

**Brain Injury Services – RFP #19-630-8000-0001
RESPONSES TO QUESTIONS**

Question	RFP Section	Page #, ¶	Pertaining to:	Offeror's Question	HSD's Response
1 -3	I.A	3, ¶12	Life Skills Coaching, another BISF Program component, will be a service arranged through the FIA component, and provided in regions where professional Life Skills Coaching or Life Coaching services are available, through certified/licensed providers.	<p>1. Who will provide life skills coaching (LSC) in the regions where the FIA is not able to contract with a provider or there are no providers?</p> <p>2. The NMAC defines that, "TBI services are provided through three contractor components: service coordination, life skills coaching and crisis interim services." Based on this regulation, does the program have an obligation to provide LSC statewide?</p> <p>3. In regions where there is no FIA funded provider of LSC, will the Service Coordination Agency (SCA) be granted additional service coordination hours to meet the LSC needs of the persons served?</p>	<p>1. Refer to Appendix J, Article A4(b). The FIA is expected to conduct due diligence in locating providers of a needed service. See also 8.326.12C and 14a(11) NMAC regarding participant selection of providers; if a participant knows of a qualified vendor providing the service, the SC will submit a referral to the FIA, who will attempt to arrange a contract. Also, see response to #12.</p> <p>2. NMAC is currently under promulgation and will be updated to reflect the changes as outlined in the RFP.</p> <p>3. Appendix I describes the SCA scope of work activities. Articles A.3(m) describes the requirements for referral to BISF HCBS. Refer to Article A.12 for information on reimbursement rates for the SCA scope of work, as well as Section IV, Factor II, Item 1(j) for rates payable to the SCA. Additional rates or hourly fees are not available or negotiable under any contract award related to this RFP.</p>
4, 5	I.B	6, ¶15	Life Skills Coaching, a service component described in the	4. Do FIA LSC providers meet the requirements outlined in the NMAC? The NMAC does not list	4. NMAC is currently under promulgation and will be updated to reflect the changes as outlined in the RFP.

Key of Abbreviations can be found on the last page of this document.

Brain Injury Services – RFP #19-630-8000-0001
RESPONSES TO QUESTIONS

			program regulations (8.326.10.11 NMAC) is a service that is covered using licensed/certified providers arranged through the Fiscal Intermediary Agent’s network of specialized providers.	LSC as a FIA provided service. 5. What are the licensing / certification requirements of an FIA LSC?	5. LSCs or life coaches are expected to be certified through accredited organizations. Refer to Appendix J, Article 4(a).
6	I.C	9 1 st bullet	A total of \$529,200 will be available for Service Coordination (2 Metro, 2 NE, 1 NW, 1 SE, and 1 SW), including costs related to delivery of the SC service and any administrative and indirect costs.	6. What constitutes administrative and indirect costs as it relates to the SCA?	6. The PMPM is an all-inclusive rate, comparable to Medicaid rates for comparable services. HSD does not define administrative or indirect costs that are projected by the organizations, who must determine their ability to provide the services at the offered rate.
7	I.C	9 #1, ¶1	SCs are also responsible for monitoring progress and outcomes related to all BISF HCBS, including professional Life Skills Coaching.	7. SCA is responsible to monitor outcomes and progress of FIA vendors, but the FIA Services section makes no mention of the FIA’s responsibility to monitor their vendors to ensure that services are being provided as authorized. How will this be monitored by the FIA?	7. Appendix J, Article A4(e) addresses FIA responsibilities for managing and tracking expenditures. This requires 1) monitoring utilization and 2) following-up with both the SCA and the vendor when expenditures and utilization exceed referred and authorized amounts.
8	I.E	12	“Evaluation Committee Report” means a report prepared by the Procurement Manager and the Evaluation Committee for contract award. It will contain written determinations resulting from the procurement.	8. “Prepared” by the procurement manager; does the procurement manager have the ability/authority to edit the Evaluation Committee’s report?	8. The Evaluation Committee Report is a recommendation to the HSD Office of the Secretary. It summarizes the consensus findings and determinations of the evaluation committee team members. It is reviewed and signed by the Evaluation Committee Members as well as HSD leadership. It is reviewed by the Chief Procurement Officer and copies are provided to all the Committee Members.
9	I.E	13	Under “HCBS”. For the purposes of this RFP, they also include professional Life Skills Coaching	9. LSC is not an FIA supported service per the NMAC. What safeguards will be put in place	9. See HSD responses to questions 1 – 5 and #12.

