

Request for Applications (RFA)
Rural Health Care Delivery Fund (RHCDF)

1 OVERVIEW OF FUNDING OPPORTUNITY

1.1 PROGRAM TITLE

Rural Health Care Delivery Fund (RHCDF) Stabilization Grants

1.2 SYNOPSIS OF PROGRAM

The New Mexico Health Care Authority (HCA) invites rural health care providers and facilities to apply for Stabilization Grant funding through the Rural Health Care Delivery Fund (RHCDF). Eligible applicants must be New Mexico Medicaid Enrolled Providers who are actively serving Medicaid patients and deliver services in New Mexico that are eligible for Medicaid reimbursement.

Senate Bill 1 (SB1), passed during the 2025 1st Special Session, authorizes the HCA to distribute RHCDF funding to stabilize health care services across rural New Mexico and outlines the following:

1. A rural health care provider or rural health care facility may apply to the authority for a grant to stabilize the provision of existing health care services when those services are at risk of reduction or closure.
2. The authority may award a grant from the rural health care delivery fund to a rural health care provider or rural health care facility providing health care service as approved by the authority, subject to the following conditions and limitations:
 - a. The rural health care provider or rural health care facility meets state licensing requirements to provide health care services and is an enrolled Medicaid provider that actively serves Medicaid recipients;
 - b. Grants are for one year and for no more than the first five years of operation.
 - c. The rural health care provider or rural health care facility provides adequate cost data, as defined by rule of the authority, based on financial and statistical records that can be verified by qualified auditors and which data are based on an approved method of cost finding and the accrual basis of accounting and can be confirmed as having been delivered through review of claims;
 - d. Grant award amounts shall be reconciled by the authority after the close of the grant period;

3. In the case of a rural health care provider, the provider commits to:
 - a. a period of operation equivalent to the number of years grants are awarded; and
 - b. actively serve Medicaid recipients throughout the duration of the grant period.
4. In prioritizing grant awards, the authority shall consider the health needs of the state and the locality and the long-term sustainability of the service.

1.3 PURPOSE

The RHCDF aims to maintain quality healthcare in rural communities by supporting the stabilization of health care services. Eligible applicants may receive funding to cover losses and costs that are necessary to maintain service delivery, helping ensure rural New Mexicans continue to have the care they need.

1.5 POINT OF CONTACT

Applicants should direct all inquiries and communications concerning this RFA to:

New Mexico Health Care Authority

Name: Amy Alexander, RHCDF Manager

Email: hca.rhcdf@hca.nm.gov

Questions will only be answered through the channels listed at:

<https://www.hca.nm.gov/primary-care-council/rural-health-care-delivery-fund/>

No contact shall be made with other HCA personnel or its designees regarding this RFA. Failure to comply with this requirement may result in disqualification.

2 AWARD SUMMARY

2.1 AWARD AMOUNT

The total funding available for all combined awards is **\$50,000,000**, contingent on funding availability. Funding awards are determined by the scope of work and the anticipated financial losses.

2.2 NUMBER OF AWARDS AND SUBMISSIONS

The number of awards is contingent on the number of applications received, requested amounts, and the amount of funding available. Each application must represent a distinct project. However, there is no limit on the number of submissions an organization may propose, meaning an organization may submit more than one application.

2.3 ELIGIBLE APPLICANTS

1. Eligible applicants include rural health care facilities and rural health care providers as defined below.
 - Rural Health Care Facility: Licensed in New Mexico, providing primary care services in rural locations.
 - Rural Health Care Provider: Licensed individual health professionals, transportation entities, or organizations providing care in a rural county as defined below.
2. Eligibility will be determined for facilities and providers who provide services:
 - In a county that has a population of one hundred thousand or fewer according to the most recent federal decennial census;
 - In a rural [high-needs geographic health professional shortage area](#) (HPSA) as designated by the United States Health Resources and Services Administration;
 - Certain areas of Bernalillo, Santa Fe, and Doña Ana counties that are not considered rural are **not** eligible.*
 - In a tribally operated health care facility.
3. Must be currently Enrolled as a Medicaid Provider who is actively serving Medicaid recipients.
4. Applicants must meet state licensing requirements to provide health care services.

