1	Q	Is this conference mandatory? Is there a WebEx or call in number for participation? (Section 3page 8Pre-proposal Conference)
	Α	It is not mandatory.
2	Q	How often are oral presentations conducted? (Section 10page 9Oral Presentations)
	Α	Oral Presentations may be held if we need clarifications on proposals to render a decision.
3	Q	Can any language changes be made to the contract? (Section 11page 9finalize contractual agreements)
	Α	This is specifically identified in page 13 of the RFP. Please read article 15. Contract Terms and Conditions in its entirety.
4	Q	How many vendors will be awarded? (Section 12page 10Contract Awards)
	Α	1
5	Q	If we are awarded, but can't agree on final contract terms, can we withdraw our proposal without penalty? (Section 6page 11Offeror's right to withdraw proposal)
	Α	An "award" is contingent upon <b>successful</b> negotiations of a contract. No penalties are assessed for withdrawal of a proposal.
6	Q	If we have any exceptions regarding the contract terms, do we need to submit those with our proposal? (Section 15page 13Contract terms and conditions)
	Α	This is specifically identified in page 13 of the RFP. Please read article 15. Contract Terms and Conditions in its entirety.
7	Q	Can we propose our own contract template? (Section 15page 13Contract terms and conditions)
	Α	No
8	Q	Are contract negotiations done before or after award? (Section 17page 14Contract Deviations)
	Α	An "award" is contingent upon successful negotiations of a contract.
9	Q	Does the New Mexico Employees Health Coverage apply to agencies in which the health providers are independent contractors? (Section 28page 15NM Employees Health Coverage)
	Α	Yes
10	Q	Would you need Psychologists, Psychiatrists or Psychiatric Nurse Practitioners? (Section Cpage 26Staffing)
	A	Attachment I addresses the proposed staffing pattern. Often the Clinical Supervisor and D & E Therapist positions are filled by psychologists for assessment purposes but this is not required per the RFP.
11	Q	Are there specific Key Performance Indicators you are requiring the vendor to meet? If so, what are those performance measures? (Section E#3apage 28)
	Α	An overview of performance measures are outlined on page 27 of the RFP. Additionally, any contract staffs are expected to provide services consistent with NMCD policies and procedures. Audits and evaluations are based upon requirements per policy, ACA and NCCHC standards.
12	Q	What is the current staffing situation? How many providers working and specialty?
	A	The NMCD Behavioral health division currently employees 88 FTE's. In addition, our current staffing contract with MHM supplies 20 total positions. At current, 55 of those positions are Behavioral Health Therapists and Mental Health Counselors. NMCD also employees 8 Recreation Officers for implementation of activity based programming. At contract private NMCD facilities, BH services are provided by staff employed by the

		, ,
		contractor. All behavioral health staff, regardless of employer or facility, provide service
		according to NMCD policies and procedures.
13	Q	Would you be open to tele-medicine services?
	Α	NMCD does not currently provide tele-behavioral health services.
14	Q	Who is the current vendor for these services?
	Α	MHM is our current vendor.
15	Q	What hasn't been working with current set up?
	Α	NMCD is going to RFP as a New Mexico statutory requirement as our current contract is
1.5		expiring.
16	Q	What are you looking to gain with this RFP and/or new vendors?
	Α	NMCD would like to continue to provide behavioral health services by attaining staffing for rural and hard to fill vacancies at facilities to serve NMCD inmates in accordance with
		ACA and NCCHC standards.
17	Q	What is the annual budget for this contract?
	Α	NMCD is not disclosing budget.
18	Q	Is the award going to be based on lowest cost offered?
	Α	There are many factors that are considered in awarding a contract, with cost being one of them.
19	Q	Attachment 1. Staffing Pattern.
		a. Substance Abuse BH/SA Therapist adds to 9.0 FTEs in the grid but the Total reads
		as 5.0 FTEs. Please clarify.
		b. RDC/Outpatient BH Therapist totals 13.0 FTEs in the grid but the Total reads as
		12.0 FTEs. Please clarify.
		c. "Other" BH Manager totals 4.0 FTEs in the grid but the Total reads as 2.0 FTEs.
		Please clarify.
	Α	The Attachment I numbers were incorrect. The numbers stated in this question are
		correct and an Amendment to the RFP has been posted.
