

Question	Answer
1. Will there be a separate template, i.e. Excel, for the budget?	No, the application line-item budget will need to be completed and submitted with the application.
2. Are there any other home visiting models that can qualify for this funding?	Currently, the following models qualify for funding: Parents as Teachers, Nurse Family Partnership, Child First, Healthy Families America, Safe Care Augmented, and First Born and More.
3. Is org chart for the entire organization or just the team that is involved with Home Visiting which falls under a larger umbrella for the entire agency?	The organizational chart is required for the entire agency.
4. Can we ask for additional staff within this application?	Yes, please request the staff the applicant will need to provide services that meet model fidelity for FY26.
5. Can programs obtain a copy of last year's application?	Yes, providers that submitted an application last year can access it through Submittable. (Log in   <a href="#">Submittable</a> ). If you're unable to access through Submittable, please send a request for your FY25 application or any other documents to <a href="https://www.nmececd.org/inspection-of-public-records-act-ipra/">https://www.nmececd.org/inspection-of-public-records-act-ipra/</a>
6. Program expansion- Can they apply for this within this application?	Yes, applicants can request capacity increases in the FY26 Application.
7. Will we have the ability to ask for 100% of the amount listed on the cost modeling?	The Department is finalizing FY26 reimbursement rates for each model and those rates will be shared with the field in late May/early June.
8. On the Medicaid section of the line-item budget, it requests information on what we have billed Medicaid, do we fill out what has been billed even though it hasn't been reimbursed?	Yes, include what has been submitted for reimbursement even if remittance is pending.
9. We spoke with some of you at ECECD a few weeks ago and there were lingering eligibility questions we were told needed to be discussed internally. Is the list of eligible models final?	Yes. Currently, the following models qualify for funding: Parents as Teachers, Nurse Family Partnership, Child First, Healthy Families America, Safe Care Augmented, and First Born and More. Any other models interested in being added must be evaluated through a separate process.

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10. Our fiscal agent is a government entity; in the past (years back), we did not have to apply for home nor fill this application. We were only required to submit a formal request with the requested detailed budget. Do we have to apply for this application?	Yes, all applicants interested in providing home visiting services in FY26 must apply through the Submittable Application.
11. HFA- Is there going to be a better understanding HFA budget this year? The cost per individual was lower than it should have been.	ECECD has been involved in a cost study of all approved models. Healthy Families America (HFA), along with all the other models, has been reviewed and aligned for cost per individual. The Department is finalizing FY26 reimbursement rates for each model and those rates will be shared with the field in late May/early June.
12. What is the expectation for billing Medicaid (80/20)?	If a program is using a Medicaid eligible model, the program is required to be credentialed with all four Medicaid Managed Care Organizations and is required to bill Medicaid as the first line payor for all Medicaid eligible children enrolled in the program.
13. Can programs fund 20% otherwise, i.e., through privately raised dollars?	Yes, 20% of a program's funding sources can consist of privately raised dollars. However, to be funded by ECECD, providers must meet all ECECD requirements outlined in the Terms and Conditions as well as the <a href="#">New Mexico Home Visiting Standards</a> and the Home Visiting Accountability Act, NMSA 1978 Section 32A-23B-1 to -3.
14. Is Medicaid billing the same as SGF or is it a fee for service?	No, home visiting is not considered a fee for service program. State General Funds are not the same as Medicaid funds. The Department is finalizing FY26 reimbursement rates for each model and those rates will be shared with the field in late May/early June.
15. Are these terms on the website or part of the RFP? Where are they located?	The <a href="#">Terms and Conditions</a> for the Home Visiting Program are on the application landing page. Programs are advised to read through them before starting the application.
16. Will ECECD continue providing supplemental pay for Medicaid services?	No, ECECD will not provide supplemental funding for Medicaid services. Medicaid will be part of the layered funding approach.
17. How do we reconcile differences between the required standards we must agree to and conflict with the model from the National Service Office?	Providers need to meet the relevant model's National Service Office expectations first to implement the model to fidelity. Second, providers need to ensure they meet ECECD's

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18. Section 3: Program Goals and Objectives: 3: Breakdown of line-item budget. The Submittable budget appears to function like an Excel document in that it does calculate numerical entries from columns when entered in select cells. We wondered, however, if we might be able to have access to a stand-alone Budget Template from which to work? If not, we can certainly create something of our own.	The initial line-item budget needs to be submitted utilizing the form on Submittable. If awarded, applicants will be required to submit a detailed line-item budget. ECECD worked with Submittable and the issue within the application has been fixed.
19. In the RFP on pages 7 through 9, there is a reference to inclusion of Appendix B – Campaign Contribution Disclosure Form. However, in the Submittable application there does not appear to be any place to actually upload this Appendix.	There is no option to upload Appendix B in the Submittable form. Applicants will need to fill out and sign the Campaign Contribution Disclosure Form. Once complete, please email the signed document to: <a href="mailto:ececd.homevisiting@ececd.nm.gov">ececd.homevisiting@ececd.nm.gov</a>
20. For the models, Parents as Teachers (PAT) and Healthy Families America (HFA), which screening tools from the New Mexico Home Visiting Program Standards are required?	All screening tools listed on page 17 of the New Mexico Home Visiting Standards are required for ALL models.
21. What are the local guidelines in terms of visit duration for the Parents as Teachers as well as Healthy Families America models?	The <a href="#">New Mexico Home Visiting Standards</a> require at least 90 minutes of interactive visits with families (video, or face-to-face) over the month and/or adherence to model/curriculum fidelity. Please reference the PAT and HFA for visit durations: <a href="#">Welcome to Parents as Teachers - Parents as Teachers</a> , <a href="http://www.healthyfamiliesamerica.org">www.healthyfamiliesamerica.org</a>
22. Will providers be assured of receiving funding from ECECD at a level sufficient to maintain program solvency?	The Department is committed to supporting its Home Visiting providers using a layered funding approach. Currently, ECECD is finalizing FY26 reimbursement rates for each model and those rates will be shared with the field in late May/early June.
23. The submittable application does not include the EC Trust Fund in its budget template. Will this fund be available for FY26? If so, could you please provide the rate we should use for budgeting purposes?	The Early Childhood Trust Fund will be part of the layered funding approach. The Department is finalizing the FY26 reimbursement rates for each model and those rates will be shared with the field in late May/early June. The line-item budget in the application is a projected budget. If an applicant is awarded a contract, the

