



HEALTH CARE
A U T H O R I T Y

Behavioral Health Executive Committee
Behavioral Health Reform and Investment Act

Regional Plan Proposal

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Regional Plan Proposal

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1. OVERVIEW OF FUNDING OPPORTUNITY

1.1. PROGRAM TITLE

Behavioral Health Reform and Investment Act (BHRIA)—Regional Planning Health Plan Proposal

1.2 SYNOPSIS OF PROGRAM

During the 2025 Legislative Session, **Senate Bill 3 (SB3)**—the **Behavioral Health Reform and Investment Act**—was enacted to initiate a comprehensive reform of behavioral health systems in New Mexico. This landmark legislation adopts a regional approach to behavioral health care, calling for coordinated involvement from all three branches of government and laying the groundwork for a more integrated, accountable, and community-centered continuum of care.

Each region, established by the Behavioral Health Executive Committee, will identify up to five behavioral health priorities and request funding to implement a four-year plan.

The Act requires local organizations, healthcare agencies, and government officials to work together to support the expansion of behavioral health services in New Mexico. All regional plans must demonstrate that they are addressing behavioral health needs across the lifespan.

1.3 PURPOSE

The purpose of this funding is for Eligible Applicants to build upon the early release programs and funding within a **full regional plan submission** and ensure that all regions continue to sustainable infrastructure consistent with the BHRIA.

Providers are required to comply with all applicable laws, regulations, and legal orders governing the performance of Service Standards, as further defined in Appendix D: Behavioral Health Service Standards.