20	Q	What does the service area of "D&E" stand for in the WNMCF?
	Α	D & E means Diagnostic Evaluations. This job duty is on page 23, A, I, B, 1, eBehavioral health component of diagnostic evaluation ordered by the courts. The associated policy is listed on our public website under CD-180700 "NMCD Diagnostic Units."
21	Q	Please provide the job description and educational requirements of the "Clerk (Admin
		Asst/Test Proctor) in the WNMCF.
	Α	The job duties for this position involves:
		Maintaining the department's performance measures, including the collection of data,
		helping the department to meet court mandated deadlines and conducting audits of
		these measures. Maintain the Department's inmate statistical data and inmate
		population figures, along with other special projects assigned by the supervisor.
		Job Specific:
		Prepare an inmate testing list with name, NMCD #, location and test(s) to be
		administered
		Arrange for inmates to attend testing.
		Prepare testing materials 1 day prior to scheduled testing.
		Instruct inmates on testing to be completed with the aid of a Testing Instructions script.
		Proctor testing – make notes of any observations and file in inmates file as collateral information for staff review.
		information for Staff review.

1		Describe testing to Discountie Fuel et autoria (1997)
		Provide testing to Diagnostic Evaluator along with any other relevant information needed to finish evaluation.
		Coordinate with NMCD staff on return of inmates to county to comply with 60 day deadline.
		Ensure reports are sent to the courts in a timely manner.
22	Q	Please provide the educational and licensing/certification requirements of the Activities
	_	Therapist in Addiction Treatment in WNMCF.
	Α	There is not an "Activities Therapist in Addiction Treatment" position required by the
		RFP. No special certification is needed for this position. Please see job duties in question
		12.
23	Q	Please provide the inmate census numbers for the behavioral health programs at each of
	_	the four facilities covered in the scope of services.
	Α	The overall census for the prisons fluctuates but the most current numbers recorded are
		from December 2019 and as following: WNMCF 381, SCC 296, PNM 744, and RCC 206.
		Around one third to one half, of these inmates have a mental health code and need
		some type of behavioral health programming, whether that is mental health and/or
		substance abuse treatment. In addition all NMCD inmates receive intra-facility
		screenings, crisis services, and are able to access behavioral health services as needed.
24	Q	RFP Page 24. 1.B.o. Please provide the inmate census numbers for the substance use
		programs for each of the four facilities: the RDAP, TC, outpatient, MATRIX and DWI
		programming.
	Α	Please see answer to question 23.
25	Q	Please provide any policies that pertain to the behavioral health treatment of female
		offenders.
	Α	NMCD policies are listed on the public website. They are the policies under "Mental
		Health and Addiction Services."
26	Q	RFP Page 23. 1.B.b. Please provide information on "physical, spiritual, and socioeconomic
		and sociopolitical" programs in the NMCD and the requirements of the behavioral health
		provider in the provision of these services.
	Α	Page 23 1.B.b of the RFP states the requirement of the vendor to provide "Gender
		responsive and trauma-informed treatment and programming for women to include
		psychological, emotional physical, spiritual and socioeconomic and sociopolitical issues."
		NMCD Behavioral Health programs are evidenced-based and include components
		necessary to provide ethically responsible treatment. NMCD Behavioral Health programs
		are approved by the NMCD Behavioral Health Bureau Chief.
27	Q	RFP Page 25. 1.B.3.b. Is the behavioral health or custody staff responsible for conducting
		the urinalysis program? If it is the behavioral health contractor, what was the annual cost
		during the last fiscal year?
	Α	Behavioral health administers drug testing as for inmates assigned to residential
		treatment programs. Currently these are being administered by mouth swabs. As these
		tests are not security related they are not conducted by security staff nor are the results
		communicated to custody staff as per federal law. Rather, this testing is used for
		programming purposes. NMCD orders and pays for drug testing supplies for behavioral
		health programming.
28	Q	Please clarify who conducts and/or supervises psychological evaluations (including but
		not limited to competency evaluations, D&E, etc.).
	Α	NMCD does not currently perform competency evaluations. Diagnostic evaluations are

		performed by staff appropriately trained to perform these services by the state of NM.  On the staffing matrix this would be the "D & E Therapist" 0.50 position at WNMCF.  Other assessments and screenings are performed by staff appropriately licensed and trained to perform these evaluations.
