractual terms and conditions contained herein are **accepted** by the Offeror.

16. Offeror's Terms and Conditions

Offerors must submit with the proposal a complete set of any additional terms and conditions they expect to have included in a contract negotiated with the Agency. See Section II.C.15 for requirements.

17. Contract Deviations

Any additional terms and conditions, which may be the subject of negotiation (such terms and conditions having been proposed during the procurement process, that is, the RFP process prior to selection as successful Offeror), will be discussed only between the Agency and the Offeror selected and shall not be deemed an opportunity to amend the Offeror's proposal.

18. Offeror Qualifications

The Evaluation Committee may make such investigations as necessary to determine the ability of the potential Offeror to adhere to the requirements specified within this RFP. The Evaluation Committee will reject the proposal of any potential Offeror who is not a Responsible Offeror or fails to submit a Responsive Offer as defined in §13-1-83 and §13-1-85 NMSA 1978.

19. Right to Waive Minor Irregularities

The Evaluation Committee reserves the right to waive minor irregularities, as defined in Section I.F.19. The Evaluation Committee also reserves the right to waive mandatory requirements, provided that **all** of the otherwise responsive proposals failed to meet the same mandatory requirements and the failure to do so does not otherwise materially affect the procurement. This right is at the sole discretion of the Evaluation Committee.

20. Change in Contractor Representatives

The Agency reserves the right to require a change in contractor representatives if the assigned representative(s) is (are) not, in the opinion of the Agency, adequately meeting the needs of the Agency.

21. Notice of Penalties

The Procurement Code, §§13-1-28 through 13-1-199 NMSA 1978, imposes civil, and misdemeanor and felony criminal penalties for its violation. In addition, the New Mexico criminal statutes impose felony penalties for bribes, gratuities and kickbacks.

22. Agency Rights

The Agency, in agreement with the Evaluation Committee reserves the right to accept all or a portion of a potential Offeror's proposal.

23. Right to Publish

Throughout the duration of this procurement process and contract term, Offerors and contractors must secure from the agency written approval prior to the release of any information that pertains to the potential work or activities covered by this procurement and/or agency contracts deriving from this procurement. Failure to adhere to this requirement may result in disqualification of the Offeror's proposal or removal from the contract.

24. Ownership of Proposals

All documents submitted in response to the RFP shall become property of the State of New Mexico. If the RFP is cancelled, all responses received shall be destroyed by the Agency or HCA/HCA.

25. Confidentiality

Any confidential information provided to, or developed by, the contractor in the performance of the contract resulting from this RFP shall be kept confidential and shall not be made available to any individual or organization by the contractor without the prior written approval of the Agency.

The Contractor(s) agrees to protect the confidentiality of all confidential information and not to publish or disclose such information to any third party without the procuring Agency's written permission.

26. Electronic mail address required

A large part of the communication regarding this procurement will be conducted by electronic mail (e-mail). Offeror must have a valid e-mail address to receive this correspondence. (See also Section II.B.5, Response to Written Questions).

27. Use of Electronic Versions of this RFP

This RFP is being made available by electronic means. In the event of conflict between a version of the RFP in the Offeror's possession and the version maintained by the agency, the Offeror acknowledges that the version maintained by the agency shall govern. Please refer to:

<https://newmexicohsd.bonfirehub.com/opportunities>

[Open RFPs | New Mexico Health Care Authority](#)

28. New Mexico Employees Health Coverage

- A. If the Offeror has, or grows to, six (6) or more employees who work, or who are expected to work, an average of at least 20 hours per week over a six (6) month period during the term of the contract, Offeror must agree to have in place, and agree to maintain for the term of the contract, health insurance for those employees if the expected annual value in the aggregate of any and all contracts between Contractor and the State exceed \$250,000 dollars.
- B. Offeror must agree to maintain a record of the number of employees who have (a) accepted health insurance; (b) decline health insurance due to other health insurance coverage already in place; or (c) decline health insurance for other reasons. These records are subject to review and audit by a representative of the state.
- C. Offeror must agree to advise all employees of the availability of State publicly financed health care coverage programs by providing each employee with, as a minimum, the following web site link to additional information: <https://bewellnm.com>.
- D. For Indefinite Quantity, Indefinite Delivery contracts (price agreements without specific limitations on quantity and providing for an indeterminate number of orders to be placed against it); these requirements shall apply the first day of the second month after the Offeror reports combined sales (from state and, if applicable, from local public bodies if from a state price agreement) of \$250,000.

29. Campaign Contribution Disclosure Form

Offeror must complete, sign, and return the Campaign Contribution Disclosure Form (APPENDIX B) as a part of their proposal. This requirement applies regardless whether a covered contribution was made or not made for the positions of Governor and Lieutenant Governor or other identified official. **Failure to complete and return the signed, unaltered form will result in Offeror's disqualification.**

30. Letter of Transmittal

Offeror's proposal must be accompanied by a Letter of Transmittal Form (APPENDIX E), which must be **signed** by the individual authorized to contractually obligate the company, identified in #2 below.

Provide the following information:

1. Identify the submitting business entity; Name, Mailing Address, Phone Number, Federal Tax ID Number (TIN), and New Mexico Business Tax ID Number(BTIN, formerly CRS);
2. Identify the Name, Title, Telephone, and E-mail address of the person authorized by the Offeror's organization to (A) contractually obligate the business entity providing the Offer, (B) negotiate a contract on behalf of the organization; and/or (C) provide clarifications or answer questions regarding the Offeror's proposal content (*A response to B and/or C is only necessary if the responses differs from the individual identified in A*);
3. Identify any subcontractor/s that may be utilized in the performance of any resultant contract award;
4. Identify any other entity/-ies (such as State Agency, reseller, etc., that is not a subcontractor identified in #3) that may be used in the performance of this awarded contract; and
5. The individual identified in #2 above, must sign and date the form, attesting to the veracity of the information provided, and acknowledging (a) the organization's acceptance of the Conditions Governing the Procurement stated in Section II.C.1, (b) the organizations acceptance of the Section V Evaluation Factors, and (c) receipt of any and all amendments to the RFP.

Failure to submit a signed Letter of Transmittal Form (Appendix E) will result in Offeror's disqualification.

31. Disclosure Regarding Responsibility

- Any prospective Contractor and any of its Principals who enter into a contract greater than sixty thousand dollars (\$60,000.00) with any state agency or local public body for professional services, tangible personal property, services or construction agrees to disclose whether the Contractor, or any principal of the Contractor's company:
 1. is presently debarred, suspended, proposed for debarment, or declared ineligible for award of contract by any federal entity, state agency or local public body;
 2. has within a three-year period preceding this offer, been convicted in a criminal matter or had a civil judgment rendered against them for:
 - a. the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) contract or subcontract;
 - b. violation of Federal or state antitrust statutes related to the submission of offers; or
 - c. the commission in any federal or state jurisdiction of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, violation of Federal criminal tax law, or receiving stolen property;

3. is presently indicted for, or otherwise criminally or civilly charged by any (federal state or local) government entity with the commission of any of the offenses enumerated in paragraph A of this disclosure;
 4. has, preceding this offer, been notified of any delinquent Federal or state taxes in an amount that exceeds \$3,000.00 of which the liability remains unsatisfied. Taxes are considered delinquent if the following criteria apply.
 - a. The tax liability is finally determined. The liability is finally determined if it has been assessed. A liability is not finally determined if there is a pending administrative or judicial challenge. In the case of a judicial challenge of the liability, the liability is not finally determined until all judicial appeal rights have been exhausted.
 - b. The taxpayer is delinquent in making payment. A taxpayer is delinquent if the taxpayer has failed to pay the tax liability when full payment was due and required. A taxpayer is not delinquent in cases where enforced collection action is precluded.
 - c. Have within a three-year period preceding this offer, had one or more contracts terminated for default by any federal or state agency or local public body.)
- Principal, for the purpose of this disclosure, means an officer, director, owner, partner, or a person having primary management or supervisory responsibilities within a business entity or related entities.
 - The Contractor shall provide immediate written notice to the State Purchasing Agent or other party to this Agreement if, at any time during the term of this Agreement, the Contractor learns that the Contractor's disclosure was at any time erroneous or became erroneous by reason of changed circumstances.
 - A disclosure that any of the items in this requirement exist will not necessarily result in termination of this Agreement. However, the disclosure will be considered in the determination of the Contractor's responsibility and ability to perform under this Agreement. Failure of the Contractor to furnish a disclosure or provide additional information as requested will render the Offeror nonresponsive.
 - Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the disclosure required by this document. The knowledge and information of a Contractor is not required to exceed that which is the normally possessed by a prudent person in the ordinary course of business dealings.
 - The disclosure requirement provided is a material representation of fact upon which reliance was placed when making an award and is a continuing material representation of the facts during the term of this Agreement. If during the performance of the contract, the Contractor is indicted for or otherwise criminally or civilly charged by any government entity (federal, state or local) with commission of any offenses named in this document the Contractor must provide immediate written notice to the State Purchasing Agent or other party to this Agreement. If it is later determined that the

Contractor knowingly rendered an erroneous disclosure, in addition to other remedies available to the Government, the State Purchasing Agent or Central Purchasing Officer may terminate the involved contract for cause. Still further the State Purchasing Agent or Central Purchasing Officer may suspend or debar the Contractor from eligibility for future solicitations until such time as the matter is resolved to the satisfaction of the State Purchasing Agent or Central Purchasing Officer.

32. New Mexico/Native American Resident Preferences

To ensure adequate consideration and application of §13-1-21 NMSA 1978 (as amended), the **Offeror must submit a copy of its valid New Mexico/Native American Resident Preference Certificate or its valid New Mexico/Native American Resident Veteran Preference with its proposal.** Certificates for preferences must be obtained through the New Mexico Department of Taxation & Revenue
<http://www.tax.newmexico.gov/Businesses/in-state-veteran-preference-certification.aspx>.

In accordance with §13-1-21(H) NMSA 1978, an agency shall not award any combination of New Mexico/Native American Resident Preferences.

III. RESPONSE FORMAT AND ORGANIZATION

A. NUMBER OF RESPONSES

Offerors shall submit only one proposal in response to this RFP ELECTRONIC SUBMISSION

1. **ONLY ELECTRONIC SUBMISSION VIA (Health Care Authority Procurement Portal, Bonfire Interactive, can be accessed at [New Mexico Health Care Authority \(bonfirehub.com\)](https://bonfirehub.com))**
2. **All vendors must register with the Procurement Portal to log in and submit requested information.**

Proposals in response to this RFP must be submitted through the Health Care Authority Purchasing's electronic procurement portal ONLY, the Offeror need only submit one single electronic copy of each portion of its proposal (Technical and Cost) as outlined below. Separate the proposals as described below into separate electronic files for submission.

Proposals must be submitted in the manner outlined below. Technical and Cost portions of Offerors proposal **must** be submitted in separate uploads as indicated below in this section, and **must** be prominently identified as "Technical Proposal," or "Cost Proposal," on the front page of each upload

1. **Technical Proposals** – One (1) ELECTRONIC upload must be organized in accordance with **Section III.C.1. Proposal Format**. All information for the Technical Proposal **must be combined into a single file/document for uploading**. *EXCEPTION: Single electronic files that exceed 50mb may be submitted as multiple uploads, which must be the least number of uploads necessary to fall under the 50mb limit. The Technical Proposals **SHALL NOT** contain any cost information.*
 - a. **Confidential Information:** If Offeror's proposal contains confidential information, as defined in Section I.F.6 and detailed in Section II.C.8, Offeror **must** submit **two (2) separate ELECTRONIC technical files:**
 - i. One (1) ELECTRONIC version of the requisite proposals identified in Section III.B.1.a above as **unredacted** (def. Section I.F.38) versions for evaluation purposes; and
 - ii. One (1) **redacted** (def. Section I.F.27) ELECTRONIC for the public file, in order to facilitate eventual public inspection of the non-confidential version of Offeror's proposal. Redacted versions **must** be clearly marked as "REDACTED" or "CONFIDENTIAL" on the first page of the electronic file;
2. **Cost Proposals** – One (1) ELECTRONIC upload of the proposal containing **ONLY** the Cost Proposal. All information for the cost proposal **must be combined into a single file/document for uploading**.

For technical support issues go to Support@GoBonfire.com.

The ELECTRONIC proposal submission must be fully uploaded in the Health Care Authority e-Procurement Portal by the submission deadline in Section II.B.6.

Any proposal that does not adhere to the requirements of this Section and **Section III.C.1 Proposal Content and Organization** may be deemed non-responsive and rejected on that basis.

B. PROPOSAL CONTENT AND ORGANIZATION

All proposals must be submitted as follows:

Organization of files/envelopes for electronic copy proposals:

1. Proposal Content and Organization

Direct reference to pre-prepared or promotional material may be used if referenced and clearly marked. Promotional material must be minimal. The proposal must be organized and indexed in the following format and must contain, at a minimum, all listed items in the sequence indicated.

Technical Proposal – DO NOT INCLUDE ANY COST INFORMATION IN THE TECHNICAL PROPOSAL.

1. Signed Letter of Transmittal
2. Signed Campaign Contribution Form
3. Table of Contents
4. Proposal Summary (Optional)
5. Response to Contract Terms and Conditions (from Section II.C.15)
6. Offeror's Additional Terms and Conditions (from Section II.C.16)
7. Response to Specifications (**except Cost information which shall be included ONLY in Cost Proposal**)
 - a. Organizational Experience
 - b. Organizational References
 - c. Mandatory Specification
 - d. Financial Stability – (Financial information considered confidential, as defined in Section I.F. and detailed in Section II.C.8, should be placed in the **Confidential Information** file, per Section III.B.2.a, as applicable)
 - e. New Mexico/Native American Resident Preferences (if applicable)
8. Other Supporting Material (if applicable)

Cost Proposal:**1. Completed Cost Response Form (APPENDIX D)**

Within each section of the proposal, Offerors should address the items in the order indicated above. All forms provided in this RFP must be thoroughly completed and included in the appropriate section of the proposal. **Any and all discussion of proposed costs, rates or expenses must occur ONLY in the Cost Proposal.**

A Proposal Summary may be included in Offeror's Technical Proposal, to provide the Evaluation Committee with an overview of the proposal; however, this material will not be used in the evaluation process unless specifically referenced from other portions of the Offeror's proposal.

DO NOT INCLUDE COST INFORMATION IN THE PROPOSAL SUMMARY.

2. Letter of Transmittal

Offeror's proposal must be accompanied by the Letter of Transmittal Form located in Appendix E which must be completed and signed by an individual person authorized to obligate the company.

3. Campaign Contribution Disclosure Form

The Offeror must complete an unaltered Campaign Contribution Disclosure Form and submit a signed copy with the Offeror's proposal. This must be accomplished whether or not an applicable contribution has been made. (See Appendix B)

4. Table of Contents

The table of contents must contain a list of all sections of the proposal and the corresponding page numbers.

