



HEALTH CARE
AUTHORITY



RURAL HEALTH CARE DELIVERY FUND RFA OVERVIEW & APPLICATION GUIDANCE JULY 1, 2025

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START...

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On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.



*A cloudy morning looking over Santa Cruz Lake.
Photo taken by HCA employee Jessica Gomez*



HEALTH CARE
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Investing for tomorrow, delivering today.



HEALTH CARE
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MISSION

We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.

VISION

Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.

GOALS



LEVERAGE purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.



BUILD the best team in state government by supporting employees' continuous growth and wellness.



ACHIEVE health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.



IMPLEMENT innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

RHCDF TEAM MEMBERS

ELISA WREDE
Strategic Planning Director



KORI NOVAK, PHD, MBA
Partnerships Manager



TRICIA OCHOA
Financial Analyst



MELINDA COBB, MPH
Operations Manager



HALA REEDER
Strategic Data Analyst



HUGO IRIBARREN
Financial Analyst



SHELBY DANILOWICZ
Project Coordinator



Alex Willey
Staff Manager



To contact the RHCDF Team email: hca-rhcdf@hca.nm.gov



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AGENDA

Time	Agenda Item	Facilitator(s)	Desired Outcome
4:00	Welcome & Overview	Elisa	
4:10	Eligibility & Application Requirements	Elisa	Participants will understand the eligibility and application requirements.
4:15	How to Apply and Submittable Demo	Alex	Participants will learn how to access and submit an application.
4:25	Timeline & Where to Get Help	Alex	An overview of the application timeline and how to get help will be provided.
4:30	What to Expect as an Awardee	Kori	Participants will learn what to expect if awarded.
4:35	Q&A		
4:55	Adjourn		



