



NEW MEXICO

Early Childhood

Education & Care Department

State of New Mexico
EARLY CHILDHOOD EDUCATION AND CARE
DEPARTMENT

REQUEST FOR APPLICATIONS (RFA)
Early Childhood Home Visiting Services

Submit all applications ELECTRONICALLY via email to:
eccd.homevisiting@eccd.nm.gov

Issuance Date: Monday, 3/16/2026

Application Due: Monday, 4/13/2026 at 5 p.m.

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BACKGROUND and PURPOSE

The New Mexico Early Childhood Education and Care Department (ECECD) administers the New Mexico Home Visiting System, pursuant to the Home Visiting Accountability Act, NMSA 1978 §32A-23B-1 to -3. Awarded providers deliver evidence-based or promising practice home visiting models to families residing in New Mexico, regardless of income.

Home Visiting is a voluntary program strategy that delivers a variety of informational, educational, developmental, referral, and other support services for eligible families that are designed to promote child well-being and prevent adverse childhood experiences. Home visiting promotes parental competence and successful early childhood development by optimizing the relationships between parents and children in their home environment. ECECD monitors awarded providers for compliance with the New Mexico Home Visiting Standards and the Home Visiting Accountability Act, NMSA 1978 §32A-23B-1 to -3.

Home visiting services are delivered in the real-world environment of participating families. This approach offers a more accurate assessment and understanding of a family’s day-to-day realities. This understanding is critical for home visitors to build relationships, establish goals, and support wellness across multiple domains (e.g., physical health, developmental competence, social and emotional well-being) for infants, young children, and their primary caregivers and families.

ECECD is soliciting applications from eligible applicants interested in providing home visiting services in the State of New Mexico for fiscal year 2027 (FY27), July 1, 2026 through June 30, 2027, with the opportunity to extend for three (3) additional years in one (1) year increments. ECECD will review and score all applications that are submitted by the deadline and are complete. Applicants who score at least 80 points will be considered for funding. Additional considerations include geographic need, service gaps, and past performance, if applicable. Any Agreements awarded via this process are subject to available funding, contractor performance, and ECECD program priorities.

ELIGIBLE APPLICANTS

ECECD is seeking applications from eligible applicants to renew, expand, or create new home visiting programs statewide. Eligible applicants for the FY27 ECECD Home Visiting Application must provide services using an ECECD approved evidence-based model or promising-practice model and include the following types of entities that serve New Mexican residents with a focus on the wellbeing of children and families:

- Non-profit or for-profit organizations
- Nations, Pueblos and Tribes (NPTs)
- Local Education Agencies (LEAs)
- Local Government Agencies

All eligible applicants must be in good standing with their respective regulatory authority, the Applicant’s model office, ECECD, and/or the applicable federal agency. Programs must disclose as part of their application if they are currently on a Corrective Action Plan (CAP) issued by ECECD.

All Home Visiting providers are required to enroll and provide services to eligible families on a continuous, year-round basis, without exception.

PRIORITY COUNTIES

Bonus points will be given to Applicants proposing to serve as a new program or expand an existing program in the following counties: Bernalillo, Cibola, Curry, De Baca, Eddy, Guadalupe, McKinley, Otero, Roosevelt, Sandoval, San Juan, San Miguel, and Torrance.

APPROVED HOME VISITING MODELS

Model & Model Website	Ages Eligible	Max Caseload	Supervisor Ratio
Child First https://changent.org/what-we-do/child-first/	Prenatal - 5 years old	12 children	1 FTE clinical supervisor for every 5 clinical teams
First Born and More www.firstbornprogram.org	Prenatal - 5 years old	28 children	1 FTE manager for every 4 FTE home visitors
Healthy Families America www.healthyfamiliesamerica.org/	Prenatal - 5 years old	22 children	1 FTE manager for every 4 FTE home visitors
Nurse Family Partnership www.nursefamilypartnership.org/about/	Prenatal before 28 weeks - 2 years old	25 children	1 FTE nurse supervisor for every 8 FTE nurse home visitors
Parents as Teachers www.parentsasteachers.org	Prenatal - 5 years old	22 children	1 FTE supervisor for every 12 FTE home visitors

REIMBURSEMENT

ECECD reimburses for home visiting services on a per child basis. Reimbursement rates are set using a cost model analysis system and a layered funding approach. Awarded applicants that provide an ECECD approved evidence-based model are required to become an enrolled Medicaid Provider with the Health Care Authority (HCA) and are required to be credentialed by New Mexico's Managed Care Organizations (MCO) to submit claims for Medicaid eligible children served.