2.5 PROJECT REQUIREMENTS

1. Provide services eligible for Medicaid reimbursement.
2. Demonstrate stabilized services ($\leq 5\%$ loss or reduction) within 6 months post-contract execution through quarterly reporting.
3. Applicant must provide services in the locations outlined in Section 2.3 or submit documentation for exemption. Exceptions may be granted only with additional justification and supporting documentation as subject to determination by HCA. Documentation must be uploaded/submitted with application.
4. If the Applicant is an entity that is eligible to participate in New Mexico Medicaid's Presumptive Eligibility (PE) program, the Applicant must have on-site or agree to train and certify at least one HCA certified Presumptive Eligibility Determiner (PED) within 120 days of receiving funding. (Applicants that are not eligible entities for participation in the PE program are not subject to this requirement.)

2.7 PROGRAM DURATION

This funding cycle will operate through **June 30, 2029**.

2.8 FUNDING PERIOD

The Funding Period is available for the time period identified below depending on the needs of the Applicant and availability of funds.

August 1, 2026 – June 30, 2029

(State Fiscal Year 2027 – State Fiscal Year 2029)

3 APPLICATION PROCESS

Applicants must complete the application form and submit all required documentation to the Health Care Authority as outlined in **Section 7**.

3.1 APPLICATION TIMELINE

| Action | Responsible Party | Deadline |
|--|-------------------|------------------------|
| Rule Promulgation | HCA | September 1, 2026 |
| Issue RFA – This RFA is issued by HCA. | HCA | March 16, 2026 |
| Online Application Open – Additional Information available in Section 7 of RFA | HCA | March 16, 2026 |
| Technical Assistance Webinar: Overview and Application Guidance – Click here to Register . Recording will be available at https://www.hca.nm.gov/primary-care-council/rural-health-care-delivery-fund/ | HCA | March 17, 2026 |
| Technical Assistance Webinar: Building a Strong Budget and Workplan Click here to Register . Recording will be available at https://www.hca.nm.gov/primary-care-council/rural-health-care-delivery-fund/ | HCA | March 20, 2026 |
| Deadline to Apply (All applicants) | HCA | April 19, 2026 |
| Application Review Period – Additional information available in RFA. HCA may request clarification and/or additional information during the review period. | HCA | April 19- May 29, 2026 |

| | | |
|--|---------------------------|--|
| Oral Presentations- A brief 15-minute virtual presentation may be requested for eligible applicants at HCA’s discretion. | Applicant and HCA | May 21-22, 2026 <i>Dates subject to change based on application volume</i> |
| Final Approval and Notification of Award (All applicants) | HCA | May 30- June 14, 2026 |
| Contract Negotiation – Contracts 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 and HCA | June 14- July 31, 2026 <i>Acceptance of offer no later than June 30, 2026</i> |
| Funding Start Date | Awarded Applicant | August 1, 2026 |

4 USE OF FUNDS

4.1 PAYMENT TERMS

Awarded applicants shall receive payments from HCA. The HCA anticipates payments to awarded applicants to begin one month following a fully executed contract. HCA is not bound by any award estimates or budget amounts requested in response to this RFA.

Funding may be reduced or terminated if funds allocated to HCA for the years of this program become reduced, depleted, or unavailable during the Contract Term. If HCA determines an awarded applicant has failed to perform or failed to conform to conditions, HCA may retract or reduce the funding amount for the awarded applicant.

4.2 ALLOWABLE COSTS

The Fund is intended to support the stabilization of rural health care services by covering losses for which recognized revenue is not sufficient, losses incurred in providing inpatient, outpatient, primary, specialty or behavioral health care services to New Mexico residents, and ongoing costs that are essential to maintaining continuous service delivery. Funding may be used to support activities that stabilize operations and ensure continued care for rural communities. Allowable costs include:

- Losses incurred through usual and customary health care business practice.
- Ongoing operational and stabilization-related expenses necessary to maintain rural health care services.

- Stabilization of the provision of health care services when those services are operating at a loss and/or at risk of reduction or closure.

4.3 PROHIBITED COSTS AND LIMITATIONS

Projects are prohibited from or limited to expending funds on the following:

- Marketing or outreach activities
- New service lines or specialties
- Patient volume expansion
- Facility expansion, new construction, or purchase of land/buildings
- Technology upgrades that increase capacity
- Strategic planning for growth
- Operations outside of New Mexico

4.4 DUPLICATION OF USE OF FUNDING

The Rural Health Care Delivery Fund recognizes that some organizations may also receive Rural Health Transformation funding (Federal funding). Funds from each must be maintained separately and may not be co-mingled or used to support the same projects, activities, or purposes.