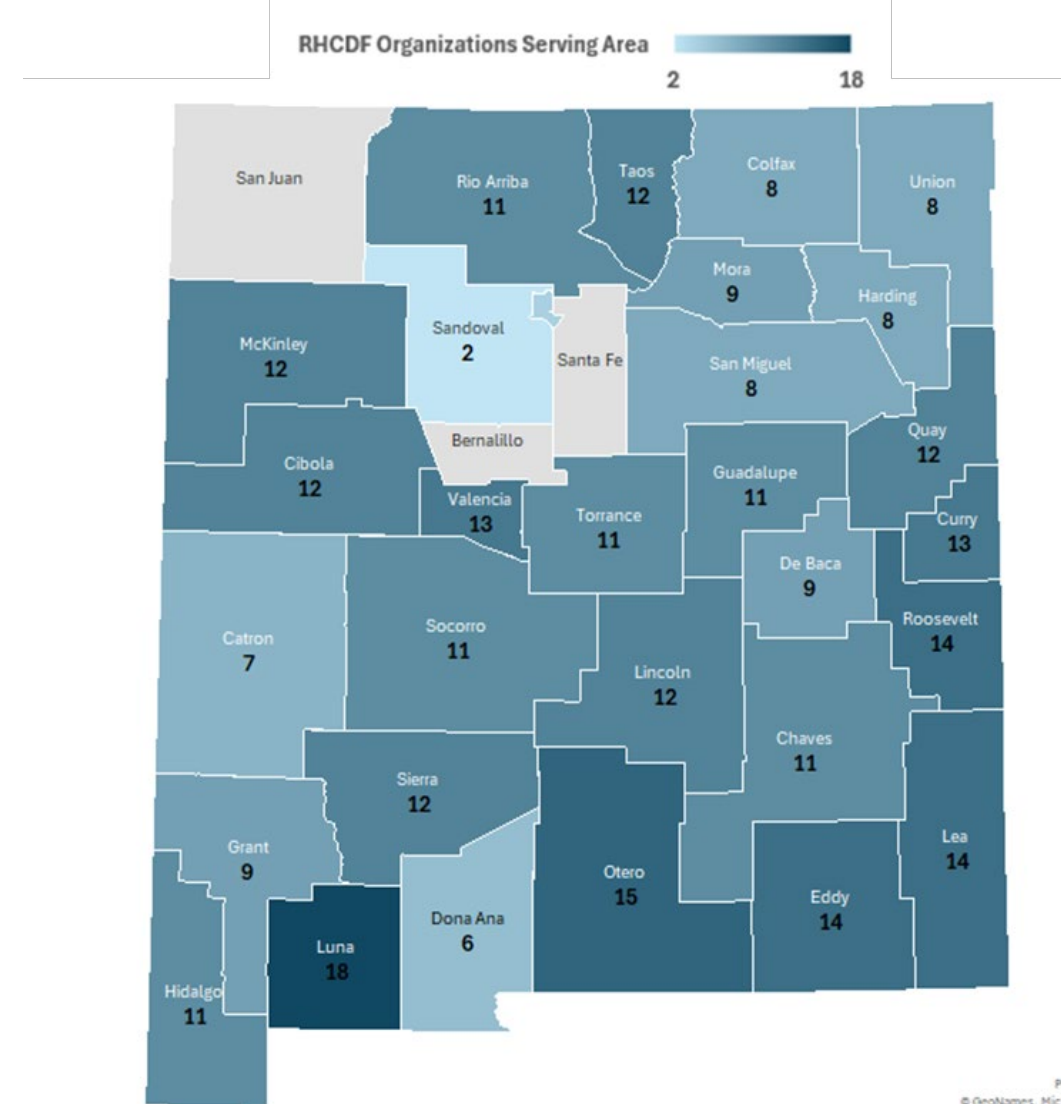
RURAL HEALTH CARE DELIVERY FUND OVERVIEW

Purpose: The Rural Health Care Delivery Fund (RHCDF) is a vital initiative aimed at improving access to quality health care in rural New Mexico. With a total of \$20 million available for the FY26-28 funding cycle, the RHCDF provides financial support to rural Medicaid providers, helping to offset operational costs in the expansion of essential health care services.

Funding Allocation:

- Total Appropriation: \$20 million from the General Fund for Fiscal Years 2026 through 2028.

Current RHCDF Organizations Serving New Mexico



FOCUS: PRIMARY CARE

This round of funding focuses on improving access to **primary care in rural areas**.

Funding is available to support projects that create and/or expand primary care services in rural communities, helping ensure that New Mexicans can access care close to home.

Primary Care Definition:

Integrated, accessible health care provided by qualified health care professionals and their teams, who are accountable for meeting most health care needs through ongoing, person-centered partnerships. This includes care that is team-based, community-aligned, and focused on improving outcomes, enhancing care quality, and reducing costs.



INTEGRATED PRIMARY CARE SERVICES OVERVIEW

Bringing traditionally separate services into the primary care setting, individuals can receive more coordinated, efficient, and accessible care.

- **Coordinated Access:** Services are offered in the same physical location or closely linked through referrals, making it easier for individuals to address multiple needs in a single visit.
- **Team-Based Approach:** A collaborative care model allows multiple disciplines to work together under a unified plan, ensuring that a person's full spectrum of health concerns is addressed.
- **Information Sharing:** Integrated systems support shared records and care plans, which improve communication, reduce duplication, and support better health outcomes.
- **Preventive Focus:** Routine primary care visits can include screenings, early interventions, and education related to a wide array of health needs beyond general check-ups.
- **Community-Based Integration:** Services are embedded in schools, workplaces, and community centers, helping meet people where they are and removing barriers to access.
- **Whole-Person Care:** Expanding what is offered through primary care- individuals benefit from a more holistic approach that supports both physical and behavioral well-being



ELIGIBILITY & REQUIREMENTS

Eligible Applicants:

- Must be Medicaid Enrolled Providers and who are actively serving Medicaid recipients in a rural community.
 - “Rural” is defined as: In a county with a population 100,000 or fewer according to the 2023 federal decennial census
- Applicant must meet state licensing requirements to provide health care services that are Medicaid reimbursable.

