



**REQUEST FOR PROPOSAL
("RFP")
(RFP-2026-012)
for
Augmented Intelligence
Clinical Documentation Assistance Tool**

Release Date: 03/17/2026

Revised: 04/29/2026

Proposals Due: 05/04/2026 at 12:00 P.M. Central Standard Time

*** Proposals not received by deadline will be rejected and returned unopened.**

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003 - BACKGROUND

The Bexar County Board of Trustees for Mental Health Mental Retardation Services d/b/a The Center for Health Care Services ("CENTER") is a multi-facility community mental health and intellectual disability center created under the authority of Section 534.001 of the Texas Health and Safety Code by its sponsoring agencies, Bexar County and the Bexar County Hospital District d/b/a University Health. The CENTER has been providing services to Bexar County residents experiencing mental health, intellectual developmental disabilities and/or substance use issues for over sixty (60) years and is the Texas Health and Human Services designated Local Mental Health Authority for Bexar County, Texas. The CENTER is considered a quasi-governmental entity, a political subdivision of the state of Texas, but is not a Texas state agency. The CENTER'S administrative offices are located at 6800 Park Ten Blvd. Suite 200-S, San Antonio, Texas 78213.

004 - SCOPE OF SERVICES

The Center for Health Care Services (“CHCS”, “CENTER”) is seeking Proposals from qualified and experienced entities (“RESPONDENT”) to provide a comprehensive Augmented Intelligence (AI) Clinical Documentation Assistance Tool capable of supporting the CENTER’S mission to facilitate effective care, delivery and coordination. The awarded vendor must provide an AI Clinical Documentation Assistance Tool that will support the CENTER’S current needs and be capable of supporting the CENTER’S growth and development in the behavioral health sector as the Information Technology environment changes. The CENTER is searching for a tool to enhance workforce quality through the strategic augmentation of human capabilities and the automation of key activities. This includes but is not limited to: enhancing service delivery to CENTER consumers, improving access, efficiency, and quality of care, while supporting user, clinical, operational and financial workflows, as further defined in this Request for Proposals (“RFP”).

The CENTER currently uses Netsmart - MyAvatar as its primary electronic health record (EHR) and is searching for an AI Clinical Documentation Assistance Tool capable of integrating and complementing the Netsmart - MyAvatar EHR system. The AI Clinical Documentation Assistance Tool would need to 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.

Applicants should provide a comprehensive overview of their AI Clinical Documentation Assistance Tool and its application within the behavioral health industry and confirm ability to integrate with the Netsmart - MyAvatar EHR system. The overview should include a detailed description of the AI Clinical Documentation Assistance Tool and its key function that adds value to behavioral health clinical workflows, improve documentation quality, and ensure compliance with local, state and federal statutes and regulations.

A. Scope of Work

The scope of this project includes the design, training and deployment of an AI Clinical Documentation Assistance Tool intended for integration with the CENTER’S EHR system. The objective of the project is to support behavioral health providers across a variety of clinical settings.

Key components of the project scope include, but are not limited to:

The RESPONDENT must ensure the AI Clinical Documentation Assistance Tool will allow for real-time transcription and note-writing assistance, and be compliant with the Health Insurance Portability and Accountability Act (HIPAA) and any other state or regulatory agency pertaining to AI. RESPONDENT must be able to articulate a clear implementation timeline and strategy that is compatible with behavioral health clinical workflows (or changing workflows, as needed) and the Netsmart – MyAvatar EHR system.

Tool Integration and Configuration. The AI Clinical Documentation Assistance Tool proposed must be capable of interfacing with the CENTER’S EHR system, with an emphasis on security, data privacy, and ease of use. It should also offer seamless EHR integration and support documentation, clinical decision support, and workflow automation.

Training and Change Management. The RESPONDENT will provide initial training during the implementation process and continuous support and training materials for CENTER staff, including live sessions, documentation, and user guides thereafter. A clear management approach should be proposed to support staff adoption, competence, and to address potential workflow disruptions.

Data Collection and Evaluation. Throughout the utilization of the AI Clinical Documentation Assistance Tool, the RESPONDENT will work with the CENTER to collect qualitative and quantitative data related to usability, efficiency gains, clinical outcomes, and user satisfaction. The RESPONDENT will also provide reporting tools or dashboards for real-time monitoring and periodic evaluation for testing and validation.