4.5 REQUIRED COMMITMENTS

- Funding supports an initial 36-month period of operation from **August 1, 2026 - June 30, 2029**.
- Award amounts shall be reconciled by the department to ensure requirements are met.
- The recipient must supply sufficient cost data, as specified by the department's regulations, derived from financial and statistical records that can be verified by qualified auditors.
- The Recipient commits to a period of operation equivalent to the number of years funding is awarded and to actively serve Medicaid recipients throughout the duration of the funding period, and;
- Actively serve Medicaid recipients throughout the duration of the grant period.

4.6 AWARDED BUDGET AND CHANGE REQUESTS

Final Award Budget: Each application selected for funding shall provide HCA with a Final Award Budget detailing the expected uses of award funds during each year of the funding period.

Budget changes made after the contracting period will require a budget change request form submission and approval by the HCA.

4.7 LAST DAY OF EXPENDITURES

Contracts will be created with specific allocations for each State fiscal year of the contract. Funding must be utilized within that funding year. Any carry-forward requests are subject to HCA approval.

All awarded funds are required to be spent in full by the final day of the Funding Period. Any portion of the funding that remains unspent after this date must be repaid. Award amounts shall be reconciled by the authority to audited operating losses after the close of the grant period

4.8 RETURN OF UNEXPENDED FUNDS

All awarded funds must be expended by the end of the Funding Period. Any unexpended funds must be returned unless otherwise approved by HCA. If HCA anticipates that a funding recipient will not utilize the full award amount by the end of the final year of their project, HCA reserves the right to reduce the award and reallocate the remaining funds.

4.9 INVOICING CADENCE

Funds will be invoiced monthly as retrospective payments. All invoices are subject to deadlines and requirements set forth by the New Mexico Department of Finance and Administration (DFA).

4.10 FUNDING LIMITS

The total funding available for awards is contingent on funding availability.

5 SELECTION FOR FUNDING

5.1 APPLICATION SCREENING

HCA shall assign members of an Evaluation Committee to review Applications to determine adherence to program requirements and funding priorities. HCA reserves the right to contact applicants for clarifications and/or additional information during the screening process. Applications must meet the requirements of the RFA to qualify for further consideration.

5.2 ORAL PRESENTATIONS

Applicants who meet the requirements determined by the HCA may be asked to participate in an Oral Presentation as a part of the evaluation process at the discretion of the

evaluation committee. Each eligible applicant will be allotted 15 minutes to present, with presentations scheduled by the HCA on or around **May 21–22, 2026**.

5.3 RECOMMENDATION FOR FUNDING

The Evaluation Committee shall make funding recommendations to the HCA Secretary, who will make the final funding decisions.

Additional information on scoring criteria can be found in Appendix B.

5.4 FUNDING DECISIONS

Applicants will be notified about funding decisions by email according to HCA's timeline, subject to change. Awardees will have no more than 30 days or until June 30th to confirm their acceptance of the award after the email has been sent. The HCA will reallocate funding from awards that are not confirmed within that time-period.

6 COMPLIANCE AND ACCOUNTABILITY

6.1 REQUIRED REPORTING

1. **Quarterly Reporting:** Awarded organizations must submit quarterly reports demonstrating the ongoing stabilization of their services, using the required performance metrics.
2. **Annual Reporting:** Awarded organizations must submit an annual report to the Health Care Authority.
3. **Stability Survey:** Awarded organizations must complete stability surveys 6 months and one year after funding ends as provided by the HCA.

Organizations failing to submit the required annual and quarterly reports, or other required paperwork will be ineligible for funding and risk having current funding removed.

6.2 VERIFICATION OF SERVICES PROVIDED

Funded organizations must provide verification that services are being delivered within the timeframe specified in the contracted Scope of Work.

6.3 FAILURE TO FULFILL PROJECT REQUIREMENTS

For more information on failure to fulfill project requirements please see Appendix A.

6.4 APPLICANT RESPONSIBILITIES

Applicant shall comply with all federal, state, and local laws, statutes, ordinances, rules and regulations and the orders and decrees of any court or administrative bodies or

tribunals in any matter affecting the performance of the Contract, including, if applicable, workers compensation laws, compensation statutes and regulations, and licensing laws and regulations. When requested to do so by HCA, Applicant shall furnish HCA with satisfactory proof of its compliance.

