State of New Mexico
Aging & Long-Term Services Department
Request for Application
for

Caregiver Coop
No. RFA 2020-01427

Application Due: NOVEMBER 13, 2020

Submit all applications ELECTRONICALLY to:
ALTSD.Procurement@state.nm.us
Marlene Acosta, RFA Administrator
RFA Name: Caregivers Coop
RFA Number: RFA 2020-01427
I. BACKGROUND INFORMATION

New Mexico has a rapidly growing elderly population. By 2030, New Mexico is projected to be the 4th highest population (per capita) of seniors age 60 and over. Almost 13% of New Mexico’s seniors have a low or limited income (Social Security plus retirement) at an average of $36,000.00 per year, yet the average cost of assisted living facilities averages $5,000.00 per month, leaving seniors with limited options for affordable care and assistance. Since traditional Medicaid pays for nursing home care, a high cost medical model, for many seniors institutional care such as a nursing home is their only option. New Mexico is lacking a continuum of care and options for seniors with varying levels of care needs and income.

Additionally, the important role of caregivers is undeniable. They are on hand to help older adults with a wide range of vital life tasks that they could not carry out themselves. These tasks can be anything from personal care to housekeeping and cooking, attending appointments, or making sure they take their medication. Although assisting older adults with physical tasks is a cornerstone of providing the least restrictive care, often times they provide emotional support that foster autonomy and choice.

However, caregiving is extremely taxing physically, emotionally, and financially. Workers are poorly paid barely able to make a livable wage. They often work long and intense hours but are barely able to lift themselves out of poverty. Caregivers are typically women, women of color, or immigrants. Being drawn from populations that frequently battle poor working conditions, low wages, and discrimination from employers, makes caregiving challenging for anyone who chooses the caregiving profession. Paul Osterman, a professor human resources and management at MIT suggests the caregiving shortage could reach critical levels. He estimates that by 2030 there could be a shortage of up to 151,000 directly paid care workers and 3.8 million unpaid family caregivers.

A caregiver owned cooperative benefits both the caregiver and the elderly and disabled by providing the highest quality care, increased independence, and an optimized cost of care. It also benefits the caregivers by providing a living wage, allows profit sharing and provides benefits. Families and children of caregivers also benefit by seeing reduced personal and financial sacrifice as well as a higher quality of life and overall satisfaction for the resident/clients. For workers, being in a co-op gives them a strong voice. They have part ownership in the co-op and the chance to get involved in everyday operations and decision-making processes. For caregivers who have struggled with a lack of respect and care from employers, this is a powerful and significant change.

Being part of such a project is fulfilling and helps build a strong sense of community. Caregiving co-ops could provide people who are looking for a second career or a way to get a living wage, a chance to provide care while also making enough to provide for themselves and their families. Caregivers who feel respected, and who have a voice and a sense of stability will ultimately provide better care and a more client centered approach to caregiving.

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1 Rachel Moskowitz, Poverty in New Mexico, New Mexico Department of Workforce Solutions, https://www.dws.state.nm.us/Portals/0/DM/LMI/Poverty_in_NM.pdf (2017)
The Aging and Long-Term Services Department is seeking applicants willing to provide caregiving services that address, physical care, behavioral health services, and other services that promote and sustain resident/client wellness and wellbeing utilizing a new and innovative model.

II. **ELIGIBILITY**

Contractor must comply with Department of Health regulatory requirements and licensure and/or secure any necessary waivers to implement.

III. **FUNDING/AWARDS**

Awards will be based on strength of application and scoring criteria. This will be multi-year award of up to 3 years and $1.2 million dollars.

IV. **APPLICATION SEQUENCE OF EVENTS**

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible Party</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application period opens</td>
<td>ALTSD</td>
<td>October 9, 2020</td>
</tr>
<tr>
<td>Non-binding letter of interest emailed to</td>
<td>Applicant</td>
<td>October 16, 2020 by 5 p.m.</td>
</tr>
<tr>
<td>Marlene Acosta at: <a href="mailto:ALTSD.Procurement@state.nm.us">ALTSD.Procurement@state.nm.us</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deadline to submit written questions</td>
<td>Applicant</td>
<td>October 30, 2020</td>
</tr>
<tr>
<td>Response to written questions</td>
<td>ALTSD</td>
<td>November 5, 2020</td>
</tr>
<tr>
<td>Submission of application</td>
<td>Applicant</td>
<td>November 13, 2020 at 3 p.m.</td>
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**DATES BELOW ARE SUBJECT TO CHANGE**

<table>
<thead>
<tr>
<th>Action</th>
<th>Responsible Party</th>
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<tbody>
<tr>
<td>Application evaluation</td>
<td>ALTSD</td>
<td>Nov 16 – Nov 20, 2020</td>
</tr>
<tr>
<td>Preliminary awards</td>
<td>ALTSD</td>
<td>November 23, 2020</td>
</tr>
<tr>
<td>Contracts/award letters issued</td>
<td>ALTSD</td>
<td>November 30, 2020</td>
</tr>
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</table>
V. **QUESTIONS ABOUT THE APPLICATION PROCESS**

All questions must be submitted via email to Marlene Acosta, ALTSD Chief Procurement Officer, at marlene.acosta@state.nm.us, **no later than October 30, 2020**. Written responses to written questions will be posted on the ALTSD website for the benefit of all applicants on November 5, 2020.

