

Offeror Question	HSD Response
<p>1. In the Brain Injury Services RFP the deadline to submit Reference Questionnaires is listed on pp. 86-87 as 4:00 PM MST/MDT on April 21, 2023. This is obviously a typo. We would like to get these Questionnaires to potential references as early as possible. What is the actual deadline for the submission of these?</p>	<p>Deadline for submission is May 29, 2023 at 4:00PM.</p>
<p>2. Regarding the Brain Injury Services RFP, Section IV.C.3 “Financial Stability”, there seems to be standard language omitted that allows offerors without independently audited financial statements the opportunity to demonstrate their financial stability by alternate means. The standard language follows.</p> <p style="text-align: center;"><i>If independently audited financial statements do not exist, Offeror must state the reason and, instead, submit sufficient information (e.g. D & B report).</i></p> <p>For example, this exact language is found in the previous Brain Injury RFP # 19-630-8000-0001, Section IV.D.2; and, as a more recent example, in RFP # 22-630-4000-0006, ASPEN IT Enhancement and Support Services, Section IV.C.1</p> <p>While we respectfully acknowledge that the NMHSD has every right to specify requirements for determining financial stability in the best interest of its programs, because this omission may significantly impact the standing of offerors who wish to respond, especially smaller businesses, we wanted to ensure that this omission was not done inadvertently. Is it the intention of NMHSD to omit this language?</p>	<p>Please be on the lookout for the amendment.</p>

3. In reviewing the Brain Injury Services RFP, we found the following references to 90-day / quarterly interims. We believe that they may be typos. Rather than assuming something that might be wrong, we are writing to ask if the references noted below should be left as written (quarterly interims), or if they should be replaced with the current six-month interims?

Page numbers reflect the original publication of the Brain Injury Services RFP # 23-630-8000-0006, released on May 1, 2023.

p. 12, #63: ***“Short-Term”** means ninety (90) days for BISF SC or BISF HCBS accessed through the BISF Program for up to one year; interim.*

p. 41, d: *Services and/or delivery of products are limited to 90 days, unless justified in the participant’s independent living plan (ILP).*

p. 43, #38: *Describe how the Offeror will assess participant services at a quarterly minimum using tools and/or processes designated by HSD, ensuring service continuity for those deemed eligible to continue for an additional 90-day interim.*

p. 44, #51: *Describe how the Offeror will reassess participant’s needs every 90 days utilizing 90-day Narrative Reviews, and how they will be maintained in the participant’s files.*

p. 69, #3.e: *Ensure that no individual/participant receives both Medicaid long-term or Waiver services and short-term BISF services through the Brain Injury Services Fund without a special exception from the HSD BISF Program Manager to continue for a 90-day interim period.*

Please be on the lookout for an amendment.

<p>p. 78, #6: <i>Exceptions filed by the Service Coordination agency, if approved in writing, will only be granted on a single 90-day interim basis.</i></p>	
<p>4. As many of us know, our governor recently signed House Bill 139, which eliminates post-adjudication fees, a major source of revenue for the BISF Program. What impact will this have, ultimately, on the BISF Program, as it is described in this RFP? Is there any information that can be shared with potential offerors?</p>	<p>We can only respond to questions pertaining directly to what is in the RFP.</p>
<p>5. In the statement of assurances letter A3 is asking for a copy of agency annual corporate report, as filed with the New Mexico Public Regulation Commission for all agencies who have complete one (1) year of fiscal operation. All reports that we file are with the secretary of state. Can you clarify which report, exactly, this requirement is referring to?</p>	<p>Please be on the lookout for an amendment.</p>
<p>6. C1- is it safe to assume that you want us to include all 14 licenses for our facilities/assisted living homes?</p>	<p>Please provide certificates for facilities that will be involved under the provision of this contract.</p>
<p>7. The link included for the Pay Equity Initiative Requirements (Letter G in the statement of assurances) leads to a "Page Not Found". Can you provide us with the correct Pay Equity Reporting Form?</p>	<p>If the link is not active by the time that proposals are due, please disregard the form.</p>
<p>8. Section III. C. 11. Page 31 Lobbying. "If any funds other than federal appropriated funds have been paid or will be paid to any person influencing or attempting to influence an</p>	<p>This section is correct. " Any funds other than federal appropriated funds" includes the state general fund dollars utilized in this contract.</p>