7 APPLICATION INFORMATION

7.1 APPLICATION SUBMISSION

1. Applications and all required documents must be submitted electronically via the HCA's designated portal by the specified deadlines.
 - a. Submitted using the Submittable Application Site. Application site will be posted to the Primary Care Council website at <https://www.hca.nm.gov/primary-care-council/rural-health-care-delivery-fund/> on **March 16, 2026**.
 - b. HCA shall not be responsible for Applications that are captured, blocked, filtered, quarantined, or otherwise prevented from reaching the proper destination server including Applicants anti-virus or other security software.
2. Incomplete applications or those submitted through other channels will not be considered.
3. Confirmation emails will be generated upon submission, and it is the applicant's responsibility to ensure receipt.
 - a. If an applicant does not receive confirmation, they should contact the Point of Contact listed in Section 1.4 immediately.

Questions about the application process can be submitted through one of the channels on the HCA website at <https://www.hca.nm.gov/primary-care-council/rural-health-care-delivery-fund/>.

7.2 APPLICATION DEADLINE

Applications must be:

- Submitted no later than **11:59pm (MST) on April 19, 2026**.
- Completed according to the guidelines outlined in this RFA.

7.3 APPLICATION COMPONENTS

Application Requirements:

- *Requirement 1:* Response to eligibility and requirements.
- *Requirement 2:* Submission of required contact, individual, and/or organizational information.
- *Requirement 3:* A **narrative section** (not to exceed allowable word limits) that captures the requested information within the designated application portal and form. Requested information is subject to change.
- *Requirement 4:* Applicants must complete a **workplan** using the designated application portal and provided form.
- *Requirement 5:* Applicants must submit a **detailed budget** indicating the use of funds using the designated application portal and provided form.
- *Requirement 6:* Applicants must provide **financial documents**, including the following applicable documents: Balance Sheet, Income Statement, Cash Flow Statement, Statement of Functional Expenses, IRS Form 990.
- *Optional Requirement 7:* Applicants may submit Letters of Support from community stakeholders attesting to the project's importance.

7.4 APPLICATION FORMAT AND CONTENT

Eligibility/Requirements Checklist (Requirement 1):

- ✓ I am a Medicaid Enrolled Provider.
- ✓ I am actively serving Medicaid recipients.
- ✓ I meet state licensing requirements to provide health care services.
- ✓ The proposed services are Medicaid reimbursable.
- ✓ I can provide evidence of the need for funding to stabilize services.
- ✓ Services will be provided in a HPSA (as defined), or I will submit justification for exemption.
- ✓ The program does not duplicate use of funds from other funding sources.
- ✓ If selected, I am prepared to demonstrate program/facility stabilization within 120 days post-contract execution.
- ✓ If selected, I will submit the required annual and quarterly reports, and other required paperwork as requested.
- ✓ (IF APPLICABLE) If I am eligible to participate in New Mexico Medicaid's Presumptive Eligibility (PE) program, I have or will obtain at least one HCA-certified Presumptive Eligibility Determiner (PED) within 120 days post-contract execution and maintain this capacity during the contract term.
- ✓ (REQ FOR DD WAIVER SERVICE PROPOSALS ONLY) If you are providing developmental disabilities waiver service(s), must have a current provider agreement with DDS.

Organization Overview (Requirement 2)

1) Individual and/or Organizational Information

1. Organization Name
2. Organization Website
3. Organization Address and Mailing/Billing Address (if different)
4. Federal and NM Tax ID, and DFA Vendor Code (if applicable)
5. Contact Information

Chief Executive Officer (CEO)

Chief Financial Officer (CFO)

Person submitting the application

2) Facility/Provider Overview

7. Legal Status
8. Detailed information on outpatients, inpatients, employees (full-time, part-time, locums)
9. Information regarding affiliations with tribal nation.

Narrative (Requirement 3):

3) Description of Services

- a. Provide a detailed proposal outlining funding goals and a clear plan for how these funds will be used to stabilize of services. Limit: 300 words
- b. List the current services provided.
- c. Identify which of these services are Medicaid reimbursable.
- d. Explain the service need and organization's experience with the delivery of the described services.
- e. Identify the geographic area(s) where services will be provided.