Security & Compliance. Comply with HIPAA, 42 CFR Part 2, and other applicable regulations, including role-based access controls, data encryption, and audit trails.

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)."

005 - ASSURANCES

The RESPONDENT assures the following (signature required):

1. That all addenda and attachments to the RFP as distributed by CENTER have been received.
2. No attempt will be made by the RESPONDENT to induce any person or firm to submit or not to submit a Proposal, unless so described in the RFP document.
3. The RESPONDENT does not discriminate in its services or employment practices on the basis of race, color, religion, sex, sexual orientation, national origin, disability, veteran status, or age.
4. That no employee of CENTER or Health and Human Services Commission ("HHSC") and no member of CENTER'S Board of Trustees will directly or indirectly receive any pecuniary interest from an award of the proposed contract. If the RESPONDENT is unable to make the affirmation, then the Proposal must disclose any knowledge of such interests.
5. RESPONDENT accepts the terms, conditions, criteria, and requirements set forth in the RFP.
6. RESPONDENT accepts CENTER'S right to cancel the RFP at any time prior to contract award.
7. RESPONDENT accepts CENTER'S right to alter the timetables for procurement as set forth in the RFP.
8. The Proposal submitted by the RESPONDENT has arrived at independently without consultation, communication, or agreement with another party for the purpose of restricting competition.
9. Unless otherwise required by law, the information in the Proposal submitted by the RESPONDENT has not been knowingly disclosed by the RESPONDENT to any other RESPONDENT prior to the notice of intent to award.
10. No claim will be made to CENTER for payment to cover costs incurred in the preparation of the submission of the Proposal or any other associated costs.
11. CENTER has the right to complete background checks and to verify information submitted by a RESPONDENT.
12. The individual signing this document, and the contract, is authorized to legally bind the RESPONDENT.
13. The address submitted by the RESPONDENT to be used for all notices sent by CENTER is current and correct.
14. All cost and pricing information is reflected in the Proposal documents or attachments.
15. That the RESPONDENT is not currently held in abeyance or barred from the award of a federal or state contract.
16. That the RESPONDENT is not currently delinquent in its payments of any franchise tax or state tax owed to the state of Texas, pursuant to Texas Tax Code, Title 2, Subchapter F, Chapter 171, Subchapter H and Title 34 of the Texas Administrative Code, Part 1 Chapter 3, Subchapters A and F.
17. RESPONDENT shall disclose whether any of the directors or personnel of RESPONDENT has either been an employee or a trustee of CENTER within the past two (2) years preceding the date of submission of the Proposal. This requirement applies to all personnel, whether or not they are identified as key personnel. If such employment has existed, or term of office served as trustee, the RESPONDENT shall state in an attached writing the nature and time of the affiliations as defined.
18. RESPONDENT shall identify in an attached writing any trustee or employee of CENTER who has a financial interest in RESPONDENT or who is related within the second degree by consanguinity or affinity to a person having such financial interest. Such disclosure shall include a complete statement of the nature of such financial interest and the relationship, if applicable. Moreover, RESPONDENT shall state in an attached writing whether any of its directors or personnel knowingly has had a personal relationship with employees or officers of CENTER within the past two (2) years that may interfere with fair competition.
19. No current or former employee or officer of a federal, state, or local governmental agency, and/or the CENTER directly or indirectly aided or attempted to aid in the procurement of RESPONDENT'S services.
20. RESPONDENT shall disclose in an attached writing the name of every CENTER key person with whom RESPONDENT is doing business or has done business during the 365 day period immediately prior to the date on which the Proposal is due; failure to include such a disclosure will be a binding representation by RESPONDENT that the natural person executing the Proposal has no knowledge of any CENTER key persons with whom RESPONDENT is doing business or has done business during the 365 day period prior to the immediate date on which the Proposal is due.
21. Under Section 231.006 of the Texas Family Code, the vendor or RESPONDENT certifies that the individual or business entity named in this Proposal is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated, and payment may be withheld if this certification is inaccurate.
22. RESPONDENT has no conflict of interest and meets the standards of conduct requirements pursuant to Texas Administrative Code Section 412.54(c).
23. That all information provided in the Proposal is true and correct.