Brain Injury Services – RFP #19-630-8000-0001
RESPONSES TO QUESTIONS

			services through licensed/ certified providers, as they are regionally available.	by HSD to ensure that LSC is available statewide, as presented in the NMAC?	
10 -12	I.E	13	“Life Skills Coaching” - For the purposes of this RFP, professional LSC is available to participants with an assessed need by SC referral through the BISF FIA; this service cannot be provided by BISF Service Coordinators.	<p>10. Why has LSC been removed from the SCA scope of work in the 2019 RFP?</p> <p>11. Has a vendor been identified by the FIA or HSD to provide LSC statewide?</p> <p>12. Will HSD deny LSC to persons in regions where there are no certified/licensed LSC providers?</p>	<p>10. The policy decisions of HSD and future direction of the program are reflected in this RFP and will be further defined in the NMAC, currently under promulgation.</p> <p>11. The FIA to be contracted for these services beginning July 1, 2019 has not been selected. Building the network of providers for this service will be required as per contracts awarded through HSD. Refer to HSD responses to questions 1 and 4.</p> <p>12. The HSD Intake Packet for Service Coordinators to complete with participants (MAD 617) states on page 5, under “Crisis Interim Services”, “The BISF Program will make every effort to provide an approved service/good. However, the provision of any service is never guaranteed and is contingent upon a number of factors, such as eligibility, current levels of funding, geographical limitations, availability of providers, or other unforeseen circumstances.”</p>
13-15	I.E	14	It is the responsibility of BISF Service Coordinator to neither under-utilize nor over-utilize available services.	13. What constitutes under/over utilization? How is this measured and by whom?	13. Expectations regarding over and under-utilization are covered in the BISF SC Assessment (MAD 387) and Standard Operating Procedure SOP 18-1. Services for Homecare are expected to be provided at levels, as assessed by the SC, using the MAD 387 Service Coordination tool. Services for therapies are expected to be provided at levels as prescribed by medical professionals or therapy providers following

**Brain Injury Services – RFP #19-630-8000-0001
RESPONSES TO QUESTIONS**

				<p>14. Will expenditures from the FIA be received by the SCA within 30 days of service delivery? Clarified questions: If the SCA is responsible for neither under-utilizing or over-utilizing available services, as stated in the RFP, then will real time information/expenditures be provided by the fiscal agent? How will this be accomplished? Is it the intent of HSD that the regional budgets be spent in their entirety to neither under-utilize or over-utilize services, or is spending to be based on assessed needs of each participant?</p> <p>15. The SCA has no control of payments made by the FIA; therefore, it is difficult to determine real time or accurate utilization. What is HSD’s plan to reconcile this item?</p>	<p>their professional evaluation, as noted on Physician’s Orders (MAD 404).</p> <p>14. Question as originally phrased was unclear. HSD requested rephrasing. Combined HSD response: Refer to responses for #13 and #15. Spending is to be based on the assessed needs of participants, pursuant to the results of MAD 387 and MAD 404 documents and cannot be referred over the allowed amounts.</p> <p>15. The FIA lists expenditures in monthly expenditure tracking reports as provider/vendor invoices are processed and paid. These reports are shared with the SCA. The FIA is charged with tracking these expenditures, which list Dates of Service for which payment is made. This data reflects participant utilization, which is expected to be tracked by the SCA (Refer to Appendix I, Article A13). Part of budget monitoring is ensuring that participants are not utilizing a service in excess of the authorized and referred amounts. SCs are expected to follow-up with participants who appear to be utilizing their services at rates that are over or under the authorized monthly</p>
--	--	--	--	---	--

Brain Injury Services – RFP #19-630-8000-0001
RESPONSES TO QUESTIONS

					levels. The FIA is not charged with monitoring participant utilization in real time. HSD conducts BISF Operations Meetings on a quarterly basis, where contractors can present their concerns; HSD works to reconcile any issues that merit consideration.
16-17	II.B.12	19	The most advantageous proposal may or may not have received the most points. The award is subject to appropriate Department and State approval.	<p>16. Comment: This is not objective and would make the RFP process non-competitive.</p> <p>17. How will HSD address this statement in order to guarantee a fair and ethical RFP process?</p>	<p>16. This is standard boilerplate language from the State Procurement Code (1.4.1.30.B, C NMAC), allowing for decisions that serve the state’s best interests.</p> <p>17. The Evaluation Committee Recommendation Report provides written justification for the recommendation of the most advantageous offer(s).</p>
18-19	11.C.16	22	HSD discourages exceptions requested by Offerors to contract terms and conditions in the RFP (Sample Contract). If, in the sole assessment of HSD (and its evaluation team), a proposal appears to be contingent on an exception, or on correction of what is deemed by an offeror to be a deficiency, or if an exception would require a substantial proposal rewrite, a proposal may be rejected as nonresponsive.	<p>18. Please provide 2 or 3 examples of what HSD would consider exception requests to contract terms and conditions of the RFP by the offeror?</p> <p>19. Does this statement mean that there will be no contract negotiations; an offeror must accept all terms as stated in the template contract of this RFP or their proposal will be rejected?</p>	<p>18. HSD does not provide responses to Contract Terms and Conditions or suggest alternative language to its contracts. Alternative terms or language are proposed by offerors for HSD’s consideration and discussed during any contract negotiations; it is the right of the Department to accept or reject the requested language change.</p> <p>19. Refer to response to #18.</p>
20	II.C.16	22	General references to the Offeror's terms and conditions or attempts at complete substitutions are not acceptable to the Agency and will result in disqualification of the Offeror's proposal.	20. What feedback will be accepted by HSD that will not disqualify an offeror’s proposal? Please provide examples.	20. Refer to response to #18.