County(ies):

[List all applicable counties]

Specific service site(s):

[Facility name(s), address(es), and description]

Mode of service delivery:

- In-person
- Home health
- Virtual/telehealth
- Mobile
- Transportation
- Other (please describe): _____

Services will be provided only within the geographic area identified above unless otherwise approved.

- e. Special populations to be served:
 - **Describe the primary population served:** Limit: 100 words
Specify key demographic and socioeconomic characteristics, including geographic area, age group(s), income level(s), and any populations with specialized needs.
 - **Estimated number of individuals served during the grant period:**
[Number or estimate]

4) Readiness and Stabilization of Service Delivery

- f. Please discuss why this funding is needed to continue providing your services, including the specific challenges or gaps it addresses, the populations affected, and the impact on service availability or utilization if the funding is not received. Limit: 200 words
- g. Describe your organization's capacity and plan to deliver services without interruption throughout the funding period. Include information on staffing capacity and stability (current staffing levels, retention and recruitment strategies, succession planning), infrastructure and technology supporting service delivery, and any anticipated maintenance, upgrades, or replacements (with timelines, if applicable). Explain how services will be maintained continuously and provide projected service delivery volume for each funding year (first full year, second full year, and final year) to meet community demand. Limit: 300 words
- h. Identify the length of time your facility has been in operation and describe key milestones, operational considerations, or risk factors that may affect your ability to continue services over time. Limit: 200 words

- i. Describe your organization's community presence, including partnerships, engagement with special or priority populations, and strategies used to maintain or improve care for the populations served. Limit: 200 words
- j. Please describe how your organization's ability to continue providing these services will address identified health priorities and advance health equity in rural communities. Include why this funding is necessary to address existing challenges or gaps, the populations impacted, and the consequences to service access or continuity if funding is not received. Limit: 300 words
- l. Provide current metrics for:
 - 1. Payor Mix
 - 2. Net Revenue per Clinician
 - 3. Encounter breakdown: include total encounters provided, encounters per patient
 - 4. Appointment Cancellation/No Show Rates
 - 5. Provider Utilization Rates
 - 6. Breakeven Number by Month
 - 7. Hours of Services: include hours per day and days per week that services are provided/clinic is open
 - 8. UDS and/or HEDIS Measures (required for FQHCs only)

5) Financial Plan and Stabilization

- m. Information on organization's experience with grant funding; identify current/existing funding sources and describe any anticipated additional support during the funding period. Limit: 100 words each
- n. Long-term stability plan, including additional revenue sources and strategies for maintaining service delivery beyond the funding period. Limit: 100 words
- o. Please describe how your facility is increasing access to healthcare by helping patients enroll in Medicaid or other coverage (check all that apply).
 - On-site Medicaid eligibility interviewers or enrollment specialists
 - Trained staff who assist patients with Medicaid applications or renewals
 - Screening patients for Medicaid eligibility during intake or registration
 - Presumptive Eligibility Determiners
 - Partnerships or referrals to external Medicaid enrollment navigators or agencies

- Assistance with enrollment in other coverage programs (e.g., CHIP or marketplace plans)
- We do not provide any enrollment assistance

Acknowledgement:

- I understand that if my facility does not currently have at least one Presumptive Eligibility Determiner, we will be required to train and certify someone through the HCA within 120 days of receiving RHCDF funding.

6) Risk and Mitigation Strategy

- p. Are you currently or in the near future at risk of reduction (cutting program/services) or closure? Please explain. Limit: 100 words
- q. Identification of key risks or challenges to successfully maintain service delivery. Limit: 100 words
- r. Provide detailed mitigation strategies for each identified risk. Limit: 100 words

7) Self-Assessment

- s. Applicants must complete a self-assessment of their existing services and their capacity to continue providing those services, rating feasibility, sustainability, and readiness on a scale of 1–10.

Workplan (Requirement 4)

Applicants must provide a set of detailed goals and specific strategies to successfully stabilize current services using the designated form and Application Portal. Please reference instructions in APPENDIX D for Step-by-Step Guidance to complete your Work Plan.

1. For each GOAL applicants must provide:

- **Description:** Write 3–5 sentences detailing the goal
- **Expected Impact:** Identify the annual impact of this goal over the period of this grant and estimate number of services delivered as a result

2. For each STRATEGY applicants must:

- **Description:** Write 3–5 sentences including specific details to describe your activity and/or milestone as it relates to the identified goal above.