Company Name: _____

Contact Person: _____

Address: _____

Telephone: _____

Signature: _____

Printed Name of Signing Authority

Date

006 - TERM OF CONTRACT

The anticipated term for a contract awarded in response to this RFP is three (3) years. The CENTER shall have the option to renew under the same terms and conditions for up to two (2) additional one (1) year extensions. All renewals shall be in writing and signed by President/CEO, or their designee, after approval by the CENTER'S Board of Trustees. The CENTER may terminate a contract at any time if funds are restricted, withdrawn, not approved or for unsatisfactory service.

007 - PRE-SUBMITTAL CONFERENCE

A Pre-Submittal Conference will be held at the Center for Health Care Services, located at 6800 Park Ten Blvd. Suite 200-S, 2nd Floor, San Antonio, Texas 78213 at 2:30 P.M. Central Standard Time (CST), on March 31, 2026.

This meeting place is accessible to disabled persons. The Center for Health Care Services is wheelchair accessible. The accessible entrance is located at 6800 Park Ten Blvd. Suite 200-S. Accessible parking spaces are located at 6800 Park Ten Blvd. Suite 200-S. RESPONDENTS that are unable to attend in person may participate by Conference Call. RESPONDENTS may call the toll-free number listed below and enter access code to participate in the day of the conference.

Dial-In Toll Telephone Number: 210-714-4201

Dial-In Toll-Free Telephone Number: 1-800-717-4201

Access Code: 18015 #

RESPONDENTS are encouraged to prepare and submit their questions in writing in advance of the Pre-Submittal Conference in order to expedite the proceedings.

RESPONDENTS may submit their questions pertaining to this RFP to Chelsey Turner, Contract Administrator, by email to CTurner@chcsbc.org, please carbon copy Contracts@chcsbc.org, before April 8, 2026 at 12:00 P.M. Central Standard Time (CST). Please refrain from contacting the CENTER'S Board of Trustees members during the search process and direct all inquiries to the contact person listed above. Only those written questions received prior to April 8, 2026 at 12:00 P.M. Central Standard Time (CST) deadline will be addressed.

Any oral response given at the Pre-Submittal Conference that is not confirmed in writing and posted with this solicitation shall not be official or binding on the CENTER. Only written responses shall be official and all other forms of communication with any officer, employee or agent of the CENTER shall not be binding on the CENTER. RESPONDENTS are encouraged to resubmit their questions in writing to the CENTER Staff person identified in the Restrictions on Communication section, after the conclusion of the Pre-Submittal Conference.

008 - PROPOSAL REQUIREMENTS

RESPONDENT'S Proposal shall include the following items in the following sequence, noted with the appropriate heading as indicated below. Submitted Proposals should include information in sufficient detail to address the RESPONDENT'S ability to perform the services being requested and provide the CENTER with enough information to properly evaluate Proposals.

RESPONDENTS must submit a hard copy Proposal. Submit one original, signed in ink, five (5) hard copies, and one USB containing a copy of the entire Proposal in Microsoft Word or PDF format. **Any information deemed to be confidential by RESPONDENT should be clearly noted on the page(s) where the confidential information is contained.**

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EXECUTIVE SUMMARY. The summary shall include a statement of the work to be accomplished, how RESPONDENT proposes to accomplish and perform each specific service and unique problems perceived by RESPONDENT and their solutions.

ASSURANCES. RESPONDENT must complete, sign in ink and submit the Assurances Page found in this RFP under Section 005 – Assurances.

GENERAL INFORMATION FORM. Use the Form found in this RFP as Attachment A, Part One.

EXPERIENCE, BACKGROUND & QUALIFICATIONS. Use the Form found in this RFP as Attachment A, Part Two.

PROPOSED PLAN. Use the Form found in this RFP as Attachment A, Part Three.

PRICING SCHEDULE. Use the Pricing Schedule that is found in this RFP as Attachment B.

PROOF OF INSURABILITY. RESPONDENT shall submit a copy of their current insurance certificate.

SIGNATURE PAGE. RESPONDENT must complete, sign and submit the Signature Page found in this RFP as Attachment C. The Signature Page must be signed by a person, or persons, authorized to bind the entity, or entities, submitting the Proposal. Proposals signed by a person other than an officer of a corporate RESPONDENT or partner of partnership RESPONDENT shall be accompanied by evidence of authority.

