

ATTACHMENT A - DETAILED SCOPE OF WORK

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I. Purpose, Background, and Goals & Objectives**A. Purpose of Request for Proposal (RFP)**

Community Healthcore (Center) conducted an RFP process in 2020 for an Electronic Health Record (EHR) and awarded the proposal to Qualifacts on July 23, 2020. The integration initially started with the Qualifacts system. In March 2022 the EHR moved to Credible, a product of Qualifacts. Center Staff and Vendor Staff continue to work through the implementation with a projected Go-Live June 1, 2023.

The Center is using Cerner/Anasazi, which has an end of life December 31, 2023. The Center is seeking a Vendor who is a current vendor for a Texas Community Mental Health and Intellectual Disability Center who can transition the Center from Anasazi to their system. This RFP is in the event the Center determines it needs to terminate the current contract and award a new vendor who can meet the December 31, 2023 deadline. This RFP is being posted while the Center continues to work with the current vendor.

The purpose of this RFP is to solicit sealed proposals to establish a contract through competitive negotiation for the provision of an EHR solution in accordance with the terms and conditions of this RFP. The EHR will be used by multiple programs within the Center (as described further in Section 1.2). For these programs, the selected EHR will serve as the primary “system of record”. The Center seeks a scalable, extensible information technology (IT) solution and expects that the solution’s architecture will support the addition of other Center related programs over time, as deemed appropriate.

The Center seeks a scalable, extensible IT solution for health care services and related information management that supports the service delivery of the Center programs and services.

Within the new solution, the Center expects that program staff, external providers and individuals will be able to capture as well as efficiently and securely share information that will be part of a comprehensive individual health care record; enable timely management and coordination of services;

and monitor and analyze the impact of services on both individuals and the population being served by the Center.

The new solution must be exceptionally configurable i.e., it must simultaneously support the broad array of work flows, policies and rules, data collection and use needs, and reporting needs of our programs which will utilize the solution's functionality without compromising system performance and availability. The solution and all its component products must also work off a unified data model inclusive of data definitions, data relationships, and health care business terminology applied consistently across the entire solution.

The new solution must also be exceptionally scalable and extensible, so it can accommodate future changes in the Center organizational configuration, programs offered, reporting requirements, etc. The Center prefers to implement a solution that is operated and hosted by the Offeror or its agent; in the latter scenario, the Center will hold the Offeror accountable for the performance of the hosting agent.

Offeror must submit a solution that addresses the following functional requirements:

- Comprehensive care record - A comprehensive longitudinal individual record that also supports generation of registries based on specific criteria (e.g. disease states, locations, demographics)
- Activity management, documentation and coding - the capability to capture and provide a greater and more seamless flow of information within a digital health care infrastructure
- Care management - Comprehensive functionality for assessment, care planning, care plan administration, service authorization and referral management, and medication reconciliation activities
- Provider decision support - The capability to provide knowledge and individual-specific information, intelligently filtered or presented at appropriate times, to enhance health and better health care
- Individual engagement - The capability to keep track of information from doctor visits, record other health-related information, connect to providers/care team, obtain self-management tools and aids, and link to health-related resources.
- Operations management - Individual scheduling, workload management, capacity management, pharmacy management, material, supply and equipment management
- Revenue cycle management - Individual accounting, billing/invoicing/claiming/cost settlement, cashiering, third-party liability and coordination of benefits, cost accounting
- Health analytics - Aggregation, mining, modeling, visualization and reporting of health information including the ability to respond to state and federal reporting requirements

B. Background

The Center has been proudly providing mental health and behavioral health services to North East Texas residents for over 53 years. The Center serves as the Local Mental Health Authority and the Local Intellectual and Developmental Disability Authority for Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk and Upshur counties. The Center also provides specialty services in other nearby counties.

The Center identifies 7 dimensions of wellness that includes the emotional, physical, social, environmental, occupational, spiritual, and intellectual wellness aspects of a person's life. Sixty-five percent (65%) of the Center's population has co-occurring Mental Health and Substance Use Disorders. In FY2022, the Center served 16,634 unduplicated individuals. There are over 400 employees at the Center.

The Center provides addiction recovery and wellness care and partners with individuals in care as well as other agencies such as criminal justice entities, employers, and managed care companies.

The following is a listing of the services the Center provides.

Specialized collaborative community services and transition of care services Include:

- Assertive Community Treatment (ACT Team)
- Transitional Care Team Services
- Nurse Triage

Adult Programs and Services Include:

- Older Adult Services
- Alcohol, Tobacco & Other Drugs
- Specialized Women's Care
- Veterans Treatment & Wellness Services
- Marriage Conflict
- Anger, Depression, Anxiety
- Trauma-Grief Support
- Psychiatric and Nursing Services
- Assessment & Evaluation
- In-home & Community Wellness Management
- Crisis Intervention
- Mobile Crisis Outreach Team
- Crisis Residential & Respite Care
- Primary Care
- After Hours Assessment Center

Recovery, Habilitation, and Community Living Supports Programs and Services Include:

- Supportive Employment
- Residential / Community Living, Day Habilitation, Individualized Skills and Socialization & Respite
- Case Management, Behavioral Supports, & Self-Management
- Social Skills Training (interpersonal skills & self-esteem)

Children and Teenager Programs and Services Include:

- Alcohol, Tobacco, & Other Drugs
- Cyber, Social Media & Youth Bullying
- Pre-School Bullying
- ADHD/ADD & Conduct
- School-based Therapy
- Juvenile Justice and Delinquency
- Trauma-focused Therapy
- Childcare Consultation

Family Programs and Services Include:

- Marriage Conflict
- Family Therapy
- In-home & Foster Home Support Care
- Parenting Education & Guidance
- Specialized Services for Veterans and Family
- Early Childhood Intervention (ECI)
- Parents as Teachers (PAT)
- Family And Youth Success (FAYS)
- Aging and Disability Resource Center (ADRC)

The Center has built on its base of providing Behavioral Health (BH) and Intellectual & Developmental Disabilities (IDD) services to improve overall health care for individuals by developing an integrated care model, partnering with external primary care providers and looking to establish Federally Qualified Health Center (FQHC) Look-Alike status to assure Center individuals receive needed primary care treatment. The EHR solution should support the Center's goal to improve efficiency and effectiveness of integrated care by supporting comprehensive, agile access to monitor, share, and report on individual and provider data in the integrated care environment.

