

FY27 Home Visiting – Request for Applications Q&A
March 30, 2026

#	Question	Answer
Application Format and Submission		
1	Should we utilize the Application Specifications as a template for our response?	Each application must provide a narrative response using the response sections outlined in the Request for Application.
2	Because we are not submitting through a portal this year, we will each be creating our own template to follow the requirements. Are we allowed to bold the questions to make the document easier to read?	Each application must provide a narrative response that follows the response sections outlined in the Request for Application. Formatting to make the document easier to read, including bolding, is permissible.
3	Does the same person need to sign Appendix A and Appendix B, or is this up to our fiscal agent?	The individual signing <u>must</u> be the individual who has authority to obligate the program.
Budget		
4	There is no mention in the RFA of a budget. Is a budget required to accompany this application? If so, what are the budget specifications and requirements. If no budget is required, can you explain why and how that works?	A budget is not required for the FY27 Home Visiting Request for Application. Providers will be awarded funding based on the total number of individuals/children an applicant is approved to serve and the model selected. A line-item budget will be completed by the awarded applicant as part of the contracting process.
5	In respect to requirements, G. The most recent financial audit or report must be submitted no later than 30 days after the close of the state’s fiscal year, can an agency submit the audit per uniform guidelines/ Office of Inspector General which is 9 months after YDI fiscal year end or will ECECD accept the audit from the prior year to meet the 30 days after the close of the state’s fiscal year?	An annual program report and financial report is required for all providers. The most recent financial audit or report must be submitted no later than 30 days after the close of the state’s fiscal year. ECECD will accept the audit from the prior year.
6	Will there be a section to submit a budget based on # of individuals we are asking to contract for, or will that be done at a later date depending upon approval?	A budget is not required for the FY27 Home Visiting Request for Application. A line-item budget will be completed by the awarded applicant as part of the contracting process.
Contract Extension		
7	On page 11 under the Terms and Conditions, the RFA mentions that providers awarded FY27 funding may be eligible for contract extensions for up to three additional years. Can you offer any additional information regarding this possible extension?	ECECD will provide guidance by the end of the first quarter of FY27 related to contract extensions.

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8	What is the process for being granted the 3 additional 1-year extensions, and will there be an annual process for requesting additional slots for growing programs?	ECECD will provide guidance by the end of the first quarter of FY27 related to contract extensions and requests to serve additional children.
Enrollment		
9	Where do you go on the application, do you document what counties you are currently serving?	Please identify the counties the Applicant is serving in Section 4: Current and Proposed Enrollment.
10	To ensure we request the correct number of state general fund slots, please verify that Medicaid-funded families are included in the total state general contracted amount.	The total number of children you are proposing to serve in FY27 should include those funded by all funding streams [e.g., Medicaid, State General funds, and Maternal Infant Early Childhood Home Visiting (MIECHV) funds].
11	If we currently have the SGF Funds and MHV, are we stating total numbers we are currently serving and then when we propose is it total or SGF only.	The total number of children you are proposing to serve in FY27 should include those funded by all funding streams [e.g., Medicaid, State General funds, and MIECHV funds]. Applicants do need to state the number they are currently serving.
12	(Total children currently enrolled, Total proposed enrollment of children) - Do you want this broken down by funding source to include MIECHV or just total numbers?	The total number of children you are proposing to serve in FY27 should include those funded by all funding streams [e.g., Medicaid, State General funds, and MIECHV funds]. Total proposed enrollment does not need to be broken down by funding source.
13	What is the minimum number of enrolled individuals ECECD will fund for when an existing program begins operations in a new county?	There is not a minimum number of enrolled individuals that ECECD will fund when an existing program begins operations in a new county.
14	As a Home Visiting agency, should we make our FY27 request for slots inclusive of the slots that we would want over the course of a potential 4 years or is there a mechanism to request additional slots annually?	For the FY27 application, please submit only the number of children you are proposing to serve for FY27. ECECD will provide guidance by the end of the first quarter of FY27 related to contract extensions and requests to serve additional children.
Invoicing and Reimbursement		
15	Are we going to have the same restrictions for purchasing as we do this year? I know that we are supposed to use the distribution centers for car seats. Will that change next year?	Restrictions regarding what providers may purchase, as well as expectations for car seat distribution centers, will remain unchanged. Home Visiting Providers are required to follow the Home Visiting Budget and Expenditure Guidelines to ensure compliance with the New Mexico Department of Finance Authority (DFA) rules which can be found in the Home Visiting Materials Library at www.nmeccd.org/homevisiting/
16	We do need more specifications for spending allowances as PAT does recommend gifts cards, travel tokens, gas vouchers etc. to permit families to attend Group Connections where transportation and financial restraints are barriers.	Home Visiting Providers are required to follow the Home Visiting Budget and Expenditure Guidelines to ensure compliance with DFA rules which can be found in the Home Visiting Materials Library at www.nmeccd.org/homevisiting/