Brain Injury Services – RFP #19-630-8000-0001
RESPONSES TO QUESTIONS

21	IV.C Factor IA	32	Factor IA 100 Points Total	21. The section adds up to 88 points	21. The assignment of points for items that require description/narrative is to facilitate consensus in scoring. It will be up to the individual Evaluation Team Members whether they wish to assign points for reproducing language related to simple statements of agreement or whether they wish to assign the balance of points (in this case, 12) to the offeror’s global response to Factor IA.
22	IV.C Factor IB	34	Factor IB 100 Points Total	22. The section adds up to 64 points	22. Refer to response to #21 (The award of the balance of 36 points for Factor 1B is to be decided by individual Evaluation Team Members, as noted in #21.)
23-24	IV.C Factor IB, #25	34	Agree to notify the HSD if changes occur related to key project personnel and/or regional staff that are needed to support the contracted service. The HSD reserves the right to review contract status if key personnel (as defined in the Scope of Work for SC service) change or if regional staff needed to support enrolled participants is insufficient.	23. (Comment): HSD requires an offeror to provide day-to-day operational information about its workforce and their activities. 24. What financial investment will HSD make to ensure proper staffing levels? 25. When vacancies are reported to HSD, does HSD provide the offeror with temporary staff?	23. Clarification: HSD expects to be updated on changes in key staff, including the service coordinators serving the respective regions, to facilitate its ability to respond, when receiving calls from participants in a region of note, as the participants frequently refer to their Service Coordinators by name. HSD is not requiring “day-to day” information about staff activities. 24. HSD compensates SCAs on the basis of rates for PMPM up to the amount of contract award. 25. HSD providing temporary staff is not within the scope of this procurement; refer to response to #24.
26	IV.C Factor IC	35	Factor IC 100 Points Total	26. The section adds up to 80 points	26. Refer to the response to #21. (The award of the balance of 20 points for Factor IC is to be decided by individual Evaluation Team Members, as noted in #21.)
27	IV.C Factor IC, #46	36	Agree to have a governing board whose membership is generally	27. Offerors that do not have a Board, are they disqualified from responding to the RFP?	27. Corporations, both for-profit and nonprofit, are required by law to have a board of directors. Nonprofit organizations are legally required to form a

**Brain Injury Services – RFP #19-630-8000-0001
RESPONSES TO QUESTIONS**

			representative of the population of the community served, including at least one person living with brain injury/disability.		board of directors. Each state has different requirements regarding how a nonprofit is governed. The requirements for non-profit and for-profit agencies can be found at http://www.sos.state.nm.us . Additionally, although unincorporated associations are not bound by these rules, best-practice principles, which go beyond the black-letter law, prescribe the appointment of an effective board or governing body for other reasons, both practical and ethical. These principles apply equally to nonprofit and for-profit organizations. Regarding LLC's, while they may have a Board of Members, New Mexico does not require listing the names of the LLC Members on the Articles of Organization when forming the company. If an entity is not legally required to form a board, this requirement shall not apply to the entity. However, as this section is subject to a Pass/Fail score, Offerors are requested to make this clear as part of their proposal response. (See also responses to #51-53 and #75.)
28	IV.C Factor II.1(f)	38	All Service Coordinators are required to conduct a minimum of one-hour face-to-face sessions with their participants monthly.	28. One session (pg. 92) or one hour per month? The NMAC stipulates one hour	28. 8.326.10.10.B.(2) NMAC requires "no less than one hour face to face each month..."
29	IV.C Factor II.1(g)	39	Service Coordination agencies cannot provide FIA services, professional Life Skills Coaching or any other BISF HCBS in the execution of their contract.	29. Can an offeror provide supportive assistance in the form of any in-kind contributions?	29. Services that cannot be provided and are therefore not billable under PMPM are noted in 8.326.10.10.E(4)(c-g) NMAC.

Brain Injury Services – RFP #19-630-8000-0001

RESPONSES TO QUESTIONS

30 -32	IV.C Factor II.1 (j)(1)	39	Unit Rate for applicant or reactivating participant status = \$140 per applicant (presenting with a crisis need) per month for direct contact with participants either face-to-face or by telephone and/or other work directly related to determination of BISF Program eligibility.	<p>30. For persons served that require more than 3 hours of service coordination per month, is there an alternative payer source that will supplement the additional hours to meet the needs of the person served?</p> <p>31. Will the offeror be required to deny services to persons served who have higher service coordination needs or will this denial of services come from HSD?</p> <p>32. Does the cap on service coordination hours align with the intent of the Traumatic Brain Injury Trust Fund Program regulations?</p>	<p>30. Refer to Appendix I, Article A.12 for reimbursable rates and responses to #6 and #24.</p> <p>31. HSD is offering a single PMPM for enrolled participants of the BISF, as noted in the Appendix I, Article A12; refer also to #6 and #24</p> <p>32. There is no cap on SC hours; SCA’s are reimbursed through PMPM up to the contract amount. Service Coordination agencies are expected to provide enrolled participants with all the assistance that is needed to coordinate their services and resolve their crisis needs, while fulfilling all other obligations under its contract with HSD.</p>
33	IV.C Factor II.1 (j)(3)	39	Reimbursement at the noted rates will cover all hours of service provided and related administrative and indirect costs.	33. What qualifies as administrative and indirect costs? Please provide a list of allowable costs.	33. Refer to response to #6.
34	IV.C Factor II.1 (j)(4)	39	Payment for BISF SC will be made only as funds are available and per Legislative appropriation.	34. Is this contingency also applied to the FIA?	<p>34. Yes. See statements applying to both contractors, including</p> <ul style="list-style-type: none"> • Section I.C. pp 8-9, which states, “Subject to program revenues and appropriations, the total combined amount available for contracting the two provider services in FY20 is...” • Section IV.C., Factor III.A, p 46, which states, “Appropriation totals for contracts are dependent on

