SUBJECT: Request for Proposals (RFP) for an AI Clinical Documentation Assistance Tool **RFP 2026-012**, Scheduled to Open**: April 30, 2026**; Date of Issue: **March 17, 2026**

FROM: Adam Velez
Sr. Director, Compliance and Systems Support

DATE: April 13, 2026

THIS NOTICE SHALL SERVE AS ADDENDUM NO. III - TO THE ABOVE REFERENCED REQUEST FOR PROPOSALS

Change: The RFP Due Date is hereby changed to April 30, 2026.

Change: RFP Section 004 – Scope of Services - A. Scope of Work, pages 4-5, has been amended to add:
"Modules and Capabilities. RESPONDENT should propose an AI Clinical Documentation Assistance Tool solution and applicable add-ons, to include functionality items and features for any items to meet the requirements of this Scope of Work. Potential capabilities could include, but are not limited to multi-service progress notes, ambient listening, charting and care documentation continuity, etc.

Technical Specifications. At a minimum, the CENTER'S EHR requires a full note write-back for progress notes. Inclusion of section-level write-back is preferred for treatment plan development to include, but not be limited to, the following sections: needs, goals, objectives, and interventions.

The CENTER'S EHR supports both FHIR APIs and HL7v2 for integration. While The CENTER anticipates that an embedded user interface (UI) would be the most streamlined access method for the proposed solution, RESPONDENTS should propose a solution that meets the requirements of this Scope of Work. The CENTER also recognizes that many solutions may be Google Chrome™ extensions that would be an overlay for the CENTER'S EHR with application programming interfaces (APIs)."

Change: RFP Section 009 – Submission of Proposal, Instructions for Submitting Proposals, first paragraph, first sentence, is hereby amended to read, "RESPONDENT shall submit one (1) original, signed in ink, five (5) hard copies and one (1) USB drive which contains the Proposal in Microsoft Word or PDF format in a sealed package clearly marked with the project name, "**AI Clinical Documentation Assistance Tool, RFP 2026-012**" on the front of the package by **no later than 12:00 P.M. CST on April 30, 2026.**"

Change: RFP Section 013 – Schedule of Events, is hereby amended to read:

"RFP Release Date:	March 17, 2026
Pre-Submittal Conference:	2:30 P.M. CST on March 31, 2026
Final Questions Accepted:	12:00 P.M. CST on April 8, 2026
Proposal Due:	12:00 P.M. CST on April 30, 2026"

Change: RFP Attachment A, Part Three – Proposed Plan, page 19, has been amended to add, "15. Please detail available alternatives when low-connectivity issues occur due to field-based user error/issue and/or when a potential loss of connectivity is experienced during a session."

Change: RFP Attachment A, Part Three – Proposed Plan, page 20, has been amended to add, "16. Please provide a detailed description of RESPONDENT'S full note and section-level write-back capabilities."

Change: RFP Attachment A, Part Three – Proposed Plan, page 20, has been amended to add, "17. Please provide a detailed description of RESPONDENT'S proposed products (solution, modules and capabilities, add-ons, etc.) and its capability(ies) to integrate successfully with the CENTER'S EHR system. If the proposed solution does not integrate with the CENTER'S EHR system, please identify which products do not integrate and how RESPONDENT proposes the product would be utilized."

Change: RFP Attachment A, Part Three – Proposed Plan, page 20, has been amended to add, "18. Please provide a detailed description of the access method for RESPONDENT'S proposed solution (i.e., embedded UI with the CENTER'S EHR, external application, or API-driven workflows, etc.)."

Change: RFP Attachment A, Part Three – Proposed Plan, page 20, has been amended to add, "19. Please provide the level and scope of support that RESPONDENT will provide for this project, consistent with this RFP, assuming the CENTER'S IT Department will be the initial point of contact for CENTER user support needs."