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17	Currently we are required to submit invoices by the 15th of every month. Section IV, Item A in the RFA states that invoices should be submitted by the 10th of every month. Is it possible to leave this requirement as the 15th of every month to allow applicants a sufficient amount of time to gather and organize all supporting documents to be submitted each month?	To support timely processing and payment, the Family Support and Early Intervention Finance Team requires that all invoices be submitted no later than the 10th of each month, or the next business day. Submitting invoices by this deadline allows adequate time for review, reconciliation, and approval, helping prevent processing delays and ensuring payments are issued in accordance with established timelines. The submittal of invoices after the 10 th of each month may result in a payment delay.
18	The RFA says “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.” However, it does not specify what the per child amount is or the cost model. Can you please clarify what that is and/or how it is calculated?	Each model has an established cost determined using a cost model and layered funding approach. The amounts for FY27 per child, per model are: <ul style="list-style-type: none"> • Child First (\$8,554.71) • First Born and More (\$5,198.40) • Healthy Families America (\$6,762.70) • Nurse Family Partnership (\$5,277.80) • Parents as Teachers (\$5,297.44)
19	Program Manager travel Our Program Manager would oversee a new program in another part of the state. Can we bill for their travel, including mileage, per diem, and hotel stays?	Travel expenses are allowed; all travel reimbursements must follow DFA’s Model Accounting Practices (MAPs) policies and procedures per MAPs Section FIN 5.8, <i>Travel Reimbursement for Per Diem, Actual Expenses, and Mileage</i> . Except for mileage, travel expenses must be preapproved by the ECECD Home Visiting Program Coordinator.
20	Staff training travel - New Home Visiting staff would need to spend time with our existing staff in our current locations for training, such as shadowing home visits and program orientation. Can we bill them for their travel expenses?	Travel expenses are allowed; all travel reimbursements must follow DFA’s Model Accounting Practices (MAPs) policies and procedures per MAPs Section FIN 5.8, <i>Travel Reimbursement for Per Diem, Actual Expenses, and Mileage</i> . Except for mileage, travel expenses must be preapproved by the ECECD Home Visiting Program Coordinator.
Medicaid		
21	We understand that all grant recipients are required to become enrolled Medicaid Providers with the Health Care Authority (HCA). Per the NM HCA Medicaid Home Visiting Policy and Billing Manual (*Finished-Updates-to-MHV-billing-policy-manual.pdf), the staffing requirements state that “each provider must employ the staff positions required to implement their chosen evidence-based early childhood home visiting delivery model”. Can you please confirm if that statement is still accurate and if there are any exceptions or work arounds?	This statement is accurate. There are no exceptions or work arounds.

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22	Our home visiting model typically works by partnering with local LEAs (who employ the home visitors) to implement programming while we provide training, technical assistance and program oversight, so just trying to understand if and how that would work with the Medicaid billing requirement.	An eligible applicant for the FY27 ECECD Home Visiting Application must agree to use an ECECD-approved, evidence-based model or promising-practice model. The list of ECECD-approved models can be found on page 3 of the FY27 Request for Applications (RFA). If a selected model is eligible for Medicaid reimbursement, the Provider shall become a Medicaid Home Visiting Provider with the New Mexico Health Care Authority (HCA) and then contract with each Managed Care Organization (MCO) and bill for services.
23	Will there be any penalty if we are still not fully contracted with MCOs? We are in the middle of the process; do we need to add that to the application? Specify.	There is no penalty if an ECECD Home Visiting Provider is in the process of obtaining contracts with MCOs. You do not need to add that information to your application.
24	What is the timeline to become an enrolled Medicaid Provider with the Health Care Authority and to be credentialed with NM’s Managed Care Organizations?	Providers are expected to begin the Medicaid enrollment process with HCA immediately. The timeline for becoming credentialed with the MCOs can vary. ECECD will provide technical assistance to support providers in becoming a Medicaid Home Visiting Provider.
25	When home visitor programs apply to get a ‘UEI’ Unique Entity ID at the SAM.gov website are we also expected to Register our entity, or will getting a UEI only suffice?	At the time of application, Providers are only required to provide their Unique Entity Identifier (UEI) if they have one.
26	We understand that all grant recipients are required to become enrolled Medicaid Providers with the Health Care Authority (HCA). Per the NM HCA Medicaid Home Visiting Policy and Billing Manual (*Finished-Updates-to-MHV-billing-policy-manual.pdf), the staffing requirements state that “each provider must employ the staff positions required to implement their chosen evidence-based early childhood home visiting delivery model”. Can you please confirm if that statement is still accurate and if there are any exceptions or work arounds?	Providers are expected to meet HCA requirements and any requests for exceptions or work-arounds must be determined by HCA. You may direct questions to Rhonda Rodriguez, HCA Program Operations Bureau Chief, at RhondaT.Rodriguez@hca.nm.gov .
Model Selection		
27	On page 7 under Application Specifications, Organization Information, question 9 asks about the applicant’s model selection. There is a single model that we anticipate selecting, but another from the list we are reviewing as potential supplemental model. Should we include it though we are uncertain if we will actually incorporate it?	Applicants are strongly encouraged to include only the model(s) they plan to implement.