AWARDED APPLICANT REQUIREMENTS

Awarded Applicants must comply with the Home Visiting Terms and Conditions as detailed in this application and as outlined in the Scope of Work of their executed Agreement with ECECD. Additionally, awarded Applicants shall enter data into the home visiting data system designated by ECECD that reflects service alignment with the following goals as required by the Home Visiting Accountability Act, NMSA 1978 §32A-23B-3(D):

1. Improve prenatal, maternal, infant, or child health outcomes, including reducing preterm births;
2. Promote positive parenting practices;
3. Build healthy parent and child relationships;
4. Enhance children's social-emotional and language development;
5. Support children's cognitive and physical development;
6. Improve the health of eligible families;
7. Provide resources and supports that may help to reduce child maltreatment and injury;
8. Increase children's readiness to succeed in school; and
9. Improve coordination of referrals for, and the provision of, other community resources and supports for eligible families.

Awarded Applicants are also required to provide culturally and linguistically appropriate, face-to-face visits by nurses, social workers and other early childhood and health professionals or by trained and supervised lay workers. NMSA 1978 §32A-23B-3(C).

Awarded Applicants shall ensure that all Home Visiting Services requirements are met as outlined in the [ECECD Home Visiting Program Standards](#), as may be amended from time to time.

APPLICATION SEQUENCE OF EVENTS

ECECD will make every effort to adhere to the following schedule. Any Agreement resulting from this application will be finalized with the Applicant(s) deemed most advantageous by ECECD as per the schedule below or as soon thereafter as possible.

These dates are subject to extension at the discretion of ECECD. Dates indicated in this sequence of events are estimates only and may be subject to change without necessitating an amendment to this Request for Application.

Action	Responsible Party	Due Date
Issuance of Application	ECECD	Monday, March 16, 2026
Application Office Hours	ECECD	Friday, March 20, 2026, at 1 p.m. MST/MDT
Deadline for questions	Applicant	Tuesday, March 24, 2026 at 5 p.m. MST/MDT
Post written responses to questions	ECECD	Monday, March 30, 2026
Submission Deadline of Application	Applicant	Monday, April 13, 2026, at 5 p.m. MST/MDT
Application Evaluation	ECECD	Tuesday, April 14, 2026 – Tuesday, May 5, 2026
Notice of Awards	ECECD	Friday, May 15, 2026
Deadline to Submit a Request for Review of Application Denial	Applicant	Friday, May 22, 2026
Finalize Agreements for FY27	ECECD	June 2026

Questions and Answers

Questions about this Request for Application shall be submitted via email to the Home Visiting email address, at: ececd.homevisiting@ececd.nm.gov no later than the date indicated in the Sequence of Events.

Written responses to written questions and questions asked during the Home Visiting Application Office Hours will be posted on the ECECD website at <https://www.nmececd.org/grants-rfps-and-procurement-opportunities/> for the benefit of all applicants on the date as indicated in the Sequence of Events. **Only questions submitted in writing via email or asked during the Home Visiting Application Office Hours will be considered official.** Answers to official questions asked will be responded to in writing by the date set forth above.

Application Office Hours

Application Office Hours will be held via Zoom at 1 p.m. MST/MDT on Friday, March 20, 2026, per the Sequence of Events. Any Applicants that wish to attend the Application Office Hours may do so at this link: <https://nmececdorg.zoom.us/j/83162949064>, Meeting ID: 831 6294 9064. The link will also be posted next to the application posting on the ECECD RFA/Grant webpage. Attendance at the Application Office Hours is voluntary.

Questions may be asked at the Application Office Hours. Answers to questions will be posted online one week after Application Office Hours. However, only questions submitted in writing via email to ececd.homevisiting@ececd.nm.gov or asked during the Home Visiting Application Office Hours will be considered official.

Application Submission and Due Date

Applicants must submit a complete application for this opportunity **no later than 5 p.m. MST/MDST on Monday, April 13, 2026.** Only completed applications with all requested attachments that are submitted by the deadline will be considered by ECECD for funding in FY27.

Please read these instructions carefully:

The application is accessible in English and in Spanish via the ECECD website at <https://www.nmececd.org/grants-rfps-and-procurement-opportunities/>

Please email questions about this RFA to ececd.homevisiting@ececd.nm.gov

Only electronic submissions of applications will be accepted.
Applications must be submitted to this email: ececd.homevisiting@ececd.nm.gov

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED, REVIEWED, OR CONSIDERED FOR FUNDING.

Be sure to include completed Appendix A, Appendix B, and required attachments.

APPLICATION REVIEW PROCESS

Each completed Application will be reviewed by a panel of at least three (3) reviewers. Each reviewer will score the Application according to the indicated point criteria in the Application Scoring Rubric, located on page 10. Scores from each reviewer will be averaged to compute the final score. Awards will be made starting with the highest scoring proposal in rank order for priority area. Applications with a score less than 80 points will not be granted an award.