C. Goals and Objectives

The Center seeks to implement health technology that will support our priority goals and objectives that focus on supporting the day-to-day activities of our programs and service sites. As an extension to these goals and objectives, the Center believes that all its services should be wrapped around each

individual, their family and the community at large. The Center believes in the holistic care of all people and approaches its care delivery model in unique ways to ensure this holistic health philosophy.

It is expected that the EHR solution will be cloud-based and accessible to the Center sites and staff across the east Texas area via a secure web portal. The solution will include, at a minimum, core functionality to create an individual's record and capture all necessary demographic, clinical, and billing information. It must ensure alignment with, and incorporation of, the most current version of industry standards such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) security, privacy, and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with federal civil rights laws; other standards determined necessary by the Center's IT office.

Priority Goals and Objectives include:

1. To provide a solution with selected automation that guides staff in a logical, efficient way in the comprehensive assessment of individuals, the resulting care plan and achievement of service goals. The system must provide clinical decision support systems to guide Center staff in maximizing health outcomes for our individuals.
2. To permit efficient communication and exchange of information among team members who are collaborating in the coordination, provision, and scheduling of care. The new system must support clinical, behavioral health, IDD, other services (reference 1.2 Background) and cross-functional teams across the Center's service sites and enhance the team's performance by improving communication, collaboration, exchange of information and reducing system workarounds. The system must demonstrate satisfactory automated workflow processes in addition to applications to support clinical and operational decision-making processes.
3. To select a solution that supports practice management and billing so that Center staff can easily access an updated record of the services used and benefit levels available to the individual when formulating the care plan and ordering services.
4. To permit staff to comply with multiple federal and state legal and regulatory requirements. The system will need to be flexible enough to accommodate future regulatory or operational changes.
5. To select a solution that complies with HIPAA and other associated standards. The Center must comply with the privacy, security and transaction regulations under HIPAA. It is critical that the Platform

demonstrate HIPAA compliance. The following are the minimum requirements needed for HIPAA compliance:

- a. Meet ANSI ASC X12 transaction standards for Electronic Data Interchange (if any transactions will be transmitted through this system)
 - b. Capture Universal ID numbers
 - c. Capture standard code sets
 - d. Security mechanisms for minimum necessary requirements, e.g., restricting access based on job function
 - e. Security of protected health information transmitted over internal networks and public networks, e.g., encryption, firewall procedures
 - f. Audit trails including dates and time stamps
 - g. Capture HIPAA required data fields
6. To select a solution based on the following design principles:
- a. Individual-centered functionality integrated database and universal data model that supports all platform functions
 - b. Role-based security simplifies user administrative functions
 - c. Use of formatted and structured data elements rather than free text entry; free text limited as much as possible although available for comments
 - d. Use of table-driven drop-down menus for ease of use and controlled data entry
 - e. Rules-based approach to manage business requirements
 - f. User maintainable system administration for edits, drop-downs, rules, etc. rather than extensive programmer support
 - g. Allows integration of scanned documents in the database.
 - h. Historical information maintained and available according to regulatory requirements and contractual terms (minimum: ten years)
 - i. Auditability for data or configuration changes (minimum: ten years)
 - j. Standard query, reporting and dashboarding capabilities that can be used and adjusted by solution end-users
 - k. Facilitates care team communication, minimizes paper transfer of information
 - l. Ability to access solution functionality via mobile device (e.g. tablet) to support field operations (offline functionality a plus)
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II. Detailed Scope of Work

A. Offeror Qualifications

The Center will only accept a proposal from Offerors that meet the following minimum qualifications. The Offeror must include a response to these qualifications in their cover letter.

1. Offeror has not been terminated for cause from any information system implementation in the past five (5) years.
2. Within the last five (5) years, Offeror successfully led the implementation of the full solution as proposed, for at least one Texas Community Mental Health and Intellectual Disability Center created under Chapter 534 of the Texas Health and Safety Code.
3. Offeror has not filed for bankruptcy protection under Chapter 7 or 11 in the past (7) seven years.
4. Offeror has a physical presence (e.g., headquarters, significant base of operations) in the United States of America.
5. Acknowledgements of RFP and all RFP Addenda's.
6. The Offeror shall include a statement in the Cover Letter that attests the Offeror's willingness and ability to perform the work described in their proposal and the RFP for the price being offered.
7. Sign and date the proposal

Offeror, who does not qualify or fail to include their qualifications in their cover letter, will not be scored.

Section III. A. Offeror Qualifications has specific instructions for Offeror's response.

B. Functional Requirements

The Center has identified distinct functional requirements associated with the scope of this new solution. Embedded in these requirements are common expectations for modern health IT solution including:

1. An integrated solution that utilizes best practices for behavioral health and clinical programs including but not limited to inpatient, outpatient, substance abuse, IDD, Early Childhood Intervention, Primary care.
2. The ability to implement automated, user-defined workflow and standard practices workflow that can be easily modified by users.
3. Flexible and robust user-driven data extraction, manipulation, viewing, reporting and querying.
4. Intuitive screen design and menu-driven access tailored to users.
5. Integrated analytics across the entire solution enabled by a common data model.
6. Robust client portal that provides clients with electronic access to their health information and to print record in real time. Sends reminders to clients, per client preference, for preventive/follow-up care (i.e. mobile, text, email based on preference). Incorporates patient/client preferences including cultural and linguistic preferences.

The Offeror is required to understand and provide the most effective and efficient approach to meeting each requirement for the requested solution. A list of Functional Requirements is attached as Attachment A.2.E Functional Requirements.

Section III. B Functional Requirements has specific instructions for Offeror's response.

C. Technical Requirements

A list of technical and security requirements is attached as Attachment A 1 C Technical Requirements. These requirements must be responded using this Attachment and shall be used in the proposal evaluation. All hardware, website(s), software and or cloud services purchased by The Center will be subjected to security scans by The Center without exception.