5. Proposal Summary

The proposal summary must be five (5) pages or less. It shall provide the Evaluation Committee with an overview of the technical and business features of the proposal. This material will not be used in the evaluation process but may be used in public notifications regarding the successful offeror's selection.

6. Response to Department's Terms and Conditions

The offeror shall explicitly indicate acceptance of the General Requirements (Section II.C) and the Contract Terms and Conditions (Appendix C). As provided in Section II.C.15, should the offeror object to any of the Agency's terms and conditions, as contained in Appendix C, the offeror must propose specific alternate language. The offeror must provide a brief discussion of the purpose and impact, if any, of each proposed change followed by the specific proposed alternate wording.

7. Offeror's Additional Terms and Conditions

Offerors must submit with the proposal a complete set in writing of any additional terms and conditions they request to have included in a contract negotiated with the Department.

8. Response to Mandatory Specifications

The Mandatory Specifications may be found in Section IV of the RFP. This section contains information required in the submission of proposals. Offerors must respond in the form of a thorough narrative to each numbered requirement in the order in which they appear in this section. The offeror must identify, in full, the question being answered and its response to that question.

9. Suspension and Debarment Requirement Form

The offeror must complete the certification form in Appendix G to certify compliance with federal regulations relating to suspension and debarment.

10. Lobbying

No federal appropriated funds can be paid or will be paid, by or on behalf of the CONTRACTOR, or any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, or the making of any Federal grant, the making of any federal loan, the entering into of any cooperative agreement, or modification of any Federal contract, grant, loan, or cooperative agreement. If any funds other than federal appropriated funds have been paid or will be paid to any person influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection of this federal contract, grant, loan, or cooperative agreement, the CONTRACTOR shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

IV. SPECIFICATIONS

A. DETAILED SCOPE OF WORK

Project Overview

The New Mexico Legislature appropriated one million dollars (\$1,000,000) to the Health Care Authority in House Bill 2, 2025 Regular Session, for the purpose of studying the merits, feasibility, costs, and likely enrollment in a proposed new Medicaid waiver for individuals with serious mental illness or substance dependency who experience regular confinement in county jails or intensive overuse of hospital emergency rooms or other emergency or crisis services.

The appropriation was a compliment to House Bill 70, which did not pass during the 2025 Legislative Session and was introduced to enact a Behavioral Health Waiver Act requiring the New Mexico Health Care Authority (HCA) to submit a Medicaid waiver to the Centers for Medicare & Medicaid Services (CMS) to provide Home and Community-Based Services to individuals with behavioral health conditions including a serious mental illness (SMI), serious emotional disturbance (SED), substance use disorder (SUD), or traumatic brain injury (TBI), when the condition substantially impairs a person's ability to manage their affairs or makes a person eligible to receive disability benefits from the state or federal government.

In fulfilling this directive and honoring legislative intention, the Medical Assistance Division of the New Mexico Health Care Authority (herein referred to as New Mexico Medicaid) will undertake a structured analysis of the current Medicaid service array, potential alternatives under federal authority, and factors that influence access, continuity, and coordination of care for high-need populations. The study is intended to inform decision-making around waiver development while also generating insights relevant to broader behavioral health policy planning.

New Mexico Medicaid is seeking a professional organization that specializes in behavioral health services, federal waivers (e.g., Section 1115 demonstrations, 1915c Home and Community-Based), Medicaid State Plans data analysis and trending, statistics, and economics actuary expertise in health care service array, financing, and finance modeling.

Offeror shall study the merits, feasibility, costs and likely enrollment in a proposed new Medicaid waiver for people with serious mental illness (SMI), severe/serious emotional disturbance (SED), brain injury (BI), substance use disorder (SUD) and/or dependency, leading to regular confinement in carceral settings, intensive overuse of hospital emergency rooms or other emergency or crisis services, and homelessness rather than continuing with the current service array and available resources.

The scope of work (SOW) outlines the comprehensive assessment and feasibility study that shall be conducted by the Offeror to evaluate the current service array, identify gaps in the continuum of care, assess the feasibility of service expansion and program enhancement, and provide recommendations for enhancing behavioral health and coordination of care for Medicaid beneficiaries. The SOW establishes the framework for a comprehensive assessment that will inform New Mexico's strategic decisions regarding Medicaid behavioral health service expansion, program enhancement, and improvement.

Scope of Services

The Offeror shall provide support to New Mexico Medicaid related to the terms enumerated in the SOW and contract and any other business needs as mutually determined by New Mexico Medicaid and the Offeror, which may include commenting and/or responding on behalf of New Mexico Medicaid during public forums. The Offeror shall also consider Centers for Medicare and Medicaid Services (CMS) alignment and feasibility throughout ensuring recommendations are actionable under current federal authorities. In addition to the Services specified herein, the performance of which is in all respects required, the Offeror may provide additional meaningful information and data to New Mexico Medicaid to accomplish the objectives of the assessment and study. The Offeror shall perform the following services, which include but are not limited to:

1. Comprehensive Assessment of Current Service Array

1.1 Inventory and Catalog:

- 1.1.1 Inventory all behavioral health services covered by New Mexico Medicaid, including treatment and services provided to those diagnosed with SMI, SED, SUD, and/or a BI, and catalog, including a comparison of managed care and fee-for-service (FFS) delivery systems.
- 1.1.2 Inventory and catalog all behavioral health services available to the safety net population classified as those uninsured, underinsured, and/or not covered by Medicaid but accessing services through state general funds and block grants.
- 1.1.3 Identify the behavioral health service funding through State, Federal, Grant, or other monies, and catalog by behavioral health service, including services provided to the safety net population.
- 1.1.4 Evaluate utilization and costs (timeframe: 2023-2025) for behavioral health services stratified by the following Medicaid beneficiaries:
 - 1.1.4.1 Those diagnosed with SMI
 - 1.1.4.2 Those diagnosed with SED
 - 1.1.4.3 Those diagnosed with SUD
 - 1.1.4.4 Those diagnosed with SMI and SED
 - 1.1.4.5 Those diagnosed with SMI, SED, and SUD
 - 1.1.4.6 Those diagnosed with a BI
 - 1.1.4.7 Other behavioral health populationsCatalog utilization and costs (timeframe: 2023-2025) by behavioral health service and include a comparison of managed care and FFS delivery systems.
- 1.1.5 Evaluate and catalog behavioral health service costs (timeframe: 2023-2025) as it relates to overall Medicaid spending, including comparison of managed care and FFS delivery systems.
- 1.1.6 Evaluate utilization and costs (timeframe: 2023-2025) for behavioral health services provided to the non-Medicaid safety net population and separately for the non-Medicaid Brain Injury Service Fund (BISF) population by the following stratifications:
 - 1.1.6.1 Those diagnosed with SMI
 - 1.1.6.2 Those diagnosed with SED

- 1.1.6.3 Those diagnosed with SUD
- 1.1.6.4 Those diagnosed with SMI and SED
- 1.1.6.5 Those diagnosed with SMI, SED, and SUD
- 1.1.6.6 Those diagnosed with a BI
- 1.1.6.7 Other behavioral health populations

Catalog utilization and costs (timeframe: 2023-2025) by behavioral health service and include a comparison of Medicaid and non-Medicaid (safety net population and BISF population) covered costs. Evaluate and catalog behavioral health service costs as they relate to overall Medicaid and Non-Medicaid (safety net population and BISF population) spending.

- 1.1.7 Identify and catalog case management, targeted case management, and care coordination services that are available to those diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI and document referral processes that occur as a result of or awareness of the diagnoses. Include a comparison of managed care and FFS delivery systems, and a comparison of Medicaid and non-Medicaid (safety net population and BISF population) coverage.
- 1.1.8 Identify and catalog the non-emergency medical transportation benefit available to Medicaid members, including the utilization of the benefit and costs stratified as follows:
 - 1.1.8.1 Those diagnosed with SMI
 - 1.1.8.2 Those diagnosed with SED
 - 1.1.8.3 Those diagnosed with SUD
 - 1.1.8.4 Those diagnosed with SMI and SED
 - 1.1.8.5 Those diagnosed with SMI, SED, and SUD
 - 1.1.8.6 Those diagnosed with a BI
 - 1.1.8.7 Other behavioral health populations

Include a comparison of managed care and FFS delivery systems.
- 1.1.9 Identify and catalog the supportive housing programs that are available in New Mexico, including those offered under New Mexico Medicaid, that provide a continuum of support for individuals with behavioral health needs (SMI, SED, SUD, other behavioral health needs, and/or BI), including the non-Medicaid safety net population and BISF population.
- 1.1.10 Identify and catalog available housing in New Mexico that supports New Mexico's housing programs, including limitations impacting the demand and identify geographic, administrative, and legal limitations that impact access to and demand for supportive housing. Include data quantifying and supporting limitations and shortages of affordable housing available in New Mexico.
- 1.1.11 Identify and catalog New Mexico's supportive housing program funding and program requirements (including required diagnoses), including varying requirements for Medicaid and non-Medicaid (safety net population) eligibility, and managed care or FFS enrollment.
- 1.1.12 Evaluate and catalog New Mexico's supportive housing referral processes when housing needs are identified through various mediums such as Managed Care Organizations (MCOs), care coordinators, case managers,

targeted case managers, emergency or crisis services, hospital emergency room, and community reintegration from carceral settings. Include a comparison of managed care and FFS delivery systems, and a comparison of Medicaid and non-Medicaid (safety net population and BISF population) processes.

- 1.1.13 Evaluate and catalog New Mexico Medicaid's Justice Involved Reentry program and processes to secure housing for successful community reintegration, including the referral process to New Mexico Medicaid's specific supportive housing program(s) and the securement of such housing prior to release, including differences between managed care and FFS delivery systems, and Medicaid and non-Medicaid (safety net population and BISF population) processes.
- 1.1.14 Evaluate and catalog New Mexico Medicaid members who are regularly (more than 1 time in a year) incarcerated, resulting in the suspension of Medicaid services, and identify patterns with those diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI.
- 1.1.15 Evaluate and catalog Emergency Room (ER) utilization data and costs (timeframe: 2023-2025) stratified by the following conditions/reasons for the ER visit:
 - 1.1.15.1 SMI related condition
 - 1.1.15.2 SED related condition
 - 1.1.15.3 SUD related condition
 - 1.1.15.4 SMI and SED related condition
 - 1.1.15.5 SMI, SED, and SUD related condition
 - 1.1.15.6 BI related condition
 - 1.1.15.7 Other conditions (including further stratification of top 10 conditions/reasons for the ER visit)

From the stratification above, identify the number of Medicaid beneficiaries with frequent/routine use of the ER, quantifying the number of visits, including differences between managed care and FFS enrolled members. Separately, include data and information on social determinates of health (SDOH), defined as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks leading to the frequent/routine use of the ER. SDOH data and information should be grouped into the 5 domains: Economic Stability, Health Care Access and Quality, Social and Community Context, Education Access and Quality, and Neighborhood and Built Environment.

- 1.1.16 Evaluate and catalog ER costs as they relate to the treatment of SMI, SED, SUD, and/or BI conditions and the SDOH domains compared to overall ER costs (timeframe: 2023-2025), including a comparison of managed care and FFS delivery systems.
- 1.1.17 Inventory and catalog BI services covered by New Mexico Medicaid, while comparing managed care and FFS delivery systems.

- 1.1.18 Inventory and catalog non-Medicaid services provided to those with a BI under the BISF, while comparing to BI services covered by New Mexico Medicaid.
- 1.1.19 Identify BI service funding through State, Federal, Grant, or other monies, and catalog by service, including services provided to those with a BI under the BISF.
- 1.1.20 Evaluate and catalog utilization and costs (timeframe: 2023-2025) for BI services stratified by the following:
 - 1.1.20.1 Covered under New Mexico Medicaid
 - 1.1.20.2 Covered under BISF

From the stratification above, identify the specific BI services, the number of Medicaid beneficiaries who utilize BI services, and the number of Medicaid beneficiaries who transitioned from the non-Medicaid BISF.
- 1.1.21 Inventory and catalog other emergency or crisis services covered by New Mexico Medicaid, while comparing managed care and FFS delivery systems.
- 1.1.22 Inventory and catalog other emergency or crisis services available to the non-Medicaid safety net population and separately for the non-Medicaid BISF population classified as uninsured, underinsured, and/or not covered by Medicaid but accessing services through state general funds, block grants, or other funding.
- 1.1.23 Identify the other emergency or crisis services funding through State, Federal, Grant, or other monies, and catalog by service, including services provided to the non-Medicaid safety net population and non-Medicaid BISF population.
- 1.1.24 Evaluate and catalog utilization and costs (timeframe: 2023-2025) for the other emergency or crisis services stratified by the following conditions:
 - 1.1.24.1 SMI related condition
 - 1.1.24.2 SED related condition
 - 1.1.24.3 SUD related condition
 - 1.1.24.4 SMI and SED related condition
 - 1.1.24.5 SMI, SED, and SUD related condition
 - 1.1.24.6 TB related condition
 - 1.1.24.7 Other behavioral health conditions (including further stratification of top 10 conditions for other emergency or crisis services)

From the stratification above, identify the number of Medicaid beneficiaries with frequent/routine use of other emergency or crisis services, quantifying the number of emergency or crisis interventions, including differences between managed care and FFS enrolled members.
- 1.1.25 Evaluate and catalog the other emergency or crisis service costs (timeframe: 2023-2025) as they relate to SMI, SED, SUD, and/or BI conditions compared to overall behavioral health condition costs, including a comparison of managed care and FFS delivery systems.
- 1.1.26 Evaluate utilization and costs (timeframe: 2023-2025) for the other emergency or crisis services provided to the non-Medicaid safety net

population and separately the non-Medicaid BISF population stratified by the following conditions:

- 1.1.26.1 SMI related condition
- 1.1.26.2 SED related condition
- 1.1.26.3 SUD related condition
- 1.1.26.4 SMI and SED related condition
- 1.1.26.5 SMI, SED, and SUD related condition
- 1.1.26.6 BI related condition
- 1.1.26.7 Other behavioral health conditions (including further stratification of top 10 conditions for other emergency or crisis services)

From the stratification above, identify the number of safety net individuals and separately BISF individuals with frequent/routine use of other emergency or crisis services, quantifying the number of emergency or crisis interventions, including differences between Medicaid and non-Medicaid (safety net population and BISF population) covered utilization and costs. Evaluate and catalog costs as they relate to overall Medicaid and non-Medicaid (safety net population and BISF population) spending, and SMI, SED, SUD, and/or BI conditions compared to overall behavioral health condition costs.

