



**THE CITY OF
SANTA FE**

MEMORANDUM

DATE: December 2, 2025

TO: MS
Mark Scott, City Manager EKO
Emily Oster, Finance Director EKO
Andy Hopkins, Budget AJH EL
Erika Lujan, Grants Administrator EL

FROM: Toniette Candelaria-Martinez, Fiscal Administrator TCM

VIA: BM
Brian Moya, Fire Chief BM

SUBJECT: Ambulance Supplemental Payment Program

ITEM AND ISSUE:

Request for Approval of a Budget Amendment Resolution (BAR) to Allocate \$158,624 as per the terms of the MOA between New Mexico Health Care Authority (HCA) and City of Santa Fe to pay Public Consulting Group the 14% contingency fee from 1000001.470400 to 1002001.510300:

From Line Items:

- 1000001.470400 \$(158,624)

To Line Items:

- 1002001.510300 \$158,624

BACKGROUND AND SUMMARY:

The Fire Department entered into Memorandum of Agreement with New Mexico Health Care Authority (HCA) to facilitate an Inter-Governmental Transfer (IGT) of funds for the purpose of participation in the New Mexico Ambulance Supplemental Payment Program (NM ASPP).

The NM ASPP is a state directed payment that assists in promoting the continued delivery of high-quality Emergency Medical Services (EMS) to Medicaid patients. The NM ASPP emergency ground ambulance services (EGAS) providers are paid a quarterly supplemental payment tied to actual utilization.

The City pays the IGT to HCA. HCA applies the funds as a grant share to draw down supplemental payment from Managed Care Organizations (MCOs)/Medicaid. The supplemental

payment then comes back to the City.

ACTION REQUESTED:

The Fire Department respectfully requests your review and approval.

ATTACHMENTS:

BAR

Project Ledger FIR2610000

NM Santa Fe Fire Department Invoice CIV-10037244 2025-10-09

CY24 MOA (MOA 25-630-8000-0062 Jan-Jun 2024 City of Santa Fe Fire Department 5-30-25)

Account

Fund	<input type="text" value="100"/> GENFUND	Acct	<input type="text" value="100-10-99-9999-001-00-000-470400-"/>		
Org	<input type="text" value="1000001"/> NonDept GF	Acct name	<input type="text" value="Reimbursements/Refunds"/>		
Object	<input type="text" value="470400"/> Reimb/Rfds	Type	<input type="text" value="Revenue"/>	Status	<input type="text" value="Active"/>
Project	<input type="text"/>	Rollup	<input type="text"/>		
		Sub-Rollup	<input type="text"/>		
		<input type="checkbox"/> MultiYr Fund			

[Account Notes](#)

4 Year Comparison

History

4 Year Graph

History Graph

Yr/Per 2026/01	Fiscal Year 2026		Fiscal Year 2025		Fiscal Year 2024		Fiscal Year 2027	
Original Budget	-128,308.00		-107,500.00		-130,000.00		.00	
Transfers In	.00		.00		.00		.00	
Transfers Out	.00		.00		.00		.00	
Revised Budget	-128,308.00		-107,500.00		-130,000.00		.00	
Actual (Memo)	-979,499.05		-3,084.63		-84,581.40		.00	
Encumbrances	.00		.00		.00		.00	
Requisitions	.00						.00	
Available	851,191.05		-104,415.37		-45,418.60		.00	
Percent used	763.40		2.87		65.06		.00	

Account

Fund	<input type="text" value="100"/> ... GENFUND	Acct	<input type="text" value="100-15-20-2001-000-00-000-510300-"/>		
Org	<input type="text" value="1002001"/> ... Fire Admin	Acct name	<input type="text" value="Professional Contracts"/> Account Notes		
Object	<input type="text" value="510300"/> ... Prfsl Cntr	Type	<input type="text" value="Expense"/> ▾	Status	<input type="text" value="Active"/> ▾
Project	<input type="text"/> ... 📁	Rollup	<input type="text" value="GFFDC"/> ... 📁 FireAdministrationCNT		
		Sub-Rollup	<input type="text"/> ... 📁		
		<input type="checkbox"/> MultiYr Fund			