REQUEST FOR REVIEW OF APPLICATION DENIAL

Applicants who receive a Notice of Application Denial may request review of the ECECD decision subject to the following:

- The Request for Review of Application Denial must be in writing on company letterhead and must contain specific factual and/or legal allegations setting forth the basis on which the denied party challenges the non-award by ECECD.
- The Request for Review of Application Denial must be submitted in writing via email to ececd.homevisiting@ececd.nm.gov on or before Friday, May 22, 2026, at 5 p.m.
- ECECD will convene a review team that will include at least one staff member from ECECD's Office of General Counsel, NM Home Visiting Program, and the Deputy Secretary of ECECD. The review team will review and consider the application requirements and merits of the Request for Review of Application Denial and will decide whether the request is approved or denied.
- NM Home Visiting Program will provide the applicant with written notification via email of the review team's decision by Monday, June 1, 2026, at 5 p.m. ECECD may summarily deny a Request for Review of Application Denial that fails to contain specific factual or legal allegations, or where the Request for Review of Application Denial only raises issues of law that have already been decided by the courts.

APPLICATION FORMAT AND RESPONSE

Applications that do not adhere to the requirements and response format outlined by this Request for Application may be rejected.

- Applicants shall submit only one (1) application per organization. If implementing more than one model, Applicants should include all models in the application. Applicants proposing to implement more than one model should complete Sections 2 – 4 for each model implementation and attach those additional sections to the application.

- Attachments must have the signature of the person authorized to obligate the Applicant’s program.
- Applications must be typewritten in sequence of the response sections provided within the Application. Responses to questions contained in the Application Specification section below should be no more than 20 pages, excluding attachments.
- Any attachment included must be typed in a standard font such as Arial, Courier or Times New Roman. Type size must be 12-point and single spaced.

Each application must provide a narrative response using the response sections outlined in this Request for Application. Application response questions are outlined below. Points will be awarded based on the thoroughness and clarity of each response.

APPLICATION SPECIFICATIONS

Section 1: Organization and Contact Information

Total Point Value: Required

1. What is the name of the Applicant organization?
2. Provide the name, title, and email address of the contact who has the authority to enter into an Agreement on behalf of the Applicant organization and who will be signing any Agreement that may be awarded.
3. Provide the name, title, and email address of the individual who will be the primary contact with ECECD should an Agreement be awarded.
4. Provide the physical address of the Applicant organization.
5. Provide the mailing address of the Applicant organization.
6. Provide other office locations (as applicable).
7. What type of entity is the Applicant organization?
8. If the Applicant organization has a board of directors, please provide the name and contact information, if applicable, for all members of the Applicant organization’s board of directors.
9. What is the Applicant organization’s model selection? Models recognized by ECECD are Child First, Nurse Family Partnership, Parents as Teachers, Healthy Families America, and First Born and More. Please note, if the Applicant organization is implementing or intends to implement more than one model, please indicate all models in the application.
10. If the Applicant organization has a 12-character Unique Entity Identifier (UEI) number assigned by the federal government through [SAM.gov](https://sam.gov) (replacing the old DUNS number), please provide it.
11. Please review and sign the Acknowledgement and Attestation for this Home Visiting Application, including review of the Home Visiting Terms and Conditions, attached as Appendix A, and attach to your application submission.
12. Please review and sign the Campaign Contribution Disclosure Form, attached as Appendix B, and attach to the application submission.

Section 2: Staff and Program Structure (Please complete this section once for each model proposed)

Total Point Value: 5 pts

1. Provide the full name, email, and phone number for the Director or Administrator responsible for

oversight of the Applicant organization, separated by model, if applicable.

2. Provide the Director or Administrator's resume for each model. Please attach to the Application.
3. Provide the organization chart that shows the structure of the Applicant organization, including the chain of supervision for each model, including any Board of Directors (if applicable). Please attach to the Application.

Section 3: Project Narrative (Please complete this section once for each model proposed)