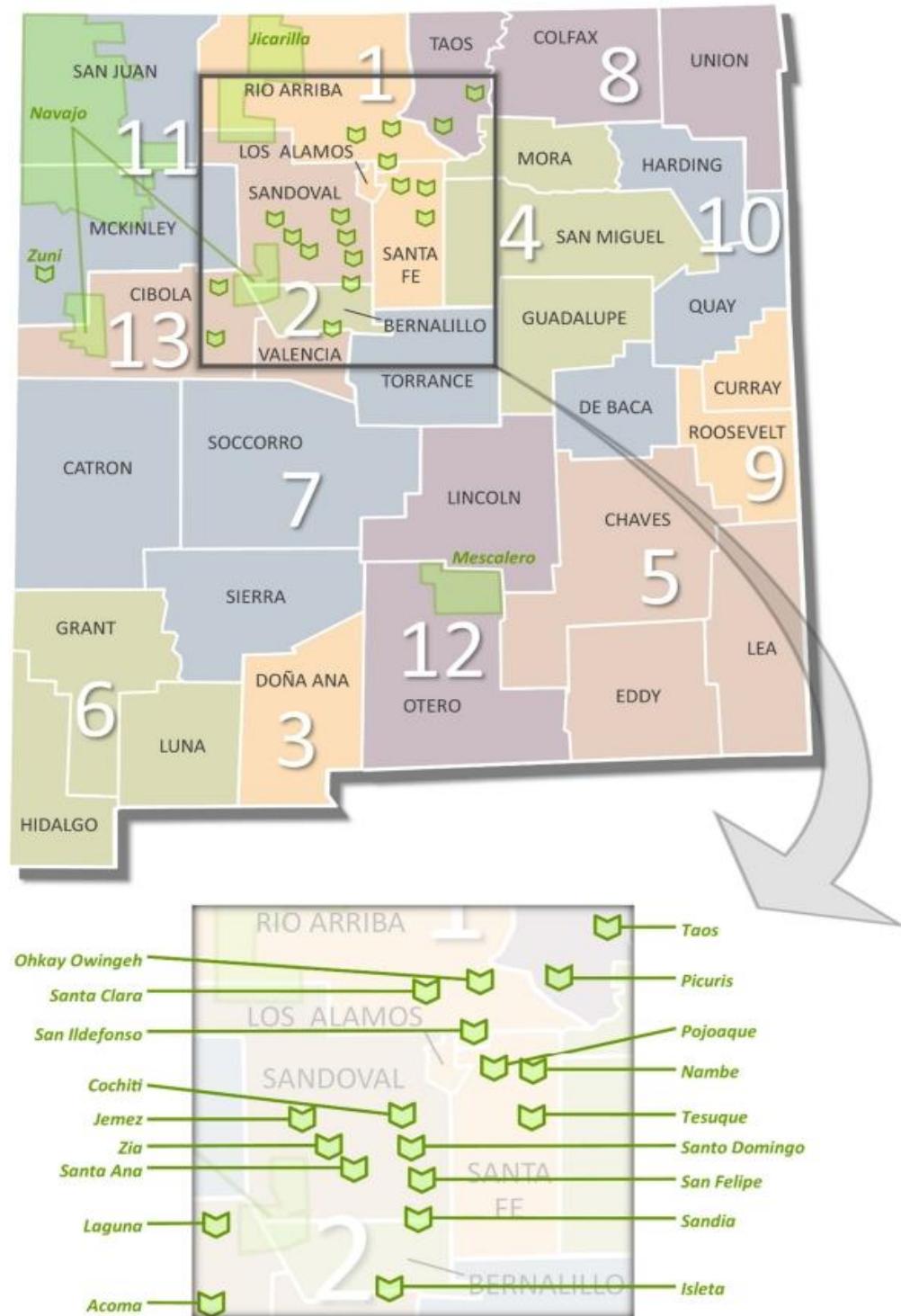
1.4 BEHAVIORAL HEALTH REGIONS

On June 24, 2025, the **Behavioral Health Executive Committee** adopted 13 Behavioral Health Regions to serve as the geographic framework for planning, funding, and growth of behavioral health services across the state of New Mexico.

The Behavioral Health Regions are identified as follows:

REGION	COUNTIES:	HOME TO THE FOLLOWING NATIONS, PUEBLOS, AND TRIBES:
1	Santa Fe, Rio Arriba, Los Alamos	Pojoaque, Nambe, Tesuque, Ohkay Owingeh, Santa Clara, San Ildefonso, Jicarilla
2	Bernalillo	Isleta, Sandia, Navajo
3	Dona Ana	
4	Mora, San Miguel, Guadalupe	
5	Lea, Eddy, Chaves	
6	Grant, Luna, Hidalgo	
7	Catron, Sierra, Socorro, Torrance	
8	Taos, Colfax, Union	Taos, Picuris
9	Curry, Roosevelt	
10	Harding, Quay, De Baca	
11	San Juan, McKinley	Zuni, Navajo
12	Lincoln, Otero	Mescalero
13	Cibola, Sandoval, Valencia	Santo Domingo, San Felipe, Isleta, Cochiti, Jemez, Zia, Santa Ana, Laguna, Acoma, Sandia, Jicarilla, Navajo

The NM Behavioral Health Reform Investment Act



1.5 REGIONAL COORDINATION WITH NATIONS, PUEBLOS, AND TRIBES

Accountable entities are required to engage with all Nations, Pueblos, and Tribes located within their identified Behavioral Health Region throughout the development and implementation of the Regional Plan. Engagement must be conducted in a manner consistent with government-to-government principles and should reflect meaningful, ongoing collaboration.

Tribal participation may occur at any point during the regional planning and implementation process and is not limited to initial plan submission. The absence of early tribal participation shall not preclude regional planning or implementation, provided that accountable entities demonstrate outreach to all tribal partners within their behavioral health region.

All applications should have a letter of support from each Nation, Pueblo, and Tribe within its region, or else documented proof of outreach.

1.6 TRIBAL PARTICIPATION AND ALLOCATION ACCESS

Nations, Pueblos, and Tribes are invited to participate in Regional Plans within their respective behavioral health regions. Participation may occur through direct collaboration within the region's designated Accountable Entity, who is responsible for submitting the Regional Plan proposal and who will serve as the region's designated Accountable Entity.