4 Year Comparison

Current Year History 4 Year Graph History Graph

Yr/Per 2026/01	Fiscal Year 2026		Fiscal Year 2025		Fiscal Year 2024		Fiscal Year 2027	
Original Budget	<input type="text" value="404,427.00"/> 📁	<input type="text" value="404,427.00"/> 📁	<input type="text" value="404,427.00"/> 📁	<input type="text" value="152,019.00"/> 📁	<input type="text" value="152,019.00"/> 📁	<input type="text" value="152,019.00"/> 📁	<input type="text" value=".00"/> 📁	<input type="text" value=".00"/> 📁
Transfers In	<input type="text" value="52,223.00"/> 📁	<input type="text" value="22,000.00"/> 📁	<input type="text" value="22,000.00"/> 📁	<input type="text" value=".00"/> 📁	<input type="text" value=".00"/> 📁	<input type="text" value=".00"/> 📁	<input type="text" value=".00"/> 📁	<input type="text" value=".00"/> 📁
Transfers Out	<input type="text" value=".00"/> 📁	<input type="text" value=".00"/> 📁	<input type="text" value=".00"/> 📁	<input type="text" value=".00"/> 📁	<input type="text" value=".00"/> 📁	<input type="text" value=".00"/> 📁	<input type="text" value=".00"/> 📁	<input type="text" value=".00"/> 📁
Revised Budget	<input type="text" value="456,650.00"/>	<input type="text" value="426,427.00"/>	<input type="text" value="426,427.00"/>	<input type="text" value="152,019.00"/>	<input type="text" value="152,019.00"/>	<input type="text" value="152,019.00"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
Actual (Memo)	<input type="text" value="155,410.32"/> 📁	<input type="text" value="401,413.84"/> 📁	<input type="text" value="401,413.84"/> 📁	<input type="text" value="152,367.97"/> 📁	<input type="text" value="152,367.97"/> 📁	<input type="text" value="152,367.97"/> 📁	<input type="text" value=".00"/> 📁	<input type="text" value=".00"/> 📁
Encumbrances	<input type="text" value="242,178.18"/> 📁	<input type="text" value=".00"/> 📁	<input type="text" value=".00"/> 📁	<input type="text" value=".00"/> 📁	<input type="text" value=".00"/> 📁	<input type="text" value=".00"/> 📁	<input type="text" value=".00"/> 📁	<input type="text" value=".00"/> 📁
Requisitions	<input type="text" value=".00"/> 📁						<input type="text" value=".00"/> 📁	<input type="text" value=".00"/> 📁
Available	<input type="text" value="59,061.50"/>	<input type="text" value="25,013.16"/>	<input type="text" value="25,013.16"/>	<input type="text" value="-348.97"/>	<input type="text" value="-348.97"/>	<input type="text" value="-348.97"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>
Percent used	<input type="text" value="87.07"/>	<input type="text" value="94.13"/>	<input type="text" value="94.13"/>	<input type="text" value="100.23"/>	<input type="text" value="100.23"/>	<input type="text" value="100.23"/>	<input type="text" value=".00"/>	<input type="text" value=".00"/>



City of Santa Fe New Mexico

Finance Department

Project Ledger Request Form

ERIKA LUJAN
ERIKA LUJAN (Dec 2, 2025 14:31:41 MST)



Date of Request: 11/24/25

Project Title: AMBULANCE SUPPLEMENTAL FUND

Project Type: CIP Grant Internal Tracking

Department: FIRE Project Manager: TONI CANDELARIA-MTZ Ext: 3109

Project Date Range: 7/1/25 to 6/30/29 Create Fixed Asset

Project ID: FIR2610000

Grant ID: N/A

Approved By: ERIKA LUJAN
ERIKA LUJAN (Nov 25, 2025 10:28:10 MST)

CT (Finance Use Only)

Multi-Funding (complete all funding sources, should equal 100%)

Funding Source: MEDICAID ELIGIBLE AMB REIMBURSEMENTS % of Funding: NON GRANTS

MUNIS ORG: 100001 MUNIS OBJ: 470400 Awarded Amount: TBD

Funding Source: FIRE ADMINISTRATION % of Funding: _____

MUNIS ORG: 1002001 MUNIS OBJ: _____ Awarded Amount: TBD

Expense String Phase:

A project must have at least one phase identified, this can be used as an additional level of tracking, for example, CIP - Design, Construction, etc. For Grants can be used as reimbursable types, such as transportation, salaries.