Unless expressly indicated in writing, The Center assumes all price estimates and bids are for the delivery and support of applications and systems that will pass security and performance testing. If The Center determines the hardware, website(s), software, and or cloud services have security vulnerabilities that must be corrected, The Center will inform the Offeror of the nature of the issue and the Offeror will be required to respond in writing regarding mitigation plans for the security vulnerabilities. While requiring multiple security scans to reach an acceptable level of security is possible, the Offeror must pass a final follow-up security scan for the hardware, website(s), software and/or cloud services to be acceptable products to The Center. The Center may suspend or cancel payments for hardware, website(s), software, and or cloud services that do not pass a final security scan.

The Center, at its sole discretion, may consider a solution that does include all or any of these deliverables or consider deliverables not originally listed. An Offeror must highlight any deliverable they do not meet and give any suggested "work-around" or future date that they will be able to provide the deliverable.

Section III. C Technical Requirements has specific instructions for Offeror's response.

D. Integration with Other Solutions

Beyond functional and technical requirements as outlined in this RFP, there are data interfaces associated with the new solution which include multiple EHR systems, pharmacy systems, and lab systems. All outside records will become part of the individual's chart to allow for the continuity of care.

Section III. D Integration with Other Solutions has specific instructions for Offeror's response.

E. Mandated Forms

The solution must be able to produce mandated forms; i.e., via federal and state law or regulation that requires the generation and submission of these forms per published specifications. We expect the solution to support the creation of these forms and supply the flexibility to edit as well as create new forms as requirements change.

Offeror must be able to produce forms from the following agencies, including but not limited to:

1. Health & Human Services Commission
2. Department of Criminal Justice
3. Centers for Medicare & Medicaid Services
4. Substance Abuse and Mental Health Services Administration
5. Texas Medicaid and Healthcare Partnership
6. Texas Department of Family and Protective Services

Section III. E Mandated Forms has specific instructions for Offeror's response.

F. Mandated State/Federal Reporting

The solution must be able to produce mandated reports; i.e., via federal and state law or regulation that requires the generation and submission of these reports per published specifications. We expect the solution to support the creation of these reports and supply the flexibility to edit as well as create new reports as requirements change.

Offeror must be able to produce reports from the following agencies, including but not limited to:

1. Health & Human Services Commission
2. Department of Criminal Justice
3. Centers for Medicare & Medicaid Services
4. Substance Abuse and Mental Health Services Administration
5. Texas Medicaid and Healthcare Partnership
6. Texas Department of Family and Protective Services

This section addresses customizable dashboards and Business Intelligence (BI) Reports including but not limited to:

- Cost Accounting Methodology Reports
- Individual Data Reports
- Revenue Reports
- A/R Reports, Denial Reports
- Payer Reports
- Charge capture: Rendering medical services into billable charges.
- Claim submission: Submitting claims of billable fees to insurance companies.
- Coding: Properly coding diagnoses and procedures.
- Collections: Determining balances and collecting payments.

- Unduplicated Served Reports
- Utilization Management Reports
- KPIs, Productivity Reports
- Authorization Reports
- Payer Reports

Section III. F Mandated State/Federal Reports has specific instructions for Offeror's response. The Business Intelligence Reports will be viewed during the Demo.

G. Project Deliverables

The following list outlines the Project Deliverables to be performed by the Offeror in concert with the Center's implementation team, along with deliverables associated with each task that the Offeror shall need to produce for the Center's review and approval. It is expected that all deliverables shall conform as needed to the mutually agreed upon timeframe and configuration of the new solution. The Center's Director of IT or designee shall approve all deliverables in writing. Additional detail on each task is provided below.

a. Project Plan

The Project Plan is comprised of 5 Sections. Each Section has specific content and tasks to document expectations and milestones for that section. The Project Plan includes the following deliverables by a mutually agreed upon date. All tasks discussed below must be completed in accordance with the dates set forth in the approved Project Plan.

a. Project Initiation. The Offeror will have a repeatable, tested approach for kicking off the implementation of the new EHR technology. The aim of Project Initiation is to ensure the Center and relevant stakeholders understand and approve of the Offeror's approach to implementation, communications, documentation review and progress tracking throughout the lifespan of the project.

i. Implementation Schedule

As already stated this RFP is a Backup Plan and an alternate to a solution already in progress. This RFP would be awarded only in the event the Center determined the need to terminate the current effort and move to a different solution. It is anticipated that the earliest the selected proposal could start is June 1, 2023. The end of life for the existing Cerner/Anasazi EHR is December 31, 2023. The Center is seeking a proposal from a vendor who has already converted a Texas Community Mental Health And Intellectual Disability Center to their system.

It is vital that the Center understands the Offeror's proposed timeline, phases, milestones, and resource hours required to

achieve this date. It is equally important to understand the Offeror resource allocation recommended for Center subject matter experts within the same timeline, phases, and milestones shall demonstrate that the Offeror has a thorough understanding of the Scope of Work and what must be done to satisfy the project requirements and will reflect the agreed upon approach and timeline to implementation. The Implementation Schedule must include detail enough to give the Center an understanding of how the Offeror intends to:

- Kickoff the Project
- Manage the work;
- Guide work execution;
- Utilize Offeror resources for certain project activities;
- Rely on Center resources for certain project activities;
- Document assumptions and decisions;
- Facilitate communication among stakeholders; and
- Define key management review as to content, scope, and schedule.

The Offeror's Implementation Schedule shall be constructed in accordance with industry standards, accepted project management principles outlined in the Project Management Body of Knowledge (PMBOK) from the Project Management Institute (PMI), or acceptable equivalent. Additional criteria for the Implementation Schedule are reflected in the following:

- The Implementation Schedule shall include, at a minimum: work breakdown structure; project milestones; and deliverables.
- For this project, it will be crucial to coordinate activities and resources with pertinent Center program staff. Thus, in its Implementation Schedule the Offeror must clearly specify deliverables and dates that require the involvement of Center program staff in implementation activities.

- ii. Project Management and Communication Approach shall** define how the project will be executed, monitored, and controlled. It will also describe how various project stakeholders will be engaged throughout the life of the project to ensure all impacted parties are aware of project progress and are consulted as needed.
- iii. Project Status Report, Issue Log and Change Log Templates shall** produce Project Status Report, Issue Log and Change Log templates for use throughout the Project Plan.

- b. Build Configuration, Customization and Integration.** The Offeror shall perform solution configuration, as-needed customization and integration activities in accordance with the implementation schedule and the outputs of the requirements elaboration and specifications definition task as outlined in Section II.G.2.b.