To identify the appropriate Accountable Entity for your region, please refer to the Behavioral Health Regions and Governance information available at:

Tribal participation may occur at any stage of planning or implementation and is not limited to initial proposal development.

1.7 POINT OF CONTACT

Applicants should direct all inquiries and communications concerning this Notice of Funding Opportunity (NOFO) to:

New Mexico Health Care Authority

Kristie Brooks, Director of Behavioral Health Transformation and Innovation

Questions will only be answered through BHRIAsupport@hca.nm.gov

No contact shall be made with other HCA personnel or its designees regarding this NOFO.
Failure to comply with this requirement may result in disqualification.

2. AWARD AMOUNT

2.1 TOTAL AVAILABLE FUNDING

Each regional award is contingent upon funding availability. Funding awards are determined using the BHRIA funding formula outlined in Appendix E, which allocates funds based on a base regional allocation, population distribution, documented behavioral health service gaps, and disproportionate impact factors, including Tribal and rural considerations.

All proposed projects must comply with the requirements, conditions, and expectations outlined throughout this Notice of Funding Opportunity, including applicable programmatic, fiscal, reporting, and compliance requirements.

2.2 NUMBER OF AWARDS AND SUBMISSIONS

Each application may include one or more proposed projects aligned with regional priorities, subject to the submission limitations outlined in this section.

An applicant may NOT submit more than one application.

2.3 ELIGIBLE APPLICANTS

Behavioral Health Regions, which must have identified an **accountable entity** to serve as the applicant. The accountable entity may be a government, nation, pueblo, tribe, or quasi-government entity and will serve as the fiscal agent for the region.

2.4 PROJECT REQUIREMENTS

Regional plans submitted under this application must demonstrate readiness to implement a coordinated, multi-year approach to addressing behavioral health priorities and service gaps within the region, consistent with the Behavioral Health Reform and Investment Act (BHRIA). Plans must reflect data-informed decision-making, equity considerations, and coordination across the behavioral health continuum of care.

At a minimum, each regional plan must address the statutory required activities outlined in Senate Bill 3 (2025), as summarized below:

Required Activities -

1. **Phased Implementation:** A phased approach to implementing services that addresses identified service gaps over time.
2. **Identification of Regional Priorities:** Identification of up to five regional priorities, aligned with documented regional needs.
3. **Local Resource Identification and Cost Offsets:** Identification of existing local or regional resources that may offset costs and support sustainability.

4. **Timelines and Performance Measures:** Timelines and performance measures for each identified priority.
5. **Continuity of Care Plan:** A plan describing how existing and proposed services will be coordinated to support integrated and uninterrupted care.
6. **Language Access and Equity Considerations**
7. **Plan to Obtain Federal, Local, or Private Resources:** Strategies to secure additional funding or resources to advance regional priorities.
8. **Designation of Accountable Entities:** Identification of entities responsible for implementation, as applicable.
9. **Provider Inventory:** An appendix listing behavioral health service providers operating within the region.
10. **Medicaid Coordination and System Alignment:** Description of alignment with the state Medicaid program, including coordination with applicable policies and standards.

Additional Application Requirements

In addition to the requirements above, this application includes the following regional planning components, which are further detailed throughout the Application section:

- Regional planning structure and governance
- Stakeholder engagement and collaboration
- Regional needs assessment and gap analysis
- Priority-specific implementation plans
- Evaluation, reporting, and oversight plan

All requirements and corresponding instructions are detailed in Section 7.2

2.5 ELIGIBILITY REQUIREMENTS

- a) Meets the requirements outlined in Section 7.2
- b) Applicants must provide services in the regions outlined in Section 1.4

2.6 FUNDING PERIOD

The Behavioral Health Regional Plan funding period is from FY26 – FY29.

2.7 REQUIRED REPORTING

Regions are expected to provide *quarterly reports* documenting progress on approved activities, performance against proposal-aligned metrics, and other requirements outlined in Section 6.2. Reports should demonstrate alignment with the approved project scope and requested funding.