Brain Injury Services – RFP #19-630-8000-0001
RESPONSES TO QUESTIONS

					<p>revenues and fund balances entrusted to the Brain Injury Services Fund as well as appropriation by the Legislature.”</p> <ul style="list-style-type: none"> • An amendment is not deemed necessary to clarify this.
35	N/A	N/A	General Question	35. Is there an exception process to increase service coordination hours?	35. HSD is not compensating the SCA on a per hour basis. PMPM rates are noted in IV.C, Factor II.1(j)(1)(2) on page 39. The PMPM was developed based on a review of recent fiscal year invoicing for the SC service and is in alignment with Medicaid rates for comparable services.
36	IV.C Factor II.2(d)	40	<i>Limits</i> – Each participant, according to assessed needs, is eligible to receive up to \$4,250 in BISF HCBS each year, unless approved by exception in writing by the HSD BISF Program Manager.	36. Who is approved to request additional HCBS funds, the SCA and/or the FIA?	36. The contracted SCA through a written exception process will submit requests on behalf of enrolled participants for additional funding/ exceptions to HSD. Refer to Appendix I, Article A.13(h).
37	IV.C Factor II.2(h)	41	HSD will reimburse the FIA for contract related activities on behalf of enrolled participants based on a monthly 1/12 draw-down, regardless of the number of persons served.	37. FIA guaranteed revenue regardless of work completed and persons served. This distinction in FIA guaranteed revenue varies greatly from the SCA revenue caps, caseload caps and fee-for-service structure. Why is there disparate treatment of the SCA and FIA?	37. The reimbursement rates are an HSD policy decision that is based on an historical review of both FIA and SCA invoicing and participants under normalized caseloads. In review of other programs, the scope of the work of the SCA is similar to contracted Medicaid case managers and consultants, who are paid a comparable PMPM. Refer also to response #6.
38	IV.C Factor II.2(j), ¶14	41	Reports, as scheduled above, should be provided to HSD with the monthly billing. Itemized billing reports will also be provided to the appropriate Service Coordinator agencies for the purpose of expenditure tracking and be made available to the participant	38. What is the reimbursement rate to the SCA for performing fiscal management duties by tracking FIA expenditures?	38. The SCA is not required to track FIA expenditures, but to track participant utilization based on reported expenditures. Refer to Appendix I, Article A.13 and A14 for information related to SCA scope of work.

**Brain Injury Services – RFP #19-630-8000-0001
RESPONSES TO QUESTIONS**

			or his/her representative upon request.		
39	IV.C Factor II.A, #57	42	Agree to collaborate productively with other contracted BISF entities as they provide services for participants and follow established communication protocols.	39. What are the “established communication protocols”?	39. Established communication protocols are outlined in BISF Letter of Direction 13.1-A1. Letters of Direction and Standard Operating Procedures, which will be provided to all entities awarded a contract through this procurement.
40	IV.C Factor III, #83	46	(Any proposal that includes a funding table, where Administrative Costs are noted as “N/A” or left blank is subject to a reduction in awarded points).	40. If the compensation total is not enough money to pay for administrative costs, how should this be noted in the Funding Table?	40. Any administrative costs are expected to be included as part of the PMPM, per response #6. The amount entered is in Appendix G, sections A and B, last column as a dollar value.
41-42	IV.C Factor III, Reads “#8”; Should be #86	46	Information about credentialing of staff (or intent to credential staff) through the Brain Injury Association of America as a Certified Brain Injury Specialists (CBIS) is advantageous, as it reflects an individual’s commitment to remaining current in the latest brain injury research, treatment and practices. The organization may include copies of any staff CBIS certificates in Appendix M of the agency’s proposal response.	41. Is CBIS the only certification acknowledged and accepted for the purposes of this RFP? 42. What about advanced education and licensure (e.g. LMSW)?	41. Yes, for the purposes of this RFP. However, points are not deducted for agencies that do not have such credentialing, nor would the lack of CBIS disqualify an offeror from an award that would be considered advantageous to the state. 42. Additional points are not available under the scope of this procurement, and minimum staff qualifications for SCA and FIA are defined under 8.326.10.10.D and 8.326.10.14.B, respectively.
43	IV.C Factor III.D.2	47	Offerors must submit copies of the most recent years independently audited financial statements, as well as	43. For those offerors that have not undergone an independent audit each year, what alternative	43. As stated on page 47, “If independently audited financial statements do not exist, Offeror must state the reason and, instead, submit sufficient information (e.g. Dun and Bradstreet report) to enable the

