

Date: November 17, 2025

Subject: RFP# 26-630-0700-0010
 Pre-Proposal Conference Questions for NCI-IDD Surveys RFP

QUESTION	STATE RESPONSE
Can you confirm which survey types, In-Person Survey (IPS), Adult Family Survey (AFS), Family/Guardian Survey (FGS), Child Family Survey (CFS), Workforce Survey will be required each year?	<p>The Healthcare Authority (HCA) can confirm that Year 1 of the contract will include the In-Person Survey (IPS) for the National Core Indicators–Intellectual and Developmental Disabilities (NCI-IDD) program.</p> <p>For subsequent contract years, the specific survey types to be conducted—such as the Adult Family Survey (AFS), Family/Guardian Survey (FGS), Child Family Survey (CFS), or Workforce Survey—will be determined on an ongoing, annual basis. Survey selection will depend on:</p> <ul style="list-style-type: none"> • Legislative appropriations and available funding, • Programmatic priorities, and • Operational considerations. <p>The HCA will provide the Contractor with adequate advance notice of the survey(s) selected for each year to ensure sufficient planning and implementation time.</p>
What will the target sample size be for each of the mailed surveys?	<p>The RFP-26-630-0700-0010 does <i>not</i> mandate a fixed minimum sample size for mailed surveys. Instead, vendors are expected to propose a sampling plan as part of their technical submission, demonstrating how they will achieve a representative and equitable sample. The target should be informed by the National Core Indicators–Intellectual and Developmental Disabilities (NCI-IDD) methodology, which typically uses a sample of 400 valid completed surveys to meet a 95% confidence level and $\pm 5\%$ margin of error.</p>

<p>Will you want to include a direct entry option for people to fill out the surveys in addition to mailing them?</p>	<p>The Health Care Authority (HCA) is open to including a direct-entry option for individuals to complete the surveys electronically, in addition to mailed survey materials given the option is in alignment to NCI survey administration policy guidelines.</p>
<p>Will the State clarify if the presentation of survey results and recommendations for system improvements will include all survey types combined (IPS, CFS, AFS, FGS, State of the Workforce), or if presentations of results and recommendations for system improvements for each survey type should be presented independently?</p>	<p>In alignment with national best practices for the National Core Indicators–Intellectual and Developmental Disabilities (NCI-IDD) program, the State expects that results and recommendations will be presented independently for each survey type. Each NCI-IDD survey measures distinct populations, constructs, and system-level indicators; therefore, separate analysis ensures accuracy, clarity, and meaningful interpretation for stakeholders.</p> <p>The Healthcare Authority (HCA) may also request a high-level, cross-survey summary to identify overarching system themes or statewide improvement opportunities. However, this summary would supplement, not replace the individual survey-specific reports.</p> <p>Expectations include:</p> <ul style="list-style-type: none"> • Independent presentations of results, findings, and recommendations for each survey type conducted in a given year; • Survey-specific reporting that reflects NCI methodological standards, ensuring comparability with national benchmarks; and • Optional aggregated or thematic summaries, if requested, highlight broader system trends across surveys. <p>The HCA will provide adequate advance notice of the survey types selected for each contract year, based on legislative funding and programmatic needs.</p>
<p>Will the State clarify an expected timeline for receiving reporting of survey results, and recommendations for system improvements from survey results each year?</p>	<p>While exact dates may vary depending on the timing of survey administration, contractors are expected to:</p> <ol style="list-style-type: none"> 1. Submit preliminary data summaries shortly after survey completion to allow for initial review and validation. 2. Deliver finalized reports within a timeframe consistent with NCI standards, typically 3–6 months post-survey completion, including detailed findings, analysis, and recommendations for program or system improvements.

	<p>3. Provide actionable recommendations that are aligned with best practices and evidence-based approaches, supporting the State’s ongoing quality improvement efforts.</p> <p>The contractor and the State will collaborate to establish a specific reporting schedule each year, ensuring sufficient time for data cleaning, analysis, and integration of findings into planning and decision-making.</p>
For the IPS Surveys: What is the total population set from which the sample would be pulled from? Which waivers would be included in the sample?	<p>In alignment with national NCI-IDD best practices, the IPS sample frame typically includes:</p> <ul style="list-style-type: none"> Adults (18 years and older) receive IDD services through Medicaid Home and Community-Based Services (HCBS) waivers <p>Included waivers will be the Developmental Disabilities Waiver and Mi Via Waiver. Current populations of 18 year old and older:</p> <p>Mi Via – 3438 unduplicated recipient counts DDW – 4416 unduplicated recipient counts</p>
For the Workforce survey, can you provide a total number of providers you have in the state who would be included in the sample?	Total number of providers who would be included in the sample is 38.
When was the last NCI survey completed?	The last NCI survey completed was in 2022 State of the Workforce Survey.
Will the contractor be granted access to an online state record system in an effort to gather data for the Background Information for the In Person Surveys?	The HCA will explore this option. Access to the online Medicaid Management System is managed by another Division outside of the Developmental Disabilities Supports Division (DDSD). We will need to coordinate with them to explore access options and determine the appropriate permissions required
Can you further explain the section that states: “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.” What specific involvement and oversight does the New Mexico Health Care Authority (HCA), Developmental Disabilities and Supports Division (DDSD) require during the hiring and onboarding of subcontractors?	Advertising, interviewing, and hiring are at the discretion of the contractor. However, all subcontractors must meet the requirements outlined in the RFP. HCA must be notified of any potential subcontractor hires, including their relevant experience and credentials, and HCA will issue a letter of approval before they are engaged.
Is there a target or maximum budget for this contract that offerors should be aware of?	<p>There is no specified target or maximum budget for this contract in the RFP.</p> <p>While New Mexico does not cap the contract</p>

