

# **HUMAN SERVICES DEPARTMENT**

## **INCOME SUPPORT DIVISION**

### **REQUEST FOR PROPOSALS (RFP)**

#### **Consulting Services**



**RFP# 17-630-9000-0008**

Release Date – April 10, 2017

**Amendment 2**

Proposal Due Date – May 11, 2017

**Request for Proposals # 17-630-9000-0008 is amended as follows:**

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**From:**

**V. Training**

Provide training for appropriate state officials, contractors, and providers on an as needed and requested basis.

**To:**

**6. Training**

Provide training for appropriate state officials, and contractors on an as needed and requested basis.

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**From:**

**B. TECHNICAL SPECIFICATIONS**

**2.Organizational References:**

**Offerors are required to submit APPENDIX F, Organization Reference Questionnaire, to the business references they list. The business references must submit the Reference Form directly to the designee described in Section I Paragraph D.**

**To:**

**B. TECHNICAL SPECIFICATIONS**

**2.Organizational References:**

**Offerors are required to submit APPENDIX F, Organization Reference Questionnaire, to the business references they list. The business must submit the Reference Form in Binder 1. Per Section III.C.2.F.1.**

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**From:**

**C. COST PROPOSAL**

**2. Technical Proposal (Binder 1)**

**F. Response to Specifications** (except cost information which shall be included in **Cost Proposal/Binder 2 only**)

**3. Desirable Specification**

**To:**

**Delete number 3. Desirable Specification**

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**From:**

**IV. SPECIFICATIONS**

**B. TECHNICAL SPECIFICATIONS**

**2. Organizational Experience**

**B.** Indicate how many states Offeror provided hospital audit, accounting, program integrity and consultant services for in the last two years and what percentage of business revenue is derived from the aforementioned services engagements;

**To:**

**IV. SPECIFICATIONS**

**B. TECHNICAL SPECIFICATIONS**

**2. Organizational Experience**

**B.** Indicate how many states Offeror provided audit, accounting, program integrity and consultant services for in the last two years and what percentage of business revenue is derived from the aforementioned services engagements;

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**From:**

**V. EVALUATION**

**B. EVALUATION FACTORS**

**9. Suspension and Debarment Requirement (Pass/Fail)**

**No points will be awarded for this mandatory evaluation factor. Offerors must complete the Suspension and Debarment Requirement Form found in Appendix H. Excluded or**

incomplete forms will receive a “Fail” rating on this evaluation factor which disqualifies the Offeror’s proposal from further consideration.

**10. Employee Pay Equity Reporting Form (Pass/Fail)** No points will be awarded for this mandatory evaluation factor. Offerors must complete the Employee Pay Equity Reporting Form found in Appendix N. Excluded or incomplete forms will receive a “Fail” rating on this evaluation factor which disqualifies the Offeror’s proposal from further consideration. (Section II, C.31)

**12. New Mexico Employees Health Coverage Form (Pass/Fail)** No points will be awarded for this mandatory evaluation factor. Offerors must complete the New Mexico Employees Health Coverage Form found in Appendix G. Excluded or incomplete forms will receive a “Fail” rating on this evaluation factor which disqualifies the Offeror’s proposal from further consideration. (Section II, C.28)

To:

## **V. EVALUATION**

### **B. EVALUATION FACTORS**

#### **9. Suspension and Debarment Requirement (Pass/Fail)**

No points will be awarded for this mandatory evaluation factor. Offerors must complete the Suspension and Debarment Requirement Form found in Appendix H. Excluded or incomplete forms will receive a “Fail” rating on this evaluation factor which disqualifies the Offeror’s proposal from further consideration. Please provide in Binder 1.

**11. Employee Pay Equity Reporting Form (Pass/Fail)** No points will be awarded for this mandatory evaluation factor. Offerors must complete the Employee Pay Equity Reporting Form found in Appendix N. Excluded or incomplete forms will receive a “Fail” rating on this evaluation factor which disqualifies the Offeror’s proposal from further consideration. (Section II, C.31) Please provide in Binder 1.

**12. New Mexico Employees Health Coverage Form (Pass/Fail)** No points will be awarded for this mandatory evaluation factor.

**Offerors must complete the New Mexico Employees Health Coverage Form found in Appendix G. Excluded or incomplete forms will receive a “Fail” rating on this evaluation factor which disqualifies the Offeror’s proposal from further consideration. (Section II, C.28) Please provide in Binder 1.**

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From:

**IV. SPECIFICATIONS**

**B. Organizational References**

**B. Business Specifications**

**5. Cost Proposal**

**Mandatory Cost Specifications**

The Offeror shall propose fully loaded fixed costs for each of the items stated on the Cost Response Form (Appendix XX. The costs cited will include all costs to operate a customer support services center that meets all contract requirements. Costs shall include all travel, per diem, fringe benefits, performance bond, and any overhead costs for contractor personnel, as well as subcontractor personnel, if appropriate. New Mexico gross receipts taxes are excluded from fully loaded fixed cost. They shall be shown separately on invoices.

All charges listed in Appendix D must be justified and evidence of need documented in the proposal.

To:

**IV. SPECIFICATIONS**

**B. Organizational References**

**C. Business Specifications**

**5. Cost Proposal**

**Mandatory Cost Specifications**

The Offeror shall propose fully loaded fixed costs for each of the items stated on the Cost Response Form (Appendix XX. Costs shall include all travel, per diem, fringe benefits, performance bond, and any overhead costs for contractor personnel, as well as subcontractor personnel, if appropriate. New Mexico gross

receipts taxes are excluded from fully loaded fixed cost. They shall be shown separately on invoices.

All charges listed in Appendix D must be justified and evidence of need documented in the proposal.