Brain Injury Services – RFP #19-630-8000-0001
RESPONSES TO QUESTIONS

			financial statements for the preceding three years, if they exist.	financial documentation will be considered for review by the Evaluation Committee?	Evaluation Committee to assess the financial stability of the Offeror.”
44	IV.C Factor III.D.5	47	Pay Equity Reporting: The Offeror must agree with the requirements of reporting as defined in Section II.C.30. Report is due at the time of contract award	44. This statement is in direct contrast with the statement listed on pg. 53. Is the Pay Equity Reporting form due at time of contract or included in the RFP submission?	44. The Pay Equity report is required in order to prepare a contract package, following Tentative Notice of Award. It is to be included in the proposal response as noted on page 53. See also page 25, Section II.C.30.
45	IV.C Factor III.D.5	47	“Offeror concurs with the Pay Equity Reporting as defined in Section II.C.30.	45. What page is Section II.C.30 found?	45. Page 25, Section II.C.30.
46-48	IV.C Factor III.D.5	48 (top)	Offerors with staff who have received the full CBIS credential are eligible to receive an additional 25 points to their overall proposal score.	46. Where is an offeror able to pursue full CBIS credentialing? How much does it cost? 47. What other credentials/licensure will be considered for the purposes of this RFP to achieve the full 25 points? 48. Please provide a list/table of desirable credentials.	46. As stated on page 47, “Credentialing through the Brain injury Association of America...” The website for BIAA is https://www.biausa.org/professionals/acbis , which provides more information about the credentials. Interested parties may also contact the Acquired Brain injury Division at ARCA to learn more about credentialing by taking a training from one of its certified trainers. More information and pricing structure can be learned by contacting ARCA at https://www.arcaopeningdoors.org/cbis/ . 47. Staffing qualifications have been noted in both Appendix I and J for the respective scopes of work. 48. Refer to response to #47.
49-50	V.B	49	Evaluation Point Summary	49. What credentialing/licensure will be considered under the “Desirable Specifications” category? 50. Please provide a list/table of desirable credentials.	49 - 50. Refer to response to #47.
51-53	App. C, Item D	53	A list of all current members of the agency board of directors to include:	51. The information requested violates Board member PHI. How does HSD propose to address this?	51-53: As a government agency accountable to New Mexico state citizens, HSD will accept a response that includes how

Brain Injury Services – RFP #19-630-8000-0001
RESPONSES TO QUESTIONS

			<ul style="list-style-type: none"> Name and title Address Date and term on board Ethnicity (optional) Occupation Consumer identification (disability/brain injury, ethnicity) 	<p>52. The offeror does not understand the purpose of HSD requiring the addresses and protected class information of its Board members, and requests clarification.</p> <p>53. Is it legal for HSD to require an organization to disclose protected health and protected class information of its Board members?</p>	<p>many directors have a disability/brain injury or are working with individuals with a disability/brain injury, without identifying the board member(s), to assure that the Board contains a member, or members, that generally represent the population of the community served. The other requests are waived.</p> <p>For LLCs or other unincorporated entities, list the number of individuals on their Board of Members, indicating how many of them have a disability/brain injury or work with individuals with disability/brain injury.</p>
54	App C, Item G	53	Pay Equity Requirements: You must submit with your proposal Pay Equity Reporting Form PE10-249, or Form PE250 (depending on the size of your organization or company) or a certification that your organization or company is exempt.	54. This statement is in direct contrast with the statement listed on pg. 53. Is the Pay Equity Reporting form due at time of contract or included in the RFP submission?	54. Refer to response to #44.
55	App. H, Article 19B	66	Contract for an independent audit in accordance with 2 CFR 200 at the Contractor’s expense, as applicable or upon HSD request, submit its most recent 2 CFR 200 audit.	55. For offerors that do not have a 2 CFR 200 audit, what financial documentation will be considered for review by the Evaluation Committee?	55.This is boilerplate HSD contract language. Conducting independent audits, while encouraged by HSD as a means of demonstrating financial solvency, is a business decision. Offerors who do not have independent audit reports can state why they do not have this kind of documentation and instead provide any financial documentation within their means (e.g., Dun and Bradstreet) to show financial stability. (Refer to Appendix C for required documents.) The requirement to be in accordance with 2 CFR 200 is for agencies who agree to enter into a contract with HSD that involves Federal funds, which do not apply to these contracts. HSD may elect to conduct audits that include Federal requirements. Independent audits regarding 2 CFR 200 are not a specific requirement mentioned