CONFLICT OF INTEREST STATEMENT. RESPONDENT must complete, sign and submit the Conflict of Interest Statement found in this RFP as Attachment D. RESPONDENT shall select only *one* applicable scenario.

PROPOSAL CHECKLIST. Complete and submit the Proposal Checklist found in this RFP as Attachment E.

The RESPONDENT must indicate whether or not it will be subcontracting a portion(s) of services contained in this RFP's Scope of Services. If so, indicate the name of the subcontractor and the portion of the work, which will be subcontracted. Provide the subcontractor's qualifications that meet the requirements of the Scope of Services. The CENTER reserves the right to refuse the selection of any subcontractor(s) by CONTRACTOR for reasonable cause.

009 - SUBMISSION OF PROPOSAL

Please complete all questions in the order they are presented in this Request for Proposal ("RFP"). Include all questions and question numbers in your responses. Any additional comments or information may be provided at the end of your answers to all Proposal questions. If a question does not apply to the RESPONDENT, simply and clearly document "N/A". Scoring and evaluation is based on completed questions. Unanswered questions will be considered omissions. The CENTER reserves the right to review only complete Proposals. The CENTER reserves the right to hold subsequent face-to-face or telephone interviews for clarification and/or negotiation purposes. Interviews will not be solicited for the purpose of completing incomplete Proposals. Multiple omissions and/or incomplete responses may result in disqualification.

Instructions for Submitting Proposals

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 May 4, 2026 April 30, 2026**. Responses may be delivered by regular mail, special carrier, or hand delivery to the CENTER'S administrative offices at 6800 Park Ten Blvd. Suite 200-S, San Antonio, Texas, 78213. **Submission of Proposals by telephone, facsimile transmission or e-mail will not be accepted. Untimely Proposals will be rejected and/or returned unopened. Any mail delays or other matters causing late receipt are irrelevant and will not excuse late submission. The time as kept by the CENTER shall be the official time and shall control. Therefore, RESPONDENTS should strive for early submission to avoid the possibility of rejection for late arrival. The CENTER will not be responsible in the event that the U.S. Postal Service or any other carrier system fails to deliver the Proposal to the CENTER by the given deadline above. Proposals may be withdrawn at any time prior to actual contract award.** The CENTER reserves the right to reject any and all Proposals, to waive technicalities, and to accept any advantages deemed beneficial to the CENTER and its consumers. It is the CENTER'S intent to evaluate Proposals, and/or services in order to achieve the best value for CENTER employees and operations. Each RESPONDENT which submits a complete Proposal but is not awarded a contract will be notified in writing that the Proposal is no longer being considered. Any information contained in the Proposal that is deemed to be proprietary in nature must clearly be so designated in the Proposal. Such information may be subject to disclosure under the Public Information Act on opinions from the Texas Attorney General's office.

Modified Proposals. Proposals may be modified provided such modifications are received prior to the due date for submission of Proposals and submitted in the same manner as the original Proposal. For hard copy Proposals, provide a cover letter with the Proposal, indicating it is a modified Proposal, and that the original Proposal is being withdrawn.

Correct Legal Name. RESPONDENTS who submit Proposals to this RFP shall correctly state the true and correct name of the individual, proprietorship, corporation, and/or partnership (clearly identifying the responsible general partner and all

other partners who would be associated with the contract, if any). No nicknames, abbreviations (unless part of the legal title), shortened or short-hand, or local "handles" will be accepted in lieu of the full, true and correct legal name of the entity. These names shall comport exactly with the corporate and franchise records of the Texas Secretary of State and Texas Comptroller of Public Accounts. Individuals and proprietorships, if operating under anything other than an individual name, shall match with exact Assumed Name filings. Corporate RESPONDENTS and limited liability company RESPONDENTS shall include the 11-digit Comptroller's Taxpayer Number on the General Information Form found in this RFP as Attachment A.

If an entity is found to have incorrectly or incompletely stated its name or failed to fully reveal its identity on the General Information Form, the Sr. Director of Compliance & Systems Support shall have the discretion, at any point in the contracting process, to suspend consideration of the Proposal.

