

Brain Injury Services Fund – Fiscal Intermediary Agency

RFP #26-630-8000-0017

Questions & Answers

#	RFP Reference	Question	Response
1	p. 1	<p>In section I(A) of the RFP (p.1) under the title <i>Purpose Of This Request For Proposals</i> in the third paragraph of that section, the last sentence reads, "The FIA does not provide direct participant services and does not determine eligibility or authorize services". The last part of that sentence about not authorizing services, that is where we see the problem. We question whether, if by chance, the word "authorize" here is intended to mean "refer", that is, to refer services and/or assess for the need for specific HCBS services. If the intended meaning is that the FIA does not assess the need for services or refer those services, we wouldn't see a problem. The reason we're pointing this out is its apparent conflict with the Draft BISF Standards, specifically chapter 5.8 of the Standards titled <i>HCBS Referral Process and Service Authorization</i>. When reading that section, you'll note that it specifies details about the FIA's authorization of services. For instance, taken from that Section: "Prior to submitting any referral for BISF HCBS, the SC will inform the participant that the BISF Program will not cover any costs for the related service or good until notification has been received that the service or good has been authorized by the FIA". Here, you begin to see the importance waiting for the FIA to authorize services. And, in another instance, from the same section of the Draft Standards: "The contracted Fiscal Intermediary Agency (FIA) is responsible for:...authorizing goods/services". Number 4 in the list of what the FIA is responsible for is authorizing goods/services. This section of the Draft Standards is, apparently, a direct contradiction of the statement in the RFP that reads, "The FIA does not...authorize services". If the FIA does not authorize services, it changes the whole role of the FIA in the HCBS referral process, as described in the noted section of the Draft Standards. And, it changes the FIA role in such a way that, from our reading of the Standards, it would essentially eliminate the FIA's ability to manage cost and budgets. As an example, a service coordinator refers a service that puts an individual's budget over the per-person allotment of \$6000 annually. In this case, in applying our reading of the Standards, the FIA would not authorize that service, and the service coordinator and participant would understand that the service would not be in place unless the FIA authorizes it. The potential overage of this individual's annual budget, in this case, would not happen because the FIA did not authorize the service. There's seems to be a lot hinging on the process of the FIA authorizing goods/services as described in the Draft Standards.</p>	<p>The intent of the RFP language is to distinguish between service coordination responsibilities and fiscal responsibilities within the BISF Program. The Fiscal Intermediary Agent (FIA) does not determine participant eligibility or assess the need for services. Those functions remain the responsibility of the Service Coordination Agency (SCA). However, the FIA does perform a financial review and authorization function to ensure that referred services and goods comply with program requirements, funding limits, and payer of last resort criteria prior to payment.</p> <p>To clarify this distinction and ensure alignment with the BISF Service Standards, the RFP language will be amended accordingly:</p> <p>Paragraph 3 in Section I.A. Introduction will be Amended to read as follows:</p> <p>The specific Fiscal Intermediary services required under this RFP include processing payments and reimbursements for authorized services and goods; administering a specialized provider network willing to serve individuals with brain injury; maintaining financial controls and accountability mechanisms; tracking expenditures and utilization; and producing required fiscal and programmatic reports. The FIA does not provide direct participant services, determine eligibility, or assess the need for services. The FIA is responsible for financial review and authorization of services in accordance with program requirements and funding limits.</p>

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2		<p>The RFP indicates that the FIA is expected to respond to critical incidents that concern the participant’s BISF HCBS. Could HCA clarify the respective roles and expectations for the FIA and SCAs in responding to critical incidents that concern the participant’s BISF HCBS?</p>	<p>SCAs are responsible for identifying, managing, and reporting critical incidents. The FIA does not provide direct intervention but supports through fiscal functions and reports incidents related to emergency alert systems purchased through HCBS.</p>
3		<p>Are SCAs currently using a common electronic case management system, and does HCA anticipate direct system interoperability with the FIA, or will information be exchanged through secure file transfer or other means?</p>	<p>A shared case management system is not required but must allow appropriate access for HCA oversight (e.g., reporting or read-only access). Information exchange is expected through secure communication and standardized documentation.</p>
4		<p>Does HCA expect any level of direct system or platform access for HCA or SCAs as part of the FIA role, or is oversight and coordination intended to occur through reporting, secure documentation exchange, and audit processes?</p>	<p>HCA expects the FIA to provide appropriate system or platform access to support oversight and transparency (e.g., reporting or read-only access). Oversight and coordination will also occur through reporting, secure documentation exchange, and audit processes.</p>
5		<p>The RFP states that this procurement will result in a single award for FIA services and that services must be provided on a statewide basis; however, under Factor I.A, Offerors are asked to specify the regions in which they propose to deliver services and to list the location, address, and counties served by each service site or office. Could HCA please clarify whether the intent is for a single statewide vendor to propose regional office locations as part of its statewide service model, or whether regional service selection is anticipated? In other words, how should Offerors reconcile the single-award, statewide requirement with the instructions to specify regions and individual service site locations?</p>	<p>This is a single statewide award. Regional information should demonstrate how services and provider access will be supported across the state.</p>
6		<p>Could HCA please confirm whether the requirement to list service sites or offices under Factor I.A is intended as a disclosure of existing locations, or whether the FIA is expected to maintain physical office locations within New Mexico as part of the statewide service model?</p>	<p>Offerors should list existing office locations. The FIA is expected to maintain an administrative and operational presence in New Mexico to support statewide program functions. Offerors should describe how this presence will be established and maintained.</p>