**Brain Injury Services – RFP #19-630-8000-0001
RESPONSES TO QUESTIONS**

					in the mandatory requirements for this RFP or its related Appendices and therefore will not be reviewed by the Evaluation Committee.
56-57	App. H, Article 19C	67	Upon completion of the audit under the applicable federal and state statutes and regulations, the Contractor shall notify the HSD when the audit is available for review and provide online access to the HSD, or the Contractor shall provide the HSD with four (4) originals of the audit report. The HSD will retain two (2) and one (1) will be sent to the HSD/Office of the Inspector General and one (1) to the HSD / Administrative Services Division / Compliance Bureau.	<p>56. For offerors that have not undergone an annual independent audit, what financial documentation will be considered for review by the Evaluation Committee?</p> <p>57. For offerors that have not undergone an annual independent audit, what documentation will be required by HSD annually and submitted to the HSD/Office of the Inspector General and one to the HSD/Administrative Services Division/Compliance Bureau?</p>	<p>56. This section will not be reviewed by the committee members, but by Subject Matter Experts at HSD Administrative Services Division and Office of General Counsel; this is part of the sample contract and the need for such audit can be discussed during contract negotiations.</p> <p>57. Any questions regarding what is required by the Office of the Inspector General should be directed to that office and can be discussed during contract negotiations.</p>
58-60			This audit shall contain the Schedule of Expenditures of Federal Awards for each program to facilitate ease of reconciliation by the HSD. This audit shall also include a review of the schedule of depreciation for all property or equipment with a purchase price of \$5,000 or more pursuant to 2 CFR 200, specifically subpart F, and appendices where appropriate.	<p>58. What alternative documentation will be acceptable to HSD if an offeror has not undergone a 2 CFR 200 audit?</p> <p>59. Is an annual independent audit a requirement?</p> <p>60. How is the offerors depreciation schedule relevant to HSD?</p>	<p>58. Refer to responses #55 and #56.</p> <p>59. Refer to response to #57.</p> <p>60. The depreciation schedule refers to contracts that have an award of Federal funds, which may be used to purchase property or equipment. While it is standard boilerplate HSD contract language and may or may not apply to these particular projects, HSD may elect to include audit elements that comport with Federal requirements.</p>

Brain Injury Services – RFP #19-630-8000-0001

RESPONSES TO QUESTIONS

61	App. I, Article A3(m)	91	Referrals for HCBS services and goods to other payer sources will result in completion of the goal with no further SC monitoring or BISF Program involvement.	61. If persons served are not receiving service coordination from another HCBS source, are they able to access this service from the BISF?	61. If other service coordination goals remain active due to non-resolution of other crises, service coordination may continue. Refer to 8.326.10.7W NMAC, which specifies the ability to use BISF funding until other funding is obtained. The BISF program does not provide service coordination to monitor an individual's involvement with other payer sources.
62.	App. I, Article A4	92	Ensure all standard notices to brain injury participants and materials produced for the public are written at or below a 6th grade reading level and meet all related federal and state requirements. Contractor will submit all review requests to HSD in writing.	62. Will HSD provide aid, software, or resources to an offeror to assist them in developing materials at a 6th grade level?	62. All materials are submitted to HSD for review for its policy language requirements, and documents will be reviewed by the Office of General Counsel, as needed.
63	App. I, Article A7	92	Employ staff and subcontractors that meet the requirements in the TBI Trust Fund Program Regulations 8.326.10 NMAC, newly amended regulations, and the FY20 Brain Injury Services RFP.	63. Where can an offeror get a copy of the newly amended regulations?	63. The language refers to any "newly amended regulations". HSD expects to complete the promulgation process and issuance of rules later this year.
64	App. I, Article A11	93	Maintain full-time staff to caseload ratios to fulfill the caseload needs of the region in which the agency provide service using a staff-participant ratio of no more than 1:30 for Service Coordinators.	64. Does the 1:30 ratio include persons served in an applicant status?	64. Persons who do not have a complete application would not be considered as part of a full caseload.
65	App. I, Article A30	93	Be reimbursed up to a maximum of \$6,300 monthly (\$529,200 divided by 7 SC "funding slots" = \$75,600	65. This calculation does not allow for administrative costs. Is an offeror able to exceed the maximum SCA allocation (\$529,200) to include administrative costs?	65. Refer to response to #6.

Brain Injury Services – RFP #19-630-8000-0001
RESPONSES TO QUESTIONS

			divided by 12 = \$6,300 for each full 30 member caseload), cumulatively for the provision of BISF Service Coordination in the contracted region(s), based upon the Per Member Per Month rate(s), approved by the HSD (NOTE TO OFFEROR: Language will be adapted according to total contract award, number of related SCs and regions to be served.)		
66	App. J, Article A22	100	Attend and provide utilization reports to the Brain Injury Advisory Council, as requested.	66. Are these reports presented to the BIAC by HSD, or the SCA and FIA?	66. This requirement pertains to the FIA Scope of Work in Appendix J. Reports to the BIAC are typically presented by HSD and are dependent on the nature of the BIAC's request. Historically, the BIAC has been interested in understanding costs associated with "Crisis Interim Services", referred to in this RFP as BISF HCBS.
67	App. J, Article A23	100	Reports must be submitted according to the schedule and frequency established by HSD.	67. What is the schedule and frequency?	67. The current schedule and frequency are on a monthly basis; however, HSD retains the right to request reports on a more frequent basis, as circumstances warrant.
68	App. J, Article A26	100	Consult with and submit for review and approval by HSD any newly proposed or amended requirements for delivery of services to BISF participants.	68. What role does the SCA have in influencing the delivery of services? What is the process for the SCA?	68. The language in Article A26 applies to any contracts that the FIA has with sub-contracted providers or vendors of a service, regarding their delivery of services, and does not apply to the SCA.
69	App. J, Article A29.A	101	Administrative services performed include, but are not limited to, processing payment requests, establishing new vendors as	69. Do the SCA Administrative/Indirect costs include: opening new participant files and closing discharged participant files, delivery of all required billing, reports, and other contract deliverables?	69. Appendix J relates to the FIA scope of work and is not pertinent to the SCA scope of work. Refer to response to #6.