Total Point Value: 90 pts

1. As part of the Home Visiting Accountability Act, Home Visiting Providers are required to adhere to the goals related to service delivery. Please provide a paragraph describing how the Applicant will address each goal (a-i) for each model implementation:
 2. Improve prenatal, maternal, infant, or child health outcomes, including reducing preterm births;
 3. Promote positive parenting practices;
 4. Build healthy parent and child relationships;
 5. Enhance children's social-emotional and language development;
 6. Support children's cognitive and physical development;
 7. Improve the health of eligible families;
 8. Provide resources and supports that may help to reduce child maltreatment and injury;
 9. Increase children's readiness to succeed in school; and
 10. Improve coordination of referrals for, and the provision of, other community resources and supports for eligible families.
11. Home Visiting programs must develop a Continuous Quality Improvement (CQI) Plan that describes how it will collect and report on performance data quarterly to track their program's performance, identify areas for improvement, and ensure services are resulting in measurable improvement for families and communities. Please share the CQI Plan for Applicant's organization.
12. Describe in detail how the Applicant plans to implement the chosen evidence-based model(s) or promising practice to serve families. How will the Applicant ensure implementation of the selected model(s) to quality and fidelity requirements including maintaining caseloads, 80% enrollment, and minimum service minutes per month.
13. This award cycle is funded for one (1) year with the opportunity to extend for three (3) additional years in one (1) year increments. The opportunity to extend will be completed through a renewal process. Please share your plan to ensure you are serving families for all 12 months of the contracted year. If a new Applicant, please describe your implementation plan, including the ramp up period and once you start providing services.
14. Home visiting programs are required to have ongoing recruitment, engagement, and retention plans to ensure the early identification of expectant parents and families who may benefit from home visiting services and promote continued engagement with currently enrolled families. Please share the Applicant organization's plan to recruit, engage, and retain families. Provide in detail how you plan to specifically recruit prenatal families and families with children 0-3 years of age.
15. What are the Applicant's plans to ensure that culturally, linguistically, and professionally competent home visitors are hired?

Section 4: Current and Proposed Enrollment (Please complete this section once for each model proposed)

Total Point Value: 5 pts

Identify the New Mexico count(ies) in which the Applicant plans to provide services and provide the following for each county:

- Total children currently enrolled
- Total proposed enrollment of children
- Total number of staff positions you currently have
- Total number of staff positions proposed to serve total children requested

Section 5: Required Attachments (Not included in page limitation)

Total Point Value: Required

- Organization Chart, per model if applicable
- Board of Directors, if applicable
- Director's Resume, per model if applicable
- Signed Attestation (Appendix A)
- Signed Campaign Disclosure (Appendix B)

Bonus Points – Priority Counties: 5 pts

Bonus points will be given to Applicants proposing to serve the following counties: Bernalillo, Cibola, Curry, De Baca, Eddy, Guadalupe, McKinley, Otero, Roosevelt, Sandoval, San Juan, San Miguel, and Torrance counties.

Bonus Points – Multiple Models: 5 pts

Bonus points will be given to Applicants proposing to implement multiple (two (2) or more) models.

APPLICATION SCORING RUBRIC

APPLICATION SECTION	POINTS
<p>Section 1: Organization and Contact Information Provides Contact information and a clear and thorough introduction to the organization.</p>	Required
<p>Section 2: Staffing and Program Structure (Per proposed model) The Director or Administrator resume demonstrates significant experience and capability. The organizational chart indicates an appropriate and well-staffed structure to implement the program. Providers included the structure of the board of directors, if applicable, to ensure support is in place.</p>	5
<p>Section 3: Project Narrative (Per proposed model) Provides a clear and thorough project narrative and has clearly and adequately answered all questions in each section.</p> <ul style="list-style-type: none"> • Home Visting Accountability Act Goals - 25 points • Annual Continuous Quality Improvement (CQI) Plan for program - 15 points • Plan to implement your chosen evidence-based model or promising practice to serve families including the plan for implementing your selected model to quality and fidelity requirements including maintaining caseloads, 80% enrollment, and minimum service minutes per month - 20 points • Plan to ensure you are serving families for all 12 months of the year and maintain 80% enrollment. If a new Applicant please describe your implementation plan, including the ramp up period and once you start providing services - 10 points • Ongoing written recruitment and retention plan that ensures the early identification of expectant parents and families who may benefit from home visiting services - 10 points • Plans to ensure hiring of culturally, linguistically, and professional competent home visitors are hired - 10 points 	90
<p>Section 4: Current and Proposed Enrollment (Per proposed model)</p> <ul style="list-style-type: none"> • Provides a clear and thorough proposal of staff and families per county the program intends to serve - 5 points 	5
<p>Section 5: Required Attachments (Not included in page limitation)</p> <ul style="list-style-type: none"> • Organization Chart per model implementation • Board of Directors, if applicable • Director’s Resume per model • Signed Attestation (Appendix A) • Signed Campaign Disclosure (Appendix B) 	Required
<p>Bonus Points</p> <ul style="list-style-type: none"> • Serves a priority county (as listed in Section 4) - 5 points • Implements 2 or more models – 5 points 	10
<p>Total Points Available</p>	110

APPENDIX A: TERMS AND CONDITIONS AND ATTESTATION

ECECD HOME VISITING APPLICATION TERMS AND CONDITIONS

ALL APPLICANTS THAT ARE AWARDED FUNDING (PROVIDERS) MUST AGREE TO THE BELOW TERMS AND CONDITIONS. If an Applicant is selected for funding, the Awarded Applicant will be required to enter into an Agreement with ECECD called the Provider Agreement (PA). Terms and Conditions are subject to change prior to execution of a PA with ECECD.