<p>officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection of this federal contract, grant, loan, or cooperative agreement, the CONTRACTOR shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions"</p> <p>Question: Should this be updated to reflect the appropriate language for the State Contract/RFP?</p>	
<p>9. Section IV. B. 2. (1) (a) Page 38 SC Scope of Work "Selected contractors for the Service Coordination component are expected to be professional social workers with training and experience in brain injury and behavioral health issues per the Program's regulatory requirements (8.326.10.10.A.1 NMAC) regarding staff qualifications."</p> <p>Question: Are waivers to the professional social workers requirement available based on experience working with the Brain Injury population?</p>	<p>Please refer to NMAC 8.326.1.10 A.1.d</p>
<p>10. A. Section IV. B. 2. (1) (b)(6) Page 38 SC Scope of Services "Monthly face-to-face meetings with participants;"</p> <p>B. Section IV. B. 2. (1) (f) Page 38 SC Frequency of Contact "All Service Coordinators are required to conduct a minimum of one-hour face-to-face sessions with their participants monthly. Initial assessment shall be conducted face-to-face, but after initial services have been established, participants living over 150 miles round-trip from their Service Coordinator's agency, may have less frequent face-to-face sessions, if Service Coordination can be provided via telehealth utilizing a HIPAA compliant platform. The deviation from face-to-face contact and reduced frequency shall be justified in a</p>	<p>The limited service coordination is described on page 39, sections F and H.</p> <p>Please refer to Page 71, item 3.T for information on monthly face to face meetings.</p> <p>HSD understands the background provided, however under this scope of work, the expectations of current program management have been identified above.</p>

written request to HSD and documented in the participant's ILP, following HSD's written approval."

C. Section IV. B. 2. (1) (h) Page 38 Limited Services Coordination

"Participants on limited Service Coordination are those that are still receiving BISF HCBS, including professional Life Skills Coaching, to resolve an ongoing crisis, but who no longer need intense Service Coordination. Participants receiving limited Service Coordination must be contacted no less than once per month on the telephone and no less than once per quarter face-to-face.

D. Section Appendix F 3. S. Page 71

"Meet in-person for no less than one session every other month with each active participant with calls occurring in the intervening months. At a minimum, these calls and in-person visits serve to will review the ILP, goals, progress, barriers to meeting goals with discussion of any need to modify goals. They will also serve to review acuity questions approved by HSD to determine if the participant is in need of more frequent Service Coordinator contact or other intervention. With approval from the HSD Brain Injury Program Manager, Service Coordination contacts may be by phone for participants living more than 150 miles roundtrip; such participants must receive a face to face meeting with the Service Coordinator at a quarterly minimum."

Background: We had been moving toward face to face visits every 2 to 3 months and phone calls in the off months between the reduced paperwork/process as well as not being too intrusive to our participants.

Questions: What is the process for identifying Limited Services Coordination versus the more intensive Service Coordination? What are the requirements in the Scope of Services for Monthly face-to-face meetings or monthly meetings in person or virtual based on the clients assessed needs or other program requirements (ILP, Annual Assessment, etc.)?

<p>11. Section IV. B. 2. (1)(j) Service Coordination Reimbursement 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. Unit Rate for approved Program participants = \$210 per approved participant per month for direct contact with participants either face-to-face or by telephone and/or other work directly related to coordination of services.</p> <p>Question: Are Gross Receipts added on (approximately 8.18%)?</p>	<p>No, gross receipts tax is not added on. Your proposal response should include tax.</p>
<p>12. Section IV. B. 2. Factor II. A. 35 Page 42 “Pre-eligibility assistance may be given by SCs to assist in the acquisition of ICD-10 codes to confirm the diagnosis of brain injury.” Background: Linda Gillet had allowed us to use medical records showing the ICD-10 code since we often had trouble getting medical providers to respond in a timely manner.</p> <p>Question: Will we be able to continue to use medical records as long as we document the source of the ICD-10 code in the intake paperwork?</p>	<p>Yes.</p>
<p>13. Section IV. B. 2. Factor II. B. 42 Page 43 “Describe how the offeror will maintain an accessible physical office in each BISF Program region in which they provide services.”</p> <p>Question: Will exceptions be granted? We currently have one office in the Metro and one in the Southwest.</p>	<p>Yes.</p>

<p>14. Section IV. B. 2. Factor II. B. 45 Page 43</p> <p>“Describe the crisis response process that the agency has to address any crisis that may occur with a participant.”</p> <p>Question: What level of crisis response are you looking for? We would be providing service coordination for any needs, but we are not a direct care provider.</p>	<p>HSD is seeking the agency’s response protocol to an identified crisis.</p>
<p>15. Section IV. B. 2. Factor II. B. 51 Page 44</p> <p>“Describe how the Offeror will reassess participant’s needs every 90 days utilizing 90-day Narrative Reviews, and how they will be maintained in the participant’s files.”</p> <p>Question: Are you bringing back the 90 Day Narrative Reviews? This was combined with other forms and made a semi-annual requirement. The form is no longer in use.</p>	<p>Refer to question #3.</p>