The Offeror shall configure the solution to meet operational and performance requirements, including but not limited to setting up multiple user environments, all internal and external interfaces, and information security mechanisms. As part of this task, the Offeror shall perform all applicable data conversion and initial table loading activities in conjunction with Center staff. The following deliverables are relevant to this task.

- i. **Progress Reports and Status Reports** - The Offeror will provide regular updates on project status to the Center's Director of IT or designee. Such updates shall include, but not be limited to: all completed or pending actions, status of deliverables, variances from implementation plan, and planned versus actual delivery dates. The Center reserves the right to specify the mode and frequency of these updates after project initiation and to request updates and modifications to the mode and frequency at any time during the project. Along with the Center's Director of IT or designee, and in accordance with the Project Management and Communications Approach, the Offeror will participate in project briefings and supply content for communications materials that convey project status and progress to executive sponsors and key stakeholders.
- c. **Knowledge Transfer and Training.** The Offeror shall conduct on-site knowledge transfer and training activities for Center system administrators and program staff end users. The aim of Knowledge Transfer and Training is to ensure that Center staff, including administrators and end users, have the knowledge and documentation to use and support the solution beyond implementation. The Offeror shall discuss and reach agreement with the Center on the optimal staging and provision of training activities.

The Center shall provide space for conducting the training and housing and securing the training equipment. The Center shall assist the Offeror in scheduling the training program. If the solution go-live date is significantly delayed due to the Offeror actions or faults, any repeat training sessions as determined by the Center must be performed at no cost to the Center. For this task, the following deliverables are relevant:

- i. **Knowledge Transfer and Training Schedule** - The Offeror will develop and execute, in cooperation with the Center, a

Knowledge Transfer and Training Schedule that will be approved by the Center’s Director of IT or designee. The plan shall include at a minimum:

- A methodology or approach to be used with adult learners possessing a variety of backgrounds, experiences, and learning styles, inclusive of approach for both technical and end users
- A recommended approach to knowledge transfer and acquired skills assessment
- An inventory of tasks, deliverables and resources necessary to complete the training effort, including tools and documentation necessary to support the proposed effort
- For each proposed course the schedule shall address:
 - A course description
 - The target audience
 - Proposed training goals
 - Proposed training standards
 - The specific plan for training any Center technical personnel and end users
 - The delivery timeframe (by phase, implementation step) with a strategy for providing training early in the project to allow the training goals to be implemented throughout the project life cycle
 - A description of training deliverables and format (i.e., online, written documentation, course materials)
 - A description of skill sets achieved at the end of training and how training effectiveness will be measured and addressed

Upon acceptance by the Center’s Director of IT or designee, the Offeror shall implement the approved schedule.

- ii. **End-User Manuals and Quick Reference Guides** – The Offeror shall be responsible for providing reference materials and takeaway documents, such as user manuals, user guides, video tutorials, or “cheat sheets” to complement initial knowledge transfer and training activities and to provide follow-up reference material for trainees and future users. The Center will review and approve these materials prior to their use.
- iii. **Training Materials Package** - The Offeror will organize and/or develop materials for use in training activities. Materials should include training guides with enough detail to be employed by future trainers in addition to materials for use

- with training participants. The Center will review and approve these materials prior to their use.
- iv. **Competency Assessment Results** - The Offeror shall provide reports that document results of any exams, tests and other verifications of end user and solution administrator competency with applicable functionality of the new solution.
 - v. **Solution Technical Documentation** - The Center requires that the Offeror maintain and make available full documentation of the solution, including data interfaces within the Offeror's span of control, throughout the life of the contract.
 - vi. **Data Dictionary** – The Center requires that the Offeror provide a file or a set of files that contains the production databases, or fields available in an Application Programming Interface (API), metadata. The data dictionary should contain all records about all relevant objects in the database and include data ownership, data relationships to other objects, and other data definitions.
- d. **Deployment: Cutover and Acceptance.** As part of the Project Plan, a Cutover Working Group comprised of Center personnel, the Offeror, and other stakeholders as deemed applicable will plan and execute the cutover. For this task, the following deliverables are relevant:
- i. **Cutover and Acceptance Strategy** - The Offeror is required to provide a solution Cutover and Acceptance Strategy that details the process whereby the Offeror will move the fully configured and as-needed customized products that make up the new solution into production and go-live over multiple phases. The Cutover and Acceptance Strategy must address, at a minimum:
 - Deployment activities
 - Sequencing of all deployment events
 - Deployment schedule
 - Go/No-Go Decision Points
 - Incident and Defect Resolution documentation and tracking
 - Cut-off schedule for legacy applications
- e. **Implementation Closeout.** Closeout is important to ensure that the Offeror has completed the project work expected by the Center based on the agreed-upon project scope, deliverables, schedule and budget. It also is an opportunity to share best practices and lessons learned. It is expected that the Offeror will schedule a Project Closeout meeting with the Center to review the project and obtain formal approval that all services, products and deliverables have been submitted and accepted and the project is considered complete. The Closeout Report can be used to ensure the project closeout covers all the necessary aspects of the project. For this task, the following deliverables are relevant:

- i. **Closeout Report** - When directed by the Center, the Offeror will submit a Closeout Report that, at a minimum, will include the following information:
 - Project successes
 - Project lessons learned
 - A summary of project evaluation metrics including:
 - Actual vs. planned scope
 - Actual vs. planned budget comparisons
 - Actual vs. planned schedule comparisons.
 - User satisfaction with the solutions functionality.
 - Benefits gained over previous systems
 - Ongoing contingencies/remaining issues (or defects)

b. IT Solution Plan

The IT Solution Plan will include the following deliverables by a mutually agreed upon date. All tasks discussed below must be completed in accordance with the dates set forth in the approved Project Plan described in Section II.G.1.

- a. **Risk Management Approach** – The Offeror will produce a Risk Management Approach, which must be a forward-looking document that describes:
 - How the Offeror has already identified potential issues that could affect the achievement of project objectives based on prior organizational experience;
 - How the Offeror will systematically assess and rank the risk associated with these issues;
 - How the Offeror is already pursuing or would rapidly develop and implement mitigation strategies that effectively address the risks associated with the issues and any new risks identified; and
 - The tools the Offeror will use for tracking internal (Offeror) and external (the Center) issues and related risks, including both technical and non-technical issues that could affect the project deliverables, schedule and/or budget.