- 1.1.27 Identify, document, and compare services provided by the MCOs recognized as in lieu of services or settings, which are alternative services or services in settings that are not Medicaid covered services, but are medically appropriate and cost-effective substitutes.
- 1.1.28 Identify and document Medicaid and non-Medicaid (safety net population and BISF population) medical settings/placements for those diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI.
- 1.1.29 Other inventorying and cataloging as determined appropriate by the Offeror.

1.2 Coverage Authority Documentation:

- 1.2.1 Identify and document the full array of behavioral health, emergency room, other emergency, crisis, non-emergency medical transportation, case management, targeted case management, and care coordination services covered by New Mexico Medicaid, mapping to the federal authorities (e.g., 1115 waiver, 1915c waiver, state plan provision, etc.) that authorize the coverage of such services. Documentation should clearly illustrate a comparison of the following:
 - 1.2.1.1 Coverage under Managed Care
 - 1.2.1.2 Coverage under FFS
 - 1.2.1.3 Coverage under the Alternative Benefit Plan (ABP)
 - 1.2.1.4 If the service is mandatory or optional in accordance with the Social Security Act, Code of Federal Regulations, or other governing authorities, with documented citations
 - 1.2.1.5 Federal requirements or limitations of services, including citations to controlling provisions of the Social Security Act,

applicable sections of 42 C.F.R., and, where available, relevant CMS sub-regulatory guidance (e.g., State Medicaid Director Letters or CMCS Informational Bulletins).

- 1.2.2 Identify and document any federal authorities, block grant, or trust requirements to provide behavioral health services to the non-Medicaid safety net population and separately the non-Medicaid BISF population.
- 1.2.3 Identify and document New Mexico Medicaid's Supportive Housing (including pre-tenancy and tenancy services), Justice Involved Reentry, SMI/SED, and SUD programs, including the following:
 - 1.2.3.1 Mapping to the federal authorities that authorize such programs.
 - 1.2.3.2 Documenting any federal requirements or limitations associated with the authorized authority, including differences between managed care and FFS delivery systems.
 - 1.2.3.3 Documenting any requirements relevant to the non-Medicaid safety net population and separately the non-Medicaid BISF population.
- 1.2.4 Identify and document how New Mexico Medicaid covers those with a BI, including the following:
 - 1.2.4.1 Mapping to the federal authorities that authorize coverage for those with BI.
 - 1.2.4.2 Documenting any federal requirements or limitations associated with the authorized authority, including differences between managed care and FFS delivery systems.
 - 1.2.4.3 Documenting any requirements relevant to the non-Medicaid safety net population and separately the non-Medicaid BISF population.
 - 1.2.4.4 Documenting any requirements relevant to the transition from the non-Medicaid BISF to Medicaid services.
- 1.2.5 Other documentation as determined appropriate by the Offeror.

1.3 Service Delivery Systems and Gap Analyses

- 1.3.1 Document pathways and limitations to coverage for both managed care and FFS populations.
- 1.3.2 Document pathways and limitations to coverage for both Medicaid and non-Medicaid (safety net population and BISF population).
- 1.3.3 Identify service delivery differences between MCO and FFS arrangements.
- 1.3.4 Identify service delivery differences between Medicaid and non-Medicaid (safety net population and BISF population) coverage.
- 1.3.5 Analyze and document access and coverage variations across managed care and FFS delivery systems, and separately for Medicaid and non-Medicaid (safety net population and BISF population).
- 1.3.6 Document gaps and variances identified while completing activities in paragraphs 1.1 and 1.2 above (e.g., delivery systems, program benefits,

referral processes, coordination of care, etc.), including mandatory services not documented as federally authorized and other compliance issues.

- 1.3.7 Compare New Mexico's current service array with states who have similar waiver authorities, State Plan benefits, and separately, who neighbor New Mexico (i.e., Arizona, Colorado, Texas, Oklahoma, and Utah), and provide a comparison of variances.
- 1.3.8 Compare New Mexico's current Medicaid and non-Medicaid (safety net population and BISF population) coverage structure with other state structures, providing a comparison of differences.
- 1.3.9 Compare New Mexico's current Medicaid and non-Medicaid (safety net population and BISF population) behavioral health and BI service rates with other state rates, providing a comparison of differences.
- 1.3.10 Compare New Mexico's BISF with other state-like programs, identifying variances in budget caps.
- 1.3.11 Evaluate and document variances in neighboring state landscapes as it relates to actual available housing with data illustrating the demand as it relates to state housing programs.
- 1.3.12 Benchmark New Mexico Medicaid's performance against best practices.
- 1.3.13 Evaluate and document barriers to accessing covered services and medically needed services not covered, including behavioral health services. Additionally, document specific needs related to Justice Involved Reentry and Supportive Housing programs.
- 1.3.14 Other Analyses as determined appropriate by the Offeror.

2. Engagement: Participation should be selected in a manner that reflects geographical, cultural, organizations, and professional representation across New Mexico.

2.1 Medicaid Beneficiaries

- 2.1.1 Offeror shall conduct structured interviews and/or surveys with Medicaid beneficiaries to assess, but not limited to, the following:
 - 2.1.1.1 Current knowledge of available behavioral health, SMI, SED, SUD, and BI services.
 - 2.1.1.2 Understanding of how to access covered services, including behavioral health services targeted at those with SMI, SED, SUD, other behavioral health conditions, and/or BI.
 - 2.1.1.3 Understanding of how to access BI covered services.
 - 2.1.1.4 Desired services not currently covered, including behavioral health services targeted at those with SMI, SED, SUD, other behavioral health conditions, and/or BI.
 - 2.1.1.5 Desired BI services not currently covered.
 - 2.1.1.6 Barriers to accessing currently covered services, including services that address SMI, SED, SUD, other behavioral health conditions, and/or BI.
 - 2.1.1.7 Barriers to receiving care from providers capable of providing support and services to those diagnosed with SMI, SED, SUD, other behavioral health condition, and/or BI.

- 2.1.1.8 Experience with service quality and availability, including behavioral health services that address SMI, SED, SUD, other behavioral health conditions, and/or BI.
- 2.1.1.9 Experience with BI service quality and availability.
- 2.1.1.10 Knowledge of Justice Involved Reentry, Supportive Housing, and emergency or crisis service programs and referral processes. Including availability for Medicaid and non-Medicaid (safety net population and BISF population) covered individuals.
- 2.1.1.11 Barriers to stable housing and separately, home ownership.
- 2.1.1.12 Barriers to receiving supportive living services, wraparound services, and targeted case management to those diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI.
- 2.1.1.13 Barriers to securing appropriate medical placements for those diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI to receive medically necessary services, including behavioral health and BI services.
- 2.1.1.14 Knowledge of New Mexico Medicaid's and MCO advisory boards.
- 2.1.1.15 Experience participating in New Mexico Medicaid's and/or MCO advisory boards.
- 2.1.1.16 Recommendations to establish advisory councils and task forces to guide the development of and to review the operation of support and services to individuals diagnosed with SMI, SED, SUD, other behavioral health condition, and/or BI.
- 2.1.1.17 Recommendations for service expansion and improvement.
- 2.1.1.18 Other assessment areas as determined appropriate by the Offeror.

2.2 Medicaid Providers

- 2.2.1 Offeror shall conduct structured interviews and/or surveys with Medicaid enrolled behavioral health and BI providers to evaluate, but not limited to, the following:
 - 2.2.1.1 Knowledge of current Medicaid and non-Medicaid (safety net population and BISF population) benefit structure, including behavioral health and BI services.
 - 2.2.1.2 Knowledge of Justice Involved Reentry, Supportive Housing, and emergency or crisis service programs and referral processes. Including availability for Medicaid and non-Medicaid (safety net population and BISF population) covered individuals.
 - 2.2.1.3 Knowledge and experience coordinating with MCO care coordinators and multi-disciplinary teams to support Medicaid beneficiary access to care and quality of care, including barriers, challenges, and opportunities for improvement. Including any variances navigating these issues for the non-Medicaid safety net population and separately for the non-Medicaid BISF population.

- 2.2.1.4 Barriers connecting Medicaid beneficiaries to resources for stable housing, especially for those diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI.
- 2.2.1.5 Barriers to providing or facilitating supportive living services, wraparound services, and targeted case management for those diagnosed with SMI, SED, SUD, other behavioral health condition, and/or BI.
- 2.2.1.6 Barriers to providing or facilitating appropriate medical placement for those diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI to receive medically necessary services, including behavioral health and BI services.
- 2.2.1.7 Knowledge and experience coordinating with carceral setting case managers, targeted case managers, MCO care coordinators to support Medicaid beneficiary access to care and quality of care prior to and post release, including barriers, challenges, and opportunities for improvement. Including any variances navigating these issues for the non-Medicaid safety net population and separately for the non-Medicaid BISF population.
- 2.2.1.8 Experience with Medicaid provider enrollment and registration processes, and both Medicaid and MCO credentialing and contracting processes, including barriers, challenges, and opportunities for improvement. Including any variances navigating these processes to serve the non-Medicaid safety net population and separately the non-Medicaid BISF population.
- 2.2.1.9 Knowledge and experience billing New Mexico Medicaid and MCOs, and administrative burden assessment, including barriers, challenges, and opportunities for improvement. Including any variances billing for the non-Medicaid safety net population and separately the non-Medicaid BISF population.
- 2.2.1.10 Recommended service coverage for Medicaid and non-Medicaid (safety net population and BISF population) beneficiaries diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI, not currently covered by Medicaid and non-Medicaid (safety net population and BISF population) programs.
- 2.2.1.11 Recommended service coverage for Medicaid and non-Medicaid (BISF population) beneficiaries diagnosed with a BI not currently covered by Medicaid and non-Medicaid (BISF population) programs.
- 2.2.1.12 Barriers to participation in the New Mexico Medicaid program, including barriers serving the non-Medicaid safety net population and separately the non-Medicaid BISF population.
- 2.2.1.13 Barriers employing those capable of providing support and services to those diagnosed with SMI, SED, SUD, and/or BI.
- 2.2.1.14 Recommendations for service expansion and improvement.

- 2.2.1.15 Knowledge of New Mexico Medicaid's and MCO advisory boards.
- 2.2.1.16 Experience participating in New Mexico Medicaid's and/or MCO advisory boards.
- 2.2.1.17 Recommendations to establish advisory councils and task forces to guide the development of and to review the operation of support and services to individuals diagnosed with SMI, SED, SUD, other behavioral health condition, and/or BI.
- 2.2.1.18 Other evaluation areas as determined appropriate by the Offeror.

2.3 Stakeholders

- 2.3.1 Offeror shall conduct structured interviews and/or surveys with stakeholders responsible for the administration of the Justice Involved Reentry, Supportive Housing, and emergency or crisis service programs to assess, but not limited to, the following:
 - 2.3.1.1 Knowledge and understanding of referral processes so Medicaid and non-Medicaid (safety net population and BISF population) beneficiaries can access services and support through their programs, especially those diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI.
 - 2.3.1.2 Recommendations for service expansion and improvement, especially for those diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI. Including any varying differences between Medicaid and non-Medicaid (safety net population and BISF population) beneficiaries.
 - 2.3.1.3 Barriers to supporting Medicaid and non-Medicaid (safety net population and BISF population) beneficiaries diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI participating and not participating in their programs.
 - 2.3.1.4 For Supportive Housing, New Mexico specific barriers to securing housing for individuals qualified for services.
 - 2.3.1.5 For Justice Involved Reentry, barriers to coordinating care for Medicaid and non-Medicaid (safety net population and BISF population) beneficiaries prior to release, and processes to engage providers and/or MCO care coordinators in the coordination of care pre and post release.
 - 2.3.1.6 Barriers to receiving, providing, or facilitating supportive living services, wraparound services, and targeted case management for those diagnosed with SMI, SED, SUD, other behavioral health condition, and/or BI.
 - 2.3.1.7 Barriers to providing or facilitating appropriate medical placements for those diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI to receive medically necessary services, including behavioral health and BI services.
 - 2.3.1.8 Knowledge of New Mexico Medicaid's and MCO advisory boards.

- 2.3.1.9 Experience participating in New Mexico Medicaid's and/or MCO advisory boards.
- 2.3.1.10 Recommendations to establish advisory councils and task forces to guide the development of and to review the operation of support and services to individuals diagnosed with SMI, SED, SUD, other behavioral health condition, and/or BI.
- 2.3.1.11 Other assessment areas as determined appropriate by the Offeror.

2.4 MCOs

- 2.4.1 Offeror shall conduct structured interviews and/or surveys with MCOs responsible for coordinating the care of Medicaid beneficiaries diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI. Offer shall assess but not limited to the following:
 - 2.4.1.1 MCO's assessment and system identification of Medicaid beneficiaries diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI, and processes, including materials that connect members to medically needed behavioral health and BI services.
 - 2.4.1.2 Referral process to MCO care coordination multi-disciplinary teams to support Medicaid beneficiaries diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI experiencing but not limited to the following to ensure support and service needs are met: higher level of support, including care coordination; frequent use of the emergency room (more than 1 visit for the same condition); experiencing frequent incarceration (more than once in a year), and frequent use of other emergency or crisis services (more than once in a year).
 - 2.4.1.3 Comprehensive Needs Assessment and Comprehensive Care Plan documentation for those diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI.
 - 2.4.1.4 Supports and services provided to beneficiaries diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI with a Comprehensive Care Plan, Service Plan, and/or Budget.
 - 2.4.1.5 Barriers providing comprehensive care to those diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI.
 - 2.4.1.6 MCO's collaboration with stakeholders responsible for administering the Justice Involved Reentry, Supportive Housing, and emergency or crisis service programs to support Medicaid beneficiaries, including those diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI and referral processes. Recommendations for program coordination, oversight, and improvement.
 - 2.4.1.7 Each MCO's definition of homelessness and how MCOs identify Medicaid beneficiaries experiencing homelessness.

- 2.4.1.8 MCO's support to Medicaid beneficiaries experiencing homelessness and diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI.
- 2.4.1.9 Barriers to providing or facilitating supportive living services, wraparound services, and targeted case management to those diagnosed with SMI, SED, SUD, other behavioral health condition, and/or BI.
- 2.4.1.10 MCO behavioral health and BI provider network to support Medicaid beneficiaries diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI.
- 2.4.1.11 Barriers to providing appropriate in network and out of network medical placements for those diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI to receive medically necessary services, including behavioral health and BI services.
- 2.4.1.12 MCO behavioral health and BI provider contracting, credentialing, billing, and administrative burden assessment.
- 2.4.1.13 Recommendations for service expansion, improvement, and access to care issues, especially for Medicaid beneficiaries diagnosed with SMI, SED, SUD, other behavioral health conditions, and/or BI.
- 2.4.1.14 Barriers in obtaining statewide feedback from Medicaid beneficiaries through advisory boards to inform Medicaid services and supports.
- 2.4.1.15 Recommendations to establish advisory councils and task forces to guide the development of and to review the operation of support and services to individuals diagnosed with SMI, SED, SUD, other behavioral health condition, and/or BI.
- 2.4.1.16 Other assessment areas as determined appropriate by the Offeror.