(You can create more than one phase and you can default MUNIS ORGs and OBJs, optional)

Phase: TBD CONTRACTUAL MUNIS ORG: 1002001 MUNIS OBJ: 510300

Grants Only (list all grants if applicable):

Grantor Name: _____ Awarded Amount: _____

AR Charge Code: _____ Grant funds multiple projects
(Complete a form for each project)

Grantor Id: _____ Federal CFDA (if applicable): _____

Grantor Name: (NON GRANT REIMBURSE FOR MEDICAID ELIGIBLE -- Awarded Amount: SEE NOTE* NOT A GRANT

AR Charge Code: --RIDERS IN AMBULANCE) Grant funds multiple projects
(Complete a form for each project)

Grantor Id: _____ Federal CFDA (if applicable): _____

(If grants please provide all grant award documents with form) Attached Grant Documentation



Public Consulting Group LLC (Health)

INVOICE

Customer ID: 104034
Invoice Number: CIV-10037244
Invoice Date: 10/09/2025
Due Date: 11/08/2025
Terms: Net 30
Amount Due: USD 158,623.62

Bill To:

NM Santa Fe Fire Department
 200 Murales Rd
 Santa Fe, NM 87501

Description	Quantity	UOM	From Date	To Date	Unit Price	Amount
Medicaid	1133025.83	Each			0.14	158,623.62
					Sub Total	158,623.62
					Tax	0.00
					Invoice Total	158,623.62

For questions, please reach out to your company contact or email pcghealthfinance@pcgus.com

To ensure accurate payment processing, kindly include the invoice number as indicated on this document in the following format: CIV-10037244

Please Remit Payments to:

Bank name: Citizens Bank
Routing: 211070175
Branch:

Address:
Account: 1109586385
IBAN:
SWIFT:

Via Mail:
 Public Consulting Group LLC (Health)
 P.O. Box 845308
 Boston, MA 02284-5308
 United States of America

Memorandum of Agreement No. 25-630-8000-0062

MEMORANDUM OF AGREEMENT

THIS MEMORANDUM OF AGREEMENT (MOA) constitutes an agreement between the **New Mexico Health Care Authority (HCA)**, and The **City of Santa Fe (Ambulance Services)**, collectively referred to as the “Parties,” regarding the implementation of Ambulatory Supplemental Payment Program (ASPP).

I. DEFINITIONS

- A. Intergovernmental Transfers or IGTs means transfers of funds from a non-Medicaid governmental entity (e.g., counties, hospital taxing districts, providers operated by state or local government) to the Medicaid agency. IGTs must be compliant with 42 CFR Part 433, Subpart B. In this MOA, the IGT Provider is the City.
- B. Medicaid means the medical assistance program authorized by Title XIX of the Social Security Act, 42 US.C. §§ 1396 et seq., and regulations, as administered in New Mexico by the Agency
- C. Agency means HCA.

II. GENERAL PROVISIONS

The IGT Provider and the Agency agree that the IGT Provider will remit IGT funds to the Agency in an amount not to exceed \$871,970.20.

- A. . The IGT Provider and the Agency have agreed that these IGT funds will only be used for the ASPP.
- B. The IGT Provider will sign and return this MOA to the Agency.
- C. The IGT Provider will pay IGT funds to the Agency in an amount not to exceed \$871,970.20. The IGT Provider will transfer payments to the Agency in the following manner:
 - i. The Agency will bill the IGT Provider when payment is due.
 - ii. The IGT Provider and the Agency agree that the Agency will maintain necessary records and supporting documentation applicable to health services covered by this MOA in accordance with public records laws and established retention schedules.