Failure to submit required performance metrics may result in corrective action, including the potential recoupment of funds.

3 APPLICATION PROCESS

Applicants must complete the proposal form and submit all required documents to the New Mexico Health Care Authority (HCA).

4 USE OF FUNDS

4.1 FUNDING TERMS

Awarded Applicants will receive funding from the HCA. The HCA anticipates that funding will begin to be disbursed within 30 calendar days of contract execution, pending completion of all required fiscal and administrative processes. HCA is not bound by any award estimates or budget amounts requested in response to this NOFO.

Each submission must identify the ‘accountable entity’ within the proposed plan as per the criteria identified in Section 2.3. This accountable entity will serve as the regional representative within the proposed plan and will serve as the fiscal agent of that region.

Funding may be reduced or terminated if funds allocated to HCA for this program become reduced, depleted, or unavailable during the Contract Term. If HCA determines an Awarded Applicant has failed to perform or failed to conform to contract requirements, HCA may retract or reduce the funding amount for the Awarded Applicant.

4.2 INVOICING CADENCE

Funds will be administered as a one-time delivery. All invoices are subject to deadlines and requirements set forth by the New Mexico Department of Finance and Administration (DFA).

4.3 FUNDING LIMITS

The total funding available for awards is contingent on funding availability.

4.4 FUNDING CAPS AND ALLOCATION LIMITS

Awarded applicants may not use more than 15% of funding received for administrative overhead and evaluation and performance tracking.

An awarded applicant cannot have more than one overhead rate.

4.5 ALLOWABLE COSTS

Consistent with the BHRIA, Regional Plan funds may be used to cover direct service delivery, program start-up and expansion costs, workforce recruitment and retention, and infrastructure needs to sustain behavioral health services within each region, nation, pueblo, or tribe. Guidance on pathways for tribal participation and access to Native American allocation funds is provided in Section 1.6.

4.6 PROHIBITED COSTS AND LIMITATIONS

Regions are prohibited from or limited to expending funds on the following: lobbying, costs incurred prior to the contract start date, payment towards previously incurred debt, and projects not identified within the approved Regional Plan.

Funds are further limited in duration and scope, may only support allowable services identified in the regional plan, and cannot duplicate existing funding streams or supplant other federal, state, or local resources.

Awarded applicants must maintain complete documentation demonstrating that all costs are reasonable, necessary, and directly connected to the implementation of approved Regional Plans.

4.7 AWARDED BUDGET AND CHANGE REQUESTS

Final Award Budget: Each application selected for funding shall provide HCA with a Final Award Budget detailing the expected uses of award funds during each year of the Funding Period. Budget changes made after the contracting period will require a budget revision submission form and approval by the HCA.

5 SELECTION FOR FUNDING

5.1 APPLICATION SCREENING

Applications will be reviewed by a **cross-agency scoring team** including, though not limited to, representatives from:

- Health Care Authority (HCA)
- Administrative Office of the Courts (AOC)
- Legislative Finance Committee (LFC)

Subject-matter experts will participate in the review, dependent upon the scope and content of the proposal.

Final oversight and approval will be provided by the Behavioral Health Executive Committee.

5.2 RECOMMENDATION FOR FUNDING

Funding recommendations are based on the evaluation of complete applications using the scoring criteria outlined in Appendix B.

Incomplete applications will not be considered.

Recommendations will be reviewed and then advanced to the **Behavioral Health Executive Committee** for approval.

Additional information on scoring criteria can be found in Appendix B: Rubric.

5.3 FUNDING DECISIONS

Applicants will be notified about funding decisions by email according to HCA's timeline, subject to change. Awardees will have no more than 15 days to confirm their acceptance of the award after the email has been sent. HCA will reallocate funding from awards that are not confirmed within that time period.