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Model Specific Requirements		
28	My question is around the project narrative- to confirm this portion is specified to the programs model we are using? Not to HV state standards?	Yes, the project narrative should be specific to an ECECD approved, evidence-based model or promising-practice model.
29	Project Narrative - to confirm this portion is specified to the programs model we are using? Not to HV state standards?	Yes, that is correct, the project narrative should be specific to an ECECD approved evidence-based model or promising-practice model.
30	I would like clarification regarding the stated maximum caseload of 22 children for Parents as Teachers Model. As the model typically measures caseloads by families (18-20), can you confirm whether this reflects a shift back to counting families, or if it is intended to represent 22 individual families?	Expectations for home visitor caseloads should follow model fidelity. PAT uses a caseload that represents the family. Under PAT's model, caseloads can vary based on the individual needs of the family and the frequency of visits.
31	Clarification for caseload for PAT. As well as specifics to children verses individuals. Example, pregnant mom can be a client. Formatting to capture the different models in the application. Can we get clarification to the maximum caseload 22 for parents as teachers? The essential requirements for parents as teachers for a HV is that there is no more than 50 visits per month and typically if you have a family with two risk factors or more, they're doing 2 visits per month for those individuals. So, they could easily have a caseload of 25. I just need clarification on that where all of them said children as opposed to clients because you may have a pregnant woman.	Expectations for home visitor caseloads should follow model fidelity. PAT uses a caseload that represents the family. Under PAT's model, caseloads can vary based on the individual needs of the family and the frequency of visits.
32	Parents as Teachers Approved Home Visiting Model, the RFA states that the Max Caseload for a home visitor (Parent Educator) is 22 children. This is somewhat different wording than what PAT states. Please clarify the # of families and/or 'individuals' a home visitor can carry on their caseload.	Expectations for home visitor caseloads should follow model fidelity. PAT uses a caseload that represents the family. Under PAT's model, caseloads can vary based on the individual needs of the family and the frequency of visits.
33	Clarification on supervisor ratio for Child First. It's 1:4, the PPT started at 1:5 per team.	Expectations for supervision caseloads should follow the Applicant's proposed model to fidelity. For Child First, the expectation is for every 4-5 teams, the home visiting provider should have a minimum of 1.0 Full Time Equivalent (FTE) Clinical Supervisor.
34	Are there specific #s for FTE and/or PTEs per X/ # of cases? What is considered a well-staffed structure to implement the program?	Each model has their set staffing requirements to ensure effective and efficient implementation to meet fidelity. Providers must adhere to their model's expectation.
35	On the PAT ramp-up period for 1st time Parent Educators shouldn't have more than 15 families for their first year to be in fidelity, is that taken into	A new home visiting Provider will be granted a progressive ramp-up period to reach 80% of their funded enrollment, allowing for the effective and efficient implementation of their selected model.

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	consideration with caseload capacities the timeline stated was 6 months for PAT Model Programs.	However, a newly hired home visitor within an established program will be expected to contribute toward meeting the program's overall 80% funded enrollment requirement and will not be provided additional ramp-up flexibility from ECECD outside of model expectation.
36	The application identifies caseload as children. Will we be counting the prenatal children as part of this caseload?	Yes. The pregnant mother (i.e., prenatal child) is counted as one as part of the overall caseload.
37	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. However, it also states; 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). Can you please clarify the cumulative number of minutes?	Providers are required to follow their model to fidelity for the length of time required to be counted as a home visit as well as minimum number of home visits per month.
38	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. HFA uses CHEERS but this tool is missing. Will CHEERS be added for HFA model fidelity?	Providers are expected to maintain fidelity to their selected model. ECECD will include language in each awarded Provider's Scope of Work outlining the general expectations of screenings to ensure those requirements are met including adding language to include CHEERS for Healthy Families America (HFA).
Program Start Up and Expansion		
39	If an agency is awarded additional slots for FY27, what is an acceptable ramp up time period for achieving 80% of the children served?	Ramp-up periods for Providers awarded FY27 contracts for expanded programs will be considered on a case by case basis.
40	If a program is awarded an increase in the number individuals to serve, will they be given a certain amount of time to maintain 80% minimum of contracted enrollment of families?	Ramp-up periods for Providers awarded FY27 contracts for expanded programs will be considered on a case by case basis.
41	Enrollment Start Timeframe - What is the expected timeframe for a new site to begin enrollment? 80% compliance expectation - Is any consideration given to meeting the minimum 80% of contracted individuals when bringing a new site up to speed in a county we have not previously served?	Ramp-up periods for Providers awarded FY27 contracts for expanded programs will be considered on a case by case basis.
42	Startup costs - Does any funding exist for startup costs associated with opening a new site in a new county, such as leasehold expenses, furnishings, technology infrastructure, and related setup costs, outside the standard 10% administrative cap?	Startup funding is not included as part of this RFA.