- b. **Requirement Elaboration and Specification Definition**

After project initiation, the Offeror will undertake Requirement Elaboration and Specification Definition activities including but not limited to design sessions/workshops with select Center program personnel. The aim of Requirement Elaboration and Specification Definition is to clearly outline the detailed design and configuration of the new solution. The Definition must:

 - Identify required product modifications,
 - Determine interface requirements, and
 - Modify the implementation plan as deemed appropriate.

The solution shall be implemented in a manner that will allow for the evolution of operations and business practices with minimal impact and rework. Because of these activities, the Project Plan may need to be modified.

It is expected that, as part of this task, the Offeror will engage in analysis of current-state processes and recommendations regarding changes to these processes or the engineering of entirely new processes with the goals of facilitating the new solutions implementation and enabling improvements in organizational performance, care processes and related outcomes, and customer service.

The following deliverables are relevant to this task.

- i. **Requirement Elaboration and Specification Definition Protocol and Materials Package** - The Offeror will conduct requirement elaboration and specification definition activities in accordance with its proposed protocol. The protocol will be outlined in the Requirement Elaboration and Specification Definition Protocol and Materials Package. The protocol must simultaneously account for a phased implementation and the need to engage stakeholders from multiple agencies in certain requirement elaboration and specification definition activities.
- ii. **Functional Specification Documents** – The Offeror will develop Functional Specification Documents, which it will submit to the Center for review. These documents should be a detailed description, from a user’s perspective, of what the solution will look like and how it will behave. Functional specification documents will serve multiple purposes, including:
 - Configuration and, if applicable, customization instructions to developers;
 - A basis for estimating configuration/customization level of effort and work duration;
 - Agreement with the Center on exactly what will be built;
 - A point of synchronization for the whole project team.

The Functional Specification Documents will also be inputs to implementation and deployment plans. After functional specifications are reviewed and approved, changes to the specifications will require Center approval.

- iii. **Requirements Traceability Matrix** – The Center expects that a major deliverable of this task is a detailed functional requirements traceability matrix. This matrix will reflect the

actual configuration required to implement the system. This matrix will be used throughout the life of the project, including acceptance testing.

- iv. **Data Integration/Interface Specifications Document** - The Offeror will specify and document the need to exchange or accept data from other information systems and how said data will be transmitted. For each interface for which the Center assigns ownership to the Offeror, the Offeror will define the interface in terms of format, content and transmission method. At a minimum, this document will include:
- The concept of operations for each interface;
 - Definitions of the message structure and protocols that govern the interchange of data;
 - Identification of the communication paths along which the project team expects data to flow;
 - A description of the data exchange format and protocol for exchange;
 - A general description of each interface;
 - Assumptions where appropriate; and
 - Estimated size and frequency of data exchange.
- v. **Data Conversion and Migration Blueprint** - The Offeror shall be required to develop a Data Conversion and Migration Blueprint and should outline:
- The scope of data conversion activities;
 - An inventory/catalog and profile of data to be converted;
 - The approach to be followed for all data conversion and migration activities for Center functional areas including a detailing of specific activities, their durations and applicable dependencies;
 - A list of applications impacted;
 - A list of conversion and reconciliation tools to be employed;
 - An outline of conversion roles and responsibilities;
 - A description of conversion resource requirements;
 - The approach to be followed for data cleanup;
 - The approach and methodology to data translations;
 - The approach to be followed for methodology for conversion testing/validation; and,
 - An outline of acceptance criteria

It is expected that the Offeror's approach to the completion of the following tasks will be addressed in the Data Conversion and Migration Blueprint:

- Ensure database backups are in place
 - Execute data conversion routines/packages
 - Validate converted data to confirm success
 - Revert to backup if conversion failed
 - Provide the Center with the results of the conversion and any exceptions
 - Work with the Center to resolve nulls and non-converted data
 - Provide post conversion support through requested ad-hoc reporting and provision of access to the pre- and post- converted data for Center confirmation analysis.
- vi. **Deployment Scheme** - The Offeror will define a deployment scheme for the new solution. This document should be comprised of two sections, the Deployment Strategy and the Deployment Design. The Deployment Strategy section will be used to formulate a deployment approach for the solution and should include timeline information, a description of the deployment approach (such as waves, regular release cycle, “big bang” and direct installation vs. parallel installation), and associated benefits, assumptions and risks. The Deployment Design section will contain schedule and resource information, engagement and promotion strategy, deployment methods, technology infrastructure and support considerations, deployment testing and training requirement, and any known conflicts or issues with the software.
- c. **Testing** The Offeror must demonstrate through a formal, prior-approved testing process that the solution performs as required from various remote facilities and that the system appears to meet or exceed the Center’s functional and technical requirements. The testing process will incorporate all levels of testing: unit/module, integration, system and end user acceptance. The Offeror and the Center shall mutually develop specific written criteria for any testing that will objectively measure each functional and technical requirement. Deliverables relevant to the task of testing are listed below.
- i. **Test Plan including Test Scenarios, Test Cases and Test Scripts** - The Offeror shall submit a comprehensive Testing Plan to the Center in accordance with the dates agreed upon with the Center. At a minimum, the test plan must incorporate unit, integration, usability, performance and security tests. For each of the various types of tests that will need to be performed, the Testing Plan must outline the following:
- Scope
 - Objective

- Roles and Responsibilities
- Test Schedule
- Test Execution Protocol/Workflow
- Assumptions for Test Execution
- Constraints for Test Execution
- Test Scripts – these must be tied to functional requirements
- Test Data Requirements
- Test Resource Requirements
- Expected Results
- Acceptance Criteria (including item pass/fail criteria)
- Issue Tracking
- Issue Reporting
- Testing Status Reports
- Phase Completion Reports
- Test Final Report Sign-Off
- Risk Mitigation
- Testing Facilities
- Testing Tools
- Issue Tracking Tools
- Issue Severity and Priority Definition
- Issue Reporting
- Remediation Process

- ii. **Solution Test Results** - The final acceptance test must use Center approved data that adequately represent the live system and include report generation. The Offeror must test back-up/recover and failover features successfully. The failure of any specific portion of the test will require that the entire test be rerun, not just the failed portion of the test. The system is accepted only when the Center Director of IT or designee has reviewed documented Solution Test Results and certified in writing of final acceptance of the product. No warranty period shall begin until after such certification of successful acceptance testing is issued from the Center.