6 COMPLIANCE AND ACCOUNTABILITY

6.1 PROJECT INITIATION AND PLANNING

Applicants are required to submit both a **Logic Model** and an **Evaluation Plan** as part of the Regional Plan application (see Appendix C) . These materials must collectively describe regional priorities, planned activities, intended outputs, anticipated outcomes, performance measures, and evaluation methods aligned with the goals of the Behavioral Health Reform and Investment Act (BHRIA).

Following award, regions will refine and operationalize the approved Logic Model and Evaluation Plan through structured planning and implementation activities, including facilitated workshops and technical assistance. These activities will support implementation readiness, alignment across regional partners, clarification of roles and timelines, and establishment of monitoring and reporting processes necessary to carry out approved priorities in compliance with BHRIA requirements.

6.2 QUARTERLY REPORTING

Quarterly reports are required for the duration of the funding period and must include performance metrics aligned with the approved Regional Plan goals, priorities, and evaluation framework. Additional reporting may be required to support oversight, monitoring, or compliance activities.

6.3 AUDITS

Awardees are subject to financial and programmatic audits through the HCA. All records related to the use of Regional Plan funding must be maintained and made available for inspection upon request.

6.4 FAILURE TO FULFILL PROJECT REQUIREMENTS

Failure to meet reporting requirements or demonstrate measurable advancement toward project goals may result in disqualification from future funding opportunities under the BHRIA. HCA reserves the right to suspend, reduce, or terminate funding.

6.5 APPLICANT RESPONSIBILITIES

Providers are required to comply with all federal, state, and local laws, statutes, ordinances, rules and regulations and the orders and decrees of any court or administrative bodies or tribunals in any matter affecting the performance of the service standards.

New Mexico State regulations are outlined in Appendix D: Behavioral Health Service Standards.

7 APPLICATION

7.1 APPLICATION SUBMISSION

Regions shall submit only one proposal in response to this Request for Proposal via Bonfire, our online submission platform. At this time, ***only*** electronic proposal submissions are allowed. Please **do not** submit hard copies—they will not be accepted.

7.2 APPLICATION

Region Represented (1-13) : _____

Counties, Nations, Pueblos, and Tribes represented within region: _____

Accountable Entity: _____

Primary Contact Name & Title: _____

Phone: _____

Email: _____

All regional proposals should include the following provisions, *as outlined in Appendix B.*

I. PROGRAM OVERVIEW

Applicants must provide a clear and concise overview of the regional plan, demonstrating alignment with BHRIA goals and the scoring rubric. At a minimum, the Program Overview must address the following elements:

- **Priorities:** Applicants must identify up to five regional priority areas that will guide development and implementation of the regional plan. For each priority area, applicants must:
 - Describe the priority area and how it responds to regional needs and gaps identified through the regional needs assessment.
 - Identify the services and intended outcomes associated with each priority area.
 - Indicate whether proposed activities represent new services, expanded services, or enhancements to existing services, and describe how the plan builds on current efforts where applicable.
- **Description of Services:**
 - Provide a detailed description of the behavioral health services to be supported through the regional plan.
 - Describe how proposed services align with identified regional priorities.
- **Regional Planning Structure:**
 - Describe the governance and coordination structure used to guide development, implementation, and oversight of the regional plan.
 - Describe roles, coordination mechanisms, and processes for collaboration, accountability, and ongoing review and updating of the regional plan.
- **Accountable Entity:**
 - Identify the designated Accountable Entity responsible for fiscal, administrative, and operational oversight of the regional plan. Describe the Accountable Entity's roles and responsibilities, including governance, decision-making authority, and coordination with regional partners.
 - Explain how the Accountable Entity will ensure accountability, compliance, and effective implementation of the regional plan.
- **Stakeholder Engagement:**
 - Describe how stakeholders are meaningfully engaged in the development, implementation, and ongoing oversight of the regional plan.
 - Identify participating groups, including counties, Tribes, Pueblos, Nations, service systems, and individuals with lived experience.
 - Describe outreach methods, coordination mechanisms, and structured processes for gathering input, collaboration, feedback, and continuous improvement of the regional plan.
- **Longevity of Care:**
 - Describe the model for sustaining access to behavioral health services over time.