3. **Feasibility Study:** The Offeror shall conduct a comprehensive feasibility study that addresses the opportunities identified for service expansion and improvement, including any opportunities between Medicaid and non-Medicaid (safety net population and BISF population) coverage for alignment. The study shall address, but is not limited to, the following:

3.1 Federal Approval Feasibility

- 3.1.1 All federal authorities that can be pursued to expand and improve services and enhance programs that were identified in the assessment, the pros and cons for each authority, and identification of other state approvals.
- 3.1.2 Assess the feasibility of obtaining federal approval for areas of service expansion and improvement, and program enhancement, including health-related social needs.
- 3.1.3 Assess the feasibility of pursuing and obtaining federal approval for a behavioral health waiver that targets those with SMI, SED, SUD, other behavioral health conditions, and/or BI and addresses but not limited to the following:

- 3.1.3.1 Purpose of the waiver and objectives.
 - 3.1.3.2 Types of behavioral health and BI supports and services that could be accessed, including home and community-based services and supports, supportive living services, wraparound services, and targeted case management.
 - 3.1.3.3 Eligibility criteria for receiving behavioral health and BI supports and services.
 - 3.1.3.4 New Mexico's quantifiable landscape of providers, medical settings, and housing supports that would sustain such a waiver, while ensuring network adequacy and geographical access.
 - 3.1.3.5 New Mexico Medicaid's and MCO's ability to enter into contracts and provider agreements with agencies, providers, and individuals capable of providing the supports and services, while meeting statewide network adequacy and geographical access.
 - 3.1.3.6 New Mexico's ability to provide support and services based on individual support and service plans developed by an interdisciplinary team who is responsible for collectively evaluating a person's behavioral health needs and developing and individual support and service plan to meet the needs.
 - 3.1.3.7 Impacts to New Mexico Medicaid's operational structures, including but not limited to program oversight, medical determinations through a third-party contractor, and eligibility determinations through the Income Support Division.
 - 3.1.3.8 New Mexico Medicaid's infrastructure needs to include technology and staffing.
 - 3.1.3.9 New Mexico provider, MCO, and multidisciplinary team infrastructure needs to ensure the effective coordination of services and supports.
 - 3.1.3.10 Ability to promote uniformity in reimbursement and quality assurance systems regardless of the source for funding.
 - 3.1.3.11 New Mexico specific data supporting the need for a behavioral health waiver.
 - 3.1.3.12 Financial impact (state and federal) for the duration of the waiver.
- Assessment and documentation of similar state behavioral health waivers targeting those diagnosed with SMI, SED, SUD, other behavioral health conditions, and BI that been pursued and status of federal approval.
- 3.1.4 Evaluate regulatory pathways and requirements for service expansion and improvement and program enhancement.
 - 3.1.5 Identify potential federal barriers or facilitators.
 - 3.1.6 Other areas as determined appropriate by the Offeror.

3.2 Cost Analysis

- 3.2.1 Conduct cost analyses for potential service expansion and improvement, and program enhancement, not currently covered by New Mexico Medicaid.
- 3.2.2 Estimate the fiscal impact of service expansion and improvement and program enhancement on state and federal budgets.
- 3.2.3 Analyze the cost-effectiveness of proposed service expansions and improvements and program enhancements, including differences in cost-effectiveness for varying federal authorities pursued.
- 3.2.4 Conduct the activities outlined in Sections 3.2.1-3.2.3 for a proposed behavioral health waiver as described in Section 3.1.3 above, including administration, programmatic, and infrastructure costs that may include contracting with a vendor for medical determinations and a separate contractor for waiver development and negotiations.
- 3.2.5 Other analyses as determined appropriate by the Offeror.

3.3 Budget Impact Assessment (for service expansion and improvement and program enhancement)

- 3.3.1 Evaluate the feasibility of increasing the Medicaid budget and associated costs.
- 3.3.2 Assess impact on state general funds and federal matching requirements.
- 3.3.3 Analyze long-term fiscal sustainability.
- 3.3.4 Conduct the activities in Sections 3.3.1-3.3.3 for a proposed behavioral health waiver as described in Section 3.1.3 above, including administrative, programmatic, and infrastructure impacts that may include contracting with a vendor for medical determinations and a separate contractor for waiver development and negotiations.
- 3.3.5 Other assessments as determined appropriate by the Offeror.

3.4 Workforce Capacity Evaluation

- 3.4.1 Assess current behavioral health workforce capacity in New Mexico, especially for areas identified as requiring service expansion and improvement and program enhancement.
- 3.4.2 Assess current behavioral health workforce capacity in carceral settings, especially for Medication-Assisted Treatment, pharmacy, and case management.
- 3.4.3 Evaluate the ability to support additional services through the existing workforce and identify barriers.
- 3.4.4 Identify workforce development needs and training requirements.
- 3.4.5 Evaluate the ability to support additional housing needs and vouchers based on New Mexico's current housing landscape, development, and demand.
- 3.4.6 Conduct the activities in Sections 3.4.1, 3.4.3, 3.4.4, and 3.4.5 for a proposed behavioral health waiver as described in Section 3.1.3 above, including the availability of a vendor to perform medical determinations.
- 3.4.7 Other evaluation areas as determined appropriate by the Offeror.

3.5 Budget Neutrality Analysis

- 3.5.1 For waiver authorities potentially pursued, assess the feasibility of maintaining budget neutrality with additional service expansions and improvements and program enhancements.
- 3.5.2 Analyze potential cost offsets and savings from service expansion and improvement and program enhancement.
- 3.5.3 Evaluate ongoing budget neutrality requirements and compliance strategies.
- 3.5.4 Conduct the activities in Sections 3.5.1-3.5.3 for a proposed behavioral health waiver as described in Section 3.1.3 above, including administrative, programmatic, and infrastructure impacts that may include vendor costs for medical determinations.
- 3.5.5 Other Analyses as determined appropriate by the Offeror.

3.6 Feasibility Study Report

- 3.6.1 Compilation of Sections 3.1, 3.5, and 4.8.
- 3.6.2 Structured in a manner to facilitate a waiver amendment submission to our federal partners, the Centers for Medicare & Medicaid Services (CMS).
- 3.6.3 Identifying specific State Plan pages where potential service expansions and improvements, and program enhancements should be captured or refined.

4. Deliverables

4.1 Assessment checklist and evaluation framework.

4.2 All materials prepared in support of the Offeror's assessment and feasibility study.

4.3 Inventory and Catalog materials as identified in Section 1.1 above and finalized versions for New Mexico Medicaid and public consumption.

4.4 Coverage authority documentation as identified in Section 1.2 above and finalized versions for New Mexico Medicaid and public consumption.

4.5 Service Delivery Systems and Gap Analyses as identified in Section 1.3 above and finalized versions for New Mexico Medicaid and public consumption.

4.6 Feasibility Study materials and reports as identified in Section 3 above and finalized versions for New Mexico Medicaid and public consumption.

4.7 Collaboration with New Mexico Medicaid to meet the obligations of specific assessment and study activities:

- 4.7.1 Kickoff meeting and presentation to New Mexico Medicaid on the purpose of assessment and feasibility study.
- 4.7.2 Prepare and provide the tools that will be used for surveys and interviews in accordance with Section 2 above.

- 4.7.3 Identify New Mexico Medicaid staff responsible for providing data and information that cannot be obtained through website resources. Offeror is expected to first review and obtain all resources available on New Mexico Medicaid's website and other internet resources to meet the objectives of the entire assessment and feasibility study, then conduct surveys/interviews with New Mexico Medicaid staff for the collection of additional data and information.
- 4.7.4 Identify the individuals for the surveys and interviews.
- 4.7.5 Routine, ad hoc, and leadership meetings between Offeror and New Mexico Medicaid, as determined appropriate by both parties, to: monitor the progress of the assessment and feasibility study; address barriers and challenges; review deliverables and finalize; and discuss findings, observations, and opportunities for service expansion and improvement and program enhancement. The Offeror is required to prepare and maintain the following materials in support of the meetings: agendas, executive summaries, presentations, and meeting notes.
- 4.7.6 Develop and execute presentations and executive summaries for each phase of the assessment and feasibility study.
- 4.7.7 Other collaborations as determined appropriate and necessary between New Mexico Medicaid and the Offeror.

4.8 Progress Reports and Comprehensive Final Report

- 4.8.1 Prepare detailed reports that document all findings, gaps, variances, and opportunities for service and program expansion, including a proposed behavioral health waiver to enhance behavioral health and BI service delivery, coordination of care, and support for New Mexico Medicaid and non-Medicaid (safety net population and BISF population) beneficiaries, providers, and stakeholders, and program enhancement to strengthen and streamline the administration and oversight of the program.
- 4.8.2 Include analyses of the current New Mexico landscape, gaps, service utilization patterns, and expenditure patterns.
- 4.8.3 Outline opportunities for targeting New Mexico Medicaid and non-Medicaid (safety net population and BISF population) beneficiaries with diagnoses of SMI, SED, SUD, other behavioral health conditions, and/or BI.
- 4.8.4 Outline opportunities to strengthen and enhance the coordination of care, including referral processes.
- 4.8.5 Outline opportunities to reduce emergency room or other emergency or crisis services utilization.
- 4.8.6 Outline barriers, challenges, and opportunities identified in the activities completed under Sections 1-3 above and opportunities to strengthen: Medicaid and non-Medicaid (safety net population and BISF population) beneficiary, provider, stakeholder, and MCO engagement; service delivery; coordination of care; and the administration and oversight of the program.
- 4.8.7 Provide detailed methodology and data sources.

- 4.8.8 Recommendations for service expansion and improvement and program enhancement, and separately for a proposed behavioral health waiver shall include detailed analyses, including but not limited to the following:
 - 4.8.8.1 *Impact Estimation*
 - 4.8.8.1.1 Number of lives impacted by proposed service expansions and improvements and program enhancements, stratified by members, providers, stakeholders, MCOs, and New Mexico Medicaid administering Medicaid and non-Medicaid (safety net population and BISF population) programs.
 - 4.8.8.1.2 Detailed service and program specifications for recommended expansions, improvements, and enhancements, and detailed scope(s).
 - 4.8.8.1.3 Statistical data to support and justify the New Mexico need(s) for the expansions, improvements, and enhancements to include New Mexico specific data compared to national benchmarks and/or best practices.
 - 4.8.8.1.4 Cost projections (implementation and ongoing).
 - 4.8.8.2 *Federal Authority Requirements*
 - 4.8.8.2.1 Identify specific federal authorities that can be pursued for service expansion and improvement and program enhancement, including requirements.
 - 4.8.8.2.2 For Section 1115 Demonstration Waiver authority, address budget neutrality requirements and minimum fee requirements.
 - 4.8.8.2.3 Document any special federal requirements or demonstrations needed.
 - 4.8.8.3 *Compliance Assessment*
 - 4.8.8.3.1 Evaluate compliance with Olmstead requirements and community integration mandates.
 - 4.8.8.3.2 Assess alignment with federal civil rights requirements.
 - 4.8.8.3.3 Identify any additional compliance considerations.
 - 4.8.8.4 *Legal Considerations*
 - 4.8.8.4.1 Analyze legal implications of service expansion and improvement and program enhancement.
 - 4.8.8.4.2 Identify potential legal challenges or requirements.
 - 4.8.8.4.3 Assess compliance with state and federal legal frameworks.
 - 4.8.8.5 *Legal Considerations*
 - 4.8.8.5.1 Analyze legal implications of service expansion and improvement and program enhancement.
 - 4.8.8.6 *Workforce Impact*

- 4.8.8.6.1 Evaluate workforce implications of recommended service expansion and improvement and program enhancement.
- 4.8.8.6.2 Assess training, credentialing, contracting, and capacity building and infrastructure needs, including New Mexico Medicaid obligations for state budget share.
- 4.8.8.6.3 Identify workforce development shortages and strategies.
- 4.8.8.7 *Infrastructure and Inventory Requirements*
 - 4.8.8.7.1 Document any additional infrastructure needs.
 - 4.8.8.7.2 Identify equipment, facility, or technology needs and requirements.
 - 4.8.8.7.3 Assess inventory and supply chain considerations where applicable.
- 4.8.9 Progress Reports and Presentation:
 - 4.8.9.1 The offeror shall submit a progress report for each phase of the assessment and feasibility study as defined as all activities in Sections 1-3 above, including preliminary findings and recommendations.
 - 4.8.9.2 The offeror shall prepare and present an executive summary and presentation for leadership, policymakers, and stakeholders in support of each progress report.
- 4.8.10 Comprehensive Final Report and Presentation: The Offeror shall submit a comprehensive final report, executive summary, and presentation at the conclusion of the assessment, feasibility study, and submission of required deliverables. At minimum, the final report shall detail:
 - 4.8.10.1 Objective of the assessment and feasibility study.
 - 4.8.10.2 Activities performed and timeline of activities.
 - 4.8.10.3 Surveys, interviews, and engagements conducted.
 - 4.8.10.4 New Mexico specific statistics and data demonstrating New Mexico's landscape and comparability with other States and national benchmarks.
 - 4.8.10.5 Progress reports and deliverables submitted.
 - 4.8.10.6 Address all requirements outlined in Section 4.8.
 - 4.8.10.7 Include all findings, gaps, compliance issues, and recommendations to include any mitigation strategies.
 - 4.8.10.8 Pathways to pursue service expansion and improvement and program enhancement with emphasis on the most efficient and cost-effective pathway.
 - 4.8.10.9 A proposed behavioral health waiver as detailed in Section 3.1.3.

A draft of the Comprehensive Final Report shall be submitted to New Mexico Medicaid, and collaboration as necessary shall occur to finalize the report.

The Offeror shall prepare and submit an executive summary and presentation for leadership, policymakers, and stakeholders in support of the finalized comprehensive final report, including separate materials for the proposed behavioral health waiver. The Offeror shall present findings and recommendations to these audiences.

- 4.8.11 Technical appendices with detailed methodology, data sources, and other supporting materials that justify the Offeror's reports.
- 4.8.12 Other critical information as determined appropriate by the Offeror to support the assessment, feasibility study, and recommendations.