- **Responsible Person:** Identify the person(s) responsible for overseeing the activity (First Name, Last Name, Title).
- **Timeline:** Identify which year this activity will occur during the funding period.

Click here to access the [RHCDF Workplan Template](#). Applicants must fill out the form provided in the application and provide a complete detailed work plan and justification for funding need using the designated form and Application Portal (Submittable). Workplans submitted on any other worksheet or template will automatically be disqualified from funding consideration.

Please note, your workplan must align with the budget. Both documents are critical components of the successful stabilization of services. The workplan should clearly describe how funded activities will support the ongoing delivery and continuity of services, while the budget should reflect the financial resources necessary to maintain those services over time. Alignment between these documents ensures that proposed activities are realistic, financially sound, and focused on long-term service stabilization. Alignment is essential of these two documents due to the following:

1. **Ensures Feasibility and Long-Term Viability:** A budget outlines the financial resources available to continue services, while a workplan details the ongoing activities, timelines, and responsibilities required to maintain service delivery. If the workplan includes activities that exceed the allocated budget, the service model becomes unrealistic and difficult to sustain. Aligning the two ensures that planned activities can be carried out within financial constraints while supporting continued operations.
2. **Promotes Accountability for Service Delivery:** When the workplan matches the budget, it demonstrates transparency and accountability by showing a clear connection between funding and specific activities, milestones, or goals that support the continued provision of services. This alignment helps ensure funds are used as intended to maintain care.
3. **Supports Performance Monitoring and Service Stability:** When the workplan and budget are aligned, it becomes easier to track progress, monitor service delivery, and assess whether services are being maintained as planned, within scope, and within budget. Misalignment can lead to confusion, inefficiencies, service disruptions, or delays that jeopardize continuity of care.
4. **Prevents Overspending or Underspending:** Mismatched plans can result in overspending on certain operational areas while leaving other essential service components underfunded. Aligning the workplan with the budget helps allocate

resources appropriately across all activities necessary to stabilize services throughout the funding period.

5. **Enhances Strategic Planning:** A well-aligned workplan and budget demonstrate thoughtful, strategic planning focused on long-term stabilization. It shows that the organization has carefully considered how to use limited resources to maintain services, stabilize operations, and maximize community impact beyond the funding period.

By aligning the workplan with the budget, you are ensuring that the proposed services are financially viable, transparent, and positioned for delivery stabilization and long-term success.

Detailed Budget (Requirement 5)

Applicants must fill out the form provided in the application and provide a complete detailed budget breakdown and justification for the proposed project using the designated form and Application Portal (Submittable). Budget details include project's anticipated expenses, operational losses, and service revenue. Click [HERE](#) to access the RHCDF Budget Template. Budgets submitted on any other worksheet or template will automatically be disqualified from funding consideration.

Please see APPENDIX C on How to Write Your RHCDF Budget.

Financial Documents (Requirement 6)

8) Required Financial Documents:

1. Statement of Financial Position (Balance Sheet)
2. Statement of Activities (Income Statement for the last 3 months)
3. Cash Flow Statement (for 3 months)
4. Statement of Functional Expenses (Mandatory for non-profits only)
5. IRS Form 990 (Mandatory for non-profits)

9) Letters of Support (up to three)

Letters of Support (Optional)

8 INQUIRIES

All inquiries shall be directed to the Point of Contact per RFA Section 1.4. Applicants and prospective Applicants may not discuss an application or an application's status with any

other HCA employee unless authorized by the Point of Contact. All written responses by HCA are 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 organizations that have applied. All Applicants must acknowledge receipt of all addenda within five business days, by email to the Point of Contact outlined in Section 1.4.

9 APPENDIX

APPENDIX A: Glossary

1. Applicant:

An eligible New Mexico rural health care facility or rural health care provider as defined in Section 3.1 of this RFA, applying in accordance with the terms and conditions of this RFA.

2. Application:

The final document submitted by an Applicant to HCA in response to and in accordance with the terms of this RFA.

3. Awarded Applicant:

The successful recipient ultimately awarded funding by HCA, responsible for performing all activities required to fully comply with performance requirements and all funding terms and conditions.

4. Allowable Costs:

Allowable costs are those directly tied to the necessary costs to maintain the health care service(s) as described in the work plan. Examples include, but are not limited to salaries, medical supplies, utilities, etc.

5. HCA:

The Health Care Authority.