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	program will be required to submit a detailed line-item budget.
24. For number of families to be served, does this include families served with MHV funding?	Yes, applicants should include all children to be served in FY26. Please note, the Department allocates funding by child, not family. Please include the total number of children the applicant's program intends to serve. The Department expects that all programs using an evidence-based model will be credentialed with the Medicaid Managed Care organizations (MCOs) and will use Medicaid, State General Fund, and Early Child Trust Fund funding to provide these services. MIECHV slots are funded solely by MIECHV, not by any funds from the State General Fund or the Early Childhood Trust Fund.
25. Staff and Program Structure requires an organizational chart. A footnote under the upload location of the submittable reads "Make sure that each staff member is labeled with their educational attainment and current licensure". Are you expecting an organizational chart for the entire company with the education and licensure of every staff member employed in the company, including departments and employees that are completely unrelated to HV? Or are you looking for an organizational chart related to the HV services and HV associated supervision and management within the company?	Please provide an organization chart for the entire organization. Detailed information regarding educational attainment and current licensure information should be provided only for staff members who have roles within the company that tie directly into home visiting. Positions may include program directors, managers, supervisors, home visitors, clinicians, and nurses.
26. If we wish to increase the number of participants slots is this done in this application as well?	Yes, applicants can request capacity increases in the FY26 Application.
27. Our program submitted a letter of interest to bill Medicaid, and I have not received an update yet or status on next steps, therefore am I still able to apply for additional slots.	Yes, applicants can request additional slots. Please discuss this with your program coordinator, who will include the Medicaid Coordinator to help you with any issue you may be experiencing with the credentialing process to become a Medicaid provider and/or the contracting process with the four Managed Care Organizations (MCOs).
28. If we are not at an average of 80% during our ramp up year, can we request additional slots for this application?	Yes, applicants can still request an increase for FY26. If approved for funding, your program coordinator will work directly with you to create an updated ramp up plan.

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29. Once we become a Medicaid provider, what are the steps to determine if a child is Medicaid eligible or determine if they are private insurance or no insurance?	Contracted home visiting programs use various screening tools to identify risks and make referrals in support of children and families health and well-being. The Maternal-Child Health Information Form – Adult/Caregiver (MCH), a form that is used to identify and discuss family goals and focus on the following areas: health insurance, education, employment, housing, demographics, substance use, prenatal and postpartum information is required to be completed within 45 days of enrollment.
30. Is the provider required to service 80% per county or per total enrollment?	Per the New Mexico Home Visiting Standards, providers are required to maintain 80% of their funded enrollment.
31. Regarding the chart for the “Numbers by County” in section 4, is column B “Total individual slots you currently serve” our current caseload or contracted slots?	This question is requesting the current number of contracted slots available at the applicant’s organization. The table is providing information of current and requested slots.
32. Regarding the chart for the “Numbers by County” in section 4, how do we break up the supervisor FTE (column E) if they are also doing a caseload of 10? Are they also considered in the home visitor FTE (column D)?	Depending on the model staffing requirements, if the supervisor is required to carry a caseload they would count toward the supervisor FTE. If the supervisor role does not require them to carry a caseload, then they will count toward the home visitor FTE.
33. Can you please provide a few examples of “Professional Service Contracts”	Professional Services Contracts are any contracts for any services the applicant intends to subcontract for, including but not limited to reflective supervision, language interpretation and translation, and lactation consultants.
34. Can you please provide a few examples of “Family Support Supplies”	Some examples of family support supplies a provider can purchase are children’s books and educational materials to provide for the family during a visit.
35. What happens if we budget for this service, and we end up not using it? Will there be a penalty for the company?	No, ECECD will not issue a financial penalty. However, ECECD reserves the right to propose an amendment to the budget to reduce funding (e.g., if a provider is not meeting their contractual obligations and is on a corrective action plan with no improvements). The line-item budget in the application is a projected budget. If an applicant is awarded a contract, the program will be required to submit a detailed line-item budget. Budget changes can

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	be requested throughout the fiscal year by working with the assigned program coordinator.
36. When providing comments to explain each projected section, can you please clarify what a section is considered?	All sections of the application will be considered during the review process.
37. Does the total number of supervisors include directors and managers?	No, for the staffing table only home visitors and home visiting supervisors should be included to reflect appropriate staffing to caseload ratios that meet your model's fidelity in your implementation.
38. In the narrative section, question 2 on our CQI, do you want us to share our ONDA goal, or quarterly CQI report, or discuss what our current and/or future CQI plan will be?	This section of the narrative is asking the applicant to share their goal(s) for FY26.
39. Is it a MUST to have a Unique Entity Identifier? Can I put the EIN assigned to our program from the IRS?	The Unique Entity Identifier is only required if the applicant's program receives federal/ MIECHV funding.