III. AUDITS AND RECORDS

- A. IGT Provider agrees to maintain books, records, and documents (including electronic storage media) pertinent to performance under this MOA in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided.

Memorandum of Agreement No. 25-630-8000-0062

- B. IGT Provider agrees to assure that these records shall be subject at all reasonable times to inspection, review, or audit by state personnel and other personnel duly authorized by the Agency, as well as by federal personnel, if applicable.
- C. IGT Provider agrees to comply with applicable public record inspection and retention laws.

IV. RETENTION OF RECORDS

- A. The IGT Provider agrees to retain all financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to performance under this MOA for a period of six years after termination of this MOA, or if an audit has been initiated and audit findings have not been resolved at the end of six years, the records shall be retained until resolution of the audit findings.
- B. Persons duly authorized by the Agency and federal auditors will have full access to and the right to examine any records and documents from this MOA. The rights of access in this section will not be limited to the required retention period but will last as long as the records are retained. IGT Provider agrees to permit persons duly authorized by the Agency to inspect any records, papers, and documents of the IGT Provider which are relevant to this MOA.

V. ASSIGNMENT AND SUBCONTRACTS

The IGT Provider agrees to neither assign the responsibility of this MOA to another party nor subcontract for any of the work contemplated under this MOA without prior written approval of the Agency. No approval by the Agency of any assignment or subcontract will be deemed in any event or in any manner to provide for the incurrence of any obligation of the Agency in addition to the total dollar amount agreed upon in this MOA. All assignments or subcontracts shall be subject to the conditions of this MOA and to any conditions of approval that the Agency shall deem necessary.

VI. AMENDMENT

This MOA may only be amended upon a written instrument signed by the parties.

VII. ASSURANCES

- A. IGT Provider confirms that there are no pre-arranged agreements (contractual or otherwise) between the respective counties, taxing districts, and/or the providers to re-direct any portion of these aforementioned supplemental payments in order to satisfy non-Medicaid, non- uninsured, and non-underinsured activities.
- B. IGT Provider agrees the following provision will be included in any agreements between IGT Provider and local providers where IGT funding is provided pursuant to this MOA:

Memorandum of Agreement No. 25-630-8000-0062

Funding provided in this agreement will be prioritized so that designated IGT funding must first be used to fund the Medicaid program and used secondarily for other purposes.

VIII. TERM

- A. The duties under this MOA will be performed from January 1, 2024, through June 30, 2024, and this MOA terminates June 30, 2025, which includes the states certified forward period.
- B. This MOA may be executed in multiple counterparts, each of which will constitute an original, and each of which will be fully binding on the party signing at least one counterpart.

Local Intergovernmental Transfers	
Program / Amount	
Estimated IGTs	\$871,970.20
Total Funding Not to Exceed	\$871,970.20

Memorandum of Agreement No. 25-630-8000-0062

IN WITNESS THEREOF, the parties execute this Memorandum of Agreement.

HEALTH CARE AUTHORITY

DocuSigned by:
By: *Kari Armijo* Date: 6/7/2025
1BA9EB5EAD00499...
Kari Armijo, HCA Cabinet Secretary

DocuSigned by:
By: *Carolee A. Graham* Date: 6/2/2025
FB15A98045214DA...
Carolee Graham, HCA Chief Financial Officer

Approved by General Counsel:

DocuSigned by:
By: *Mark Reynolds* Date: 6/2/2025
6241C19C1E01414...
Mark Reynolds, HCA General Counsel

For the City of Santa Fe Fire Department

CITY OF SANTA FE:

Alan Webber
Alan Webber (May 29, 2025 22:11 EDT)
ALAN WEBBER, MAYOR
DATE: 05/29/2025

ATTEST:

Andréa Salazar
ANDREA SALAZAR (May 29, 2025 20:13 MDT)
ANDRÉA SALAZAR, CITY CLERK *ASL*
GB MTG 05/28/2025

CITY ATTORNEY'S OFFICE:

Frank B. Ruybalid
ASSISTANT CITY ATTORNEY

Memorandum of Agreement No. 25-630-8000-0062

APPROVED FOR FINANCES:

Emily K. Oster

EMILY OSTER, FINANCE DIRECTOR

New Mexico (NM) Ambulance Supplemental Payment Program (ASPP)

Calendar Year 2024 (CY24) Handout

March 2025



PUBLIC
CONSULTING GROUP

INTRODUCTION

The NM ASPP allows government-owned Emergency Ground Ambulance Services (EGAS) providers to access additional federal funds for provided and billed Medicaid Managed Care Organization (MCO) transports. The effective date of the NM ASPP is **1/1/2024**, allowing participating EGAS providers to claim allowable costs for the CY24 cost reporting period.

HOW IT WORKS

The NM ASPP requires participating providers to complete an annual cost report that includes an average cost per transport used to calculate the supplemental add-on rate paid to providers when billing Medicaid MCO patients. The cost report is used to determine eligibility for the NM ASPP.

Upon completion of the NM ASPP cost report containing an average cost per transport, an intergovernmental transfer (i.e., grant matching) will be issued to participating EGAS providers so that they may yield their supplemental payments. The supplemental payment process is summarized below.

1. NM EGAS providers provide and bill for Medicaid MCO transports.
2. NM Healthcare Authority (HCA) invoices participating NM EGAS providers for the state share of their supplemental payment.
3. HCA uses provider's grant matching funds to draw down matching federal funds.
4. Each provider's grant matching dollars are returned, along with the matching federal share funds.

NEXT STEPS

CY24 Cost Report Submission

The CY24 (1/1/24 – 12/31/24) cost report must be uploaded to the Myers & Stauffer (M&S) web portal by Friday, 5/31/25 @ 5PM MT. **PCG will submit all required documentation on your behalf.**

CY24 M&S Audit

Shortly after cost report submission, M&S will perform cursory audits on all submitted CY24 NM ASPP cost reports. **PCG will address any potential follow up questions on your behalf.**

CY24 Payment

Supplemental payment for this program will not occur until the Preprint is submitted by HCA and CMS approves. Payments will be administered through a grant matching process between the providers and HCA. The payments will come directly from the MCOs.

PCG will invoice you for our provided CY24 cost reporting services after you confirm you receive payments.

CONTACT US

Please contact NMASPP@pcgus.com with any questions!

CY 2024 EGAS MCO Allotments

MCO Total Allotment Projections Utilizing MMIS MCO Trips											
Medicaid Number	Provider	Total Managed Care Transports (MMIS Data) 7/1/22 to 6/30/23	Jan-Jun 24 Total Allotment	Jan-Jun 24 IGTs Needed	Jan-Jun 24 Net New Federal Funding	Jul-Dec 24 Allotment	Jul-Dec 24 IGTs Needed	Jul-Dec 24 Net New Federal Funding	Total Allotment	Total IGTs Needed	Net New Federal Funding
1	Albuquerque Fire Rescue	841	\$ 1,124,117.33	\$ 308,120.56	\$ 815,996.77	\$ 1,124,117.33	\$ 308,120.56	\$ 815,996.77	\$ 2,248,234.67	\$ 616,241.12	\$ 1,631,993.55
2	Artesia Fire Department	371	\$ 495,894.80	\$ 135,924.77	\$ 359,970.03	\$ 495,894.80	\$ 135,924.77	\$ 359,970.03	\$ 991,789.61	\$ 271,849.54	\$ 719,940.07
3	Bernalillo County	197	\$ 263,318.80	\$ 72,175.68	\$ 191,143.12	\$ 263,318.80	\$ 72,175.68	\$ 191,143.12	\$ 526,637.61	\$ 144,351.36	\$ 382,286.25
4	City of Santa Fe Fire Department	2380	\$ 3,181,211.95	\$ 871,970.20	\$ 2,309,241.75	\$ 3,181,211.95	\$ 871,970.20	\$ 2,309,241.75	\$ 6,362,423.91	\$ 1,743,940.40	\$ 4,618,483.51
5	Las Cruces Fire Department	364	\$ 486,538.30	\$ 133,360.15	\$ 353,178.15	\$ 486,538.30	\$ 133,360.15	\$ 353,178.15	\$ 973,076.60	\$ 266,720.30	\$ 706,356.30
6	Sandoval County Fire Department	749	\$ 1,001,146.11	\$ 274,414.15	\$ 726,731.96	\$ 1,001,146.11	\$ 274,414.15	\$ 726,731.96	\$ 2,002,292.23	\$ 548,828.30	\$ 1,453,463.93
7	Santa Fe County Fire Department	874	\$ 1,168,226.57	\$ 320,210.90	\$ 848,015.67	\$ 1,168,226.57	\$ 320,210.90	\$ 848,015.67	\$ 2,336,453.15	\$ 640,421.80	\$ 1,696,031.35
	Weighted Average Cost per Transport	\$ 2,673	\$ 7,720,453.88	\$ 2,116,176.41	\$ 5,604,277.47	\$ 7,720,453.88	\$ 2,116,176.41	\$ 5,604,277.47	\$ 15,440,907.76	\$ 4,232,352.82	\$ 11,208,554.94