In addition, the Offeror shall conduct the following testing and provide documented results:

- **Performance Testing:** In cooperation with the Center, the Offeror shall test the Solution to endpoint workstations located within and external to the Center's network. At its preference, the Center may monitor internal bandwidth during this testing.
- **Stress Testing:** The Offeror shall perform stress testing in collaboration with the Center to assess the Solution's

performance under realistic load conditions, to determine under what conditions the Solution will degrade, and to specify sufficient hardware for a full deployment. Based on an analysis of the test results, the Offeror shall recommend actions to improve performance, if necessary.

- Security Testing: The Offeror shall perform security and vulnerability testing in collaboration with the Center to assess the Solution's security. The cost of this evaluation shall be incorporated into the Cost Proposal. The Offeror must provide a distinct environment for testing activities. Based on an analysis of the test results, the Offeror shall recommend actions to improve security, if necessary.
- For a proposed hosted solution, the Offeror will provide results of vulnerability scans conducted within the last year.

d. Solution Maintenance and Support. Upon final acceptance certification, and upon termination of the warranty period, the Offeror will transition into maintenance and support mode. As part of this task, the Offeror will provide technical support and maintenance services as negotiated with the Center. For this task, the following deliverables are relevant:

- i. **Solution Maintenance and Support (M&S) Strategy** – The Offeror shall develop a comprehensive M&S strategy. At a minimum the M&S strategy shall address:
- Ensuring the Offeror 's solution continually meets Center requirements including evaluation of new or revised functionality stemming from programmatic, organizational, legal or regulatory changes;
 - Ensuring that solution maintenance windows do not interfere with Center business or occur during business hours;
 - Accommodating new legislation and evolving regulations, standards, and Center organizational processes;
 - Providing regular and periodic maintenance to the solution on a schedule agreed upon by the Offeror and the Center; and,
 - Ensuring that solution training materials, manuals and reference guides, and technical documentation are kept up-to-date throughout the life of the contract.

The M&S strategy shall incorporate the following elements:

- Scope
- Resource Roles and Responsibilities
- Configuration Management Protocol
- Change Management Protocol
- Levels of Support
- Onsite vs. Remote Support
- Service Level Agreements

- Reporting and Management Protocols
 - ii. **Maintenance and Support Activity Reports** – The Offeror shall produce reports that detail maintenance and support activity; these reports will enable the Center to gauge maintenance and support activity and to identify trends in support activity that can lead to process improvement, training and other efforts aimed at reducing said activity.
 - iii. **Incident Reports – Solution Maintenance** – The Offeror shall produce reports that detail incidents associated with solution maintenance activity, e.g. a security patch that had to be backed out and subsequently reapplied after further testing was conducted. The reports shall indicate the cause of any incidents and how the incident was resolved.
- e. **Solution Operations and Hosting.** Upon final acceptance certification, and upon termination of the warranty period, if the Offeror is tasked with operating and hosting the solution the Offeror will transition into operations and hosting mode. As part of this task, the Offeror will operate the solution - including but not limited to running system jobs - and host the solution – including but not limited to supplying the solution’s operating environment, monitoring said environment, proactively flagging any availability and performance issues, and rapidly resolving said issues in accordance with the contract between the Center and the Offeror. For this task, the following deliverables are relevant:
- i. **Operations and Hosting (O&H) Solution**

The Offeror shall develop a comprehensive O&H Solution. The O&H Solution must, at a minimum, incorporate the following elements:

 - Scope
 - Resource Roles and Responsibilities
 - Job/Job Stream Processing Protocol
 - Availability and Performance Monitoring and Tuning Protocols
 - Availability and Performance Measures
 - Service Level Agreements
 - Incident Reporting and Management Protocols
 - ii. **O&H – Incident Reports** –The Offeror shall produce reports that detail incidents associated with solution operations and hosting activity; e.g., a firmware update that had to be backed out and subsequently reapplied after further testing was conducted. The reports shall indicate the cause of any incidents and how the incident was resolved.

- iii. **Availability and Performance Reports** – The Offeror shall produce reports that detail availability and performance of the solution as a whole and, as deemed applicable, the availability and performance of select modules or components. Availability and performance shall be measured based on a mutually agreed upon methodology.

Section III. G Project Deliverables has specific instructions for Offeror's response.

H. Cost

- a. The Center is a unit of local government with a Board of Trustees. Therefore, it is tax-exempt and does not pay sales tax.
- b. As funds come from various Federal, State, and Local funding sources, any large purchases or leases include a funding out clause.
- c. Include all costs including optional costs and travel costs.
- d. Section III. H Costs, has specific instructions for Offeror's response.

I. Contract

- a. The successful Offeror is one whose legal services and the Center are able to quickly negotiate a contract ready for signing at the time of the Center Board of Trustees approval which is estimated as May, 25, 2023. This is to ensure start of the Implementation beginning June 1, 2023. For this reason the Center Contract will be the starting point.
- b. The anticipated Contract may have multiple parts that may have different lengths. The overall contract term will be 5 years with two, 2-year extensions possible. Please note that the contract will include provisions for early termination by mutual agreement, termination for cause, and termination for non-appropriations or loss of funding.
- c. This process is a Request for Proposal/Competitive Negotiation process. Each proposal shall be evaluated, and each Offeror shall be available for negotiation meetings at The Center's request. The Center reserves the right to negotiate on any and/or all components of every proposal submitted. From the time the proposals are submitted until the formal award of a contract, each proposal is considered a working document and as such, will be kept confidential. The negotiation discussions will also be held as confidential until the award is completed.
- d. The Center's Contract is Attachment C – Center Contract. It contains key clauses including:
 - i. The Center is a unit of local government established under Texas State Law. The governing Law is Texas.
 - ii. The Center cannot indemnify or hold harmless Offeror or any related associations.
 - iii. The Center requires indemnification by the Awarded Offeror for their own acts or omissions.