Eligible Projects:

- New and/or expanded health care service.
- Results in operating losses for start-up costs.
- Must be able to demonstrate substantial progress within 120 days post-contract execution.
- Project must be primary care or a primary care integration.

Cannot include purchase of land or buildings.



HOW TO APPLY: STEP BY STEP

(1) To begin an application, use the link and **click 'Submit'** button below.

RHCDF FY26-28

Rural Health Care Delivery Fund Application

Please see our website for more information:
<https://www.hca.nm.gov/primary-care-council/rural-health-care-delivery-fund/>

Getting Started:

- (1) To begin an application, click the 'Submit' button below.
- (2) Sign in, or make an account with Submittable and log-in.
- (3) Complete the 'Eligibility Form'
- (4) Complete the 'Application Form'

*Click 'Save' at the bottom of the screen to save your progress while working on the application.

We use Submittable to accept and review our submissions.

Submit

(2) Sign in, or make an account with Submittable and log-in.

Welcome

Log in to New Mexico Health Care Authority (HCA) to continue to Submittable.

Email address*

Continue

Don't have an account? [Sign up](#) [Help](#)

OR

Continue with Google

Continue with Facebook

(3) Complete the 'Eligibility Form'

RHCDF FY26-28 ELIGIBILITY FORM

Organization Eligibility:

Are you a Medicaid Enrolled Provider? (required)

☐ Yes
☐ No

Are you actively serving Medicaid recipients? (required)

☐ Yes
☐ No

Do you meet state licensing requirements to provide health care services? (required)

☐ Yes
☐ No

Are you a Private Equity-Owned organization? (required)

☐ Yes



HOW TO APPLY: STEP BY STEP

(4) Complete the 'Application Form'

- **Narrative Section**
- **Required Documents:** Detailed Budget and Workplan ***Use templates provided*
- **Additional Forms:** Financial Statements, Letters of Support (Optional)

Manage Collaborators

RHCDF FY26-28

APPLICATION

Organization Name: (required)

Organization Website: (required)

Example.com

Contact Information

Chief Executive Officer or Executive Director Name: (required)

First Name (required)

Last Name (required)

Chief Executive Officer or Executive Director Phone: (required)

Chief Executive Officer or Executive Director Email: (required)

Example.com

Chief Financial Officer's Name: (required)

First Name (required)

Last Name (required)

Budget Template

DESCRIPTION - Required	ESTIMATED 1	YEAR 1 BUDGET	ESTIMATED 2	YEAR 2 BUDGET	ESTIMATED 3	YEAR 3 BUDGET
	2026	2026	2027	2027	2028	2028
Personnel						
Salaries						
Benefits						
Travel						
Supplies						
Equipment						
Facilities						
Utilities						
Telephone						
Postage						
Printing						
Repairs						
Insurance						
Security						
Legal						
Accounting						
Information Technology						
Other						
TOTAL EXPENSES						
TOTAL REVENUE						
NET TOTAL						

Workplan Template

Goal Name	Activity Name	Responsible Person	FY2026	FY2027	FY2028	FY2029	FY2030	FY2031	FY2032
			Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep
GOAL 1 name of goal	Activity 1 activity details	First & Last Name	X	X	X	X			
	Activity 2 activity details	First & Last Name							
	Activity 3 activity details	First & Last Name							
	Activity 4 activity details	First & Last Name							
GOAL 2 name of goal	Activity 1 activity details	First & Last Name							
	Activity 2 activity details	First & Last Name							
	Activity 3 activity details	First & Last Name							
	Activity 4 activity details	First & Last Name							
GOAL 3 name of goal	Activity 1 activity details	First & Last Name							
	Activity 2 activity details	First & Last Name							
	Activity 3 activity details	First & Last Name							
	Activity 4 activity details	First & Last Name							
GOAL 4 name of goal	Activity 1 activity details	First & Last Name							
	Activity 2 activity details	First & Last Name							
	Activity 3 activity details	First & Last Name							
	Activity 4 activity details	First & Last Name							
GOAL 5 name of goal	Activity 1 activity details	First & Last Name							
	Activity 2 activity details	First & Last Name							
	Activity 3 activity details	First & Last Name							
	Activity 4 activity details	First & Last Name							