- Explain how services will be coordinated to ensure continuity across the lifespan.
- Address long-term considerations for maintaining services beyond initial implementation.

II. CONTINUITY OF CARE

Applicants must describe how the regional plan ensures coordinated, continuous access to behavioral health services across providers, service levels, and populations. Explain how individuals will be connected to behavioral health resources across the continuum of care and how services will be coordinated among providers, systems, and levels of service within the region.

- Describe strategies to support smooth transitions between services, reduce fragmentation, and improve timely access to care.
- Outline how continuity of care will be maintained over time to support client stability and long-term outcomes.

III. DEMONSTRATION OF NEED

Applicants must clearly demonstrate the behavioral health needs within the region that the proposed priorities are intended to address. This section must be supported by relevant data and regional context. **Support descriptions with relevant quantitative and qualitative data.** At a minimum, applicants must address the following:

- **Population Needs**
 - Describe the population(s) to be served and their specific behavioral health needs.
 - Include key demographic characteristics and the estimated size of the primary population.
 - Describe disproportionately impacted communities (e.g., rural/frontier populations, race/ethnicity, housing status, immigration status, insurance coverage) and how the plan will address barriers to reduce disparities.
 - Applicants should clearly describe how identified behavioral health needs and service gaps affect rural and frontier populations within the region, including barriers related to geography, access, workforce availability, and service delivery, and how proposed priorities address these barriers in addition to population centers.
- **Service Gaps and E-SIM:** Identify existing gaps in behavioral health services within the region and explain how proposed priorities are tailored to address identified gaps.
 - Summarize critical needs identified through the Expanded Sequential Intercept Mapping (E-SIM) and prioritization workshop process, such as:
 - Youth and adolescent behavioral health access

- Prevention, anti-stigma, and promotion efforts
- Crisis response services
- System access and navigation challenges
- Lack of transitional and recovery housing
- Behavioral health workforce shortages
- Other identified needs
- Explain how proposed priorities are specifically tailored to address identified gaps.
- Provide documentation that the Expanded Sequential Intercept Mapping (E-SIM) and prioritization workshop was completed in partnership with UNMHSC and AOC.
- **How Needs Are Identified:**
 - Describe the unmet or underserved behavioral health needs within the region, including contributing factors or barriers, such as access to care, coverage gaps, workforce shortages, or other systemic challenges
 - Explain how these needs were identified, including information beyond regional workshops and E-SIM, such as data analysis, community input, and other relevant research or assessments.
- **Anticipated Impact:**
 - Describe the anticipated outcomes or benefits for the target population as a result of addressing the identified needs.
 - Explain how proposed priorities are expected to improve access, quality, or outcomes.
- **Local Resources and Partnerships:**
 - Identify existing local resources, providers, or partnerships that support or complement the proposed priorities.
 - Describe how these resources may help offset costs, enhance implementation, or strengthen sustainability.

IV. IMPLEMENTATION

Applicants must describe how selected regional priorities will be implemented through a feasible, phased, and coordinated approach. This section should focus on execution readiness, operational capacity, and administrative processes. At a minimum, this section must address the following:

- **Organizational Readiness:** Describe organizational readiness to implement proposed priorities, including staffing plans, hiring needs, onboarding processes, and workforce capacity. Describe available infrastructure, including physical space, equipment,

technology, and systems needed to support implementation.

- **Implementation Approach and Phasing:** Describe the phased implementation approach for proposed priorities, including sequencing of activities, timelines, and responsible entities. Describe how implementation activities will be coordinated across partners and aligned with available capacity.
- **Administrative and Operational Processes:** Describe administrative processes for implementing services, including procurement processes and anticipated barriers. Identify agencies or organizations responsible for administering funds and overseeing implementation.