29	Q	What are the licensure requirements in New Mexico for administering and interpreting psychological testing?
	Α	The licensure requirements for administering and interpreting psychological testing are covered on the New Mexico Regulatory and Licensing Department website at <a href="http://www.rld.state.nm.us/">http://www.rld.state.nm.us/</a> .
30	Q	Who is responsible for the clinical supervision to the master's level clinicians at each site?
	Α	Behavioral Health clinicians are supervised by independently licensed clinicians at each site. The Behavioral Health Manager/Supervisor positions are to be filled by independently licensed clinicians.
31	Q	Please provide the current salary/wages the incumbent BH Vendor is paying its staff under the current contract.
	Α	AA, Clerk at Facility 17.48, Counselor 27.06, Drug & Alcohol Counselor 25.14, Program Manager at Regional Office 36.23, Activity Technician/Therapist 20.64, Mental Health Director 60.00, Psychologist 46.88
32	Q	Please also provide by facility, any vacancies under the current contract.
	Α	There are no current vacancies.
33	Q	With the increase of services and hours required under this new contract, is the use of tele-psychology permitted to fulfill hours?
	Α	Tele-health services for BH is not currently used in NMCD or permitted in policy.
34	Q	Please provide a copy of the current NMCD behavioral health services contract, including any exhibits, attachments, and amendments.
	Α	The current Contract has been posted on the website.
35	Q	Who provides necessary computer equipment (laptops, desktops, printers, copiers, etc.) for the staff in the RFP: (a) the NMCD or (b) the awarded vendor?
	Α	Hardware is provided by the vendor. NMCD provides network printers/scanners/copiers to all state facilities for BH services. Individual printers would be purchased by vendor.
36	Q	Will the NMCD be providing a different Cost Response Form, since the one provided in RFP Appendix D is marked "Sample" and does not seem suited to the RFP's scope of work? If not, please confirm that bidders can create their own Cost Response Forms, based on the sample provided in RFP Appendix D.
	Α	The cost response form in being redone and will be posted.
37	Q	On Page 34 of the RFP, in Item iv. Pricing Structure, please clarify the term "addendum cost schedule for up to 27 BHS providers" and indicate what the NMCD wants bidders to provide to comply with this requirement. Does the NMCD want one cost schedule for the 35 total FTEs in the table on RFP Page 64; and a second, alternate cost schedule for "up to 27 BHS providers"?
	Α	This is a mistake in the RFP and an amendment will be posted to correct this statement. The number of FTE requirement is 34.

38	Q	Page 1, 64/ I.A, Purpose, and Attachment I The RFP requires the successful to provide a minimum of 28 behavioral health staff who will address behavioral health needs of the female inmate population. Language throughout the RFP refers to "a minimum of 28 behavioral health providers." The Staffing Pattern provided in RFP Attachment I shows a total of 28.0 FTEs at Springer and WNMCF, combined, but also shows 4.0 FTEs at PNM and 3.0 FTEs at RCC. These seven positions are not reflected in the Total column of Attachment I.  Please confirm that the NMCD desires a total of 35.0 FTEs through this procurement.  Please confirm that the grand total in Attachment I, in the final Total column, should be 35.00, not 28.00 as currently shown.
	Α	Please see response to question 19.
39	Q	Page 64, Attachment I The Staffing Pattern provided in RFP Attachment I shows 4.0 FTEs at PNM and 3.0 FTEs at RCC. These positions include a full-time Behavioral Health Manager at each location.  Will the Behavioral Health Manager at PNM and RCC have management responsibilities beyond the staff positions listed in Attachment I, such that state-employed behavioral health staff will also report to the contracted Behavioral Health Manager?  If so, please indicate how many state-employed behavioral health staff will report to the contracted Behavioral Health Manager at PNM and at RCC.  Conversely, will the contracted behavioral health staff at PNM and RCC report to a state-employed supervisor?
	Α	All contract Behavioral Health Staff will report to their supervisor. Conversely, NMCD
	А	employed BH staff will report to NMCD staff. However, at all sites there will be a mix of NMCD employed and vendor employed staff.