Change: RFP Attachment A, Part Three – Proposed Plan, page 20, has been amended to add, "20. Please provide a detailed description of RESPONDENT'S proposed solutions to comply with HIPAA, 42 CFR Part 2, and any applicable regulations, including but not limited to role-based access controls, data encryption, and audit trails."

Change: RFP Attachment A, Part Three – Proposed Plan, page 20, has been amended to add, "21. Please provide a detailed description of how RESPONDENT'S proposed solution will optimize the capturing, storing, and documenting of patient consent."

Change: RFP Attachment A, Part Three – Proposed Plan, page 20, has been amended to add, "22. Please provide a detailed description of how respondents proposed solution handles sensitive clinical documentation and how it retains information for clinical documentation utilization."

Change: RFP Attachment B – Price Schedule, Revised 03/26/2026 is hereby deleted and replaced in its entirety by RFP Attachment B – Price Schedule, Revised 04/13/2026.

QUESTIONS SUBMITTED IN ACCORDANCE WITH RFP SECTION 010 – RESTRICTIONS ON COMMUNICATIONS

Question 1: Can the CENTER provide the anticipated number of clinical users or licensed seats expected under this Contract, so RESPONDENTS have a baseline to structure their pricing proposals?

Response: The CENTER anticipates approximately 700 clinical users.

Question 2: Can the CENTER provide the number of concurrent users required for the technology?

Response: Please refer to response to Question 1.

Question 3**:** For ambient listening technology, approximately how many hours are required per month?

Response: The CENTER does not have any ambient listening historical data available.

Question 4: Does the CENTER want to use ambient listening with its Netsmart telehealth solution?

Response: Please refer to RFP Section 004 – Scope of Services - A. Scope of Work - Modules and Capabilities.

Question 5: Does the CENTER need Augmented Intelligence (AI) technology for multi-service progress notes?

Response: Please refer to RFP Section 004 – Scope of Services - A. Scope of Work - Modules and Capabilities.

Question 6: Is the CENTER asking all RESPONDENTS to provide a quality module and pricing as a separate line item?

Response: Please refer to RFP Attachment B – Price Schedule, Revised 04/13/2026.

Question 7: To support accurate capacity planning and implementation design, could the CENTER provide a breakdown of clinicians by role, including psychiatrists, therapists, case managers, nurses, and other documentation related roles?

Response: Please see the breakdown of clinicians below:

Psychiatrists/Nurse Practitioners/Physician Assistants: 93
Nurses: 88
Licensed Clinicians: 141
Care Managers: 143

Please note, there are administrative roles that document within the EHR as well.

Question 8: What is the average number of patient sessions per day by role?

Response: Please see the breakdown of average number of sessions per day by role:

Psychiatrists/Nurse Practitioners/Physician Assistants: 14
Nurses: 22
Licensed Clinicians: 8

Question 9: What is the average number of inbound and outbound calls made per day?

Response: The daily average for the last ninety (90) days included approximately 1,100 inbound calls; 1,100 outbound calls; and 540 internal calls.

Question 10: How many sites and facilities are in scope for this program?

Response: There are nineteen (19) CENTER locations included in the scope.

Question 11: Could you clarify the expected rollout approach, including initial deployment cohort size, full deployment?

Response: The CENTER is seeking the recommendation of proposed approaches through this RFP. Please refer to RFP Exhibit A, Part Three – Proposed Plan - Question No. 10.

Question 12: What is the approximate distribution of visit types, including intake assessment, ongoing therapy sessions, medication management, and crisis or emergency encounters?

Response: The average distribution of if service types for intake/assessments is 15%; ongoing therapy is 6%; medication management is 22%; and crisis/emergency encounters is 5%.

Question 13: What are the typical session lengths across care types (e.g., therapy vs. psychiatry)?

Response: Services average thirty (30) minutes in duration.

Question 14: What is the current mix of on-site versus remote care delivery?

Response: The average on-site services versus remote care delivery is 59% for on-site services and 41% for remote care delivery.