Providers awarded funding for Fiscal Year 2027 (FY27) may be eligible for contract extensions for up to three (3) additional years, in one (1) year increments, contingent upon program performance, compliance, and availability of funding. ECECD will conduct an annual review to assess achievement of service delivery targets, contract compliance, fiscal and reporting requirements, program quality, and whether the provider remains in good standing with ECECD. Extension decisions will also consider statewide program needs, geographic distribution, and alignment with ECECD priorities. Providers will be required to submit updated program and budget information as part of the review process. Extensions are not guaranteed and, if approved, will be executed through a contract amendment for the applicable fiscal year.

Provider shall comply with the Home Visiting Accountability Act, NMSA 1978 § 32A-23B-1 to -3 and comply with the New Mexico Home Visiting Program Standards located in the [Home Visiting Materials Library](#), as may be amended from time to time. The New Mexico Home Visiting Standards are currently being updated for FY27. In coordination with the Standards, ECECD is finalizing Home Visiting Policies and Procedures for FY27, which Provider shall comply with upon finalization.

I. PROVIDER SERVICE REQUIREMENTS

Provider shall:

- A. Maintain a minimum of 80% of contracted enrollment of eligible families. Failure to meet this requirement may result in corrective action by ECECD, including, but not limited to a reduction in funding, and/or termination of Provider's Agreement.
- B. New Providers will be allowed a progressive ramp-up period to reach 80% of funded enrollment to effectively and efficiently implement their selected model. The length of the progressive ramp-up period will differ based on the model(s) selected. Ramp up times for each model shall be defined in the Scope of Work of the Provider Agreement.
- C. Use the Home Visiting database selected by ECECD for all documentation and billing purposes related to services provided to families.
- D. Ensure all age-eligible children in a family that qualify for home visiting services are entered into the Home Visiting database, including all demographic information and insurance information as required by ECECD, to ensure accurate data is collected.
- E. Ensure that the required number of visits per month are conducted in accordance with Provider's chosen Home Visiting model(s).
- F. Ensure that the required length of time for a home visit is met in accordance with the Provider's chosen Home Visiting model(s). This could be in 45-, 60-, or 90-minute increments. Shorter contacts between visits shall not be considered a home visit for purposes of meeting this requirement.
- G. Ensure a cumulative number of minutes of interactive visits with families (virtual visits or face-to-face) over the month based on the requirements of the Provider's model(s).
- H. Ensure that within five (5) business days of an activity, all data is entered into the Home Visiting database selected by ECECD.

- I. Ensure that Home Visiting personnel meet educational requirements as required by the Provider’s model(s) or are enrolled in a college degree program that will lead to meeting the educational requirements as required by the Provider’s model(s).
- J. Complete and submit the following documents to your ECECD Home Visiting Coordinator:
 - 1. Continuous Quality Improvement (CQI) quarterly reports, which must be submitted by October 15, January 15, April 15, and July 15, as well as upon request from ECECD.
 - 2. Organization charts, including the structure of the board of directors submitted with application or renewal application.
 - 3. Staffing Reports (home visitor caseloads) in a format designated by ECECD by August 15, 2026.
- K. Individualized Professional Development Plans (IPDPs) for all employees who provide direct service to families into ECECD’s Professional Development Information System (PDIS) - 30 days after the executed Provider Agreement.
- L. Ensure required screenings and assessments are completed within 45 business days of child enrollment. These screenings and assessments are determined by the selected home visiting model(s) and ECECD.
- M. Referrals shall be made for 100% of cases where a risk factor has been identified by the screening tool used. When a need is identified through screening tools, staff will follow up by entering information into the Home Visiting database selected by ECECD, including risk factors identified, referrals, engagement, and any barriers identified, as required by the ECECD Home Visiting Program Standards and Policies and Procedures.
- N. Conduct at least four (4) family engagement activities within the fiscal year. Additional engagement activities may be required depending on the specific model(s) being implemented. These engagements activities must be documented within the Home Visiting database selected by ECECD.
- O. Conduct and document quarterly community presentations each year. Provider shall retain any documentation regarding presentations, including presentation minutes, presentation summaries, and any materials presented or shared with participants for review by ECECD at future site visits. Providers shall document their participation in community education and development activities to promote the Home Visiting Program and participate in any local early childhood community group (councils, task forces, coalitions, etc.).
- P. Provider’s Program Manager, Director and Home Visitors must participate in monthly data reviews, UNM Center for Development and Disability (CDD) training and consultation, quarterly CQI meetings, and monthly standing meetings with the assigned ECECD Program Coordinator.
- Q. Per the Home Visiting Program Standards, an ECECD Program Coordinator will conduct ongoing monitoring in addition to an annual on-site Provider Site Visit. This monitoring will help the ECECD Program Management Team assess Provider’s operations and ensure that necessary steps are being taken to meet New Mexico’s Home Visiting Program Standards, contractual requirements, ECECD Home Visiting Policies and Procedures, Provider’s chosen model(s) standards, and the program’s goals, objectives, and activities. Based on ongoing monitoring, ECECD may take action to correct any deficiencies, including but not limited to corrective active plans, progressive sanctions, contractual amendments, and/or contract termination.
- R. Professional Development Information System (PDIS):
 - 1. Provider shall enter required information into the Professional Development Information System for all currently employed staff members, as applicable.
 - 2. Provider shall enter required information into the Professional Development Information System within two (2) weeks of any new applicable staff member beginning employment.