(5) Scroll to the bottom of the page to 'Save Draft,' when complete **click 'Submit'** to turn in your application

PROJECT WORKPLAN

In this form, please provide a set of detailed goals and specific activity to achieve the proposed creation or expansion of services.

Click here to download and save a copy of the **Workplan Template**. Please fill in the template with a complete workplan for your project and submit your form below. Please read detailed guidance in the RFA and

URL for Workplan Template: <https://www.hca.nm.gov/wp-content/uploads/Workplan-FY26-28.xlsx>

Workplan File Upload (required)

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl

Save Draft Submit

Drafts may be visible to the administrator.



HOW TO APPLY AND ADDITIONAL INQUIRIES

Applicants must complete the application through the link provided by the Health Care Authority at <https://www.hca.nm.gov/primary-care-council/>

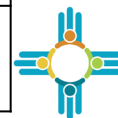
- All inquiries shall be directed to the Point of Contact for this funding opportunity only through the channels listed below.
 - Elisa Wrede, Strategic Planning Director, New Mexico Health Care Authority
 - Email: hca-rhcdf@hca.nm.gov
 - SUBMITTABLE Q&A

*Applicants and prospective Applicants **may not discuss an application** or an applications status with any other HCA employee unless authorized by the Point of Contact. All responses by HCA must be in writing to be binding. Any information deemed by HCA to be important and of general interest or which modifies requirements of the RFA shall be sent in the form of an addendum to the RFA to all Applicants that have applied. All Applicants must acknowledge receipt of all addenda within five business days, by email to the Point of Contact.*



TIMELINE & DEADLINES

Action	Responsible Party	Deadline
Issue RFA – This RFA is issued by HCA.	HCA	July 1, 2025
Online Application Open – Additional Information available in Section 7 of RFA.	HCA	July 1, 2025
Technical Assistance Webinar: Overview and Application Guidance – Recording will be available at https://www.hca.nm.gov/primary-care-council/ .	HCA	July 2, 2025
Technical Assistance Webinar: Building a Strong Budget and Workplan – Register Here. Recording will be available at https://www.hca.nm.gov/primary-care-council/ .	HCA	July 7, 2025
Deadline to Apply (All applicants)	HCA	August 15, 2025
Application Review Period – Additional Information available in of RFA.	HCA	August 15 – September 30 2025
Final Approval and Notification of Award (All applicants)	HCA	October 1 - Oct 31 2025
Contracting – Contract will be finalized. If mutually agreeable terms cannot be reached with the awarded applicant in the time specified, HCA reserves the right to withdraw funding.	Awarded Applicant & HCA	Nov 1 – Dec 31 2025
Funding Start Date	Awarded Applicant	January 1, 2026



UPCOMING WEBINAR ON BUDGET & WORKPLAN

- Budget Template: [Linked Here](#)
- Workplan Template and Sample Workplan: [Linked Here](#)

Technical Assistance Webinar: Building a Strong Budget and Workplan

- Monday July 7 4:00-5:00pm
- Register Here:
 - <https://us02web.zoom.us/meeting/register/0bifxuRjQUmzmqae1gOszw>

Topics will include:

- Importance of Accuracy with Flexibility
- Differences Between Grant Budgeting and Organizational Budgeting
- Determining Your Needs
- Revenue Concerns
 - What If It's Zero?
 - What if I over or underestimate?
- What is a workplan?
- Why it matters
- Key Components of a Workplan



WHAT TO EXPECT ONCE AWARDED

Once you've been notified:

- Awardees will have no more than 30 days to confirm their acceptance of the award after the email has been sent.
- Contract negotiation will begin. Awardees may be asked to change or modify portions of their workplan and/or budget to fit funding and state contract requirements.
- Contracts will be signed, and work can begin. Invoices can be processed once contracts are signed.