40	Q	Pages 1-2, I.B., Background Information The RFP indicates that current behavioral health staffing "will not be sufficient to address the behavioral health needs of the NMCD inmate population"  Are the 4.0 FTEs at PNM and 3.0 FTEs at RCC considered in addition to current state behavioral health positions at PNM and RCC?  Alternatively, do these 7.0 FTEs represent conversions of positions that are currently state behavioral health positions, but vacant?
	Α	The positions listing in the current RFP are in addition to existing NMCD behavioral health staff.
41	Q	The timeframes provided in the RFP for the sequence of events are clear. Please indicate the intended start date for this contract.
	Α	July 1, 2020.
42	Q	Page 26, C.1, Behavioral Health Staffing The RFP requires that behavioral health services are provided 8 am to 8 pm, Monday through Friday. Please confirm this requirement applies to BH Therapists at Springer and WNMCF.  At PNM, where RFP Attachment I requires just 1.0 FTE Behavioral Health therapist and 1.0 FTE BH Manager, does the State desire these two positions to cover 8 am through 8 pm, Monday through Friday?  At RCC, where RFP Attachment I requires just 1.0 FTE BH Manager, please confirm the State's preference for this position to be covered on day shift.

	A	The requirement is for the contractor to provide staff availability from 8 am to 8 pm at all sites. The core hours of service at all sites are from 8 am to 4:30 pm as per policy. In addition, on-call coverage is provided by on-site contract and NMCD employees for hours outside regular daytime business hours. As stated in the RFP Flex time and Split Shifts may be utilized to offer programming into the evening at sites when this is possible.
43	Q	Page 29, F., Staffing Paybacks  The first paragraph of this section indicates, "Staffing levels are listed in the Staffing Pattern for both facilities, as outlined in Attachment III to the Agreement." There are several additional references in this RFP section to Attachment III.  Is "Attachment III" a typographical error that should be replaced with RFP "Attachment I"?  With reference to the RFP language describing the "Staffing Pattern for both facilities" (emphasis added), please confirm that staffing paybacks will also apply to the staffing positions at PNM and RCC, not just at Springer and WNMCF.
	A	Staffing paybacks will apply to all sites which are required to be covered per this RFP. The references "Attachment III" is a typographical error and should be replaced with "Attachment I."
44	Q	Page 34,B, iv, Pricing Structure  The pricing structure requires a "pricing/cost proposal for 28 BHS providers and addendum cost schedule for up to 27 BHS providers"  Please clarify the desire for an addendum cost schedule for up to 27 BHS providers. Which 27 positions should the addendum cost schedule include?  Does the State desire a pricing/cost proposal for 35 BHS providers consistent with RFP Attachment I?
	Α	This is a mistake in the RFP and an amendment will be posted to correct this statement. The number of FTE requirement is 34.
45	Q	The RFP does not specify a Performance Surety Bond requirement but the evaluation section lists Performance Surety Bond as a pass/fail requirement. If a Performance Bond is required, what are the specific requirements and when does it need to be submitted?
46	A Q A	NMCD will not be requiring a Surety Bond.  Does the evaluation committee want bidders to provide a narrative response to each item within IV. Specifications or only in response to B. Technical Specifications?  Specifically asking regarding items within I. General Requirements or for the items within B. Technical Specifications: Are the items within B. Contractor's Obligations purely informational?  As stated in the RFP, Offerors should respond in the form of a thorough narrative to each specification. All Offerors proposals will be reviewed for compliance with the
47	Q	requirements and specifications stated within the RFP.  The RFP requires bidder's to follow ACA policies, but does not specify that the bidder must help NMCD achieve ACA accreditation. Section IV(B)(1)(v) states that any extensions of the contract shall be contingent on the facility's ACA certification. Is ACA accreditation a requirement of this contract? Since the contract does not allow any extensions, how would failure to achieve accreditation impact the contractor?
	Α	The awarded vendor will abide by NMCD policies and procedures which address ACA requirements.
48	Q	In the current contract, it is the contractor's responsibility to pay for diagnostic evaluations which occur, on average, once per week at the cost of \$750 per assessment.

		In the new contract, will the vendor continue to have responsibility for these services?
		Will they continue to require a PRN psychologist or is the DOC expecting one of the staff
		in its proposed staffing matrix to fulfill this need?