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Program Structure, Staffing, and Facilities		
43	Facility Requirement - Is a physical location with a standard lease required for a new site, or can we utilize shared, secure workspaces?	A permanent physical location with a standard lease is not required for the establishment of a new site. Providers may utilize shared, secure workspaces, provided that the environment supports confidential services, protects family privacy, and meets all programmatic and administrative requirements necessary for effective service delivery.
44	Remote Staffing - Can we operate a program with fully or partially remote Home Visiting staff?	Providers are required to conduct 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). An approach that delivers services solely via virtual visits is not permitted.
45	Section 2: Staff and Program Structure — For Question 1, how many staff members can be included?	There is no cap on how many staff members can be included. Please list the individual(s) who will be responsible for ensuring compliance with any awarded home visiting contract.
46	Site managers: Can we have site managers in our locations to oversee day-to-day functions, with the Program Manager as their supervisor?	Home Visiting Providers have discretion on staffing models as long as supervisor to home visitor ratio requirements established by the selected model are maintained to ensure fidelity.
47	I have a question about the staff positions, Section 4 page 9 - Do I include myself (manager) and the Director position that oversees this program?	Yes, please list the individual(s) who will be responsible for ensuring compliance with any awarded home visiting contract.
48	We have historically always submitted the Organizational Chart for our organization, which includes our program. We are only submitting for one model. Will this meet the requirement?	Yes, if the organizational chart previously submitted is up to date with no changes, it is an acceptable document. If changes have been made a new organizational chart must be submitted.
49	Section 1, Item 7 asks "What type of entity is the Applicant organizations?" What are you specifically looking for in response?	Indicate the business type of the applicant: Nonprofit, For-Profit, Local Government, University, Faith-Based Organization Nations, Pueblos and Tribes (NPTs), Local Education Agencies (LEAs).
Professional Development and Oversight		
50	Assignment/Support Structure 7. ECECD Program Manager Assignment - Would we have the same ECECD Program Manager assigned with the addition of a new county, even if the locations are geographically distant?	Whenever possible, ECECD will work to ensure that a Provider will have the same ECECD Program Coordinator assigned with the new addition of a county.
51	UNM-CDD Consultant Assignment - Would we have the same UNM-CDD consultant assigned with the addition of a new county, even if the locations are geographically distant?	Lead consultants will remain assigned to the Provider; however, Providers will collaborate with consultants within the designated region to ensure the Provider receives appropriate support.
52	PDIS — How far back should we go when documenting staff training?	All applicable (unexpired) certifications and training relevant to the home visiting position should be documented in PDIS.

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Priorities Counties FY27		
53	Are you able to share why certain counties are considered priority?	The counties identified as priorities in the RFA were selected based on state data, including statistics on the number of children under age five and the total number of home visiting providers within each county.
54	Is ECECD actively seeking current agencies to consider applying for providing Home Visiting services as an additional agency in the highlighted counties (similar to what ECECD FIT Program did in this past year) or just for those agencies currently providing Home Visiting services wanting to expand in these counties?	ECECD is seeking any Provider interested in implementing an expansion in the highlighted counties. The Provider can be a new or existing Home Visiting program or an existing community agency looking to add home visiting services.
Project Narrative		
55	Section 3: Project Narrative—Number 14 states the following: Provide in detail how you plan to specifically recruit prenatal families and families with children 0-3 years of age. Should the age range be prenatal families and families with children 0-5 years of age?	Home Visiting serves families from the prenatal period through age five; however, ECECD is interested in learning how applicants plan to target children 0-3 years of age for home visiting services.
Subcontracting		
56	Is sub-granting allowable?	Subcontracting for specific services such as Reflective Supervision, educational training, or substitute home visiting is permitted with ECECD approval. Awarded Home Visiting Providers intending to subcontract any services as part of their contract must obtain prior approval from ECECD before executing any subcontract agreement.