Question 15: What are the expected workflows for hardware access, including mobile versus desktop usage and shared versus individual devices?

Response: Currently, staff log in individually. The CENTER would like to leverage Single Sign On (SSO) for any additional access to the AI Clinical Documentation Assistance Tool. The CENTER Information Technology (IT) Department will manage access for all staff. CENTER staff will retain their existing hardware which the CENTER'S IT Department maintains.

Question 16: Are there any constraints related to internet reliability, and are offline or low connectivity workflows required?

Response: Please refer to RFP Attachment A, Part Three – Proposed Plan, Question No. 15.

Question 17: Is the CENTER participating in any value-based contracts (VBCs), requiring pre-visit Hierarchical Condition Category (HCC) coding?

Response: This topic falls outside the scope of the current RFP and is not applicable to the services being solicited.

Question 18: What are the most frequent types of Consumers' inbound queries?

Response: This topic falls outside the scope of the current RFP and is not applicable to the services being solicited.

Question 19: What level of data write-back is required into myAvatar, including full note write-back, section-level write-back (and which sections), and/discrete field write-back (and which fields)?

Response: Please refer to RFP Section 004 – Scope of Services - A. Scope of Work - Technical Specifications.

Question 20: What is the preferred access method of the solution, such as embedded user interface (UI) within myAvatar, external application, or Application Programming Interface (API) driven workflows?

Response: Please refer to RFP Section 004 – Scope of Services - A. Scope of Work - Technical Specifications.

Question 21: Does the CENTER have a preferred integration approach (e.g., SMART on FHIR, FHIR APIs, HL7v2, or alternative standards) that vendors should design to?

Response: Please refer to RFP Section 004 – Scope of Services - A. Scope of Work - Technical Specifications.

Question 22: What are the primary pain points with existing myAvatar documentation workflows that this solution is intended to address?

Response: Please refer to RFP Section 004 - Scope of Services - A. Scope of Work.

Question 23: What Clinical Decision Support (CDS) capabilities are most important to the CENTER, and does myAvatar currently includes native CDS tools that vendors are expected to integrate with or complement?

Response: The CENTER'S EHR has some native CDS features; however, it is not the CENTER'S expectation that RESPONDENTS integrate with those existing features.

Question 24: Which clinical or administrative workflows are in scope for automation as part of this RFP?

Response: The CENTER is seeking an AI Clinical Documentation Assistance Tool, as per the RFP Scope of Work, which will offer seamless EHR workflow automation and support.

Question 25: Are there any third-party tools, besides myAvatar, that the vendor is expected to integrate with?

Response: No, the CENTER does not expect the proposed tool to function with any other applications.

Question 26: What specific requirements should vendors consider in relation to 42 CFR Part 2 workflows?

Response: Please refer to RFP Attachment A, Part Three – Proposed Plan, Question No. 20.

Question 27: What are the expectations for capturing, storing, and documenting patient consent?

Response: Please refer to RFP Attachment A, Part Three – Proposed Plan, Question No. 21.

Question 28 Are there requirements for segmentation or restricted handling of sensitive clinical documentation?

Response: Yes. It is expected that the solution proposed by RESPONDED is aware and practices the proper handling of sensitive clinical documentation. Please refer to RFP Attachment A, Part Three – Proposed Plan, Question No. 22.

Question 29: How will success be defined for this program? For example, improvements in time savings, documentation quality, compliance, or clinician experience and burnout reduction.

Response: The CENTER is seeking an AI Clinical Documentation Assistance Tool, per the RFP Scope of Work, that that would support and enhance various clinical roles and streamline documentation and workflows to reduce clinician burnout, improve documentation quality, and ensure compliance with local, state and federal statutes and regulations.

Question 30: How will these outcomes be measured and reported across pilot and full deployment phases?

Response: The CENTER has established a Steering Committee that is comprised of Subject Matter Experts (SMEs) from across the organization. The Committee will lead the oversight throughout the deployment phase.