- S. Am I Eligible (AIE):
1. Provider shall enter all incoming family referrals into the Home Visiting Referral System, AIE.
 2. Provider must enroll families into their program by accessing and selecting referrals from the open queue for their designated counties within AIE.
 3. Provider shall give priority to referrals in the open queue that are identified as having been submitted through Comprehensive Addiction and Recovery Act (CARA) programs.

II. PROVIDER PROGRAM ACTIVITIES

Provider shall:

- A. Provide home visiting services to families as required by Provider's selected home visiting model(s) and at the request of the family, according to the Family Service Plan and family need. In addition, provide services during non-traditional hours if requested by the family.
- B. Provide information on how to access the following services for all families:
 1. ECECD services, including PreK, early intervention, and child care;
 2. The Women, Infants, and Children (WIC) nutrition program;
 3. The Supplemental Nutrition Assistance Program (SNAP);
 4. Medicaid On-Site Assistance/Presumptive Eligibility (PE/MOSAA); and
 5. Other community programs and services, as appropriate.
- C. Develop a Family Service Plan and identify the needs and goals of the family and child. Based on identified needs and the Family Service Plan, Provider shall schedule visits in accordance with their model(s) requirements first, then schedule additional visits as requested by the family. Plans must be reviewed and updated monthly by Provider and the family. Provider shall continue to provide services as requested by the family up to the child's age limit as required by Provider's selected home visiting model(s). Home visiting services shall include:
 1. Services in the clients' homes, alternative sites, or virtual visits, where the client can be seen on the device for the duration of the visit;
 2. Services when it is convenient for the family;
 3. Ongoing assessment and referrals, if necessary, by collaborating and coordinating with other partnering community agencies;
 4. Observation of attachment behaviors between infant/toddler and mother/caregiver, providing strategies and supports to enhance the child/parent relationships;
 5. Administration of the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO/DANCE) to assist families with establishing positive interactions with their infants or toddlers, assessing results, and developing targeted intervention plans with the family;
 6. Guidance to families on how to fill out the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire-Social Emotional (ASQ-SE);
 7. Timely referrals to Individuals with Disabilities Education Act, Part C, Early Intervention Programs, for example, ECECD's FIT Program, for children who score as "refer" in the screening results;
 8. Use of the ASQ and ASQ-SE to help parents understand their child's development;
 9. Referrals for families, when appropriate, to healthcare providers and other resources;
 10. Administration of the postnatal depression scale, EPDS/PHQ-2 and PHQ-9, Interpersonal Violence Screening tools (RAT/HITS), and the maternal child and adult health survey (MCH);
 11. Develop clear written protocols for identification, referral, and follow-up of children and families to community partners to meet specific family needs, including:
 - a. Referral and follow-up to community agencies, including necessary communication and