4.9 Educational Materials

- 4.9.1 Develop one-page educational documents for Medicaid beneficiaries and public consumption, including but not limited to:
 - 4.9.1.1 Current behavioral health, SMI, SED, SUD, and BI service array available through New Mexico Medicaid.
 - 4.9.1.2 How to access covered Medicaid services, including behavioral health and BI services.
 - 4.9.1.3 Contact Information for assistance.
 - 4.9.1.4 Rights and protections under Medicaid coverage.
 - 4.9.1.5 Emergency Room use appropriateness.
 - 4.9.1.6 Emergency and Crisis Services available.
 - 4.9.1.7 Program overviews that include information about the program, eligibility criteria, referral processes, and contact information for the following New Mexico Medicaid programs: Supportive Housing (pre-tenancy and tenancy services); Justice Involved Reentry; SMI/SED; SUD; and BI under the Community Benefit and BSIF.
- 4.9.2 Materials should be created using clear, understandable language, ensuring cultural and linguistic appropriateness, and is at 6th-grade reading level.
- 4.9.3 Develop a Behavioral Health and separate BI service crosswalk outlining services and limitations for managed care, FFS, and ABP.
- 4.9.4 Develop a Behavioral Health and separate BI service crosswalk outlining services, waiver, and/or State Plan coverage (with page numbers and links), and if services are mandatory or optional with the Social Security Act, Code of Federal Regulations, or other governing citations documented.
- 4.9.5 Develop a Behavioral Health and separate BI service crosswalk outlining services available for Medicaid and non-Medicaid (safety net population and BISF population) covered beneficiaries.
- 4.9.6 Develop other educational materials that the Offeror identifies a need for.

5. Foundational Research and Analysis

5.1 Document review and analysis

- 5.1.1 The Offeror's assessment, feasibility study (including proposed behavioral health waiver), and work shall be informed through, but not limited to, the following:

- 5.1.1.1 New Mexico Medicaid State Plan and Amendments.
- 5.1.1.2 New Mexico waiver authorities, special terms and conditions, deliverables, and documentation.
- 5.1.1.3 New Mexico state funds and block grants authorizing coverage of services for the safety net population.
- 5.1.1.4 Existing gaps, needs assessments, and studies.
- 5.1.1.5 Network adequacy, geo-access, and other reports.
- 5.1.1.6 Utilization data and trend analysis.
- 5.1.1.7 Social Security Act and State Statute.
- 5.1.1.8 Federal and state regulations (e.g., Code of Federal Regulations, New Mexico Administrative Code).
- 5.1.1.9 Medicaid and federal guidance and policy documents (e.g., State Medicaid Director Letters, State Health Official Letters, MCO contracts, MCO Managed Care Policy Manual, Behavioral Health Manuals).
- 5.1.1.10 Medicaid fee schedules.
- 5.1.1.11 New Mexico Medicaid's website, Medicaid.gov, and other reliable and credible internet resources.

5.2 Data Integration

- 5.2.1 Integrate findings from document review with member, provider, stakeholder, MCO, and New Mexico Medicaid input.
- 5.2.2 Validate findings through multiple data sources.
- 5.2.3 Ensure consistency with existing state materials and resources, identifying any inconsistencies in findings or compliance issues to New Mexico Medicaid.

6. **Timeline:** The assessment and study must be completed prior to New Mexico's January 2026 legislative session. The following is a timeline of key phases, which are subject to change based on the execution of the contract and SOW:

September 2025:

- Project kickoff.
- Assessment and Study Frameworks.
- Comprehensive Assessment of Current Service Array.
- Deliverable submission and presentation.

October 2025:

- Engagement.
- Deliverable submission and presentation.

November 2025:

- Feasibility Study.
- Deliverable submission and presentation.

December 2025:

- Final deliverables, including comprehensive final report, executive summaries, and presentation.

January 2026:

- Final presentation to leadership, policymakers, and stakeholders.
- Comprehensive Final Report publication.

7. Performance Standards

- 7.1 All work must comply with federal and state confidentiality and privacy requirements.
- 7.2 Offeror must demonstrate expertise in Medicaid policy, behavioral health services, BI services, and feasibility analysis, including fiscal analysis expertise.
- 7.3 Deliverables must be evidence-based and supported by credible data sources.
- 7.4 Work must be completed within the agreed-upon timeline and budget parameters.
- 7.5 Final products must be suitable for submission to federal authorities and governing bodies as needed to support service expansion and improvement, and program enhancement.

8. Coordination Requirements: The Offeror shall coordinate closely with:

- 8.1 New Mexico Health Care Authority.
- 8.2 Medicaid MCOs.
- 8.3 Behavioral Health providers and advocacy organizations.
- 8.4 BI providers and advocacy organizations.
- 8.5 Administrators of non-Medicaid safety net population and BISF population programs.
- 8.6 Federal partners as needed for technical assistance.
- 8.7 Carceral and Supportive Housing partners.
- 8.8 Medicaid program subject matter experts as appropriate.
- 8.9 Other relevant state agencies and stakeholders.

9. Exclusions: The following are not part of the SOW:

- 9.1 Implementation of any recommended changes.
- 9.2 Ongoing monitoring post-assessment and study.
- 9.3 Legal or financial compliance audits.

10. Location of Work: The assessment and study shall be performed remotely; engagements will be conducted by email, phone, Microsoft Teams, and Zoom. The Offeror may be required to provide onsite presentations to leadership, policymakers, and stakeholders.

11. Roles and Responsibilities:

11.1 Offeror

- 11.1.1 Lead assessment and study.
- 11.1.2 Develop assessment and study frameworks.
- 11.1.3 Submit all deliverables timely and as required.
- 11.1.4 Present findings and recommendations.

- 11.1.5 Comment and respond on behalf of New Mexico Medicaid during public forums.

11.2 New Mexico Medicaid

- 11.2.1 Provide access to necessary data and materials when Offeror has exhausted all resources.
- 11.2.2 Coordinate with Offeror on engagements.
- 11.2.3 Review and approve deliverables, including frameworks, reports, executive summaries, and presentations.

B. TECHNICAL SPECIFICATIONS

1. Organizational Experience

Offeror **must**:

- a) Describe the experience and years Offeror possesses specializing in Medicaid-related activities, including but not limited to the below as it relates to the scope of work. Offeror shall limit its response to a maximum of two pages per item. (150 points):
 - a. Behavioral Health services.
 - b. Federal Waivers (e.g., Section 1115 demonstrations, 1915c Home and Community-Based).
 - c. Medicaid State Plans and Amendments.
 - d. Data analysis, trending, and statistics, including state comparisons.
 - e. Assessment of state landscapes to include but not limited to: Medicaid populations, services, and programs; needs, gaps, and barriers for health care services and support; and programs that address safety net populations.
 - f. Economics with actuary expertise in health care service array, financing, and finance modeling.
 - g. Structured analyses of Medicaid service arrays.
 - h. Innovative solutions and potential alternatives under federal authorities to address state Medicaid needs, including service expansion and improvement, and program enhancement.
 - i. Researching factors that influence access, continuity, and coordination of care for high-need populations.
 - j. Inform decision-making around federal waiver development, while generating insights relevant to broader behavioral health policy planning.
- b) provide a detailed description of relevant corporate experience with state government and private sector. The narrative **must** thoroughly describe how the Offeror has supplied expertise for similar contracts and must include the extent of their experience, expertise and knowledge as a provider of Medicaid assessments and feasibility studies, including but not limited to the below as it relates to the scope of work.
 - a. The following evaluation factors total 50 points (allocated as indicated) and Offeror shall limit its response to a maximum of two pages per item:

- i. List the Offeror's mission and values and describe how Offeror is suited to provide the scope of work (7 points)
 - ii. Describe the Offeror's experience with project management and leading Medicaid assessments and studies similar to the outlined scope of work (7 points)
 - iii. Describe the Offeror's successes and challenges working on activities similar to the outlined scope of work, and how the experience was used for improvement (8 points)
 - iv. Describe previous monitoring results and/or performance measure results (7 points)
 - v. Describe the management structure of the organization, including chain of supervision, and the structure that would be used for the outlined scope of work (7 points)
 - vi. Describe the structure of policies and procedures of the Offeror and how personnel are trained in these (7 points)
 - vii. Provide a statement regarding how the Offeror maintains the confidentiality of information and records of individuals served (7 points)
- b. The following evaluation factors total 150 points (allocated as indicated) and Offeror shall limit its response to a maximum of two pages per item. Provide a detailed summary of the Offeror's experience as it relates to each of the following activities outlined in the scope of work:
 - i. Comprehensive Assessment of Current Service Array (20 points)
 - ii. Engagement (20 points)
 - iii. Feasibility Study (20 points)
 - iv. Deliverables – preparing deliverables as outlined early and on time (10 points)
 - v. Foundational Research and Analysis (15 points)
 - vi. Timeline – meeting deadlines timely; successfully completing contract work within accelerated timelines; and meeting the objectives of this RFP and Scope of Work within the accelerated timeline (10 points)
 - vii. Performance Standards (15 points)
 - viii. Coordination Requirements (15 points)
 - ix. Location of Work – remote capabilities (10 points)
 - x. Roles and Responsibilities (15 points)
- c. Provide a detailed bio of all key personnel Offeror proposes to use in performance of the resulting contract, should Offeror be awarded. Key personnel is identified as those who will participate in all activities outlined in the scope of work, including oversight of the awarded contract. Offeror must include key personnel names, titles, education, work, and years of experience, and relevant certifications/licenses (50 points).

2. Organizational References

Offeror must provide a list of a minimum of three (3) external references from similar projects/programs performed for private, state or large local government clients within the last three (3) years.

Offeror shall include the following Business Reference information as part of its proposals:

- a) Client name;
- b) Project description;
- c) Project dates (starting and ending);
- d) Staff assigned to reference engagement that will be designated for work per this RFP; and
- e) Client project manager name, telephone number, fax number and e-mail address.

Offeror is required to submit APPENDIX F, Organizational Reference Questionnaire (“Questionnaire”), to the business references it lists. **The business references must submit the Questionnaire directly to the designee identified in APPENDIX F. The business references must not return the completed Questionnaire to the Offeror.** It is the Offeror’s responsibility to ensure the completed forms are submitted on or before the date indicated in Section II.A, Sequence of Events, for inclusion in the evaluation process.

Organizational References that are not received or are not complete, may adversely affect the Offeror’s score in the evaluation process. Offerors are encouraged to specifically request that their Organizational References provide detailed comments.

3. Mandatory Specification

Below are mandatory specifications and evaluation factors (total 200 points and allocated as indicated) in support of the scope of work. Offeror shall limit its response to a maximum of two pages per item and must provide a detailed description of relevant experience, expertise, and knowledge of the following:

- a. Medicaid (50 points)
- b. Behavioral health and BI services (50 points)
- c. Feasibility and fiscal analysis (50 points)
- d. Working with states on Medicaid programs, service expansions and improvement, and program enhancements (50 points)

C. BUSINESS SPECIFICATIONS

1. Financial Stability

Offerors must submit copies of the most recent years independently audited financial statements and the most current 10K, as well as financial statements for the preceding three years, if they exist. The submission must include the audit opinion, the balance sheet, and statements of income, retained earnings, cash flows, and the notes to the financial statements. If

independently audited financial statements do not exist, Offeror must state the reason and, instead, submit sufficient information (e.g. D & B report).

2. Letter of Transmittal Form

The Offeror's proposal **must** be accompanied by the Letter of Transmittal Form located in APPENDIX E. The form **must** be completed and must be signed by the person authorized to obligate the company. **Failure to submit a signed form will result in Offeror's disqualification.**

3. Campaign Contribution Disclosure Form

The Offeror must complete an unaltered Campaign Contribution Disclosure Form and submit a signed copy with the Offeror's proposal. This must be accomplished whether or not an applicable contribution has been made. (See APPENDIX B). **Failure to complete and return the signed, unaltered form will result in Offeror's disqualification.**

4. Cost

Offerors must complete the Cost Response Form in Appendix D. Cost will be measured by the total cost for implementation of their services. The cost should be inclusive of completing all of the specifications related Random Moment Surveys, Administrative Claiming & Direct Medical Service Cost Reporting & Settlement. All charges listed on Appendix D must be justified and evidence of need documented in the proposal.

5. New Mexico/Native American Resident Preferences

To ensure application of § 13-1-21 NMSA 1978 (as amended), an Offeror **MUST** submit a copy, in this section, of its valid New Mexico/Native Resident Preference Certificate or its valid New Mexico/Native American Resident Veteran Preference Certificate, as issued by the New Mexico Taxation and Revenue Department.

V. EVALUATION

A. EVALUATION POINT SUMMARY

The following is a summary of evaluation factors with point values assigned to each. These weighted factors will be used in the evaluation of individual potential Offeror proposals by sub-category.

Evaluation Factors <i>(Correspond to Sections IV.B and IV.C)</i>	Points Available
B. Technical Specifications (## Total Points)	800
B. 1. Organizational Experience	400
B. 2. Organizational References	200
B. 3. Mandatory Specification	200
C. Business Specifications (## Total Points)	200
C.1. Financial Stability	Pass/Fail
C.2. Letter Of Transmittal	Pass/Fail
C.3. Campaign Contribution Disclosure Form	Pass/Fail
C.4. Cost	200
TOTAL POINTS AVAILABLE	1,000
C.5. New Mexico / Native American Resident Preference	80
C.6. New Mexico / Native American Resident Veteran Preference Points per Section IV C.7	100

Table 1: Evaluation Point Summary

B. EVALUATION FACTORS

1. B.1 Organizational Experience (See Table 1)

Points will be awarded based on the thoroughness and clarity of Offeror's response in this Section. The Evaluation Committee will also weigh the relevancy and extent of Offeror's experience, expertise and knowledge; and of personnel education, experience and certifications/licenses. In addition, points will be awarded based on Offeror's candid and well-thought-out response to successes and failures, as well as the ability of the Offeror to learn from its failures and grow from its successes.

2. B.2 Organizational References (See Table 1)

Points will be awarded based upon an evaluation of the responses to a series of questions on the Organizational Reference Questionnaire (Appendix F). Offeror will be evaluated on references that show positive service history, successful execution of services and evidence of satisfaction by each reference. References indicating significantly similar services/scopes of work and comments provided by a submitted reference will add weight and value to a

recommendation during the evaluation process. Points will be awarded for each individual response up to 1/3 of the total points for this category. Lack of a response will receive zero (0) points.

The Evaluation Committee may contact any or all business references for validation of information submitted. If this step is taken, the Procurement Manager and the Evaluation Committee must all be together on a conference call with the submitted reference so that the Procurement Manager and all members of the Evaluation Committee receive the same information. Additionally, the Agency reserves the right to consider any and all information available to it (outside of the Organizational Reference information required herein), in its evaluation of Offeror responsibility per Section II.C.18.

3. B.3 Mandatory Specifications

Points will be awarded based on the thoroughness and clarity of Offeror's response in this Section. The Evaluation Committee will also weigh the relevancy and extent of Offeror's experience, expertise, and knowledge.

4. C.1 Financial Stability (See Table 1)

Refer to C. Business Specifications. Offeror must submit the materials described. Evaluation Committee will review and Pass/Fail only. No points assigned.