V. HOW NEED IS MET

Applicants must describe how proposed priorities and services will directly address the identified regional needs and service gaps. This section should focus on service design, alignment with identified needs, and equitable access. At a minimum, this section must address the following:

- **Service Alignment:** Explain how proposed priorities and services directly address identified regional needs and service gaps. Describe how services are aligned to the populations identified in the Demonstration of Need.
- **Behavioral Health Service Standards:** Describe how proposed services adhere to New Mexico Behavioral Health Service Standards. Identify required practices, quality benchmarks, and compliance expectations.
- **Provider Network and Capacity:** Describe the network of providers involved in delivering services, their capacity to meet anticipated service demand, and plans to expand or strengthen capacity as needed.
- **Cultural Humility:** Describe how services will be tailored to meet the cultural needs of diverse populations. Explain how service design reflects the needs of communities served, including Nations, Pueblos, Tribes, and disproportionately impacted populations.
- **Access to Care:** Outline how barriers to care will be identified and reduced. Describe strategies to improve access to services, including measurable access goals where applicable.
- **Language Access:** Describe how translation and interpretation services will be provided to ensure equitable access to services, including plans for plans for multilingual outreach and accessible formats for program materials.

VI. FUNDING STABILITY

Applicants must describe how proposed priorities and services will be financially supported during the funding period and sustained beyond BHRIA funding. This section should

demonstrate responsible use of funds, coordination with Medicaid and other funding sources, and long-term sustainability planning. At a minimum, this section must address the following:

- **Use of Funds:**
 - Explain how requested funds will be utilized to appropriately and effectively meet the needs of the identified priority areas.
 - Describe how proposed expenditures are necessary, reasonable, and aligned with project goals and deliverables.
 - Demonstrate how funding supports implementation of identified priorities.
- **Sustainability Plan:** Identify strategies for long-term financial viability, including anticipated revenue sources or system integration. Describe the plan to sustain services beyond funding from the Behavioral Health Reform and Investment Act (BHRIA).
- **Medicaid Coordination:**
 - Describe how proposed services will coordinate with New Mexico Medicaid.
 - Explain how services will optimize, leverage, or align with Medicaid or other regional systems.
 - Identify any billing, reimbursement, or system coordination considerations.
- **Other (Non-Medicaid) Sources of Funding:**
 - Identify additional non-Medicaid funding sources that will support the proposed priorities.
 - Describe how braided or blended funding will be used to support implementation and sustainability.
 - Explain how these funding sources complement BHRIA funding.

VII. RISK AND MITIGATION STRATEGY

Applicants must identify potential risks or challenges that could affect successful implementation of the regional plan and describe strategies to mitigate those risks. This section should demonstrate awareness of barriers and proactive planning to minimize disruption. At a minimum, this section must address the following:

- **Risk Identification:** Identify key risks or challenges that could affect the regional plan, including barriers to successful implementation, service delivery, staffing, infrastructure, partnerships, funding, or system coordination, and describe their nature and potential impact. Describe the nature and potential impact of each identified risk.
- **Mitigation Strategies:** Describe specific mitigation strategies for each identified risk, explain how they will reduce risk, maintain service fidelity, and support continuity of implementation, and identify responsible parties where applicable.

VIII. MEASURING SUCCESS

Applicants must describe how progress and outcomes will be measured, evaluated, and used to inform continuous improvement of the regional plan. This section should demonstrate alignment between priorities, activities, outputs, and intended outcomes. At a minimum, this section must address the following:

- **Logic Model:** Provide a logic model illustrating the relationship between regional resources, identified priorities, planned activities, outputs, and expected outcomes. (See Section 8.1 and Appendix C) . *The Logic Model may be submitted as a supplementary attachment.*
- **Performance Metrics:** Identify performance metrics that will be used to measure progress and success, including indicators, benchmarks, and reporting tools. Describe how data will be collected, monitored, and used to assess progress toward stated goals.
- **Evaluation:** Describe the evaluation approach used to assess implementation progress and outcomes, including methods, data sources, timelines, and responsible parties. Explain how findings will be used to support continuous quality improvement and inform decision-making.
 - If applicable, document plans for contracting with an external evaluator.
 - Complete the Evaluation Plan and summary table as outlined in Section 8.2 and Appendix C. *The Evaluation Plan may be submitted as a supplementary attachment.*
- **Feasibility Analysis:** Describe the practical capacity to carry out proposed activities, including staffing, timelines, infrastructure, and resources. Explain how feasibility considerations support successful implementation and sustainability of the regional plan.