- collaboration, so that there are no duplication or gaps in services;
 - b. Creation and implementation of a transition plan that includes a warm hand-off for families that need to be transitioned to a new home visitor because of a home visitor reassignment, resignation, or termination is in place;
 - c. Ensure that a transition plan is included in the Provider's Policies and Procedures;
 - d. Coordination of incoming and outgoing transitions with local early childhood partner agencies, school districts, childcare centers, Family Infant Toddler (FIT) program, and other stakeholders to support families whose children are engaging in services or who are transitioning to next step in the care continuum;
 - e. Develop a plan to coordinate and track referrals and engagement in child care programs and enter the information into the Home Visiting database system selected by ECECD; and
 - f. As an optional best practice, Provider uses the Mothers and Babies curriculum to support families at risk for pre-and post-natal maternal depression.
12. Support and educate parents on topics that include:
- a. Development, implementation, and support of safety plans for issues with domestic violence;
 - b. Home safety and injury prevention;
 - c. Safe sleep for babies;
 - d. Parent/caregiver and child relationship, including attachment;
 - e. Use of primary care versus the emergency room;
 - f. Breastfeeding and/or its alternatives;
 - g. Baby's growth as measured by weight gain;
 - h. Responses to questions about their child's health;
 - i. Obtaining health care/well-child checks for the infant/toddler;
 - e. Obtaining the scheduled childhood immunizations; and
 - f. Accessing ECECD's critical early childhood programs, including Universal Child Care, New Mexico PreK, Family Infant Toddler (FIT) Program, Family Nutrition Bureau, Native American Early Childhood Education, Early Childhood Special Education, Head Start, and Early Head Start.
- D. Provider shall comply with all applicable requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and agrees to execute and comply with the terms of the Business Associate Agreement supplied by ECECD.
- E. Provider and staff must report any suspected abuse, neglect, or exploitation of children to the Children, Youth, and Families Statewide Central Intake and child abuse hotline **(1-855-333-SAFE [7233] or #SAFE from a cell phone)** or to law enforcement or the appropriate tribal entity.
- F. Provider shall provide reflective supervision at least twice per month to home visiting staff who provide direct services to families, to include:
- 1. Ensuring home visitors are implementing a relationship-based approach to working with each family;
 - 2. Use of the parallel process in supervision that reflects the practices used during home visits;
 - 3. Use of additional group supervision sessions to share knowledge and experience; and
 - 4. Documentation of each supervision session with a brief summary entered into the Home Visiting data system.
- G. Provider shall ensure that home visiting staff who provide direct services to families participate in Administrative Supervision. Provider's Administrative Supervisor shall:
- 1. Review at least 10 percent of Provider's cases every month. 100 percent of the cases must be reviewed by the end of the fiscal year;

2. Audit at least 10 charts per home visitor, per year;
 3. Review at least 10 percent of family files each month, including all referrals and follow-up to other services;
 4. Ensure implementation of an ECECD-approved home visiting model(s);
 5. Provide assurance upon request that all data elements are entered into the Home Visiting database in a timely manner; and
 6. Accompany new staff (0-3 years of service) on a home visit at least twice during the contract year and experienced staff (3 or more years of service) at least once during the contract year.
- H. All of Provider's staff shall participate in all applicable continuous quality improvement (CQI) activities and training, including reflective supervision and quarterly meetings as required by ECECD.

III. MEDICAID ELIGIBILITY AND BILLING

Provider shall:

- A. If a Provider's model(s) is Medicaid eligible, Provider shall become a Medicaid Home Visiting Provider with the New Mexico Health Care Authority (HCA), then contract with each contracted Managed Care Organization (MCO). All services provided to Medicaid eligible families shall be billed to each Managed Care Organization (MCO).
- B. All Medicaid claims shall be submitted by Provider at least once per month using the Home Visiting Medicaid module. All Medicaid Home Visiting Providers are required to utilize the Home Visiting database for billing and data entry as directed by ECECD. Provider shall track Medicaid reimbursement data and submit a report to ECECD for reconciliation on a monthly basis. Provider shall bill Medicaid for all eligible Medicaid services. ECECD will not reimburse Provider for any denied Medicaid claims.
- C. ECECD recognizes that the First Born & More model is working toward obtaining evidence-based status. If a Provider's model is First Born & More, and First Born & More achieves evidence-based status, within six (6) months Provider shall:
 1. Ensure the model is fully implemented with staff certifications and trainings;
 2. Become credentialed with Medicaid as a Home Visiting Provider to be eligible to bill for direct services; and
 3. Begin to bill Medicaid for all eligible services.

IV. INVOICING AND ANNUAL FINANCIAL REPORTS

- A. By the 10th of every month, Provider shall submit a monthly invoice to ECECD at fsei.ipr@ececd.nm.gov and include the monthly expenditure reports and the monthly Data Report, for services provided in the previous month.
- B. Provider shall enter monthly administrative direct and indirect service hours and maintain backup documentation for these hours.
- C. Provider shall maintain records of all supporting documentation for invoices, and copies shall be made available for ECECD review upon request.
- D. Providers may submit a Budget Adjustment Request (BAR) to adjust line-item budget amounts by working with their ECECD Program Coordinator.
- E. If necessary, Providers may request to submit an invoice after the due date to ECECD. This will be done by working with Provider's Program Coordinator to request the form and return it for approval. If an extension is permitted, Provider shall have until the end of the day (11:59:00 PM MT) on the last day of the month to submit billing for all workbooks and to invoice services provided in the previous month.
- F. Provider must submit a detailed statement accounting for all services performed and expenses