5. C.2 Letter of Transmittal (See Table 1)

Refer to C. Business Specifications. Offeror must provide the completed Appendix E. Evaluation Committee will review for completeness and accuracy, and Pass/Fail only. No points assigned.

6. C.3 Campaign Contribution Disclosure Form (See Table 1)

Refer to C. Business Specifications. Offeror must provide a completed Appendix B. Evaluation Committee will review for completeness and accuracy, and Pass/Fail only. No points assigned.

7. C.4 Cost (See Table 1)

The Offeror will be evaluated based on the total cost of implementation of the program for the 5-month contract period. The evaluation of each Offeror's cost proposal will be conducted using the following formula

$$\frac{\text{Lowest Responsive Offeror's Cost}}{\text{Each Offeror's Cost}} \times 200 \text{ points}$$

8. C.5-C.6. New Mexico/Native American Resident Preferences

Percentages will be determined based upon the point-based system outlined in § 13-1-21 NMSA 1978 (as amended).

A. New Mexico Resident Business Preference / Native American Resident

Preference

If an Offeror has provided a copy of its New Mexico Resident Preference Certificate or Native American Resident Preference Certificate, the points awarded will be calculated as 8% of the total points available in this RFP.

B. New Mexico/Native American Resident Veteran Preference

If an Offeror has provided a copy of its New Mexico Resident Veteran Preference Certificate or Native American Resident Veteran Preference Certificate the points awarded will be calculated as 10% of the total points available in this RFP.

C. EVALUATION PROCESS

1. All Offeror proposals will be reviewed for compliance with the requirements and specifications stated within the RFP. Proposals deemed non-responsive will be eliminated from further consideration.
2. The Procurement Manager may contact the Offeror for clarification of the response as specified in Section II. B.7.
3. The Evaluation Committee may use other sources of to perform the evaluation as specified in Section II. C.18.
4. Responsive proposals will be evaluated on the factors in Section IV, which have been assigned a point value in Section V. The responsible Offerors with the highest scores may be selected as finalist Offerors, based upon the proposals submitted. In accordance with §13-1-117 NMSA 1978, the responsible Offerors whose proposals are most advantageous to the State taking into consideration the Evaluation Factors in Section V will be recommended for award (as specified in Section II.B.12). Please note, however, that a serious deficiency in the response to any one factor may be grounds for rejection regardless of overall score.

APPENDIX A

ACKNOWLEDGEMENT OF RECEIPT FORM

APPENDIX A

REQUEST FOR PROPOSAL

Behavioral Health Assessment and Feasibility Study
RFP#**26-630-8000-0004**

ACKNOWLEDGEMENT OF RECEIPT FORM

This optional Acknowledgement of Receipt Form establishes a distribution list to be used for the distribution of written responses to questions, and/or any amendments to the RFP. Failure to return the Acknowledgement of Receipt Form does not prohibit potential Offerors from submitting a response to this RFP. However, by not returning the Acknowledgement of Receipt Form, the potential Offeror's representative shall not be included on the distribution list, and will be solely responsible for obtaining from the Procurement Library (Section I.G.) responses to written questions and any amendments to the RFP.

The information below will be used for all correspondence related to the Request for Proposal. Only one contact per Offeror is permitted.

ORGANIZATION: _____

CONTACT NAME: _____

TITLE: _____ PHONE NO.: _____

E-MAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Submit Acknowledgement of Receipt Form to:

To: Charles Canada, Procurement Manager

E-mail: Charles.Canada@hca.nm.gov

Subject Line: Behavioral Health Assessment and Feasibility Study
RFP #**26-630-8000-0004**

APPENDIX B

CAMPAIGN CONTRIBUTION DISCLOSURE FORM

Pursuant to the Procurement Code, Sections 13-1-28, et seq. NMSA 1978 and § 13-1-191.1 NMSA 1978 (2006), as amended by Laws of 2007, Chapter 234, a prospective contractor subject to this section shall disclose all campaign contributions given by the prospective contractor or a family member or representative of the prospective contractor to an applicable public official of the state or a local public body during the two years prior to the date on which a proposal is submitted or, in the case of a sole source or small purchase contract, the two years prior to the date on which the contractor signs the contract, if the aggregate total of contributions given by the prospective contractor or a family member or representative of the prospective contractor to the public official exceeds two hundred fifty dollars (\$250) over the two-year period. A prospective contractor submitting a disclosure statement pursuant to this section who has not contributed to an applicable public official, whose family members have not contributed to an applicable public official or whose representatives have not contributed to an applicable public official shall make a statement that no contribution was made.

A prospective contractor or a family member or representative of the prospective contractor shall not give a campaign contribution or other thing of value to an applicable public official or the applicable public official's employees during the pendency of the procurement process or during the pendency of negotiations for a sole source or small purchase contract.

Furthermore, a solicitation or proposed award for a proposed contract may be canceled pursuant to Section [13-1-181](#) NMSA 1978 or a contract that is executed may be ratified or terminated pursuant to Section [13-1-182](#) NMSA 1978 if a prospective contractor fails to submit a fully completed disclosure statement pursuant to this section; or a prospective contractor or family member or representative of the prospective contractor gives a campaign contribution or other thing of value to an applicable public official or the applicable public official's employees during the pendency of the procurement process.

The state agency or local public body that procures the services or items of tangible personal property shall indicate on the form the name or names of every applicable public official, if any, for which disclosure is required by a prospective contractor.

THIS FORM MUST BE INCLUDED IN THE REQUEST FOR PROPOSALS AND MUST BE FILED BY ANY PROSPECTIVE CONTRACTOR WHETHER OR NOT THEY, THEIR FAMILY MEMBER, OR THEIR REPRESENTATIVE HAS MADE ANY CONTRIBUTIONS SUBJECT TO DISCLOSURE.

The following definitions apply:

“Applicable public official” means a person elected to an office or a person appointed to complete a term of an elected office, who has the authority to award or influence the award of the contract for which the prospective contractor is submitting a competitive sealed proposal or who has the

authority to negotiate a sole source or small purchase contract that may be awarded without submission of a sealed competitive proposal.

“Campaign Contribution” means a gift, subscription, loan, advance or deposit of money or other thing of value, including the estimated value of an in-kind contribution, that is made to or received by an applicable public official or any person authorized to raise, collect or expend contributions on that official’s behalf for the purpose of electing the official to statewide or local office. “Campaign Contribution” includes the payment of a debt incurred in an election campaign, but does not include the value of services provided without compensation or unreimbursed travel or other personal expenses of individuals who volunteer a portion or all of their time on behalf of a candidate or political committee, nor does it include the administrative or solicitation expenses of a political committee that are paid by an organization that sponsors the committee.

“Family member” means a spouse, father, mother, child, father-in-law, mother-in-law, daughter-in-law or son-in-law of (a) a prospective contractor, if the prospective contractor is a natural person; or (b) an owner of a prospective contractor;

“Pendency of the procurement process” means the time period commencing with the public notice of the request for proposals and ending with the award of the contract or the cancellation of the request for proposals.

“Prospective contractor” means a person or business that is subject to the competitive sealed proposal process set forth in the Procurement Code [Sections [13-1-28](#) through [13-1-199](#) NMSA 1978] or is not required to submit a competitive sealed proposal because that person or business qualifies for a sole source or small purchase contract.

“Representative of a prospective contractor” means an officer or director of a corporation, a member or manager of a limited liability corporation, a partner of a partnership or a trustee of a trust of the prospective contractor.

Name(s) of Applicable Public Official(s) if any: _____

Note: A prospective contractor shall make **separate** disclosures of all campaign contributions given by (1) the prospective contractor, or (2) a family member or (3) representative of the prospective contractor, or shall complete the non-disclosure statement, as applicable.

DISCLOSURE OF CONTRIBUTIONS BY PROSPECTIVE CONTRACTOR:

Contribution Made By: _____

Relation to Prospective Contractor: _____

Date Contribution(s) Made: _____

Amount(s) of Contribution(s) _____

Nature of Contribution(s) _____

Purpose of Contribution(s) _____

(Attach extra pages if necessary)

Signature Date

Title (position)

--OR--

NO CONTRIBUTIONS IN THE AGGREGATE TOTAL OVER TWO HUNDRED FIFTY DOLLARS (\$250) WERE MADE to an applicable public official by me, a family member or representative.

Signature Date

Title (Position)

APPENDIX C

DRAFT CONTRACT

The Agreement included in this Appendix C represents the contract the Agency intends to use to make an award. The State of New Mexico and the Agency reserve the right to modify the Agreement prior to, or during, the award process, as necessary.

STATE OF NEW MEXICO
HEALTH CARE AUTHORITY
PROFESSIONAL SERVICES CONTRACT

THIS PROFESSIONAL SERVICES AGREEMENT (“Agreement” or “Contract”) is made by and between the State of New Mexico, **Health Care Authority**, hereinafter referred to as the “**HCA**,” and **Contractor**, hereinafter referred to as the “Contractor”, and is effective as of the date set forth below upon which it is executed by the State Purchasing Division (SPD) Contract Review Bureau (CRB).

IT IS AGREED BETWEEN THE PARTIES:

1. Scope of Work.

The Contractor shall perform all services detailed in Exhibit A, Scope of Work, attached to this Agreement and incorporated herein by reference.

2. Compensation.

A. The HCA shall pay to the Contractor in full payment for services satisfactorily performed at the rate of _____ dollars (\$_____) per hour (OR BASED UPON DELIVERABLES, MILESTONES, BUDGET, ETC.), such compensation not to exceed (AMOUNT), excluding gross receipts tax. The total amount payable to the Contractor under this Agreement, including gross receipts tax, if applicable, shall not exceed (AMOUNT). This amount is a maximum and not a guarantee that the work assigned to be performed by Contractor under this Agreement shall equal the amount stated herein. The parties do not intend for the Contractor to continue to provide services without compensation when the total compensation amount is reached. Contractor is responsible for notifying the HCA when the services provided under this Agreement reach the total compensation amount. In no event will the Contractor be paid for services provided in excess of the total compensation amount without this Agreement being amended in writing prior to those services in excess of the total compensation amount being provided.

B. Payment is subject to availability of funds pursuant to the Appropriations Paragraph set forth below and to any negotiations between the parties from year to year pursuant to Paragraph 1, Scope of Work, and to approval by the SPD. All invoices MUST BE received by the HCA no later than fifteen (15) days after the termination of the Fiscal Year in which the services were delivered. Invoices received after such date WILL NOT BE PAID.

(—OR— CHOICE – MULTI-YEAR)

A. The HCA shall pay to the Contractor in full payment for services satisfactorily performed pursuant to the Scope of Work at the rate of _____ dollars (\$_____) in FYXX (USE FISCAL YEAR NUMBER TO DESCRIBE YEAR; DO NOT USE FY1, FY2, ETC.). The New Mexico gross receipts tax levied on the amounts payable under this Agreement in FYXX totaling (AMOUNT) shall be paid by the HCA to the Contractor. **The total amount payable to the**

Contractor under this Agreement, including gross receipts tax and expenses, shall not exceed (AMOUNT) in FYXX.

(REPEAT LANGUAGE FOR EACH FISCAL YEAR COVERED BY THE AGREEMENT -- USE FISCAL YEAR NUMBER TO DESCRIBE EACH YEAR; DO NOT USE FY1, FY2, ETC.).

B. Payment in FYXX, FYXX, FYXX, and FYXX is subject to availability of funds pursuant to the Appropriations Paragraph set forth below and to any negotiations between the parties from year to year pursuant to Paragraph 1, Scope of Work, and to approval by the DFA. All invoices MUST BE received by the HCA no later than fifteen (15) days after the termination of the Fiscal Year in which the services were delivered. Invoices received after such date WILL NOT BE PAID.

C. Contractor must submit a detailed statement accounting for all services performed and expenses incurred. If the HCA finds that the services are not acceptable, within thirty days after the date of receipt of written notice from the Contractor that payment is requested, it shall provide the Contractor a letter of exception explaining the defect or objection to the services, and outlining steps the Contractor may take to provide remedial action. Upon certification by the HCA that the services have been received and accepted, payment shall be tendered to the Contractor within thirty days after the date of acceptance. If payment is made by mail, the payment shall be deemed tendered on the date it is postmarked. However, the HCA shall not incur late charges, interest, or penalties for failure to make payment within the time specified herein.

3. Term.

THIS AGREEMENT SHALL NOT BECOME EFFECTIVE UNTIL APPROVED BY THE State Purchasing Department (SPD)/Contracts Review Bureau (CRB). This Agreement shall terminate on (Date), unless terminated pursuant to paragraph 4 (Termination), or paragraph 5 (Appropriations). In accordance with NMSA 1978, § 13-1-150, no contract term for a professional services contract, including extensions and renewals, shall exceed four years, except as set forth in NMSA 1978, § 13-1-150.

4. Termination.

A. Grounds. The HCA may terminate this Agreement for convenience or cause. The Contractor may only terminate this Agreement based upon the HCA's uncured, material breach of this Agreement.

B. Notice; HCA Opportunity to Cure.

1. Except as otherwise provided in Paragraph (4)(B)(3), the HCA shall give Contractor written notice of termination at least thirty (30) days prior to the intended date of termination.

2. Contractor shall give HCA written notice of termination at least thirty (30) days prior to the intended date of termination, which notice shall (i) identify all the HCA's material breaches of this Agreement upon which the termination is based and (ii) state what they must do to cure such material breaches. Contractor's notice of termination shall only be effective (i) if the HCA does not cure all material breaches within the thirty (30) day notice period or (ii) in the case of material breaches that cannot be cured within thirty (30) days, the HCA does not, within the thirty

(30) day notice period, notify the Contractor of its intent to cure and begin with due diligence to cure the material breach.

3. Notwithstanding the foregoing, this Agreement may be terminated immediately upon written notice to the Contractor (i) if the Contractor becomes unable to perform the services contracted for, as determined by the HCA; (ii) if, during the term of this Agreement, the Contractor is suspended or debarred by the State Purchasing Agent; or (iii) the Agreement is terminated pursuant to Paragraph 5, "Appropriations", of this Agreement.

C. Liability. Except as otherwise expressly allowed or provided under this Agreement, the HCA's sole liability upon termination shall be to pay for acceptable work performed prior to the Contractor's receipt or issuance of a notice of termination; provided, however, that a notice of termination shall not nullify or otherwise affect either party's liability for pre-termination defaults under or breaches of this Agreement. The Contractor shall submit an invoice for such work within thirty (30) days of receiving or sending the notice of termination. *THIS PROVISION IS NOT EXCLUSIVE AND DOES NOT WAIVE THE HCA'S OTHER LEGAL RIGHTS AND REMEDIES CAUSED BY THE CONTRACTOR'S DEFAULT/BREACH OF THIS AGREEMENT.*

D. Termination Management. Immediately upon receipt by either the HCA or the Contractor of notice of termination of this Agreement, the Contractor shall: 1) not incur any further obligations for salaries, services or any other expenditure of funds under this Agreement without written approval of the HCA; 2) comply with all directives issued by the HCA in the notice of termination as to the performance of work under this Agreement; and 3) take such action as the HCA shall direct for the protection, preservation, retention or transfer of all property titled to the HCA and records generated under this Agreement. Any non-expendable personal property or equipment provided to or purchased by the Contractor with contract funds shall become property of the HCA upon termination and shall be submitted to the HCA as soon as practicable.