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7		If the awarded Offeror is not the incumbent provider, will HCA establish a formal transition process, including expectations related to data transfer, vendor continuity and participant communication?	HCA will coordinate a transition to ensure continuity of services, including data transfer, provider network continuity, participant communication, and transfer of available lifetime expenditure records for HCBS utilization.
8		The RFP requires the Offeror's governing board to be representative of the population served, including at least one person living with brain injury or disability. Could HCA clarify whether this requirement is intended to reflect the enrolled BISF participant population specifically, or the broader brain injury community?	The requirement is intended to reflect the broader brain injury community.
9		Is the governing board composition requirement expected to be fully met at the time of proposal submission, or may an Offeror demonstrate a plan and timeline to achieve the required representation following contract award?	Offerors may demonstrate current compliance or provide a plan and timeline to meet this requirement after award.
10		Could HCA clarify whether the governing board representation requirement is intended to apply strictly to the Offeror's governing board, or whether HCA will consider other governance or oversight mechanisms that demonstrate authentic representation of individuals living with brain injury?	The requirement applies to the governing board; however, HCA will consider structures that demonstrate meaningful representation and lived experience related to brain injury.
11		How long has the current vendor been in place?	Based on available records, the current vendor has been in place since at least FY2012.
12		Could HCA please confirm whether the RFP imposes any uniform background check, registry check, or drug screening requirements applicable to all, or any subset of, direct service workers, or whether such screening requirements are governed by applicable licensing standards, program regulations (8.326.10 NMAC), and federal exclusion rules specific to the service delivered?	No additional uniform screening requirements are imposed beyond applicable laws, regulations, and licensing standards. Offerors should describe their compliance approach.
13		What challenges did HCA encounter during the prior FIA transition that Offerors should proactively address?	Given that the current vendor has been in place since at least FY2012, current HCA staff were not involved in the last transition of FIA vendors and cannot speak to any challenges that may have occurred during the transition. Offerors should ensure clear communication, timely data transfer, and continuity of services during transition.
14		Are there current pain points HCA would like us to address in our proposal?	HCA is seeking expansion of the provider network across all regions to ensure adequate statewide access.

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15		<p>Can HCA clarify the purpose of the 24-hour emergency response system that allows service providers working with the BISF to contact the FIA? In what emergency circumstances would the service providers need to contact the FIA after hours?</p>	<p>The 24-hour response requirement applies to SCAs. The FIA’s role is limited to fiscal and authorization-related matters and does not include direct emergency response. The FIA may need to respond to emergency authorization requests outside of normal business days/hours.</p>
16	Section IV.C.4.b “Financial Stability”	<p>Regarding the Brain Injury Services RFP, Section IV.C.4.b “Financial Stability”, there seems to be standard language omitted that allows offerors without independently audited financial statements the opportunity to demonstrate their financial stability by alternate means. The standard language follows.</p> <p><i>If independently audited financial statements do not exist, Offeror must state the reason and, instead, submit sufficient information (e.g. D & B report) to enable the Evaluation Committee to assess the financial stability of the Offeror.</i></p> <p>For example, this language is found in the previous Brain Injury Services RFP Amendment 23-630-8000-0006 added specifically because of a similar question by an offeror.</p> <p>While we respectfully acknowledge that the HCA has every right to specify requirements for determining financial stability in the best interest of its programs, because this omission may significantly impact the standing of offerors who wish to respond, especially smaller businesses, we wanted to ensure that this omission was not done inadvertently. Is it the intention of HCA to omit this language?</p>	<p>The HCA will amend this section of the RFP to include the language that had been omitted.</p> <p>Item b. in this section will be amended to read as follows:</p> <p>b. Offerors must submit copies of the most recent years independently audited financial statements and the most current 10K, as well as financial statements for the preceding three (3) years, if they exist. The submission must include the audit opinion, the balance sheet, and statements of income, retained earnings, cash flows, and the notes to the financial statements. Offerors in business for less than three (3) years should submit all available financial reports. Include the independent auditor’s summary of findings for each report. If independently audited financial statements do not exist, Offeror must state the reason and, instead, submit sufficient information (e.g. D & B report) to enable the Evaluation Committee to assess the financial stability of the Offeror.</p>