A non-binding letter of interest may also be emailed to Marlene Acosta at ALTSD.Procurement@state.nm.us **by October 16, 2020**. This will ensure that all prospective applicants receive notice of changes to this application process. The letter of interest is a simple note indicating that you intend to apply for funding, and your contact information.

VI. **COMPENSATION**

Award is up to $1.2 million over 3 years.

VII. **APPLICATION SUBMISSION AND DUE DATE**

Complete and signed **electronic** applications are due to ALTSD.Procurement@state.nm.us **no later than 3:00 PM MDST/MST on November 13, 2020**. Applications will be date- and time-stamped electronically. All applications must be submitted and emailed or uploaded to the following email address:

Marlene Acosta, RFA Administrator  
ALTSD.Procurement@state.nm.us  
RFA Name: ALTSD Caregiver Coop  
RFA Number: RFA 2020-01427

ALTSD will **not accept** hard copy submissions at this time due to COVID-19. Applications **must** be submitted electronically to ALTSD.Procurement@state.nm.us. 

*Late and Incomplete submissions will not be accepted.*

VIII. **APPLICATION FORMAT**

Applications that do not adhere to the requirements and response format below may be rejected.

a. Applicants shall submit only one (1) electronic application.

b. All forms in the original copy **must** have the signature of the person authorized to obligate the program (owner/director, superintendent, chair of the board, etc.). All applications must be organized as follows:

   i. Original must be typewritten on standard 8½ x 11-inch, un-ruled paper (larger paper is permissible for charts, spreadsheets, etc.) and submitted
electronically.
ii. Pages must be single-sided, double-spaced, and numbered.
iii. Typeface must be an easily readable font such as Arial, Courier or Times Roman and type size must be 12-point.

APPLICATION RESPONSE

The application must be organized and indexed in the following format and must contain, at a minimum, all listed items in the sequence indicated. Incomplete applications may be rejected.

A. Cover sheet A must be completed
B. Transportation Costs (Attachment B) must be completed IF requesting transportation funds
C. Response to Caregiver Cooperative Application must be completed
D. Campaign Contribution Disclosure Form (Attachment C) must be completed

The application must address and provide assurances that the responder will be able to complete the following:

1. A detailed planning and implementation phase.
2. A long-term sustainability plan and associated timelines
3. A plan for the cooperative to empower senior resident/clients/clients to
   A. Age in place
   B. Set individual schedules
   C. Determine care and services
4. Comply with regulatory requirements and/or secure any necessary licensure waivers to implement this model
5. This may be a congregate living setting or a model that allows the elderly to remain in their homes.
6. A formal timeline for a planning phase and implementation phase which will be utilized to measure monthly progress reporting.
7. A project management staffing plan, which includes resumes and/or job descriptions if project management staffing is contingent upon award, as well as an organizational chart.
8. How caregivers and staff will support the autonomy of resident/clients/clients, which includes opportunities for activities and meaningful community engagement
9. Full budget breakdown to implementation, which includes caregiver rates and benefits, and any other ancillary costs.
10. Reporting to the Aging and Long-Term Services Department must include the following:
   A. Planning Phase
      i. Monthly progress reports through the planning phase which details the status, progress, set-backs, successes and challenges
throughout the month on key milestones on the timelines submitted and accepted by ALTSD.

ii. Quarterly summary reports of expenditures and projected costs throughout the remaining quarters of the state fiscal year

iii. Monthly invoicing and detailed backup documentation of hours spent throughout the month

iv. At least bi-weekly communication from the project management staff to the ALTSD Cabinet Secretary

B. Implementation Phase

i. Monthly progress reports through the planning phase which details the status, progress, set-backs, successes and challenges throughout the month on key milestones on the timelines submitted and accepted by ALTSD.

ii. Quarterly summary reports of expenditures and projected costs throughout the remaining quarters of the state fiscal year

iii. Cumulative data based on resident/client survey ratings:
   - Ease of maintaining home
   - Voice in care, autonomy and choice
   - Personal safety
   - Life satisfaction
   - Access to activities and entertainment
   - Happiness
   - Personal privacy
   - Physical health

iv. Cumulative data based on caregiver survey ratings
   - Job satisfaction
   - Stress level
   - Job Stability
   - Voice in operations
   - Quality of life

v. End of year substantive report to be published and disseminated by ALTSD of key findings from previous year that details the planning and implementation processes successes and challenges as well as lessons learned

Additional Desirable Elements:

A. Description of the intended integration of community resources and services where the cooperative would be located and how those would affect resident/clients and their community connections.