Following contract execution:

- Determine if you prefer proactive or retroactive invoicing.
- Join the Kick-off webinar with all new RHCDF Awardees.
- Meet with your Project Manager monthly (or more based on project need).
- Complete quarterly and annual reporting requirements.
- Engage in Learning Collaborative webinars with the RHCDF Awardees (optional).



Q&A

GRANT BUDGETING

Importance of Accuracy with Flexibility

- Budgets are estimates — strive for precision, but leave room for adjustment
- Align financial planning with programmatic realities
- Regularly revisit and update budgets as needed

Differences Between Grant Budgeting and Organizational Budgeting

- **Grant Budgets:** Project-specific, time-limited, must meet funder requirements
- **Organizational Budgets:** Broad, strategic, and long-term planning for all programs
- Grant budgets feed into (but don't replace) the full organizational budget
- Different approval processes and reporting standards

Honestly Determining Your Needs

- Carefully assess true program needs — not just what you think we may support
- Consider start-up costs, staffing, infrastructure, and sustainability
- Ask: How many years of funding will this initiative realistically require?
- Avoid “hope-based” budgeting; plan for real timelines and milestones

Revenue Concerns

- Anticipate delays in funding disbursement
- Consider cash flow: timing of expenses vs. revenue arrival

What If It's Zero?

- It is ok, this grant is created to help fund losses— too long though raises red flags
- Prepare a backup plan — identify what can be scaled down or delayed
- Use the opportunity to strengthen other areas or funding options
- Maintain transparency in planning and reporting

What If I Underestimate?

- Risk of program disruption or underperformance
- Cannot ask for more later
- Build in narrative and justification flexibility in the proposal
- Keep internal records of actual vs. projected for learning

What If I Overestimate?

- Justify each line item clearly with supporting data
- Be conservative but realistic — pad where necessary, not everywhere

Want to Learn More?

- Sign up for our in-depth Budgeting & Work Plan Webinar
[https://us02web.zoom.us/meeting/register/0bifxuRjQUmzmqae1gOszw](https://us02web.zoom.us/join/https://us02web.zoom.us/meeting/register/0bifxuRjQUmzmqae1gOszw)
- Deep dive into budget templates, real examples, and funder expectations
- Q&A session with team — bring your questions!



WORK PLAN CREATION AND TIMELINE

What is a Workplan?

- A **roadmap** for how your project will achieve its goals
- Includes objectives, activities, responsible parties, and timelines
- Aligns with your budget and grant narrative

Why It Matters

- Ensures clarity and accountability
- Helps track progress and manage deliverables
- Demonstrates capacity and planning to funders
- Supports team communication and coordination

Key Components of a Workplan

- **Objectives:** What are you trying to achieve?
- **Activities:** What steps will you take to meet those objectives?
- **Timeline:** When will each activity occur?
- **Responsibility:** Who is accountable for each activity?
- **Outcomes:** What results do you expect?