5. Appropriations.

The terms of this Agreement are contingent upon sufficient appropriations and authorization being made by the Legislature of New Mexico for the performance of this Agreement. If sufficient appropriations and authorization are not made by the Legislature, this Agreement shall terminate immediately upon written notice being given by the HCA to the Contractor. The HCA's decision as to whether sufficient appropriations are available shall be accepted by the Contractor and shall be final. If the HCA proposes an amendment to the Agreement to unilaterally reduce funding, the Contractor shall have the option to terminate the Agreement or to agree to the reduced funding, within thirty (30) days of receipt of the proposed amendment.

6. Status of Contractor.

The Contractor and its agents and employees are independent contractors performing professional services for the HCA and are not employees of the State of New Mexico. The Contractor and its agents and employees shall not accrue leave, retirement, insurance, bonding, use of state vehicles, or any other benefits afforded to employees of the State of New Mexico as a result of this Agreement. The Contractor acknowledges that all sums received hereunder are reportable by the Contractor for tax purposes, including without limitation, self-employment and business income tax. The Contractor agrees not to purport to bind the State of New Mexico unless the Contractor has express written authority to do so, and then only within the strict limits of that authority.

7. **Assignment.**

The Contractor shall not assign or transfer any interest in this Agreement or assign any claims for money due or to become due under this Agreement without the prior written approval of the HCA.

8. **Subcontracting.**

The Contractor shall not subcontract any portion of the services to be performed under this Agreement without the prior written approval of the HCA. No such subcontract shall relieve the primary Contractor from its obligations and liabilities under this Agreement, nor shall any subcontract obligate direct payment from the HCA.

9. **Release.**

Final payment of the amounts due under this Agreement shall operate as a release of the HCA, its officers and employees, and the State of New Mexico from all liabilities, claims and obligations whatsoever arising from or under this Agreement.

10. **Confidentiality.**

Any confidential information provided to or developed by the Contractor in the performance of this Agreement shall be kept confidential and shall not be made available to any individual or organization by the Contractor without the prior written approval of the HCA.

11. **Product of Service - Copyright.**

All materials developed or acquired by the Contractor under this Agreement shall become the property of the State of New Mexico and shall be delivered to the HCA no later than the termination date of this Agreement. Nothing developed or produced, in whole or in part, by the Contractor under this Agreement shall be the subject of an application for copyright or other claim of ownership by or on behalf of the Contractor.

12. **Conflict of Interest; Governmental Conduct Act.**

A. The Contractor represents and warrants that it presently has no interest and, during the term of this Agreement, shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance or services required under the Agreement.

B. The Contractor further represents and warrants that it has complied with, and, during the term of this Agreement, will continue to comply with, and that this Agreement complies with all applicable provisions of the Governmental Conduct Act, Chapter 10, Article 16 NMSA 1978. Without in anyway limiting the generality of the foregoing, the Contractor specifically represents and warrants that:

1) in accordance with NMSA 1978, § 10-16-4.3, the Contractor does not employ, has not employed, and will not employ during the term of this Agreement any HCA employee while such employee was or is employed by the HCA and participating directly or indirectly in the HCA's contracting process;

2) this Agreement complies with NMSA 1978, § 10-16-7(A) because (i) the Contractor is not a public officer or employee of the State; (ii) the Contractor is not a member of the family of a public officer or employee of the State; (iii) the Contractor is not a business

in which a public officer or employee or the family of a public officer or employee has a substantial interest; or (iv) if the Contractor is a public officer or employee of the State, a member of the family of a public officer or employee of the State, or a business in which a public officer or employee of the State or the family of a public officer or employee of the State has a substantial interest, public notice was given as required by NMSA 1978, § 10-16-7(A) and this Agreement was awarded pursuant to a competitive process;

3) in accordance with NMSA 1978, § 10-16-8(A), (i) the Contractor is not, and has not been represented by, a person who has been a public officer or employee of the State within the preceding year and whose official act directly resulted in this Agreement and (ii) the Contractor is not, and has not been assisted in any way regarding this transaction by, a former public officer or employee of the State whose official act, while in State employment, directly resulted in the HCA's making this Agreement;

4) this Agreement complies with NMSA 1978, § 10-16-9(A) because (i) the Contractor is not a legislator; (ii) the Contractor is not a member of a legislator's family; (iii) the Contractor is not a business in which a legislator or a legislator's family has a substantial interest; or (iv) if the Contractor is a legislator, a member of a legislator's family, or a business in which a legislator or a legislator's family has a substantial interest, disclosure has been made as required by NMSA 1978, § 10-16-7(A), this Agreement is not a sole source or small purchase contract, and this Agreement was awarded in accordance with the provisions of the Procurement Code;

5) in accordance with NMSA 1978, § 10-16-13, the Contractor has not directly participated in the preparation of specifications, qualifications or evaluation criteria for this Agreement or any procurement related to this Agreement; and

6) in accordance with NMSA 1978, § 10-16-3 and § 10-16-13.3, the Contractor has not contributed, and during the term of this Agreement shall not contribute, anything of value to a public officer or employee of the HCA.

C. Contractor's representations and warranties in Paragraphs A and B of this Article 12 are material representations of fact upon which the HCA relied when this Agreement was entered into by the parties. Contractor shall provide immediate written notice to the HCA if, at any time during the term of this Agreement, Contractor learns that Contractor's representations and warranties in Paragraphs A and B of this Article 12 were erroneous on the effective date of this Agreement or have become erroneous by reason of new or changed circumstances. If it is later determined that Contractor's representations and warranties in Paragraphs A and B of this Article 12 were erroneous on the effective date of this Agreement or have become erroneous by reason of new or changed circumstances, in addition to other remedies available to the HCA and notwithstanding anything in the Agreement to the contrary, the HCA may immediately terminate the Agreement.

D. All terms defined in the Governmental Conduct Act have the same meaning in this Article 12(B).

13. Amendment.

A. This Agreement shall not be altered, changed or amended except by instrument in writing executed by the parties hereto and all other required signatories.

B. If the HCA proposes an amendment to the Agreement to unilaterally reduce funding due to budget or other considerations, the Contractor shall, within thirty (30) days of receipt of the proposed Amendment, have the option to terminate the Agreement, pursuant to the termination provisions as set forth in Article 4 herein, or to agree to the reduced funding.

14. Merger.

This Agreement, including any and all attachments, exhibits and/or appendices, incorporates all the Agreements, covenants and understandings between the parties hereto concerning the subject matter hereof, and all such covenants, Agreements and understandings have been merged into this written Agreement. No prior Agreement or understanding, oral or otherwise, of the parties or their agents shall be valid or enforceable unless embodied in this Agreement.

15. Penalties for Violation of Law.

The Procurement Code, NMSA 1978 §§ 13-1-28 through 13-1-199, imposes civil and criminal penalties for its violation. In addition, the New Mexico criminal statutes impose felony penalties for illegal bribes, gratuities and kickbacks.

16. Equal Opportunity Compliance.

The Contractor agrees to abide by all federal and state laws and rules and regulations, and executive orders of the Governor of the State of New Mexico, pertaining to equal employment opportunity. In accordance with all such laws of the State of New Mexico, the Contractor assures that no person in the United States shall, on the grounds of race, religion, color, national origin, ancestry, sex, age, physical or mental handicap, or serious medical condition, spousal affiliation, sexual orientation or gender identity, be excluded from employment with or participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity performed under this Agreement. If Contractor is found not to be in compliance with these requirements during the life of this Agreement, Contractor agrees to take appropriate steps to correct these deficiencies.

17. Applicable Law.

The laws of the State of New Mexico shall govern this Agreement, without giving effect to its choice of law provisions. Venue shall be proper only in a New Mexico court of competent jurisdiction in accordance with NMSA 1978, § 38-3-1 (G). By execution of this Agreement, Contractor acknowledges and agrees to the jurisdiction of the courts of the State of New Mexico over any and all lawsuits arising under or out of any term of this Agreement.

18. Workers Compensation.

The Contractor agrees to comply with state laws and rules applicable to workers compensation benefits for its employees. If the Contractor fails to comply with the Workers Compensation Act and applicable rules when required to do so, this Agreement may be terminated by the HCA.

19. Records and Financial Audit.

A. The Contractor shall maintain detailed records that indicate the nature and price of Services rendered during this Agreement's term and effect and retain them for a period of five (5) years from the date of final payment under this Agreement.

B. Contract for an independent audit in accordance with 2 CFR 200 at the Contractor's expense, as applicable or upon HCA request, submit its most recent 2 CFR 200 audit. The Contractor shall ensure that the auditor is licensed to perform audits in the State of New Mexico and shall be selected by a competitive bid process. The Contractor shall enter into a written contract with the auditor specifying the scope of the audit, the auditor's responsibility, the date by which the audit is to be completed and the fee to be paid to the auditor for this service. Single audits shall comply with procedures specified by the HCA. The audit of the contract shall cover compliance with Federal Regulations and all financial transactions hereunder for the entire term of the Agreement in accordance with procedures promulgated by 2 CFR 200 or by Federal program officials for the conduct and report of such audits. An official copy of the independent auditor's report shall be available to the HCA and any other authorized entity as required by law within (fifteen) 15 days of receipt of the final audit report. The Contractor may request an extension to the deadline for submission of the audit report in writing to the HCA for good cause and the HCA reserves the right to approve or reject any such request. The HCA retains the right to contract for an independent financial and functional audit for funds and operations under this Agreement if it determines that such an audit is warranted or desired.

C. Upon completion of the audit under the applicable federal and state statutes and regulations, the Contractor shall notify the HCA when the audit is available for review and provide online access to the HCA, or the Contractor shall provide the HCA with four (4) originals of the audit report. The HCA will retain two (2) and one (1) will be sent to the HCA/Office of the Inspector General and one (1) to the HCA/Administrative Services Division/Compliance Bureau.

D. Within thirty (30) days thereafter or as otherwise determined by the HCA in writing, the Contractor shall provide the HCA with a response indicating the status of each of the exceptions or findings in the said audit report. If either the exceptions or findings in the audit are not resolved within thirty (30) days, the HCA has the right to reduce funding, terminate this Agreement, and/or recommend decertification in compliance with state and/or federal regulations governing such action.

E. This audit shall contain the Schedule of Expenditures of Federal Awards for each program to facilitate ease of reconciliation by the HCA. This audit shall also include a review of the schedule of depreciation for all property or equipment with a purchase price of \$5,000 or more pursuant to 2 CFR 200, specifically subpart F, and appendices where appropriate.

F. This audit shall include a report on compliance with requirements applicable to each major program and internal control over compliance in accordance with 2 CFR 200, specifically subpart F and appendices.

20. Indemnification.

The Contractor shall defend, indemnify and hold harmless the HCA and the State of New Mexico from all actions, proceeding, claims, demands, costs, damages, attorneys' fees and all other liabilities and expenses of any kind from any source which may arise out of the performance of this Agreement, caused by the negligent act or failure to act of the Contractor, its officers, employees, servants, subcontractors or agents, or if caused by the actions of any client of the Contractor resulting

in injury or damage to persons or property during the time when the Contractor or any officer, agent, employee, servant or subcontractor thereof has or is performing services pursuant to this Agreement. In the event that any action, suit or proceeding related to the services performed by the Contractor or any officer, agent, employee, servant or subcontractor under this Agreement is brought against the Contractor, the Contractor shall, as soon as practicable but no later than two (2) days after it receives notice thereof, notify the legal counsel of the HCA and the Risk Management Division of the New Mexico General Services Department by certified mail.

21. New Mexico Employees Health Coverage.

A. If Contractor has, or grows to, six (6) or more employees who work, or who are expected to work, an average of at least 20 hours per week over a six (6) month period during the term of the contract, Contractor certifies, by signing this agreement, to have in place, and agree to maintain for the term of the contract, health insurance for those employees and offer that health insurance to those employees if the expected annual value in the aggregate of any and all contracts between Contractor and the State exceed \$250,000 dollars.

B. Contractor agrees to maintain a record of the number of employees who have (a) accepted health insurance; (b) declined health insurance due to other health insurance coverage already in place; or (c) declined health insurance for other reasons. These records are subject to review and audit by a representative of the state.

C. Contractor agrees to advise all employees of the availability of State publicly financed health care coverage programs by providing each employee with, as a minimum, the following web site link to additional information: <https://www.bewellnm.com>.

22. Invalid Term or Condition.

If any term or condition of this Agreement shall be held invalid or unenforceable, the remainder of this Agreement shall not be affected and shall be valid and enforceable.

23. Enforcement of Agreement.

A party's failure to require strict performance of any provision of this Agreement shall not waive or diminish that party's right thereafter to demand strict compliance with that or any other provision. No waiver by a party of any of its rights under this Agreement shall be effective unless express and in writing, and no effective waiver by a party of any of its rights shall be effective to waive any other rights.

24. Notices.

Any notice required to be given to either party by this Agreement shall be in writing and shall be delivered in person, by courier service or by U.S. mail, either first class or certified, return receipt requested, postage prepaid, as follows:

To the HCA: [name, address, email]

Medical Assistance Division
P.O. Box 2348

Santa Fe, New Mexico 87504-2348

To the Contractor:

[name, address, email]

25. Debarment and Suspension.

A. Consistent with all applicable federal and/or state laws and regulations, as applicable, and as a separate and independent requirement of this Agreement the Contractor certifies by signing this Agreement, that it and its principals, to the best of its knowledge and belief: (1) are not debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal department or agency; (2) have not, within a three-year period preceding the effective date of this Agreement, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; (3) have not been indicted for, or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with, commission of any of the offenses enumerated above in this Paragraph A; (4) have not, within a three-year period preceding the effective date of this Agreement, had one or more public agreements or transactions (Federal, State or local) terminated for cause or default; and (5) have not been excluded from participation from Medicare, Medicaid or other federal health care programs pursuant to Title XI of the Social Security Act, 42 U.S.C. § 1320a-7.