	Α	The D & E Therapist position at WNMCF for .50 FTE is for the purpose of providing
	^	diagnostic evaluations at that site. This is a contractor filled position.
49	Q	In Appendix C, Sample Contract, Section 2, Compensation, should the (\$) per hour be
43	Q	deleted as it does not apply to the fixed fee contract?
	Α	This is merely a sample contract; compensation language will be revised upon the
	A	negotiation of the contract.
50	Q	Staffing Paybacks for Unfilled Hours of Services – Is the average hourly wage the base
30	Q	rate for each position excluding benefits and payroll taxes? Does the 21% additional
		withhold represent benefits and payroll taxes? Will the NMDC consider staffing
		withholds based on total hours instead of by facility hours?
	Α	Hourly rates excluding benefits. NMCD will NOT consider staffing withhold based on total
	^	hours they will be based on staffing per facility.
51	Q	Appendix D – Is the NMDC requesting line item pricing (Personnel Costs, Malpractice
JΙ	Q	Insurance, Operational Administrative Expenses, Regional Office, Gross Margin) in this
		table or position types, hours, fully loaded hourly rates, and total cost per position
		(item)?
	Α	NMCD is working on an alternative Cost Response form and will be posting an
	A	amendment.
52	Q	Section B.4.iv Pricing Structure, Page 34, states: "pricing/cost proposal for 28 BHS
32	Q	providers and addendum cost schedule for up to 27 BHS providers should be stated this
		should take into account all aspects stated in the scope of work". Could the NMCD
		please clarify the intent of the portion of this statement referring to an "addendum cost
		schedule for up to 27 BHS providers" and how this differs from the required minimum
		staffing of 28 FTES in Attachment I Staffing Pattern?
	Α	This is a mistake in the RFP and an amendment will be posted to correct this statement.
	/\	The number of FTE requirement is 34.
53	Q	Appendix D, Cost Response Form, Page 36. Could the NMCD describe and provide
33	<u> </u>	examples of the item details vendors should include and list in the table on this form?
		What should the denominator be in the cost per item column?
	Α	We are revising the cost response form and will post on website.
54	Q	Please provide the reporting structure on the NMCD side for the FTEs in the RFP, i.e., do
54	Q	they report up through the medical chain of command, are they part of the State-
		employed mental health FTEs reporting structure, etc.
	Α	NMCD state employees report directly to on-site Behavioral Health Therapist
	^	Supervisors. Site Behavioral Health Therapist Supervisors report to Deputy Behavioral
		Health Bureau Chief's who report to NMCD's Behavioral Health Bureau Chief.
55	Q	Can the NMCD please provide schedules for these FTEs? Also, on what days and shifts do
33	Q	groups occur?
	Α	Please see response to question 42. Groups such as RDAP occur daily during day shift.
	^	However, other groups occur on off hours or as needed to meet facility schedules.
		NMCD Behavioral Health strives to be responsive to the needs to NMCD inmates and to NMCD facilities.
E.E	0	
56	Q	Is the programming delivered by the staff in the RFP (a) NMCD programming or (b)
L		vendor-driven? I.e., can we use our own treatment programs, or are we simply providing

		staff to deliver NMCD programs?
	A	As stated in NMCD policy and as required by ACA mental health programming must be approved by the mental health authority. Therefore programming is approved by NMCD. NMCD Behavioral Health strives to be responsive to the facilities and the Inmates we serve by communicating with sites regarding emergent and long-term programming needs. Behavioral Health staff at sites (NMCD and contract) are invited to submit programs for review as they are often approved for implementation. Contact staff must abide by NMCD policies and procedures.
57	Q	Are there any other areas of mental health treatment or programming into which the NMCD would like to expand?
	Α	The NMCD Behavioral Health Department is investigating and evaluating programs used nationwide at all times in order to be congruent with best practices. No expansion programs are defined at this time.
58	Q	Where do the staff in the RFP chart: (a) in a unified chart with medical staff; (b) in the same set of charts as State-employed mental health staff; or (c) in stand-alone charts dedicated to this contract?
	Α	NMCD currently utilizes a paper chart program for Behavioral Health services. There is a single chart at each site for all inmates receiving services. Charts remain where inmates reside. The provider, regardless of whether they are NMCD employee or contractor employee, completes information entered in the single health chart. Health records are the property of NMCD.