SAMPLE DOCUMENTS

Workplan Template													
Goal Name	Activity Name	Responsible Person	FY25Q3: Jan-Mar 2026	FY25Q4: April- Jun	FY26Q1: July- Sept	FY26Q2: Oct-Dec 2026	FY26Q3: Jan-Mar 2027	FY26Q4: April- Jun	FY27Q1: July- Sept	FY27Q2: Oct-Dec 2027	FY27Q3: Jan-Mar 2028	FY27Q4: April- Jun	
GOAL 1: name of goal	Activity 1: activity 1 details	First & Last Name	X	X									
	Activity 2: activity 2 details	First & Last Name	X	X	X	X	X (etc.)						
	Activity 3: activity 3 details	First & Last Name											
	Activity 4: activity 4 details	First & Last Name											
	Activity 5: activity 5 details	First & Last Name											
GOAL 2: name of goal	Activity 1: activity 1 details	First & Last Name											
	Activity 2: activity 2 details	First & Last Name											
	Activity 3: activity 3 details	First & Last Name											
	Activity 4: activity 4 details	First & Last Name											
	Activity 5: activity 5 details	First & Last Name											
GOAL 3: name of goal	Activity 1: activity 1 details	First & Last Name											
	Activity 2: activity 2 details	First & Last Name											
	Activity 3: activity 3 details	First & Last Name											
	Activity 4: activity 4 details	First & Last Name											
	Activity 5: activity 5 details	First & Last Name											
GOAL 4: name of goal	Activity 1: activity 1 details	First & Last Name											
	Activity 2: activity 2 details	First & Last Name											
	Activity 3: activity 3 details	First & Last Name											
	Activity 4: activity 4 details	First & Last Name											
	Activity 5: activity 5 details	First & Last Name											
GOAL 5: name of goal	Activity 1: activity 1 details	First & Last Name											
	Activity 2: activity 2 details	First & Last Name											
	Activity 3: activity 3 details	First & Last Name											
	Activity 4: activity 4 details	First & Last Name											
	Activity 5: activity 5 details	First & Last Name											



SAMPLE DOCUMENTS

Budget Template

INSTRUCTIONS:

Please complete the budget using the template below and the guidance in the RFA (appendix C). Insert rows as needed to add line items for costs, and be sure to complete the written justification column by connecting each cost to the submitted Workplan. Budgets must reflect full project proposals; any budget forms with missing information about expected staffing or facility costs will be considered incomplete. Totals and the eligibility summary are auto-calculated in blue. Please reach out to our team if you experience any issues.

DESCRIPTION	JUSTIFICATION - Required (Specify how funds will be spent, identify the relevant Goal & Activity in your Workplan)	YEAR 1 BUDGET ESTIMATES *6 months (Jan 2026 - June 2026)	YEAR 2 BUDGET ESTIMATES (July 2026 - June 2027)	YEAR 3 BUDGET ESTIMATES (July 2027 - June 2028)
Facilities - Office Space				
Facilities - Utilities				
Facilities - Furniture				
Facilities - Equipment				
Facilities - Facilities Upgrade (electric, plumbing & addition)				
Facilities - Repairs and Maintenance				
Facilities - Other (write-in)				
IT - Software				
IT - Hardware				
IT - EHR (Electronic Medical Record)				
IT - Security system				
IT - Other (write-in)				
HR - Staff Salary + Fringe Benefits (indicate FTE or percentage of time allocated to the project) <i>Add rows for each staff member</i>				
HR - Recruitment (Interns and preceptors, sign-on bonus, etc.)				
HR - Training & Conferences				
Operations - Telecommunications				
Operations - Medical Supplies				
Operations - Behavioral Health Supplies/Equipment				
Operations - Consultants				
Operations - Marketing				
Operations - Accounting Fees				
Operations - Insurance				
Operations - Business License/Permits				
Operations - Other (write-in)				
Revenue - Service Revenue				
Revenue - Other (must report all other funding sources (ie. grants) that support this service expansion to prevent duplication of funds)		\$ -	\$ -	\$ -
TOTAL EXPENSES		\$ -	\$ -	\$ -
TOTAL REVENUE		\$ -	\$ -	\$ -
TOTAL OPERATIONAL LOSS		\$ -	\$ -	\$ -
ELIGIBLE FUNDING YEARS		Year 1 is NOT Eligible for Funding	Year 2 is NOT Eligible for Funding	Year 3 is NOT Eligible for Funding
AMOUNT OF ELIGIBLE FUNDING BY YEAR		\$ -	\$ -	\$ -
TOTAL ELIGIBLE FUNDING		\$ -	\$ -	\$ -