	<p>value, the contractor should base their budget proposal on a detailed plan (including sample size, staffing, data entry, analysis, reporting, etc.) that aligns with NCI-IDD’s technical specifications.</p> <p>Justification for any costs above what might be considered “national average” should be clearly explained (e.g., higher travel costs, translation, additional quality control, etc.).</p> <p>HCA will evaluate the budget in the context of both the RFP requirements and benchmarks drawn from national NCI-IDD practices.</p>
Appendix D – Cost Response Form included in the RFP appears to be missing the table to be filled out. Can DDSD confirm that Appendix D as shown in the RFP is what we need to complete or provide the form with tables to completed	Appendix D Cost Form is not correct. The HCA will issue an amendment to this section by 11/20/2025.
What performance metrics will be used to determine eligibility for contract renewal in years 2–4?	<p>Performance metrics for evaluation of contract renewal will be based on key performance metrics:</p> <ol style="list-style-type: none"> 1. Timeliness – Completing survey activities and submitting reports according to the project schedule. 2. Data Quality – Accuracy, completeness, and reliability of collected survey data. 3. Compliance – Following NCI protocols for sampling, confidentiality, and standardized survey administration. 4. Communication and Reporting – Responsiveness to HCA requests, clarity of reporting, and proactive issue resolution. 5. Stakeholder Satisfaction – Feedback from participants, providers, and HCA on survey administration and contractor support. <p>Continued contract eligibility and potential renewal will be contingent on satisfactory performance in these areas, as documented through monitoring, reports, and HCA assessment.</p>
When is the anticipated start date for survey administration following contract award?	The anticipated start date for survey administration is typically 6-8 weeks following contract award. This allows time for contractor onboarding, staff training, sampling finalization, and coordination with HCA and other stakeholders. The exact start date will be

	confirmed in collaboration with the contractor once the award is finalized.
What are the demographics for people for New Mexico (e.g. number of designated regions, regional makeup, culture, geography, access to technology, etc.)?	<p>In New Mexico, the population and geography present a diverse and sometimes challenging context for administering NCI surveys. Below are some of the key demographic and structural factors that contractors should be aware of:</p> <ol style="list-style-type: none"> 1. Regional Structure <ul style="list-style-type: none"> ○ The New Mexico Health Care Authority (HCA) / DDSO divides the state into five regional offices: Metro, Northeast, Northwest, Southeast, and Southwest. ○ This regional breakdown reflects both urban and very rural areas, which has implications for outreach, travel, and sampling. 2. Geography & Rural/Urban Distribution <ul style="list-style-type: none"> ○ New Mexico has substantial rural land area, with many residents in non-metropolitan regions. 3. Population with Intellectual & Developmental Disabilities (I/DD) <ul style="list-style-type: none"> ○ More than 8,000 New Mexicans receive I/DD-related services through DDSO's waiver programs. 4. Cultural & Socioeconomic Considerations <ul style="list-style-type: none"> ○ New Mexico's population is culturally diverse, with a significant Hispanic/Latino population, Native American communities, and rural communities. This cultural mix influences how outreach, informed consent, and survey administration should be tailored. ○ Socioeconomic challenges (e.g., poverty, lower educational attainment) in parts of the state may affect both survey participation and access to technology. 5. Access to Technology

	<ul style="list-style-type: none"> ○ The HCA DDSD supports the use of “enabling technology” (e.g., mobile apps, remote support systems) to help individuals with I/DD live more independently. ○ However, access to reliable internet or devices may vary, especially in rural or under-resourced regions, which may necessitate alternative survey methods (like in-person) or accommodations.
Is DDSD willing to consider granted a one week extension for the due date of the proposal, moving it from December 1st to December 8th?	DDSD will not consider a one week extension at this time.