7.3 ATTACHMENTS

Use only the attachments listed below. Do not use attachments to extend or replace any of the sections of the Project Narrative.

- 1) **Signed memorandums of agreement (MOAs)** from any organization(s) participating in the initiative.
- 2) **Letters of Interest** or other documentation supporting stakeholder engagement, including participating organizations and, where applicable, Nations, Pueblos, or Tribes, consistent with the Stakeholder Engagement section.
- 3) **Behavioral Health provider list**
- 4) **Logic Model**
- 5) **Evaluation Plan**
- 6) **Budget Justification**

7.4 BUDGET JUSTIFICATION

All applications must include a detailed budget and narrative for each priority, that explains expenditures of all activities proposed, including key personnel, travel, equipment, supplies, contractual, construction, and other costs, as well as any additional funding to be used for all projects covered within the five priorities.

The budget should include:

- A justification for each priority, clearly explaining how requested funds will be used;
- the total funding requested; and
- ensure administrative overhead, including evaluation costs, does not exceed 15%.

8 PERFORMANCE, EVALUATION, AND APPLICATION REVIEW

8.1 LOGIC MODEL

Applicants must submit a Logic Model as part of the Regional Plan application that clearly illustrates the alignment between regional resources, identified priorities, planned activities, outputs, and intended short- and long-term outcomes. The Logic Model must demonstrate how proposed strategies address documented regional needs and service gaps and how activities are expected to produce measurable results.

A sample Logic Model and guidelines for completing a logic model with each regional priority are outlined on the HCA website and can be found in Appendix C.

8.2 EVALUATION GUIDELINES

Evaluation guidelines include methods for evaluating the effectiveness of promising practices and behavioral health services.

Evaluation Guidelines for each regional priority are outlined on the HCA website and can be found in Appendix C.

8.3 RUBRIC

The rubric provides a standardized framework for evaluating regional plan proposals to ensure fairness, consistency, and alignment with BHRIA requirements. It outlines the criteria and rating scale used to assess the need, urgency, and responsiveness of each proposal.

The full rubric, including detailed scoring guidance, can be found in Appendix B.

8.4 RUBRIC RATING SCALE

Final review will ensure that regional plans align with the behavioral health service standards and evaluation guidelines established under the BHRIA. Regional plans may not compromise Medicaid compliance.

Table 1 below outlines the rating scale that will be used to evaluate proposals. Each proposal will be assessed based on how well it addresses the questions and associated requirements, and the level of detail provided in the response.

Table 1: Rubric Rating Scale

RATING SCALE	RATING	DEFINITION
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3	Exceptional	The proposal fully addresses the question and all associated requirements, providing clear enough detail to demonstrate the thorough responses to the questions outlined above.
2	Meets Expectations	The proposal adequately addresses the question and most associated requirements and provides enough detail to demonstrate thorough responses to the questions outlined above.
1	Poor/or Incomplete	The proposal does not adequately address the question or associated requirements and/or fails to provide sufficient detail to demonstrate a thorough response.

9 INQUIRIES

9.1 INQUIRIES

All inquiries shall be directed to the Point of Contact per NOFO Section 1.6. Applicants and prospective. Applicants may not discuss an application or an applications status with any other HCA employee unless authorized by the Point of Contact. All responses by HCA must be in writing to be binding. Any information deemed by HCA to be important and of general interest or which modifies requirements of the NOFO shall be sent in the form of an addendum. All Applicants must acknowledge receipt of all addenda within five business days, by email to the Point of Contact outlined in 1.6.