6. Health care services:

Services for the diagnosis, prevention, treatment, cure, or relief of a physical, dental, behavioral, or mental health condition, substance use disorder, illness, injury, or disease, and for medical or behavioral health ground transportation.

7. HPSA Score:

Health Professional Shortage Area (HPSA) score is a designation given by HRSA to indicate a shortage of Medical, Dental, or Mental Health care providers.

8. Medicaid:

The medical assistance program established pursuant to Title 19 of the federal Social Security Act and regulations issued pursuant to that act.

9. Medicaid Enrolled Provider:

A person that provides Medicaid-related services to Medicaid recipients.

10. Medicaid recipient:

A person whom the department has determined to be eligible to receive Medicaid reimbursable services in the state.

11. Recognized revenue:

Operating revenue, including revenue directly related to the rendering of patient care services and revenue from non-patient care services to patients and persons other than patients; the value of donated commodities; supplemental payments; distributions from the safety net care pool fund; and distributions of federal funds.

12. Rural health care facility:

A health care facility licensed in the state that provides inpatient or outpatient physical or behavioral health services, telehealth services for patients in New Mexico, or programmatic services in a county that has a rural population of 100,000 or fewer, according to the 2023 federal decennial census.

13. Rural health care provider:

An individual health professional licensed by the appropriate board, a medical or behavioral health ground transportation entity licensed by the public regulation commission, or a health facility organization licensed by the department of health to provide health care diagnosis and treatment of physical or behavioral health or programmatic services. To be awarded funding, all rural health care providers must be credentialed through Medicaid and provide services in a county that has a rural population.

14. Stabilize:

To preserve consistent access to care and ensure the ongoing, uninterrupted delivery of essential health care services by maintaining patient encounters, clinical staffing, service hours, and operational capacity so communities experience no disruption in care.

APPENDIX B: Scoring Explanation and Rubric

Introduction: The purpose of this scoring explanation is to outline the criteria used to evaluate RHCDF proposals for stabilization funding and to provide transparency in how proposals are assessed. This funding opportunity is intended to support existing programs and services that have demonstrated impact and alignment with RHCDF priorities and now require financial support to maintain operations, stabilize services, and ensure long-term viability.

Proposals are evaluated based on the criteria below to ensure a fair, consistent, and comprehensive review process. Reviewers will assess the strength of the existing program, its demonstrated outcomes, organizational capacity, and the justification for stabilization funding.

1. **Relevance and Alignment (20 points)**

a. Description: Assesses how well the existing program aligns with RHCDF's mission, goals, and funding priorities.

b. Key Considerations:

- Clear description of the ongoing program and the need it addresses.
- Alignment with RHCDF's stated objectives and priority populations or service areas.
- Evidence that the program fills a documented service gap or addresses an ongoing community need.
- Consistency between program activities and RHCDF's intent for stabilization funding.

2. **Performance and Effectiveness (25 points)**

a. Description: Evaluates the demonstrated success and effectiveness of the existing program.

b. Key Considerations:

- Clear description of stabilization strategies, activities, and services currently being delivered.
- Documented evidence of past performance, outcomes, and results.
- Use of data, evaluations, or performance metrics to demonstrate effectiveness.
- Evidence that the program is evidence-based, best-practice, or informed by data and experience.
- Demonstrated demand or utilization of the program by the target population.

3. **Community Impact and Outcomes (20 points)**

- a. **Description:** Assesses the program's demonstrated and ongoing impact on the community or target population.
- b. **Key Considerations:**
 - Documented short-term and long-term outcomes already achieved by the program.
 - Evidence of meaningful impact on participants, systems, or the broader community.
 - Explanation of how continued funding will help maintain or protect existing outcomes.
 - Clear articulation of what would be at risk if stabilization funding is not awarded.

4. Organizational Capacity and Expertise (10 points)

- a. **Description:** Assesses the organization's ability to continue operating and managing the program effectively.
- b. **Key Considerations:**
 - Relevant experience and qualifications of staff responsible for program delivery.
 - Organizational infrastructure, systems, and leadership supporting the program.
 - Track record of managing similar programs successfully.
 - Demonstrated capacity for financial management, reporting, and compliance.