B. The Contractor's certification in Paragraph A, above, is a material representation of fact upon which the HCA relied when this Agreement was entered into by the parties. The Contractor's certification in Paragraph A, above, shall be a continuing term or condition of this Agreement. As such at all times during the performance of this Agreement, the Contractor must be capable of making the certification required in Paragraph A, above, as if on the date of making such new certification the Contractor was then executing this Agreement for the first time. Accordingly, the following requirements shall be read so as to apply to the original certification of the Contractor in Paragraph A, above, or to any new certification the Contractor is required to be capable of making as stated in the preceding sentence:

- 1) The Contractor shall provide immediate written notice to the HCA's Program Manager if, at any time during the term of this Agreement, the Contractor learns that its certification in Paragraph A, above, was erroneous on the effective date of this Agreement or has become erroneous by reason of new or changed circumstances.
- 2) If it is later determined that the Contractor's certification in Paragraph A, above, was erroneous on the effective date of this Agreement or has become erroneous by reason of new or changed circumstances, in addition to other remedies available to the HCA, the HCA may terminate the Agreement.

C. As required by statute, regulation or requirement of this Agreement, and as contained in Paragraph A, above, the Contractor shall require each proposed first-tier subcontractor whose

subcontract will equal or exceed \$25,000, to disclose to the Contractor, in writing, whether as of the time of award of the subcontract, the subcontractor, or its principals, is or is not debarred, suspended, or proposed for debarment by any Federal department or agency. The Contractor shall make such disclosures available to the HCA when it requests subcontractor approval from the HCA. If the subcontractor, or its principals, is debarred, suspended, or proposed for debarment by any Federal, state or local department or agency, the HCA may refuse to approve the use of the subcontractor.

26. Certification and Disclosure Regarding Payments To Influence Certain Federal Transactions (Anti-Lobbying).

A. The applicable definitions and exceptions to prohibited conduct and disclosures contained in 31 U.S.C. § 1352 and 45 C.F.R. Part 93, as applicable, are hereby incorporated by reference in subparagraph (B) of this certification.

B. The Contractor, by executing this PSC, certifies to the best of its knowledge and belief that:

- 1) No Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on his or her behalf in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement; and
- 2) If any funds other than Federal appropriated funds (including profit or fee received under a covered Federal transaction) have been paid, or will be paid, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on his or her behalf in connection with this solicitation, the offeror shall complete and submit, with its offer, OMB standard form LLL, Disclosure of Lobbying Activities, to the Contracting Officer.

C. The Contractor shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

D. This certification is a material representation of fact upon which reliance is placed when this Agreement is made and entered into. Submission of this certification is a prerequisite for making and entering into this Agreement imposed under 31 U.S.C. § 1352. It shall be a material obligation of the Contractor to keep this certification current as to any and all individuals or activities of anyone associated with the Contractor during the pendency of this Agreement. Any person who makes an expenditure prohibited under this provision or who fails to file or amend the disclosure form to be filed or amended by this provision, shall be subject to: (1) a civil penalty of not less than \$10,000 and not more than \$100,000 for such failure; and/or (2) at the discretion of the HCA, termination of the Agreement.

27. Non-Discrimination.

A. The Contractor agrees to comply fully with Title VI of the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, Public Law 93-112, as amended; and the Americans With Disabilities Act of 1990, Public Law 101-336; in that there shall be no discrimination against any employee who is employed in the performance of this Agreement, or against any applicant for such employment, because of age, color, national origin, ancestry, race, religion, creed, disability, sex, or marital status.

B. This provision shall include, but not be limited to, the following: employment, promotion, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship.

C. The Contractor agrees that no qualified handicapped person shall, on the basis of handicap, be excluded from participation or be denied the benefits of, or otherwise be subjected to discrimination under any program or activity of the Contractor. The Contractor further agrees to insert similar provisions in all subcontracts for services allowed under this Agreement under any program or activity.

D. The Contractor agrees to provide meaningful access to services for individuals with Limited English Proficiency (LEP) in accordance with Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency."

28. Drug Free Workplace.

A. *Definitions.* As used in this paragraph—
"Controlled substance" means a controlled substance in schedules I through V of section 202 of the Controlled Substances Act, 21 U.S.C 812, and as further defined in regulation at 21 CFR 1308.11 - 1308.15.
"Conviction" means a finding of guilt (including a plea of *nolo contendere*) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes.
"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, possession, or use of any controlled substance.
"Drug-free workplace" means the site(s) for the performance of work done by the Contractor in connection with a specific contract where employees of the Contractor are prohibited from engaging in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance.
"Employee" means an employee of a contractor directly engaged in the performance of work under a Government contract. "Directly engaged" is defined to include all direct cost employees and any other contractor employee who has other than a minimal impact or involvement in contract performance.
"Individual" means an offeror/contractor that has no more than one employee including the offeror/contractor.

B. The Contractor, if other than an individual, shall:

1) Publish a statement notifying its employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition;

2) Establish an ongoing drug-free awareness program to inform such employees about:

- a) The dangers of drug abuse in the workplace;
- b) The Contractor's policy of maintaining a drug-free workplace;
- c) Any available drug counseling, rehabilitation, and employee assistance programs; and
- d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

3) Provide all employees engaged in performance of the PSC with a copy of the required by subparagraph B(1);

4) Notify such employees in writing in the statement required by subparagraph (B)(1) of this clause that, as a condition of continued employment on this PSC, the employee will:

- a) Abide by the terms of the statement; and
- b) Notify the employer in writing of the employee's conviction under a criminal drug statute for a violation occurring in the workplace no later than five (5) days after such conviction;

5) Notify the HCA Program Manager in writing within ten (10) days after receiving notice under (B)(4)(ii) of this paragraph, from an employee or otherwise receiving actual notice of such conviction. The notice shall include the position title of the employee;

6) Within thirty (30) days after receiving notice under B(4)(ii) of this paragraph of a conviction, take one of the following actions with respect to any employee who is convicted of a drug abuse violation occurring in the workplace:

- a) Taking appropriate personnel action against such employee, up to and including termination; or
- b) Require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and

7) Make a good faith effort to maintain a drug-free workplace through implementation of B(1) through B(6) of this Section.

C. The Contractor, if an individual, agrees by entering into this PSC not to engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance while performing this contract.

D. In addition to other remedies available to the HCA, the Contractor's failure to comply with the requirements of subparagraph B or C of this paragraph will render the Contractor in default of this PSC and subject the Contractor to suspension of payments under the PSC and/or termination of the PSC in accordance with paragraph 4, above.

29. Findings and Sanctions.

A. The Contractor agrees to be subject to the findings, sanctions and disallowances assessed or required as a result of audits pursuant to this agreement.

B. The Contractor will make repayment of any funds expended by the HCA, subject to which an auditor acting pursuant to this agreement finds were expended, or to which appropriate federal funding agencies take exception and so request reimbursement through a disallowance or deferral based upon the acts or omissions of the Contractor that violate applicable federal statutes and/or regulations, subject to sufficient appropriations of the New Mexico Legislature.

C. If the HCA becomes aware of circumstances that might jeopardize continued federal funding the situation shall be reviewed and reconciled by a mutually agreed upon panel of Contractor and the HCA officials. If reconciliation is not possible, both parties shall present their view to the Director of the Administrative Services Division who shall determine whether continued payment shall be made.

30. Authority.

If Contractor is other than a natural person, the individual(s) signing this Agreement on behalf of Contractor represents and warrants that he or she has the power and authority to bind Contractor, and that no further action, resolution, or approval from Contractor is necessary to enter into a binding contract.

The remainder of this page intentionally left blank.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the date of signature by the SPD/CRB below:

By: _____ Date: _____
HCA Cabinet Secretary

By: _____ Date: _____
HCA Chief Financial Officer

Approved for legal sufficiency:

By: _____ Date: _____
HCA General Counsel

By: _____ Date: _____
Contractor

The records of the Taxation and Revenue Department reflect that the Contractor is registered with the NM Taxation and Revenue Department to pay gross receipts and compensating taxes:

BTIN: _____

By: _____ Date: _____
Tax and Revenue Department Representative

This Agreement has been approved by the SPD Contracts Review Bureau:

By: _____ Date: _____
SPD Contracts Review Bureau

Exhibit A
Scope of Work

Please refer to IV. Specifications, A. Detailed Scope of Work that begins on page 30 of this RFP.

APPENDIX D

COST RESPONSE FORM

Offeror must provide costs for each and every line item included in the budget table provided. All costs provided by the Offeror must include all labor materials, equipment, travel, training, transportation, configuration, installation and profit. The Offeror shall not add categories or line items to the budget table provided. Offeror's proposed cost shall not be used to replace the Offeror's already-budgeted funds for the proposed project.

The assessment and study must be completed prior to New Mexico's January 2026 Legislative Session. Therefore, the contract term is planned for five (5) months and is subject to change based on the execution of the contract and scope of work. The budget table below reflects the timeline of key phases outlined in the scope of work and is not inclusive of all activities that must be performed and completed. The Offeror shall provide support to HCA related to the terms enumerated in the scope of work and contract and any other business needs as mutually determined by HCA and the Offeror, which may include commenting and/or responding on behalf of HCA during public forums.

Technical Specifications based on Detailed Scope of Work	Monthly Cost (unless otherwise indicated below)
a) Project kickoff, assessment and study frameworks, comprehensive assessment of current service array, progress report, deliverable submission, and presentation.	
b) Engagement, progress report, deliverable submission, and presentation.	
c) Feasibility study and report, progress report, deliverable submission, and presentation.	
d) Final deliverables, including but not limited to comprehensive final report, executive summaries, and presentation.	
e) Final presentation to leadership, policymakers, and stakeholders	

All monthly costs must be firm, fixed and include all services performed under the requirements of the Section IV. D, Detailed Scope of Work. No additional costs and/or fees will be permitted under this contract.

The Contractor shall submit monthly invoices corresponding to the work completed under each phase listed in Appendix D. Payment will be made on a monthly basis, contingent upon HCA's

approval of the associated deliverables. The Agency reserves the right to withhold or delay payment if deliverables are incomplete, late, or do not meet the requirements of this RFP.

Sum of Monthly Costs: \$ _____ = Total Contract Cost \$ _____.

APPENDIX E

LETTER OF TRANSMITTAL FORM

APPENDIX E

Letter of Transmittal Form

Please complete this form in its entirety. Failure to **sign and/or submit** this form will result in the disqualification of Offeror's proposal.

RFP# 26-630-8000-0004

1. Identify the following information for the submitting organization:

Offeror Name	
Mailing Address	
Telephone	
FED TIN#	
NM BTIN#	

2. Identify the individual(s) authorized by the organization to (A) contractually obligate, (B) negotiate, and/or (C) clarify/respond to queries on behalf of this Offeror:

	A Contractually Obligate	B Negotiate*	C Clarify/Respond to Queries*
Name			
Title			
E-mail			
Telephone			

* If the individual identified in Column A also performs the functions identified in Columns B & C, then no response is required for those Columns. If separate individuals perform the functions in Columns B and/or C, they must be identified.

-

3. Will any subcontractor/s be used in the performance of any resultant contract? (Select one):

____ No.
____ Yes. Identify subcontractor/s: _____

4. Will any other entity/-ies (such as a State Agency, reseller, etc., that is not a subcontractor identified in #3 above) be used in the performance of any resultant contract? (Select one)

____ No.
____ Yes. Identify entity/-ies: _____

By signing the form below, the Authorized Signatory attests to the accuracy and veracity of the information provided on this form, and explicitly acknowledges the following:

- On behalf of the submitting-organization identified in item #1, above, I accept the Conditions Governing the Procurement, as required in Section II.C.1. of this RFP;
- I concur that submission of our proposal constitutes acceptance of the Evaluation Factors contained in Section V of this RFP; and
- I acknowledge receipt of any and all amendments to this RFP, if any.

Sign: _____
(Must be signed by the individual identified in item #2.A, above.)

Date: _____

APPENDIX F

ORGANIZATIONAL REFERENCE QUESTIONNAIRE

The State of New Mexico, as a part of the RFP process, requires Offerors to list a minimum of three (3) organizational references in their proposals. The purpose of these references is to document Offeror's experience relevant to the Section IV.A, Detailed Scope of Work in an effort to evaluate Offeror's ability to provide goods and/or services, performance under similar contracts, and ability to provide knowledgeable and experienced staffing.

Offeror is required to send the following Organizational Reference Questionnaire to each business reference listed in its proposal, as per Section IV.B.2. The business reference, if it chooses to respond, is required to submit its response to the Organizational Reference Questionnaire directly to: Procurement Manager, Charles Canada at Charles.Canada@hca.nm.gov by July 31, 2025, for inclusion in the evaluation process. The Questionnaire and information provided will become a part of the submitted proposal. Businesses/Organizations providing references may be contacted for validation of content provided therein.

RFP# 26-630-8000-0004
ORGANIZATIONAL REFERENCE QUESTIONNAIRE
FOR:

(Name of Offeror)

This form is being submitted to your company for completion as a reference for the organization listed above. Submit this Questionnaire to the State of New Mexico, Health Care Authority via e-mail at:

Name: Charles Canada, Procurement Manager
Email: Charles.Canada@hca.nm.gov

Forms must be submitted no later than July 31, 2025, and **must not** be returned to the organization requesting the reference. References are **strongly encouraged** to provide comments in response to organizational ratings. The comments you provide will help the State evaluate the above-referenced Offeror's service history, successful execution of services and evidence of customer/client satisfaction.

For questions or concerns regarding this form, please contact the State of New Mexico Procurement Manager at Charles.Canada@hca.nm.gov or (505) 660-9361. When contacting the Procurement Manager, include the Request for Proposal number provided at the top of this page.

Organization providing reference	
Contact name and title/position	
Contact telephone number(s)	
Contact e-mail address	
Project description	
Project dates (start and end dates)	

QUESTIONS:

1. In what capacity have you worked with this vendor in the past?

COMMENTS:

2. How would you rate this firm's knowledge and expertise?

____ (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

COMMENTS:

3. How would you rate the vendor's flexibility relative to changes in the project scope and timelines?

____ (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

COMMENTS:

4. What is your level of satisfaction with hard-copy materials produced by the vendor?

____ (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable, N/A = Not applicable)

COMMENTS:

5. How would you rate the dynamics/interaction between vendor personnel and your staff?

_____ (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

COMMENTS:

6. Who are/were the vendor's principal representatives involved in your project and how would you rate them individually? Would you, please, comment on the skills, knowledge, behaviors or other factors on which you based the rating?

_____ (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable)

Name: _____ Rating: _____

Name: _____ Rating: _____

Name: _____ Rating: _____

Name: _____ Rating: _____

COMMENTS:

7. How satisfied are/were you with the products developed by the vendor?

_____ (3 = Excellent; 2 = Satisfactory; 1 = Unsatisfactory; 0 = Unacceptable, N/A = Not applicable)

COMMENTS:

8. With which aspect(s) of this vendor's services are/were you most satisfied?

COMMENTS:

9. With which aspect(s) of this vendor's services are/were you least satisfied?

COMMENTS:

10. Would you recommend this vendor's services to your organization again?

COMMENTS: