

Response to Written Questions

1. Has the current contract gone full term?

Response: HCA will not provide information regarding the current or previous contract that is not necessary to respond to this RFP. Offerors should develop their proposals based on the requirements, specifications, and information provided in the RFP and any formal amendments or clarifications issued by HCA.

2. Have all options to extend the current contract been exercised?

Response: HCA will not provide information regarding the current or previous contract that is not necessary to respond to this RFP. Offerors should develop their proposals based on the requirements, specifications, and information provided in the RFP and any formal amendments or clarifications issued by HCA.

3. Who is the incumbent, and how long has the incumbent been providing the requested services?

Response: HCA will not provide information regarding the current or previous contract that is not necessary to respond to this RFP. Offerors should develop their proposals based on the requirements, specifications, and information provided in the RFP and any formal amendments or clarifications issued by HCA.

4. How are fees currently being billed by any incumbent(s), by category, and at what rates?

Response: HCA will not provide information regarding the current or previous contract that is not necessary to respond to this RFP. Offerors should develop their proposals based on the requirements, specifications, and information provided in the RFP and any formal amendments or clarifications issued by HCA.

5. What estimated or actual dollars were paid last year, last month, or last quarter to any incumbent(s)?

Response: HCA will not provide information regarding the current or previous contract that is not necessary to respond to this RFP. Offerors should develop their proposals based on the requirements, specifications, and information provided in the RFP and any formal amendments or clarifications issued by HCA.

6. What is the minimum required total call capacity?

Response: HCA is not establishing a minimum call capacity or simultaneous inbound call capacity beyond the service and performance requirements identified in the RFP. Offerors are

responsible for proposing sufficient capacity, technology, and staffing to accommodate service demand and meet or exceed all required performance standards. Historical utilization data is provided in Appendix G to assist Offerors in developing their proposed approach.

7. What is the minimum simultaneous inbound call capacity?

Response: *HCA is not establishing a minimum call capacity or simultaneous inbound call capacity beyond the service and performance requirements identified in the RFP. The Contractor is responsible for proposing sufficient capacity, technology, and staffing to accommodate service demand and meet or exceed all required performance standards. Historical utilization data is provided in Appendix G to assist Offerors in developing their proposed approach.*

8. What is the maximum hold time?

Response: *HCA has not established a specific maximum hold time. As stated in the RFP, callers must agree before being placed on hold, callers placed on hold must not receive a busy signal, and staff must check in regularly with callers who are on hold. The Contractor must also meet the service level and performance requirements identified in the RFP.*

9. What percentage of calls must be resolved without a transfer, second call, or a return call?

Response: *HCA has not established a minimum percentage of contacts that must be resolved without a transfer, subsequent call, or return call. The Contractor will be required to track and report resolution, transfer, referral, follow-up, and other performance measures identified in the RFP.*

10. What is the maximum percentage of calls that can be terminated by the caller without resolution?

Response: *As stated in the RFP, the Contractor must maintain an average monthly abandonment rate of three percent (3%) or less.*

11. Are there a minimum or maximum number of operators and supervisors?

Response: *HCA is not prescribing a specific number of crisis counselors or other volume-based staff. Offerors are responsible for proposing staffing sufficient to meet service demand and all performance requirements. The RFP identifies required key personnel and establishes a maximum 12:1 staff-to-supervisor ratio.*

12. What is the required degree of dedication for the call center? (Can the call center work on other contracts at the same time as this one)?

Response: *HCA does not require all call center staff to be exclusively dedicated to this contract. The Contractor must maintain sufficient staffing, resources, supervision, technology, and operational capacity to continuously meet all requirements and performance standards of the resulting contract. Please refer to the staffing section (D) of the RFP for more information.*

13. What is the required degree of dedication for the operators? (Can the operators assigned to this contract work on other contracts at the same time as this one)?

Response: HCA does not require all call center staff to be exclusively dedicated to this contract. The Contractor must maintain sufficient staffing, resources, supervision, technology, and operational capacity to continuously meet all requirements and performance standards of the resulting contract.

14. What are the recording requirements for inbound and outbound phone calls and how long must recordings be maintained?

Response: Please refer to the draft contract (Appendix C) which specifies the maintenance of files, recordings, and other outputs generated by the contractor during the performance of the agreement.

15. What are the recording and storage requirements for non-phone communications?

Response: Please refer to the draft contract (Appendix C) which specifies the maintenance of files, recordings, and other outputs generated by the contractor during the performance of the agreement.

16. What is the current number of seats for operators and supervisors at your existing call center?

Response: HCA will not provide information regarding the incumbent contractor's staffing configuration or operating model. Offerors should develop their proposed approach based on the requirements, performance standards, and historical utilization data provided in the RFP.

17. What is the current average after-call work time for operators?

Response: HCA will not provide information regarding the incumbent contractor's staffing configuration or operating model. Offerors should develop their proposed approach based on the requirements, performance standards, and historical utilization data provided in the RFP.

18. Over the past year, what is the percentage of calls received in English versus non-English?

Response: For the period August 31, 2025, through August 31, 2026, approximately 1.39% of total calls involved Spanish-language support, either through Spanish interpretation or transfer to the Spanish sub-network. HCA does not have additional validated data available to separately quantify all other non-English calls.

19. Over the past year, what percentage of calls received were in Spanish?

Response: For the period August 31, 2025, through August 31, 2026, approximately 1.39% of total calls involved Spanish-language support. This included 232 calls that required Spanish interpretation and 1,163 calls that were transferred to the Spanish sub-network.

20. What time of day, days of the week, or times of the year do calls typically peak?

Response: HCA will not provide additional historical peak-hour, day-of-week, or seasonal utilization data beyond the information included in the RFP (Appendix G). Offerors are responsible for developing a staffing model that accounts for fluctuations in call, chat, and text volume, including peak demand and surge capacity, and that meets all required service levels and performance standards.

21. If there was a previous solicitation for these services, what was its title, number, release date, and due date?

Response: HCA has not previously issued a competitive solicitation for these services. HCA will not provide information regarding the current or previous contract as that is not necessary to respond to this RFP. Offerors should develop their proposals based on the requirements, specifications, and information provided in the RFP and any formal amendments or clarifications issued by the HCA.

22. Can you please provide greater explanation of your expectations related to any required subcontracting to minority-owned, women-owned, or other types or categories of small or disadvantaged businesses? For example, what is required with the proposal, and what is required to comply with during the term of the contract?

Response: There is no requirement under this RFP to subcontract with minority-owned, women-owned, small, or disadvantaged businesses, and HCA has not established a participation goal for these categories. Offerors may use subcontractors as part of their proposed approach. Any proposed subcontractors should be identified in the proposal, and the selected Contractor must obtain HCA's written approval before using a subcontractor during the term of the contract. The prime Contractor remains responsible for performance of all contract requirements.

23. Are bidders permitted to deviate in any way from any manner of quoting fees you may be expecting? For example, if there is a pricing page in the RFP, can bidders submit an alternate fee structure? If there is no pricing page in the RFP, do you have any preference for how bidders should quote fees or can bidders create their own pricing categories?

Response: HCA has revised Appendix D, Cost Response Form and issued Amendment #1. Offerors should rely on the Amendment #1 Cost Response Form and accompanying instructions.

24. Please describe your level of satisfaction with your current or recent vendor(s) for the same purchasing activity, if applicable.

Response: HCA will not provide an assessment of its level of satisfaction with any current or previous contractor. Offerors should base their proposals on the requirements of the RFP.

25. Will HCA work with the selected vendor to determine the go-live date, or does HCA already have a specific date in mind?

Response: As stated in the RFP, HCA anticipates a contract effective date of December 1, 2026. Offerors should propose a go-live date as part of the Implementation Plan submitted with their proposal. Following contract execution, HCA will work with the selected Contractor to finalize the implementation timeline and go-live date.

26. Will this be a fixed contract, with the offeror considered a contractor, or a reimbursement contract, with the offeror considered a subrecipient (Page 22, 1.B)?

Response: The selected Contractor will be considered a contractor under the resulting contract.

27. Will the selected vendor be permitted to invoice for implementation costs incurred before the contract start date? If so, should those costs be included in the one-year budget or presented in a separate budget (Page 22, 1.B)?

Response: No. The selected Contractor may not invoice HCA for implementation costs incurred prior to the effective date of the contract. Implementation costs incurred after the contract effective date should be included in the proposed budget.

28. Mandatory Specifications require submission of separate draft plans, including the Implementation Plan, Transition Plan, Staffing Plan, Training and Clinical Competency Plan, Stakeholder Engagement Plan, Public Awareness and Outreach Plan, and QAPI Plan. Please confirm whether these required draft plans are included within the 25-page maximum Response to Specifications (Page 23, B.4).

Response: The seven required draft plans identified in the RFP may be submitted as attachments and are excluded from the 25-page Technical Proposal limit. Offerors must address each applicable requirement within the Technical Proposal and clearly reference the corresponding attached plan. The attached plans should be clearly labeled and organized consistent with the applicable RFP requirements.

29. For 988 SMS and chat, is utilizing Vibrant's Unified Platform required or does the selected vendor have the option to do the integration with its own system (Page 61, A.2)?

Response: Yes. The selected Contractor is required to utilize the 988 Lifeline Unified Platform for 988 chat and text services, consistent with Lifeline requirements. Offerors may propose their own systems and integrations to support other contact center functions, provided those systems meet the applicable requirements of the RFP and do not replace the required use of the Lifeline Unified Platform for 988 chat and text.

30. Can HCA confirm the required number of hours for the warmline (Page 62, iii)?

Response: The Warmline must operate a minimum of twelve (12) continuous hours per day, seven (7) days per week. Proposed operating hours must include evening and weekend coverage and should be based on utilization patterns and consumer need. Please refer to amendment #1.

- 31. Please clarify the responsibilities of the Contractor and HCA's designated marketing vendor, including responsibility for creative development, campaign execution, paid media placement, and associated media costs. Should Offerors include funding for paid media within their proposed cost (Page 63, vii)?**

Response: *The selected Contractor will be responsible for the communications, public awareness, and outreach activities identified in the RFP, including development of the communications plan, website and social media management, educational materials, and community outreach. The selected Contractor will coordinate with HCA and HCA's designated marketing contractor to ensure statewide 988 and NMCAL marketing efforts are aligned. HCA's designated marketing contractor will be responsible for paid media placement and associated paid media costs. Offerors should not include paid media costs in their proposed cost.*

- 32. Do applicants need to submit the Year 2, 3, or 4 budget now (Page 80, Appendix D)?**

Response: *Yes. Offerors should submit proposed budgets for all four years of the potential contract term, including the initial contract year and each of the three optional one-year renewal periods.*

- 33. Section III.B.1.B requires Offerors to submit a completed Cost Response Form, and Section IV.C.4 directs Offerors to complete the Cost Response Form in Appendix D. However, Appendix D, as currently issued, appears to contain template guidance for HCA rather than a completed Cost Response Form and does not specify the required cost-response format and assumptions. Could HCA please provide the applicable Cost Response Form for this RFP?**

Response: *HCA has revised Appendix D, Cost Response Form and issued Amendment #1. Offerors should rely on the Amendment #1 Cost Response Form and accompanying instructions.*

- 34. Section IV.C.4 states that cost will be measured by the total cost per state fiscal year, while Section V.B.8 states that cost will be evaluated based on the total cost of implementation for the one-year contract period. Given that the anticipated contract term includes one initial year and three optional one-year renewals, could HCA please clarify whether the 300-point cost evaluation will be based on the initial contract year, the total potential contract term including renewal years, or another defined cost amount?**

Response: *The 300-point cost evaluation will be based on the Offeror's proposed cost for the initial one-year contract period. Offerors should also provide proposed costs for each of the three optional one-year renewal periods in Appendix D; however, those renewal-year costs will not be included in the calculation of the 300-point cost score.*

- 35. Section III.B.1.A.8 requires Offerors to include a Suspension and Debarment Requirement Form, and Section III.B.10 directs Offerors to complete the certification form in Appendix G. However, Appendix G contains New Mexico crisis line and mobile dispatch performance data rather than a Suspension and Debarment Requirement Form. Could HCA please clarify whether a separate Suspension and Debarment Requirement Form is required and, if so, provide the applicable form?**

Response: No. A Suspension and Debarment Requirement Form is not required as part of the Offeror's proposal. The references to this requirement in Sections III.B.1.A.8 and III.B.10 were included in error. Appendix G contains New Mexico crisis line and mobile dispatch performance data, as identified in the RFP.

- 36. Appendix C requires the Peer-to-Peer Warmline to provide telephonic and SMS/text support for at least twelve (12) continuous hours per day in Sections II.A.2(iii) and II.C.3(ii). However, the Peer Warmline deliverable in Section III.A identifies a minimum of eight (8) continuous hours per day. Could HCA please clarify the minimum daily operating hours required for the Peer-to-Peer Warmline?**

Response: The Warmline must operate a minimum of twelve (12) continuous hours per day, seven (7) days per week. Proposed operating hours must include evening and weekend coverage and should be based on utilization patterns and consumer need. Refer to Amendment #1.

- 37. Section III.B.1.A.7(h) includes "Oral Presentation (if applicable)" within the required organization of the Technical Proposal. However, Sections II.B.9 and IV.B.3 indicate that an oral presentation may be requested by HCA after finalists are selected. Could HCA please clarify whether Offerors are expected to include any content under the Oral Presentation section of the Technical Proposal at the time of submission?**

Response: No. Offerors are not required to include content related to the Oral Presentation in their Technical Proposal. Oral Presentations, if conducted, will occur after finalists are selected. HCA will provide selected finalists with additional instructions and an agenda for the Oral Presentation.

- 38. Section III.B.4 limits the Response to Specifications to twenty-five (25) pages. At the same time, the Mandatory Specifications require Offerors to submit multiple substantive plans and detailed narratives, including an Implementation Plan, Transition Plan, Staffing Plan, Training and Clinical Competency Plan, Stakeholder Engagement Plan, Public Awareness and Outreach Plan, and QAPI Plan, each with multiple required elements. These materials are not separately identified in Section III.B.1.A as attachments or other proposal components. Given the breadth and level of detail required across these plans and the remaining Response to Specifications requirements, could HCA please clarify whether these required plans are intended to be included within the 25-page Response to Specifications limit?**

Response: No. The seven required draft plans identified in the RFP may be submitted as attachments and are excluded from the 25-page Technical Proposal limit. Offerors must address each applicable requirement within the Technical Proposal and clearly reference the corresponding attached plans. The attached plans should be clearly labeled and organized consistent with the applicable RFP requirement.

- 39. We note the effective date of December 1, 2026, for the proposed contract.**
a. Could HCA please provide the expected implementation start date and the intended go-live date?

- b. Could HCA please identify the date by which the first operational services must be live (e.g., crisis contact center operations, mobile crisis dispatch operations)?**

Response: As stated in the RFP, HCA anticipates a contract effective date of December 1, 2026. HCA anticipates a transition period to support continuity of operations during implementation. Offerors should propose a go-live date as part of the Implementation Plan submitted with their proposal. Following contract execution, HCA will work with the selected Offeror to finalize the implementation timeline and go-live date.

- 40. On page 29-32 of the RFP, HCA requires bidders to submit seven draft plans. Are the required draft plans for the following excluded from the 25-page proposal limit?**

- a. Implementation**
- b. Transition**
- c. Staffing**
- d. Training and Clinical Competency**
- e. Stakeholder Engagement**
- f. Public Awareness and Outreach**
- g. Quality Assurance and Performance Improvement (QAPI)**

Response: Yes. The seven required draft plans identified in the RFP may be submitted as attachments and are excluded from the 25-page Technical Proposal limit. Offerors must address each applicable requirement within the Technical Proposal and clearly reference the corresponding attached plan. The attached plans should be clearly labeled and organized consistent with the applicable RFP requirement.

- 41. Should the 25-page proposal limit include responses to everything in Section IV (i.e., Sections A. Detailed Scope of Work, B. Technical Specifications, and C. Business Specifications)? Alternatively, please specify what should be in the 25-page limited section.**

Response: The 25-page limit applies to the Offeror's Response to Specifications in Section IV, including responses to the Detailed Scope of Work, Technical Specifications, and Business Specifications. Documents specifically excluded from the page limit by the RFP are not counted toward the 25-page limit. In addition, as clarified in HCA's response to the question above, the seven required draft plans may be submitted as attachments and are excluded from the 25-page limit. Offerors must address each applicable requirement within the Response to Specifications and clearly reference any supporting attachment or plan, as applicable.

- 42. We note that the questions must be reproduced in full. Is it permissible for bidders to use a smaller font than 12 pt. to denote the questions in the technical proposal response?**

Response: Yes. Offerors may use a font size 10-point for the reproduced questions. Offeror responses must comply with the 12-point font requirement.

- 43. For proposed key personnel roles that are vacant at the time of proposal submission, will HCA accept a position description, including minimum qualifications, education, experience, and certification requirements, in place of a specific staff resume? Or are the resumes of corporate leaders who will support, hire and train new staff sufficient?**

Response: For key personnel positions that are vacant at the time of proposal submission, Offerors may submit a detailed position description in place of a resume. The position description should identify the minimum qualifications for the position, including required education, experience, licensure, and/or certifications, as applicable. Resumes for corporate leadership or other personnel who will support recruitment, hiring, or training may be included but do not replace the position description for a vacant key personnel role.

- 44. On p. 30 of the RFP, under section C.1.c, “GPS Tracking capabilities;” and p. 62 section v., can additional information be provided as to what capabilities are envisioned within this requirement for mobile response GPS tracking, assuming the requirement is to track individual mobile response units/teams during dispatch operations?**

Response: Yes. The GPS tracking requirement is intended to support real-time dispatch and coordination of mobile response teams. HCA envisions the capability to identify the location and status of available and dispatched mobile response teams, support assignment of the appropriate team based on location and availability, track response during an active dispatch, and provide dispatch-related information necessary to monitor response times and coordination. HCA does not prescribe a specific GPS technology or platform. Offerors should describe how their proposed solution will provide these capabilities and integrate with the overall mobile crisis dispatch and coordination function.

- 45. On p. 32 of the RFP, HCA requires bidders to submit sample dashboards and reports. Are these materials excluded from the 25-page limit?**

Response: No. Sample dashboards and reports required by the RFP are included in the 25-page limit. Offerors should be intentional in selecting examples that demonstrate their data reporting and analytics capabilities and address the applicable RFP requirements, while remaining within the established page limit.

- 46. Please confirm that BHSD-approved Mobile Crisis Team (MCT) providers and CYFD-approved MRSS providers will continue to be separately contracted entities, and that the Vendor's responsibility under this RFP is limited to dispatch, coordination, tracking, communication, and reporting functions rather than staffing and operating the mobile crisis response teams.**

Response: Yes. BHSD-approved MCT providers and CYFD-approved MRSS providers will continue to operate as separately contracted entities. The selected Offeror is responsible for the dispatch, coordination, communication, tracking, and reporting functions required by the RFP and is not responsible for staffing or operating MCT or MRSS teams.

- 47. Please provide the approximate number of BHSD approved MCT providers and CYFD-approved MRSS providers operating today.**

Response: There are approximately 10 BHSD-approved MCTs currently operating throughout the state, some of which include New Mexico Certified Community Behavioral Health Clinics. There are currently no CYFD-approved MRSS providers; however, HCA and CYFD continue to

expand MRSS capacity statewide and expect the number of approved providers to increase as implementation progresses. MCT dispatch data is provided in Appendix G.

- 48. Please describe the existing technical architecture of the Rio Grande Gorge Bridge intercom system, including whether intercom activations are transmitted via SIP/VoIP, analog/POTS, cellular, radio, dedicated circuit, or another technology; the current call-routing destination and carrier/provider; and whether the selected contractor will be required to install or maintain any on-site telecommunications equipment, gateway/ATA, PBX, network connection, server, or other hardware at the bridge or another State facility.**

Response: *There are currently ten intercom boxes located on the Rio Grande Gorge Bridge. When an intercom is activated, the call is routed directly to the crisis contact center through a dedicated telephone line/number for response by call center staff. The New Mexico Department of Transportation maintains the existing intercom equipment and related bridge infrastructure. The selected Contractor will not be responsible for replacing or maintaining the existing bridge intercom infrastructure or on-site equipment. The Contractor will be responsible for ensuring its contact center can receive and respond to intercom calls in accordance with the requirements of the RFP.*

- 49. The RFP references two different minimum operating hour requirements for the Warmline, 12 continuous hours per day on p. 62 and 8 continuous hours per day on p. 76. Which requirement will govern contract performance and pricing?**

Response: *The Warmline must operate a minimum of twelve (12) continuous hours per day, seven (7) days per week. Proposed operating hours must include evening and weekend coverage and should be based on utilization patterns and consumer need.*

- 50. Can HCA clarify whether there are desired Warm Line operating hours (for example, 8:00 a.m. to 8:00 p.m., or otherwise)?**

Response: *The Warmline must operate a minimum of twelve (12) continuous hours per day, seven (7) days per week. Proposed operating hours must include evening and weekend coverage and should be based on utilization patterns and consumer need.*

- 51. Could HCA please confirm the desired average speed to answer for the Rio Grande Gorge Bridge Intercom? For example:**

- a.** On p. 62, the RFP indicates 20 seconds or less of intercom activation
- b.** On p. 66, the RFP states “i. Live 24/7/365/366 response to Rio Grande Gorge Bridge intercom systems within thirty (30) seconds or less of intercom activation...”

Response: *The required response time for the Rio Grande Gorge Bridge intercom is twenty (20) seconds or less from intercom activation. The reference to thirty (30) seconds on page 66 was included in error. Offerors should use the **twenty (20) second response standard** when developing their proposals.*

- 52. Will the contractor be required to bill Medicaid on behalf of the Mobile Crisis Teams?**

Response: No. The Contractor will not be responsible for billing Medicaid on behalf of Mobile Crisis Teams.

- 53. Would HCA consider alternative ways to incorporate Medicaid billing other than a direct bill per individual call? We have experience in other states with blended and braided funding for both Medicaid and private payers as well as administrative match billing for Medicaid. Both offer utilizing Medicaid dollars to fund the call center without having to focus on insurance during a crisis interaction.**

Response: HCA is open to considering alternative Medicaid financing approaches, as appropriate. However, Offerors should develop their cost proposal based on the requirements of the RFP and the Cost Response Form. Alternative financing approaches may be explored with HCA following contract award.

- 54. If alternative Medicaid billing options are welcome, would HCA want bidders to pursue the administrative match billing option or blended and braided funding option?**

Response: Offerors should develop their cost proposal based on the requirements of the RFP and the Cost Response Form. HCA may consider alternative Medicaid financing approaches following contract award, as appropriate.

- 55. Please identify the State-approved method(s) available to the Contractor for automated New Mexico Medicaid eligibility verification, including whether the Contractor may access the State-designated 270/271 gateway, API, batch interface, or other electronic interface.**

Response: Medicaid eligibility may be verified through [YES.NM.GOV](https://yes.nm.gov), which requires registration for access and does not charge connectivity, subscription, or transaction fees for eligibility verification. Other eligibility verification methods, including access to HCA systems or electronic data exchange, may be considered in coordination with the selected Contractor following contract award, as appropriate.

- 56. Please confirm whether the Contractor will incur any fees for automated Medicaid eligibility verification, including connectivity, subscription, or transaction fees. If fees apply, please provide the applicable fee structure and identify whether such costs are the Contractor's responsibility or are paid or waived by HCA.**

Response: Medicaid eligibility may be verified through [YES.NM.GOV](https://yes.nm.gov). An entity, agency, or provider must first register for access to the system. There are currently no connectivity, subscription, or transaction fees associated with using [YES.NM.GOV](https://yes.nm.gov) to verify Medicaid eligibility. Other eligibility verification methods, including access to HCA systems or electronic data exchange, may be considered with the selected Contractor following contract award, as appropriate.

- 57. Please clarify when Medicaid eligibility verification is required (e.g., for each identifiable 988 contact, when a Medicaid-reimbursable service is provided, or at another point) and whether subsequent contacts require reverification.**

Response: *Medicaid eligibility should be verified when necessary to support a Medicaid-reimbursable service. When verification is required, eligibility verified during the same month does not need to be reverified for subsequent contacts within that month. Eligibility should be reverified for a subsequent Medicaid-reimbursable service occurring in a different month, as eligibility status may change from month to month.*

58. Would HCA be open to vendors proposing an alternative arrangement through vendor technology for the closed-loop function so that all data is in one platform?

Response: *HCA is open to complementary technology solutions; however, any proposed solution must support integration with and not replace any State-required closed-loop referral platform, or coordination with the selected platform identified in the RFP. Any proposed solution must meet all applicable requirements of the RFP, including interoperability, data sharing, tracking, reporting, security, and closed-loop communication requirements. Offerors should clearly describe the proposed approach and how it will meet these requirements.*

59. Could HCA please elaborate and provide additional detail on the referral tracking requirements?

Response: *Referral tracking is intended to support closed-loop coordination and continuity of care following a referral from NMCAL/988. At a minimum, the Contractor should be able to document the referral made, the receiving provider or service, referral status, follow-up activities, and the outcome or disposition of the referral, including whether the individual successfully connected to the recommended service when that information is available. The Contractor should also be able to identify unsuccessful or incomplete referrals and barriers to engagement, as applicable. Offerors should describe the processes and technology they propose to use to support these requirements and the reporting requirements identified in the RFP.*

60. For peer support positions, will HCA accept candidates who hold a peer support certification from another state, provided they obtain any required New Mexico credentialing within a specified timeframe after hire?

Response: *Yes. HCA will accept individuals who hold an equivalent peer support certification from another state; however, individuals must obtain the required New Mexico peer support certification before beginning work in New Mexico under this contract.*

61. Please confirm: will the awarded vendor have six months to scale services? On p. 78, the service level requirements indicate Service Level Performance Monitoring will occur “immediately upon operational launch” and then “Monthly”.

Response: *Yes. The Offeror may propose a phased implementation plan, as cited in **Exhibit A, Scope of Work, E.1.v**, to progressively meet the performance standards identified in the RFP, within the first six months. Service level performance monitoring will begin upon operational launch and will occur monthly thereafter. The Offeror’s proposed Implementation Plan should clearly identify the timeline, milestones, and performance targets for achieving full compliance with the required service levels by the end of the six-month implementation period.*

- 62. To support development of an appropriately sized and responsive solution, can HCA provide the estimated budget, funding allocation, or anticipated annual contract value for this procurement?**

Response: *HCA is not providing an estimated budget, funding allocation, or anticipated annual contract value for this procurement. Offerors should develop their proposed costs based on the requirements and specifications outlined in the RFP and the resources necessary to successfully perform the Scope of Work.*

- 63. Will HCA provide a standardized Cost Response Form or pricing template to ensure consistent cost submissions across Offerors?**

Response: *HCA has revised Appendix D, Cost Response Form and issued Amendment #1. Offerors should rely on the Amendment #1 Cost Response Form and accompanying instructions.*

- 64. If HCA will not provide a template, what pricing categories should Offerors include in their Cost Proposal? For example:**

- a. Contact center operations
- b. Warmline operations
- c. Mobile crisis dispatch operations
- d. Technology
- e. Implementation and transition
- f. Outreach and marketing
- g. Reporting and analytics
- h. Project management/administration

Response: *HCA has revised Appendix D, Cost Response Form and issued Amendment #1. Offerors should rely on the Amendment #1 Cost Response Form and accompanying instructions.*

- 65. Should bidders provide a cost for Year One only? Or should bidders submit pricing for the entire contract term, including 1 year and three optional 1-year renewals? Are annual escalators allowed?**

Response: *Offerors should submit proposed budgets for all four years of the potential contract term, including the initial one-year contract period and each of the three optional one-year renewal periods. Offerors may propose reasonable annual cost adjustments for the optional renewal years. Any proposed adjustments must be clearly identified and reflected in the applicable annual budget. Renewal periods and associated costs are subject to HCA approval and available funding.*

- 66. Are Offerors expected to include all staffing required to support NMCAL/988, Warmline, mobile crisis dispatch, Rio Grande Gorge Bridge support, community and Tribal outreach, reporting, and interoperability activities within a single fixed-price proposal?**

Response: *Yes. Offerors should include all staffing and associated costs necessary to meet the requirements of the RFP within their proposed cost. Offerors are responsible for determining the staffing structure and level of effort necessary to successfully perform the Scope of Work.*

67. Should technology-related costs be incorporated into a single comprehensive price, or should they be itemized separately (e.g., contact center platform, dispatch technology, reporting dashboard, website hosting, and SMS/chat capabilities)?

Response: *Technology-related costs should be included as part of the Offeror's overall proposed cost and should be itemized, as applicable, to provide HCA with sufficient detail to understand the costs associated with the proposed solution. This may include costs for the contact center platform, dispatch technology, reporting and dashboard capabilities, website hosting, SMS/chat functionality, interoperability, and other technology necessary to meet the requirements of the RFP.*

68. Which/whose specific social media channels would the vendor be managing?

Response: *Offerors should propose the social media channels and platforms they recommend managing to support public awareness and outreach requirements of the RFP. The proposal should describe the recommended platforms, intended audiences, proposed approach to content development and management, and how social media activities will be coordinated with HCA and HCA's designated marketing contractor. Final platforms and social media activities will be determined in coordination with HCA following contract award.*

69. For NM 5-Actions, can we assume that the Health Care Authority of New Mexico owns the content and underlying business rules for this platform, and that they will be able to make this available?

Response: *HCA will make the existing NM 5-Actions content and applicable business rules available to the selected Contractor for purposes of hosting, maintaining, and providing public access to the platform as required by the RFP.*