5. Budget and Financial Justification (25 points)

- a. **Description:** Reviews the appropriateness, transparency, and necessity of the requested funding.
- b. **Key Considerations:**
 - Clear and reasonable budget that reflects ongoing operational costs.
 - Strong justification for how requested funds will support program continuity.
 - Demonstration of accurate forecasting and calculation of anticipated revenues and expenses.
 - Evidence of sound financial management and accountability practices.
 - Explanation of any funding gaps the stabilization award will help address.
 - Clear indication of why stabilization funding is needed.

6. Long-Term Resource Capacity (20 points)

- a. **Description:** Evaluates the program's ability to remain viable and stable over time with support.
- b. **Key Considerations:**
 - Plans for maintaining services beyond the grant period.

- Diversification of funding sources or strategies to reduce reliance on a single funder.
- Integration of the program into existing organizational operations and systems.
- Long-term financial viability of the program.
- Market readiness, demonstrated through community needs assessments, utilization data, or population projections.
- Confirmation that services meet Medicaid standards and requirements, where applicable, and are authorized and reimbursable.

7. Scoring for Special Populations (5 points per population served)

- a. **Description:** Organizations with programs serving 30% or more of the following populations may receive additional points.
- b. **Eligible Populations:**
 - Children in the child welfare system
 - Pregnant and postpartum individuals
 - Housing-insecure or unhoused individuals
 - Justice-involved individuals
 - Tribal communities

Scoring Process

- Each proposal is reviewed and scored independently by a panel of qualified reviewers.
- Scores for each criterion are totaled to determine an overall proposal score.
- Reviewers may provide written feedback to support scores and offer recommendations.

Scoring Summary

| Scoring Type | Potential Points |
|---------------------------------------|-------------------------|
| Relevance and Alignment | 20 |
| Performance and Effectiveness | 25 |
| Community Impact and Outcomes | 20 |
| Organizational Capacity and Expertise | 10 |
| Budget and Financial Justification | 25 |
| Long-Term Resource Capacity | 20 |
| Special Populations Served | Up to 25 |
| Service Gap Area Considerations | 5 |
| Total Potential Points | 150 |

Conclusion

This scoring explanation provides a clear and transparent framework for evaluating funding proposals. By understanding the criteria and scoring process, applicants can better align their proposals with the funding organization's goals, increasing their chances of securing support.

APPENDIX C: Steps to Write Your RHCDF Budget

Budget Guidance:

We have provided a **required** [Budget template](#). Please complete the form and upload it to Submittable as part of your application packet.

1. Understand the Fund Guidelines

- Review the Request for Applications (RFA).
- Identify allowable expenses, required budget categories, and match requirements.
- Understand key differences between a project proposal budget and an operational budget, read this one-pager for clarification: [Grant Budget v. Regular Budget](#).

2. Define the Project Scope

- Outline the project goals, demonstratable objectives, and milestones.
- Clarify how funds will be used to support those goals.

3. Budget Line-Item Guidance

Review the following instructions carefully when completing your budget. Each section below outlines the type of costs that should be included under specific budget categories. Be as detailed and accurate as possible and ensure consistency across line items.

Please do NOT use any abbreviations or acronyms in your budget.

[Budget Guidelines](#)

APPENDIX D: Steps to Write Your RHCDF Workplan

We have provided a required Work Plan template. Please complete the form and upload it to Submittable as part of your application packet. The template must be uploaded in either .xls or .xlsx format.

Workplan Guidance:

Stabilization Strategies:

Applicants must list a minimum of 3 stabilization strategies with supporting activities for each. Strategies should focus on maintaining workforce stability, stabilizing core

operational functions, preserving access to services, maintaining safe and functional facilities and systems, or other stabilization strategies approved by the HCA.

Activities:

For each listed stabilization strategy, applicants must list a minimum of 3 activities that will describe how this strategy is carried out. At least 2 activities per stabilization strategy must include a quantitative, measurable data point. Each activity should be written as a clear, discrete action, not a general statement of intent.

Responsible Person:

Please assign a specific individual to each stabilization strategy (First Name, Last Name). This must be a name, not a title or position (e.g., Do not write “Program Director,” instead write “Mary Jane”), and the field should not be left blank. If the role is currently vacant, use “To Be Hired (TBH).” Note, names can be updated if staffing changes occur.

Yearly Strategies:

Each year must contain at least one strategy. Workplans with blank years will be returned for revision. This helps ensure consistent progress is being made throughout the funding period.

Please do NOT use any abbreviations or acronyms in your work plan.