B. The integration of behavioral health supports for resident/clients and caregivers.

C. Innovative service provision.

D. Data and technology abilities that would be incorporated into the cooperative for the benefit of both resident/clients/clients and staff or caregivers.

E. Holistic framework for service provision.
Other:
1. Any changes the Contractor wishes to make to either the planning or implementation phases throughout the project period that were not included and accepted in the Contractor’s proposal must be submitted in writing to the ALTSD Cabinet Secretary for approval, this includes but is not limited to changes or modifications in project management staffing or timelines.
2. This will be a multi-year award, up to 3 years.

APPLICATION RESPONSE AND EVALUATION FACTORS
Applicants shall organize their narrative as outlined below. Points will be awarded based on the thoroughness and clarity of each response.

A. Cover Sheet (pass/fail)
   The application must include a cover sheet. The form must be filled out completely and must be signed by the person authorized to obligate the program (e.g., owner/director, chair of the board, etc.). The cover sheet must include the name of the organization, contact person, total dollar amount of application, number of years, date of submittal, location of cooperative, and total number of resident/clients and caregivers/staff.

B. Planning Phase (10 Points)
   Please provide a timeline for the planning phase, how the planning phase will be managed, the amount of funds that will be utilized for the planning phase. Please include a plan to comply with regulatory requirements and/or secure any necessary licensure waivers to implement this model.

C. Implementation Phase (20 points)
   Please describe how the organization will move from planning to implementation, when the organization will begin housing resident/clients/clients, how many resident/clients/clients, number of caregiving staff, how the caregivers will be incorporated into the community, and how the cooperative will encourage senior resident/clients/clients to age in place, set their own schedules, determine care and services, determine their values and roles within the community.

D. Sustainability Plan (10 points)
   Describe the community’s long-term sustainability plan that does not include state general fund monies.

E. Targeted Resident/clients/clients and Caregivers (10 points)
   Please describe how the community intends to secure resident/clients/clients and
F. **Service Provision (20 points)**
   Please describe the unmet needs of senior housing and caregivers. How will this organization meet and address those needs. Describe what services will be available to resident/clients/clients on site and which services will need to be provided by off-site providers. Describe what services will be provided by independent contractors.

G. **Organizational Capacity (10 points)**
   Please describe the organizational structure of the caregiver cooperative, continuous recruitment of caregivers and resident/clients/clients and management staff.

H. **Other Supporting Documentation (20 points)**
   The application must include a continuous quality improvement component described above and utilizing the cumulative data collected from resident/client and caregiver surveys Section IV (4)(B)(7)(B) (iii-iv). Applicants are not limited to only using this data, please describe other additional data collection methods and how those will be utilized to implement continuous quality improvement. Please include a description of:
   1. The intended integration of community resources and services where the cooperative would be located and how those would affect resident/clients/clients and their community connections.
   2. The integration of behavioral health supports for resident/clients/clients and staff and caregivers, or the utilization of an on-site behavioral health professional
   3. Innovative service provision.
   4. Data and technology abilities that would be incorporated into the cooperative for the benefit of both resident/clients/clients and staff or caregivers.
   5. Holistic framework for services.

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**APPLICATION SCORE SUMMARY**

<table>
<thead>
<tr>
<th>RFA CRITERIA</th>
<th>POINT VALUE</th>
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<tbody>
<tr>
<td>Cover sheet</td>
<td>Pass/Disqualified</td>
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<td>Response Narrative</td>
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<tr>
<td>Implementation Phase</td>
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<td>Sustainability Plan</td>
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<td>Target Resident/clients/clients and Caregivers</td>
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<tr>
<td>Service Provision</td>
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<td>Organizational Capacity</td>
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<tr>
<td>Other Supporting Documentation</td>
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<tr>
<td><strong>Total Points Available</strong></td>
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*The Word version of this RFA is being made available for application submission purposes, however the Agency PDF version will be the final accepted version as it cannot be revised.*
# ALTSD CAREGIVER COOPERATIVE
## Request for Application RFA # 2020-01427
### Cover Sheet A