NM FFY24 FMAP 72.59%
 State Share 27.41%

From: [DUTTON-LEYDA, TRAVIS K.](#)
To: [JOHNSON, STEN A.](#)
Cc: [LOVATO, JOANN D.](#)
Subject: RE: MOA with NM Health Care Authority
Date: Tuesday, May 20, 2025 9:14:22 AM
Attachments: [image003.png](#)
[image004.png](#)
[image006.png](#)
[image007.png](#)

The banner features a red background with a white border. On the left, the word "EXEMPT" is written in a stylized font above a yellow circle containing the number "7". Below this, it says "ANY \$ AMOUNT". In the center is a blue car with the license plate "13-1-98". To the right of the car is a list of requirements: "CPO Approval for Exempt from Procurement (Memo/Email)", "Valid Written Quote", and "Memo to City Manager/Governing Body (if amount is >60K)". On the far right, it says "If Labor/Service are Included:" followed by a bullet point: "Certificate of Insurance (COI)".

Thank you.

Regards,

Travis Dutton-Leyda
Chief Procurement Officer
City of Santa Fe
200 Lincoln Avenue
Santa Fe, NM 87501
505-629-8351
tkduttonleyda@santafenm.gov

 [Book time to meet with me](#)

<https://santafenm.gov/finance-2/purchasing-1>

Vendor Registration and Current Procurement Opportunities:

<https://cityofsantafenmvendors.munisselfservice.com/Vendors/VBids/SearchResults.aspx>

Internal Link: https://intranet.santafenm.gov/central_purchasing_division_cpd



"A journey of a thousand miles begins with a single step" ~ Lao Tzu

From: LOVATO, JOANN D. <jdlovato@santafenm.gov>
Sent: Tuesday, May 20, 2025 9:05 AM
To: DUTTON-LEYDA, TRAVIS K. <tkduttonleyda@santafenm.gov>
Subject: FW: MOA with NM Health Care Authority

JoAnn D. Lovato Montaño, CPO
Procurement Manager
c: (505) 469-6045

A handwritten signature in black ink that reads "JoAnn D. Lovato Montaño".

From: JOHNSON, STEN A. <sajohnson@santafenm.gov>
Sent: Friday, May 2, 2025 3:34 PM
To: DUTTON-LEYDA, TRAVIS K. <tkduttonleyda@santafenm.gov>; LOVATO, JOANN D. <jdlovato@santafenm.gov>

Subject: MOA with NM Health Care Authority

Hi Travis and Joann,

I just submitted this on SharePoint. I don't have the MOA back from Legal yet but they are moving forward without changes to the MOA.

HCA is waiting on City of Santa Fe to begin this program so I am working to move this as quick as possible.

I think I recall a conversation that Travis made his determination of Exempt Purchase but I cannot find an email from you on this.

Can you please return a written determination? Also wanted you all to get your eyes on this asap. I'll send the approved MOA from Legal as soon as I get it.