**Brain Injury Services – RFP #19-630-8000-0001
RESPONSES TO QUESTIONS**

			requested by the Service Coordination Agency on behalf of a specific participant, opening new participant files and closing discharged participant files, delivery of all required billing, reports, and other contract deliverables.		
70	App. J, Article A29.B	101	Any requests for exceptions regarding participant caps or outstanding vendor remittances shall be submitted in writing to the HSD.	70. Can the FIA submit requests for exceptions to the participant annual caps?	70. This is general language regarding participant caps on BISF HCBS or using the BISF as a secondary insurer. However, exceptions regarding vendor remittances for payment by the BISF outside a 90-day window still applies to the FIA. Refer to response to #36.
71	App. C	52	Statement of Assurances- Corporate- #B3	71. As a small agency/entity, our organization (name removed) does not file annual corporate reports to the NM Public Regulation Commission. Does this requirement apply for agency such as ours that are for-profit?	71. If an entity is not legally required to file annual corporate reports, this requirement shall not apply to the entity. As this section is subject to a Pass/Fail score, Offerors are requested to make this clear as part of their proposal response.
72	App. C	52	Statement of Assurances- Financial Status- #B1	72. Would the evaluation committee accept copies of filed business annual taxes?	72. The Evaluation Committee cannot accept copies of business taxes in fulfillment of this requirement (Appendix C, B1). Tax returns provide a “snapshot” of money coming in and going out of a business for a specific calendar year. A fiscal report is required because, unlike a tax return, it contains information that focuses on the operations, (operational, production and master budgets), and the net worth of the business, which includes all liabilities and assets in the company’s name.
73	App. C	52	Statement of Assurances-Financial Status- #B2	73. Since our organization (name removed) is a for-profit agency we do not required to have independent auditor completing internal audits. Can our	73. Yes, three (3) years of business taxes and profit and loss statements are acceptable, but the substitution must be explained as part of the Offeror’ proposal.

Brain Injury Services – RFP #19-630-8000-0001
RESPONSES TO QUESTIONS

				organization provide 3 years of business taxes and profit and loss statements?	
74	App. C	52	Statement of Assurances- Financial Status - #B3	74. Our organization (Name removed) on a monthly basis generates profit and loss statements. Can these profit and loss statements be sufficient to meet this requirement?	74. Yes, profit and loss statements qualify as internally prepared financial statements.
75	App. C	52	Statement of Assurances-D- Board of Directors	75. Our organization (name removed) is not required to have a Board of Directors as we are a for-profit agency. Would this disqualify us from submitting a proposal?	75. Generally, yes. However, refer to response to #27 for information on best practices.
76	IV.C, Factor IC, #46	36	Agree to have a governing board whose membership is generally representative of the population of the community served, including at least one person living with brain injury/disability.	76. Our organization is unable to alter its current Board of Directors and uncertain of resources available to add an additional member. Can the program collectively establish an advisory board/council like other Medicaid programs ie. MVAC, ACQ, FAB, ICC, etc.?	76. An advisory board for the BISF Program already exists, as noted in statute. This is the Brain Injury Advisory Council with Governor appointed members, most of which are individuals with brain injury, caregivers/family members or professionals serving the brain injury population. In response to this item, the Offeror may provide information about board turn-over, how often new board members are elected, and any future plans that would ensure that appropriate representation for brain injury is available.
77-78	IV.C, Factor IC, #48	36	Include evidence of Quality Assurance survey results conducted by other entities. (25 points)	77. Can you clarify what kind of survey results and what other entities? 78. Are you referring to Quality Management Bureau survey results of other programs we provide services for?	77. Other quality assurance documentation could include CARF Accreditation, reviews by other entities (e.g. USBIA), or audits completed by state agencies for any services provided. 78. Yes, since Department of Health is external to your agency.
79-81	IV.C, Factor IIB, #68	43	Agree to retain Behavioral/Mental Health Therapists, as needed. Such staff should be available to assist with emergency needs related to participants and staff consultations.	79. Are we expected to employ Behavioral/Mental Health Therapists?	79. No, not necessarily. However, organizations working with brain injury and psychosocial/behavioral health issues that may be symptomatic will want to have a consultant on stand-by or a “go-to” behavioral health professional who can advise on issues that may be beyond the expertise of the contractor.