<table>
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<tr>
<th>Name of Offeror/Program:</th>
<th>Fed EIN# N.M. CRS #:</th>
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<tr>
<td>Mailing address:</td>
<td>** State Vendor #:</td>
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<tr>
<td>Physical address:</td>
<td>Telephone number:</td>
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<td>Contact Name:</td>
<td>Email address:</td>
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<td>Title:</td>
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<td>Total Dollar Amount Requested:</td>
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<tr>
<td>Number of years (1-3):</td>
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<tr>
<td>Location of Cooperative:</td>
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<tr>
<td>Number of Resident/Clients Anticipated:</td>
<td></td>
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<tr>
<td>Number of Caregivers Anticipated:</td>
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</table>

**If you are not registered as a Vendor to do business with the State of New Mexico, please contact Marlene Acosta at [ALTSD.Procurement@state.nm.us](mailto:ALTSD.Procurement@state.nm.us) to get registered.**

**Signature of Applicant:** I hereby certify that I am authorized to sign this application, that all information contained in this application contains no willful misrepresentation and that the information is true and complete to the best of my knowledge.

Authorized Signature: ___________________________ Date ________________

Name (print): ___________________________ Title: ___________________________

The information on this form **must** be completely filled out, including original signature.
Attachment B – Transportation Funds

Transportation funds may be awarded. Please include a description of transportation services the cooperative will provide (e.g. doctors’ appointments, prescription pick-up, day activities etc.)

If you are requesting transportation funding, please complete this budget.

Examples of unallowable costs include:
- acquisition, construction, or renovation costs.
- capital outlay items ($5,000 or more per item).
- organized fundraising.
- out-of-state travel; and
- vehicles (purchase and/or lease)

<table>
<thead>
<tr>
<th>TRANSPORTATION</th>
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<tbody>
<tr>
<td>1. Number of Resident/client Proposed for Transportation Services</td>
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<tr>
<th>LINE ITEM NAME</th>
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<td>TRANSPORTATION—FUEL &amp; OIL</td>
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<td>TRANSPORTATION—PARTS &amp;</td>
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<td>TRANSPORTATION—INSURANCE</td>
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<tr>
<td>TRANSPORTATION—OTHER</td>
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<tr>
<td><strong>TOTAL REQUEST</strong></td>
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</table>

Description of transportation services here.
Attachment C – ALTSD Caregiver COOP

CAMPAIGN CONTRIBUTION DISCLOSURE FORM

Pursuant to NMSA 1978, § 13-1-191.1 (2006), any person seeking to enter into a contract with any state agency or local public body for professional services, a design and build project delivery system, or the design and installation of measures the primary purpose of which is to conserve natural resources must file this form with that state agency or local public body. This form must be filed even if the contract qualifies as a small purchase or a sole source contract. The prospective contractor must disclose whether they, a family member or a representative of the prospective contractor has made a campaign contribution to an applicable public official of the state or a local public body during the two years prior to the date on which the contractor submits a proposal or, in the case of a sole source or small purchase contract, the two years prior to the date the contractor signs the contract, if the aggregate total of contributions given by the prospective contractor, a family member or a representative of the prospective contractor to the public official exceeds two hundred and fifty dollars ($250) over the two year period.

Furthermore, the state agency or local public body shall void an executed contract or cancel a solicitation or proposed award for a proposed contract if: 1) a prospective contractor, a family member of the prospective contractor, or a 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 or 2) a prospective contractor fails to submit a fully completed disclosure statement pursuant to the law.

THIS FORM 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 either 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 spouse, father, mother, child, father-in-law, mother-in-law, daughter-in-law or son-in-law.

“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.

“Person” means any corporation, partnership, individual, joint venture, association or any other private legal entity.

“Prospective contractor” means a person who is subject to the competitive sealed proposal process set forth in the Procurement Code or is not required to submit a competitive sealed proposal because that person qualifies for a sole source or a 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.

DISCLOSURE OF CONTRIBUTIONS:

Contribution Made By: ________________________________

Relation to Prospective Contractor: ________________________________

Name of Applicable Public Official: ________________________________

Date Contribution(s) Made: ________________________________

__________________________________________

Amount(s) of Contribution(s) ________________________________

__________________________________________

Nature of Contribution(s) ________________________________

__________________________________________
Purpose of Contribution(s)

____________________________________

(Attach extra pages if necessary)

____________________________  __________________
Signature                      Date

____________________________
Title (position)

---OR---

NO CONTRIBUTIONS TOTALING MORE THAN TWO HUNDRED FIFTY DOLLARS ($250) WERE MADE TO AN APPLICABLE PUBLIC OFFICIAL BY ME, A MEMBER OF MY FAMILY, OR A REPRESENTATIVE OF MY FAMILY.

____________________________  __________________
Signature                      Date

____________________________
Title (Position)