The spreadsheet attached is pertinent because it shows the City's obligation to participate as well as the return back from Medicare.

As usual, call anytime if you have questions.

Thank you,

Sten A Johnson
Assistant Chief – Support Services
City of Santa Fe Fire Department
200 Murales Rd.
Santa Fe, New Mexico 87501
505-467-9799





Services Offered to the City of Santa Fe (2024)

Approved:

These services have been approved by the New Mexico Council for Purchasing from Persons with Disabilities and are available through Horizons of New Mexico.

- ADA Accessibility Consulting Services
- Auctioneering Services
- Bulk Mailing and Sorting
- Call Center Services
- Computer Refurbishing
- Courier Services
- Decontamination, Sanitation and Sterilization Services
- Debris Removal
- Document Imaging
- Document Shredding
- Envelope Stuffing
- General Labor
- Hard Drive Destruction
- Janitorial and Housekeeping Services – Including Carpet Cleaning & Floor Care
- Landscape Irrigation
- Landscaping
- Mailing Services
- Management of an Assistive Technology Reuse and Recycling Program
- Medical Waste Disposal
- Meeting Minute Preparation Services
- Pest Control and Extermination Services
- Printing Services
- Rest Area Maintenance
- Screen Printing
- Snow Removal
- Temporary Staffing Services
- Yard, Grounds, and Lawn Maintenance

Permissive:

The services have been approved by the New Mexico Council for Purchasing from Persons with Disabilities as permissible for sale under the State Use Act through Horizons of New Mexico. While the Council recognizes that certain Horizons of New Mexico members are capable of performing the services listed below, said services are considered permissive and excluded from the mandatory aspect of the State Use Program. Any procurement of the below services through Horizons of New Mexico is at the discretion of the purchasing agent and will be considered by the Council on a case-by-case basis.

- Graphic Design
- Graphic Design - Logo Design
- IT – Enterprise Application
- IT – IV & V
- IT Network and Database Management
- IT Support
- IT Security Services
- IT – Web Design
- IT – Web Programmer
- Marketing
- Social Media Marketing
- Training Services

For the complete State Use service list, please go to: <http://horizonsofnewmexico.org/services.html>

Signature: 

Email: xivigil@santafenm.gov












25-0201 New Mexico Healthcare Authority

Final Audit Report

2025-05-30

Created:	2025-05-29
By:	XAVIER VIGIL (xivigil@santafenm.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAAtq62hyAi2xEnOkuxXYdC_rVZbFBeUIHL

"25-0201 New Mexico Healthcare Authority" History

-  Document created by XAVIER VIGIL (xivigil@santafenm.gov)
2025-05-29 - 10:09:24 PM GMT- IP address: 63.232.20.2
-  Document emailed to XAVIER VIGIL (xivigil@santafenm.gov) for signature
2025-05-29 - 10:11:49 PM GMT
-  Document e-signed by XAVIER VIGIL (xivigil@santafenm.gov)
Signature Date: 2025-05-29 - 10:12:37 PM GMT - Time Source: server- IP address: 63.232.20.2
-  Document emailed to Alan Webber (amwebber@santafenm.gov) for signature
2025-05-29 - 10:12:39 PM GMT
-  Email viewed by Alan Webber (amwebber@santafenm.gov)
2025-05-29 - 10:41:14 PM GMT- IP address: 140.248.0.1
-  Document e-signed by Alan Webber (amwebber@santafenm.gov)
Signature Date: 2025-05-30 - 2:11:43 AM GMT - Time Source: server- IP address: 174.242.130.153
-  Document emailed to ANDREA SALAZAR (asalazar@santafenm.gov) for signature
2025-05-30 - 2:11:45 AM GMT
-  Email viewed by ANDREA SALAZAR (asalazar@santafenm.gov)
2025-05-30 - 2:13:32 AM GMT- IP address: 76.26.101.206
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Signature: ERIKA LUJAN
ERIKA LUJAN (Dec 10, 2025 09:00:33 MST)

Email: evlujan@santafenm.gov