Question 31: To support effective delivery and change management, how will decision-making authority be structured across Clinical Leadership, IT, and Operational Teams?

Response: Decision-making authority will be structured through a cross-functional governance model, through a Steering Committee composed of Subject Matter Experts (SMEs) from Clinical Leadership, IT, and Operational Teams. This approach ensures informed decision-making, balanced representation, and alignment, to support effective rollout and change management. Committee members will lead the efforts, and decisions will be made with appropriate and applicable leadership throughout the implementation process.

Question 32: Who will be accountable for overall program success (e.g., executive sponsor, clinical lead, IT lead), and what governance forums should vendors expect to engage with (e.g., steering committees, clinical councils, IT review boards)?

Response: Overall accountability resides with the CENTER, while the Steering Committee provides governance and strategic direction in conjunction with the IT Team providing implementation support to ensure successful execution. Committee will serve as the lead and will adhere to all internal processes that may include additional councils, board, and other Committees' involvement throughout the process. RESPONDENTS should expect to engage with the CENTER'S identified Steering Committee members and IT Leadership, as well as other Councils and Committees, as applicable.

Question 33: How are workflow, documentation, or configuration changes evaluated and approved during rollout?

Response: Workflows, documentation, and/or confirmation changes will be evaluated, vetted and approved by the Steering Committee to ensure alignment with goals and the CENTER'S priorities.

Question 34: What training approach is expected (e.g., centralized training, train-the-trainer, role-based training)?

Response: Please refer to RFP Attachment A, Part Three – Proposed Plan, Question No. 9.

Question 35: Does the CENTER plan to establish clinical champions or super users to support adoption?

Response: The CENTER has established a structured support model to include a Steering Committee, Implementation Team, and Super Users to ensure successful implementation.

Question 36: Are there defined targets for adoption or utilization during pilot and full deployment phases?

Response: Yes, defined adoption targets will be established with selected RESPONDENT during pilot and full deployment phases to ensure successful implementation.

Question 37: What level of ongoing support is expected post-implementation (e.g., helpdesk, on-sight support, embedded support)?

Response: Please refer to RFP Attachment A - Part Three – Proposed Plan, Question No. 19.

Question 38: Does the CENTER prefer a commercial model optimized for broad clinician access across all roles, or

a more targeted deployment within specific clinical programs initially?

Response: The CENTER is seeking an AI Clinical Documentation Assistance Tool, per the RFP Scope of Work, which would support and enhance various clinical roles and streamline documentation and workflows to reduce clinician burnout, improve documentation quality, and ensure compliance with local, state and federal statutes and regulations.

Question 39: Is this procurement budgeted as a clinical technology/EHR adjacency, or as an operational efficiency/workforce initiative? Understanding how it is classified internally helps vendors align on total cost framing.

Response: The RFP is structured as a blended investment across clinical technology and operational efficiency. RESPONDENTS should align their cost and value framing to reflect both clinical outcomes and operational return on investment.

Question 40: Are there any preferences or constraints related to licensing structure, phased expansion, or cost allocation that may influence total cost of ownership over time?

Response: Please refer to response to Question 1.

Question 41: Beyond documentation, has the CENTER quantified or estimated the financial impact of administrative burden, documentation time, or clinician turnover?

Response: The CENTER will expect to have multiple metrics to measure and benchmark overall success and impact pre and post implementation. The CENTER will collaborate with selected RESPONDENT to develop benchmarks to measure fiscal impact pre and post implementation.

Question 42: Is the CENTER open to a multi-year contract structure in exchange for pricing certainty, or is Year 1 expected to function as a standalone pilot with renewal optionality?

Response: Please refer to RFP Section 006 – Term of Contract and RFP Attachment B – Price Schedule, Revised 04/13/2026.

All other RFP conditions remain unchanged. RFP documents may be downloaded from http://www.chcsbc.org/contracting-opportunities/