- iv. Regarding Confidential Information, the Center falls under the Texas Open Information Act.
 - v. Under new rules established by the State of Texas, units of local government contracts now include the Texas Required Contract Clauses – see Section VI. of the attached Contract Requirements.
 - vi. This RFP and the Offeror’s proposal will be incorporated by reference in the final contract.
 - e. Offeror may propose use of their company agreement.
 - f. Offeror must also provide all documents that are part of proposed complete contract.
 - g. Any 3rd Party integration (example: Dr. First for e-prescribing) are subject to all of the above requirements and are the Offeror’s responsibility to negotiate to meet these standards and be a part of the Offeror’s contract; not separate contracts the Center must obtain.
 - h. Section III. I. Contracts has specific instructions for Offeror’s response.
-

III. **Instructions for Response**

Please submit the following information in your response. Attachment D Response Checklist is provided to assist in the submission.

A. Offeror Qualification

1. Submit a Cover Letter with the information listed in Section II.A.
2. In your Narrative
3. Provide a history of your organization and include:
 - a. All mergers and acquisitions in the last three years;
 - b. The number of employees in direct operation of the proposed contract management software and within that number, the number of employees in your support department.
4. Please describe how many organizations (unduplicated count) have purchased and renewed your contract management software in the last two years.
5. List all Texas Community Mental Health and Intellectual Disability Centers who are currently using your software.

B. Functional Requirements

1. Please complete and submit the Functional Requirements ([Attachment A.III. B. Functional Requirements](#)).
2. Provide detail describing how Offeror’s solution meets or exceeds each requirement.
3. A separate Word Document is posted on the website (<https://communityhealthcore.com/about-us/contractors/request-for-proposals/>) for convenience.

C. Technical Requirements

1. Please complete and submit the Technical Requirements ([Attachment A.III.C. Technical Requirements](#)).

2. Provide detail describing how Offeror's solution meets or exceeds each requirement.
3. A separate Word Document is posted on the website (<https://communityhealthcore.com/about-us/contractors/request-for-proposals/>) for convenience.

D. Integration with Other Solutions – in a separate document labeled Integration with Other Solutions

In your response please provide how your system interfaces with the following third party solutions:

1. e-Labs
2. e-prescribing controlled substance
3. e-prescribing/e-Rx
4. Electronic Signature software
5. Prescription Drug Monitoring Program
6. Appointment reminders
7. Any other third party solutions not mentioned above

E. Mandated Forms in a separate document labeled Mandated Forms

Please submit a list of all the Federal & Texas State Mandated Forms your system already has built with the corresponding Federal/State form number, including but not limited to:

1. Health & Human Services Commission
2. Department of Criminal Justice
3. Centers for Medicare & Medicaid Services
4. Substance Abuse and Mental Health Services Administration
5. Texas Medicaid and Healthcare Partnership
6. Texas Department of Family and Protective Services

F. Mandated State/Federal Reporting in a separate document labeled Mandated State/Federal Reporting

Please submit a list of all the Reports your system already has built including but not limited to the agencies below:

1. Health & Human Services Commission
2. Department of Criminal Justice
3. Centers for Medicare & Medicaid Services
4. Substance Abuse and Mental Health Services Administration
5. Texas Medicaid and Healthcare Partnership
6. Texas Department of Family and Protective Services

G. Project Deliverables

1. Project Plan. Please submit a Project Plan addressing the 5 sections that are contained in Section II.G. Project Plan. Please label it Project Plan.
2. Implementation Schedule and Resources Needed.
 - a. Please complete and submit the Implementation Timeline and Resources Needed (Attachment A.III.G. Implementation Timeline and Resources)

- Needed). Provide detail describing how Offeror's implementation plan with phases and milestones achieves the needed Go-Live date of December 1, 2023.
- b. Include the necessary number of staff and resource hours needed to follow this timeline.
 - c. A separate Word Document for Offeror response is posted on the website (<https://communityhealthcore.com/about-us/contractors/request-for-proposals/>) for convenience
3. Please submit an IT Solution Plan that addresses the areas listed in the scope of work Section II.G. IT Solution Plan. Please label it IT Solution Plan.

H. Cost

1. Please use Attachment A.III.H. Cost Proposal (Microsoft Excel file) to submit your cost information. Please follow the instructions below when completing.
2. We are requesting that cost proposal information be broken down into:
 - a. Implementation costs - associated with all project activities prior to official declaration by the Center that steady-state operations have been achieved.
 - b. Maintenance, Support, Operations and Hosting costs - associated with all activities after official declaration by the Center that steady-state operations has been achieved.
3. For providing information regarding Implementation costs, in TAB labeled Implementation Pt 1, we are requesting that resource (personnel) information be broken down by implementation phase as proposed by the Offeror and project management vs. other implementation activities.
4. For providing additional detail regarding Implementation costs, in TAB labeled Implementation Pt 2, we are requesting that costs for implementation activities be provided for each phase broken down by task – refer to Section II. Detailed Scope of Work, above in this document.
5. For providing information regarding Maintenance, Support Operations and Hosting post-implementation service costs, TAB Mtce-Support-Ops-Hosting, we are requesting that this information be provided in accordance with the metrics your organization uses to price these services. Examples of how this information is to be provided are included in the template.
6. The Offeror shall include a statement in the Cover Letter (See II.A. Qualifications of Offeror) that attests the Offeror's willingness and ability to perform the work described in this RFP for the price being offered.
7. The Offeror will perform the work as described in their proposal and the specifications of this RFP for the price quoted by the Offeror. If the performed work does not achieve their proposal or the specifications of this RFP, then the Offeror will be expected to perform the work necessary to achieve that result at no additional cost. This work can be made a requirement by the Center prior to allowing the application to go into production. Additional work will not be considered a project change chargeable to the Center if it is for reasons of correcting security deficiencies, meeting the functional requirements established for the solution, unsupported third-party technologies or excessive resource consumption.