**Brain Injury Services – RFP #19-630-8000-0001
RESPONSES TO QUESTIONS**

				<p>80. Does this not conflict with providing direct care?</p> <p>81. Or refer participants to them?</p>	<p>Having a resource such as this assures HSD that the organization is able to meet any related needs and can respond appropriately to meet behavioral health challenges.</p> <p>80. No, refer to response to #79. The support from such consultant is primarily for your staff to have a resource to which they can turn for advice in managing behavioral health issues.</p> <p>81. SCAs are expected to refer participants with behavioral health needs to providers of their choice per 8.326.10.14(11) NMAC, indicates that the participant “shall be the sole decision maker of who is to provide service or goods ...that could fulfill his or her needs.”</p>
82	IV.C, Factor IIB, #80	44	Agree to maintain full-time staff to fulfill the caseload needs of the region in which the agency provides service using a suggested staff / participant ratio of no more than 1:30 for Service Coordinators.	82. It will be hard, if not impossible, to hire a full-time staff with a reimbursement rate of \$210 and a caseload cap of 30 with the qualification requirements. Is there any flexibility here?	82. Refer to response to #64, which would consider applicants separate from a full caseload of actual enrollees. The agreement in Mandatory Requirement #80 includes the qualifier “suggested” with regard to staff/participant ratios. Agencies that can serve more individuals will still be required to not exceed the total compensation available through their contracts. HSD’s primary concern relates to a Service Coordination Agency that is serving or proposes to serve too few participants.
83	App C, B.2 IV.C, Factor IA, 12(c) IV.D,	52 33 47	Reference is made to the necessity of financial statements, which seem to cover 3 or 4 years. Appendix C, Item B(2) (p.52) states, “...the three most current years...”, while Section IV.C., Factor 1A, Item 12(c) (p.33) and Section IV.D., Item 2 (p.47) make	83. Can you please clarify if the request being made is for 3 or 4 years?	83. The request is for a total of four (4) years, which includes the company’s most current recently audited financial report, as well as those for the preceding three (3) years.

Brain Injury Services – RFP #19-630-8000-0001
RESPONSES TO QUESTIONS

	Factor III, D 2		reference to the most recent year, as well as for the preceding 3 years.		
84	App C B3		In Appendix C, Item B(3) (p.52) and Section IV.C., Factor 1A, Item 12(d) (p.33), a request is made for the 2 most recent quarterly financial statements.	84. Since the 2 most recent quarters are part of the most recent year’s financial statement, which will already be submitted in the proposal, does the HSD still want separate financial statements for the 2 most recent quarters?	84. Yes, the Offeror is required to provide the two (2) most recently prepared financial statements.
85	App C Item D	52	In Appendix C, Item D (p.52), a request is made for a list of all current members of the Offeror’s Board of Directors.	85. The legal and organizational structure of some corporation types do not have a Board of Directors. If this is the case, is it enough for the Offeror to provide a statement regarding its legal and organizational structure, which does not include a Board of Directors?	85. Yes, see responses to #27, #51-53, and #75.
86	III.C	28	Proposal Format	86. Can margins be greater than 1 inch to allow more room for hole punched papers in binders and improved readability?	86. HSD will allow for the left-hand margin to be larger to accommodate hole punch, as a waived minor technical irregularity, in consideration of the need to hole punch and produce a readable document.
87-88	IV.C Factor IIA, #5	32	“Agree to employee direct service staff with the following minimum qualifications.	87. Does this apply to the Fiscal Intermediary Agent? 88. Would this apply only to providers regarding staff qualifications?	87. Yes, as noted in Appendix J, Article A15 which refers to NMAC requirements. (See 8.326.10.14.B. NMAC.) 88. This does not apply to providers/vendors of goods and services under BISF HCBS.
89	IV.C Factor IIB, #63	44	Agree to main an accessible physical office from which to operate and provide statewide BISF Program Services	89. Does it matter where in New Mexico the office is located?	89. No, as long as all contract terms and deliverables are met and the contractor is able to communicate by phone and by email, as needed. Operations Meetings and trainings do require attendance in person, which are held in Albuquerque or Santa Fe.

Brain Injury Services – RFP #19-630-8000-0001
RESPONSES TO QUESTIONS

90-91	App J Article A29(B)	100- 101	Direct Services and Goods	<p>90. How are the funds to pay for Direct Services and Goods distributed? It appears they would be sent to the FIA in 12 equal payments.</p> <p>91. Is the FIA expected to pay the providers in advance of reimbursement or does the State advance, for example March’s allotment on February 28th, and then the FIA disburses the payments to the providers keeping the necessary receipts/documentation?</p>	<p>90. The funds identified in Appendix J, Article A.29(B) are not distributed in 1/12 increments. The section states, “Contractor will be reimbursed for expenses incurred from vendors, providers or contractors...” Providers/vendors invoice the FIA and the FIA will make payment to the vendors. For any payments made in that month to providers/vendors, the FIA then bills HSD and only for services rendered to the participant for completed dates of service. The funds that are distributed in 1/12 increments relate to the Administrative costs in Appendix J, A.29(A). The administrative costs and direct service costs are partitioned separately on FIA billing to HSD.</p> <p>91. The state cannot pay providers in advance of reimbursement. As a business entity, the selected contractor will need to be financially stable enough to operate their business so that providers/vendors are paid timely. The state’s turnaround time for reimbursement is within 30 days.</p>
-------	----------------------------	-------------	---------------------------	--	---



Brain Injury Services – RFP #19-630-8000-0001 RESPONSES TO QUESTIONS

Key to Abbreviations used by HSD in Responses:

¶ = paragraph

App = Appendix

BIAC = Brain Injury Advisory Council

BISF = Brain Injury Services Fund

CBIS = Certified Brain Injury Specialist

CFR = Code of Federal Regulations

FIA= Fiscal Intermediary Agent

HCBS = Home and Community Based Services

HSD = Human Services Department

LSC = Life Skills Coaching

MAD = Medical Assistance Division

NMAC = New Mexico Administrative Code

PMPM = Per Member Per Month

RFP = Request for Proposals

SCA = Service Coordination Agency

TBI = Traumatic Brain Injury