

Addendum 1
Community Healthcore
Request for Proposals
RFP 1001-26, Addendum 1
Artificial Intelligence

November 14, 2025

The posted RFP # 1001-26 Artificial Intelligence has been modified as follows:

1. Attached is the final answers for the Questions received for the Q&A session hosted Thursday, November 13, 2025, from 9:30 a.m. to 9:55 a.m. Central Time.

All other documents in the RFP remain the same.

RFP # 1001-26 Artificial Intelligence

Question & Answer

Call on November 13, 2025

#	Question	Official Answer
1	1. Who are previous incumbents on this project?	No previous incumbents
2	2. What was the annual spend for the previous year on this Project?	No previous spend
3	3. If this is a new contract, what is the anticipated budget for this contract?	Yes, this is a new contract. Don't have anticipated dollar amount,
4	4. Is this RFP intended for a single-vendor award or multiple-vendor awards?	Single vendor
5	1. Are you open to a hybrid delivery model with a mix of offshore and onshore resources?	No
6	2. Work will be onsite or remote?	Both
7	3. Can you please give us an extension of 1-2 weeks to submit our proposal?	No
8	Will Community Healthcare provide access to sample mandated forms, clinical notes, or assessments to validate mapping and automation capabilities?	Yes, these are posted on the website.
9	Is there a preferred format or structure for the Project Plan deliverables outlined in Section I-E?	No specific format other than following the order as outlined in the RFP.
10	Should the proposed solution support multilingual documentation or translation tools for provider notes?	Yes, and in real time supporting multi language and be able to generate note from ambient listening.
11	Are there specific cybersecurity certifications or frameworks (e.g., HITRUST, SOC 2, NIST) that the Center prefers vendors to align with?	No certificates required and no preferred alignment.
12	Will the Center provide sandbox access to the EHR (Credible by Qualifacts) for testing overlay functionality during implementation?	Yes

13	Is there a preferred format for submitting the performance bond documentation, or should it be included as part of the cost section?	Please include as part of the Cost Section.																											
14	Should references include behavioral health-specific implementations, or is broader healthcare experience acceptable?	Yes, behavioral health specific is a strong preference.																											
15	Regarding the solicitation, "RFP 1001-26 Artificial Intelligence," is the agency looking to switch EHRs or just find an AI solution to pair with their current EHR?	Looking for an AI solution to pair with their current EHR.																											
16	Are you open to a phased implementation (for example, a pilot with a subset of programs/clinics first), or do you anticipate a full enterprise rollout across all service lines at once?	Yes. We would prefer to go live within the vendor's typical timeline. We would prefer a phased rollout across specific programs within the center																											
17	The RFP mentions your right to award on "best value." Can you clarify which factors will carry the most weight in your evaluation—cost, ability to overlay the EHR, clinical/operational fit, security posture, or implementation approach?	<p>Scoring criteria is listed in section III. Scoring the RFP section B. Best Value is the most advantageous combination of the values listed.</p> <table border="1" data-bbox="978 889 1892 1214"> <thead> <tr> <th>Description</th> <th>Percentage</th> <th>Max Points</th> </tr> </thead> <tbody> <tr> <td>I.A. Offeror's Qualifications</td> <td>10%</td> <td>50</td> </tr> <tr> <td>I.B. Functional Requirements</td> <td>10%</td> <td>50</td> </tr> <tr> <td>I.C. True integration with the EHR, or overlay functionality (no API)</td> <td>15%</td> <td>75</td> </tr> <tr> <td>I.D. Mandated Forms/Clinical Notes/Assessments</td> <td>15%</td> <td>75</td> </tr> <tr> <td>I.E. Project Plan</td> <td>20%</td> <td>100</td> </tr> <tr> <td>I.F. Cost</td> <td>20%</td> <td>100</td> </tr> <tr> <td>I.G. References</td> <td>10%</td> <td>50</td> </tr> <tr> <td>TOTAL</td> <td>100%</td> <td>500</td> </tr> </tbody> </table>	Description	Percentage	Max Points	I.A. Offeror's Qualifications	10%	50	I.B. Functional Requirements	10%	50	I.C. True integration with the EHR, or overlay functionality (no API)	15%	75	I.D. Mandated Forms/Clinical Notes/Assessments	15%	75	I.E. Project Plan	20%	100	I.F. Cost	20%	100	I.G. References	10%	50	TOTAL	100%	500
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18	Can you describe your current EHR workflow screens and whether you expect the AI solution to render directly inside that session, or to sit on top of it as an overlay window that can read/write fields?	Regarding "workflow screens", staff enter an individual's record and selects "begin service" in order to open the clinical form or clicks "begin service" from their schedule to open the clinical form. This would be the primary area of the EHR where the AI solution would need to be available. Regarding rendering vs																											

		overlay, Credible EHR will not allow direct rendering, AI solution must sit on top and read/write fields.
19	The RFP references cybersecurity protocols and Business Associate requirements. Do you already have a standard security questionnaire, HIPAA/BAA addendum, and disaster-recovery/RPO/RTO expectations that the AI vendor must meet, and at what stage in the process will that review occur (before or after demos)	The solution must meet cyber security protocols (access control, encryption in transit and at rest and a BAA to comply with these requirements to protect PHI and avoid liability for breaches), etc. We don't have a standard security questionnaire, RPO/RTO expectation. We do have a BAA that must be signed. This information will be reviewed prior to the demos.
20	Because your contract includes a multi-year term with optional extensions, how would you prefer pricing to be structured so you can scale users/sites over time without re-bidding - per user, per encounter, per program, or in tiers?	The contract term is for 3 years and two, 2-year extensions based on satisfactory results. Open to various pricing structures but proposal must be clear what the cost would be for the initial 3-year and two, 2-year extensions. All costs need to be clearly spelled out. Any costs not included in the proposal are not eligible for reimbursement under the contract.
21	Being that you serve multiple counties and both MH and IDD service lines, do you intend for this AI/clinical documentation solution to be shared across all programs immediately, or will some programs be out of scope initially due to funding, clinical model, or staffing?	The solution will be shared across all programs. The expectation is for the solution to be available to all programs that complete clinical documentation within the EHR. The exception to this would be program subsets that complete only "data entry" services, which do not include clinical documentation.
22	1. Could you please let us know if we are required to submit the performance bond along with our proposal?	The Performance Bond would need to be submitted only by the successful vendor at the time of the signing of a contract.
23	2. If yes, could you kindly share the applicable percentage for the same?	Not Applicable, Performance Bond as proposed in RFP will be submitted at time of contracting for the successful vendor.