I. Contract

1. Using the Center's contract, please include a redline version of any proposed changes. A Word Version of Attachment C is provided for redlining. In a separate document list any deviations from these clauses that the Offeror would like the Center to consider. Please label "Contract Considerations".
2. Offeror will include in the Contract Considerations, the name, telephone number and email for the designated legal representative who will be negotiating the language of the contract. This person will be contacted during the assessment process to discuss the proposed redlines and Contract Considerations in the proposal as part of the evaluation process.
3. Offeror must provide the following agreements as part of their response to this proposal if they are utilized during the performance of the contract.
 - a. Software license agreements: Software Licenses must be clearly defined as to the use rights. Unless otherwise negotiated, the Center assumes a non-exclusive, perpetual use of any licenses purchased, independent of maintenance, services, and or support agreements. The Center will not lease licenses except under "Software as a Service" arrangements that include external hosting.
 - b. End user agreements.
 - c. Maintenance agreements which include description of services provided as part of the recurring annual maintenance fee, such as software fixes, updates; cycle for updating the Product; and Management Strategy for addressing third-party software updates which are part of Offeror's solution.
 - d. Warranty - The Offeror shall include in its proposal a list and description of warranties provided, including but not limited to:
 - Warranty of Performance – one-year performance warranty covering the specifications for and performance of all software and services, commencing upon system acceptance This warranty will reset if, when and each time a defect/bug/problem is identified within the warranty period.
 - Warranty of Representations made by Offeror in response to RFP
 - Warranty Against Viruses – Offeror warrants against deliberate time bombs – encrypted key technology to disable the system or otherwise hinder system functionality
 - Warranty of Offeror Capability – Offeror is financially viable and there are no legal proceedings against the Offeror that could jeopardize this agreement
 - Warranty of Past Success – System is installed and running at other similar Texas Community Center locations, and there is no pending litigation against the Offeror based upon problems with the system and Offeror performance
 - Configuration Warranty – Offeror warrants that the system provided and installed includes all components necessary to perform the processing presented

- Release Warranty – Offeror warrants the combination of hardware, software, and operating system requirement
 - The period of time the warranty is in effect should not overlap with that of the maintenance agreement. Should both warranty and maintenance agreements run concurrently, the Offeror must provide sufficient evidence to demonstrate the benefit of services under both agreements, otherwise the maintenance fees should not be incurred until after the warranty period has expired.
- e. Hosting agreement.
 - f. Any supplemental agreements not listed above proposed by the Offeror to be utilized during the performance of the contract.

J. References

The Center requests the responder submit three (3) references from comparable Texas Community Mental Health & Intellectual Disability Centers who have selected Offeror's proposed solution and implementation is complete. Include name of firm, address, name of contact, telephone number and email address.

Note: It is the practice of The Center to score a "Zero" after 3 attempts are made for a Reference Check without success and no call back or other communication by the reference.

K. Other

1. Provides proof of insurance policy.
2. Return signed Conflict of Interest Questionnaire (Attachment B).

Responder shall provide in their proposal all documentation required by this RFP. Failure to provide this information may result in rejection of proposal.

IV. Scoring the RFP

A. Factors to be considered include:

1. Delivery terms;
2. Quality and reliability of respondent's goods or services;
3. The extent to which the goods or services meet the Center's needs as described in this RFP;
4. Offeror's past performance, financial resources and ability to perform, experience and responsibility, and ability to provide reliable service agreements;
5. The impact on the ability of the Center to comply with laws and rules relating to historically underutilized businesses or relating to the procurement of goods and services from persons with disabilities;
6. The total long-term cost to the Center of acquiring the respondent's goods or services;

7. The cost of any Center employee training associated with the acquisition;
8. The effect of the acquisition on the Center’s productivity;
9. Total cost of acquisition;
10. Whether the respondent can perform the contract or provide the service(s) within the contract term and promptly provide the services without delay or interference;
11. Offeror’s history of compliance with the laws relating to its business operations and the affected service(s) and whether it is currently in compliance;
12. Offeror’s experience implementing an EHR solution for a Community Center in the State of Texas.
13. Whether the Offeror’s financial resources are sufficient to perform the contract and to provide the service(s);
14. Whether necessary or desirable support and ancillary services are available to the Offeror;
15. The character, responsibility, integrity, reputation, and experience of the Offeror;
16. The quality of the facilities and equipment available to or proposed by the Offeror;
17. The ability of the Offeror to provide continuity of services;
18. The ability of the Offeror to meet all applicable written policies, principles, and regulations;
19. The ability of the Offeror to meet all established schedules and milestones;
20. The Offeror will be compliant with all laws and conflicts of interests.
21. Any factor is relevant to determining the best value for the Center in the context of this procurement.

PROPOSAL EVALUATION AND AWARD PROCESS

B. Written Proposals

After determining that a proposal satisfies the mandatory requirements stated in the Request for Proposal, Center evaluator(s) shall use subjective judgment in reviewing the written response. A maximum total score of 500 points for the written portion as distributed in the following table.

REF	Description	Percentage	Max Points
III A	Offeror’s Experience	4%	20
III B	Functional Requirements	4%	20
III C	Technical Requirements	8%	20
III D	Integration Solutions	8%	40
III E	Mandated Forms	8%	40
III F	Mandated State/Federal Reporting	8%	40
III G	Project Deliverables – Project Plan	20%	100
III G	Project Deliverables – IT Solution Plan	15%	75

III H	Cost	21%	15
III I	Contract	4%	20
III J	References	4%	20
	TOTAL	100%	500

B. Demonstration of Solution:

All Offeror(s) who meet the minimum requirements will be invited to present onsite to demonstrate their proposed system. For those Offerors who submit a Letter of Intent, a tentative date will be set soon after receipt of the Letter of Support. If the Offeror's proposal does not meet the minimum requirements of the RFP, that Offeror will be notified that the Onsite Demonstration has been cancelled as the proposal failed to meet the minimum requirements. An Offeror who did not submit a Letter of Intent but does submit a Proposal on time that meets the minimum requirements can still Demo; they will be assigned one of the remaining dates. Dates for the Onsite Demo are: April 26, April 28, May 2, and May 4.

The on-site demonstrations will consist of scripted presentations to allow Offerors to present their approach to implementing the new EHR solution as well as display their solutions. It will be a full day presentation.

The on-site demonstrations will account for 500 of the total 1000 points available. The demonstration will be evaluated on specific aspects of the desired EHR. The demonstrations will be scheduled after the opening of proposals. Travel to the Center will be at the Offeror's expense.

The final award will be based on best value.