APPENDIX B: CAMPAIGN CONTRIBUTION DISCLOSURE FORM

Pursuant to the Procurement Code, Sections 13-1-28, et seq., NMSA 1978 and NMSA 1978, § 13-1-191.1 (2006), as amended by Laws of 2007, Chapter 234, a prospective contractor subject to this section shall disclose all campaign contributions given by the prospective contractor or a family member or representative of the prospective contractor to an applicable public official of the state or a local public body during the two years prior to the date on which a proposal is submitted or, in the case of a sole source or small purchase contract, the two years prior to the date on which the contractor signs the contract, if the aggregate total of contributions given by the prospective contractor or a family member or representative of the prospective contractor to the public official exceeds two hundred fifty dollars (\$250) over the two-year period. A prospective contractor submitting a disclosure statement pursuant to this section who has not contributed to an applicable public official, whose family members have not contributed to an applicable public official or whose representatives have not contributed to an applicable public official shall make a statement that no contribution was made.

A prospective contractor or a family member or representative of the prospective contractor shall not give a campaign contribution or other thing of value to an applicable public official or the applicable public official's employees during the pendency of the procurement process or during the pendency of negotiations for a sole source or small purchase contract.

Furthermore, a solicitation or proposed award for a proposed contract may be canceled pursuant to Section [13-1-181](#) NMSA 1978 or a contract that is executed may be ratified or terminated pursuant to Section [13-1-182](#) NMSA 1978 if a prospective contractor fails to submit a fully completed disclosure statement pursuant to this section; or a prospective contractor or family member or representative of the prospective contractor gives a campaign contribution or other thing of value to an applicable public official or the applicable public official's employees during the pendency of the procurement process.

The state agency or local public body that procures the services or items of tangible personal property shall indicate on the form the name or names of every applicable public official, if any, for which disclosure is required by a prospective contractor.

THIS FORM MUST BE INCLUDED IN THE REQUEST FOR APPLICATIONS AND MUST BE FILED BY ANY PROSPECTIVE CONTRACTOR WHETHER OR NOT THEY, THEIR FAMILY MEMBER, OR THEIR REPRESENTATIVE HAS MADE ANY CONTRIBUTIONS SUBJECT TO DISCLOSURE.

The following definitions apply:

“Applicable public official” means a person elected to an office or a person appointed to complete a term of an elected office, who has the authority to award or influence the award of the contract for which the prospective contractor is submitting a competitive sealed proposal or who has the authority to negotiate a sole source or small purchase contract that may be awarded without submission of a sealed competitive proposal.

“Campaign Contribution” means a gift, subscription, loan, advance or deposit of money or other thing of value, including the estimated value of an in-kind contribution, that is made to or received by an applicable public official, or any person authorized to raise, collect or expend contributions on that official’s behalf for the purpose of electing the official to statewide or local office. “Campaign Contribution” includes the payment of a debt incurred in an election campaign, but does not include the value of services provided without compensation or unreimbursed travel or other personal expenses of

individuals who volunteer a portion or all of their time on behalf of a candidate or political committee, nor does it include the administrative or solicitation expenses of a political committee that are paid by an organization that sponsors the committee.

“**Family member**” means a spouse, father, mother, child, father-in-law, mother-in-law, daughter-in-law or son-in-law of (a) a prospective contractor, if the prospective contractor is a natural person; or (b) an owner of a prospective contractor.

“**Pendency of the procurement process**” means the time period commencing with the public notice of the request for proposals and ending with the award of the contract or the cancellation of the request for proposals.

“**Prospective contractor**” means a person or business that is subject to the competitive sealed proposal process set forth in the Procurement Code [Sections [13-1-28](#) through [13-1-199](#) NMSA 1978] or is not required to submit a competitive sealed proposal because that person or business qualifies for a sole source or small purchase contract.

“**Representative of a prospective contractor**” means an officer or director of a corporation, a member or manager of a limited liability corporation, a partner of a partnership or a trustee of a trust of the prospective contractor.

Name(s) of Applicable Public Official(s): Michelle Lujan Grisham and Howie Morales

DISCLOSURE OF CONTRIBUTIONS BY PROSPECTIVE CONTRACTOR:

Contribution Made By: _____

Relation to Prospective Contractor: _____

Date Contribution(s) Made: _____

Amount(s) of Contribution(s): _____

Nature of Contribution(s): _____

Purpose of Contribution(s): _____

(Attach extra pages if necessary)

Signature	Title or Position	Date
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--OR--

NO CONTRIBUTIONS IN THE AGGREGATE TOTALING OVER TWO-HUNDRED-FIFTY DOLLARS (\$250) WERE MADE to an applicable public official by me, a family member or representative.

Signature	Title or Position	Date
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