Firm Offer. All provisions in RESPONDENT'S Proposal, including any estimated or projected costs, shall remain valid for one hundred and fifty (150) days following the deadline for submissions or, if a Proposal is accepted, throughout the entire term of the contract.

Confidential or Proprietary Information. The entire response to this Request for Proposal shall be subject to disclosure under the Texas Public Information Act, Chapter 552 of the Texas Government Code. If the RESPONDENT believes information contained therein is legally excepted from disclosure under the Texas Public Information Act, the RESPONDENT should conspicuously (via bolding, highlighting and/or enlarged font) mark those portions of its response as confidential or proprietary and submit such information under seal. Such information may still be subject to disclosure under the Public Information Act depending on determinations of the Texas Attorney General's office.

Cost of Proposal. Any cost or expense incurred by the RESPONDENT that is associated with the preparation of the Proposal, the Pre-Submittal conference, if any, or during any phase of the selection process, shall be borne solely by RESPONDENT.

010 - RESTRICTIONS ON COMMUNICATION

RESPONDENTS are prohibited from communicating with: 1) CENTER Board of Trustees regarding the RFP or Proposals from the time the RFP has been released until the contract is posted as an agenda item; and 2) CENTER employees from the time the RFP has been released until the contract is awarded. These restrictions extend to "thank you" letters, phone calls, emails and any contact that results in the direct or indirect discussion of the RFP and/or Proposal submitted by RESPONDENT. **Violation of this provision by RESPONDENT and/or its agent may lead to disqualification of RESPONDENT'S Proposal from consideration.**

Exceptions to the Restrictions on Communication with CENTER employees include:

RESPONDENTS may submit written questions concerning this RFP to the staff listed below until 12:00 P.M. Central Standard Time (CST) on April 8, 2026. Questions received after the stated deadline will not be answered. All questions shall be sent by e-mail to:

Chelsey Turner
Contract Administrator
Center for Health Care Services
CTurner@chcsbc.org (Carbon Copy Contracts@chcsbc.org)

Questions submitted and the CENTER'S responses will be posted to the CENTER'S website.

CENTER reserves the right to contact any RESPONDENT to negotiate if such is deemed desirable by CENTER. Such negotiations, initiated by CENTER staff, shall not be considered a violation by RESPONDENT of this section.

011 - EVALUATION OF CRITERIA

The CENTER will conduct a comprehensive, fair, and impartial evaluation of all Proposals received in response to this RFP. The CENTER may appoint a selection committee to perform the evaluation. Each Proposal will be analyzed to determine overall responsiveness and qualifications under the RFP. Criteria to be evaluated may include the items listed below. The CENTER may also request additional information from RESPONDENTS at any time prior to final approval of a selected RESPONDENT. The CENTER reserves the right to select one, or more, or none of the RESPONDENTS to provide services. Final approval of a selected RESPONDENT is subject to the action of the CENTER'S Board of Trustees.

It should be understood that while the total score is a significant factor, the CENTER reserves the right to consider other factors in making a final selection.

Evaluation criteria:

Experience, Background, Qualifications – 35 points

Proposed Plan – 40 points

Price Schedule – 15 points

Local Business – 5 points

5 evaluation points will be awarded for a business with a headquarters or office located within Bexar County.

Veteran-Owned Small Business (VOSB) – 5 points

5 evaluation points will be awarded for a small business that is owned and operated by veterans and certified as VetHUB-vendor by the Texas Comptroller.

012 - AWARD OF CONTRACT AND RESERVATION OF RIGHTS

The CENTER reserves the right to award one, more than one or no contract(s) in response to this RFP.

The contract, if awarded, will be awarded to the RESPONDENT(S) whose Proposal(s) is deemed most advantageous to CENTER, as determined by the selection committee, upon approval of the CENTER'S Board of Trustees.

The CENTER may accept any Proposal in whole or in part. If subsequent negotiations are conducted, they shall not constitute a rejection or alternate RFP on the part of CENTER. However, final selection of a RESPONDENT is subject to CENTER'S Board of Trustees approval.

The CENTER reserves the right to accept one or more Proposals or reject any or all Proposals received in response to this RFP, and to waive informalities and irregularities in the Proposals received. CENTER also reserves the right to terminate this RFP, and reissue a subsequent solicitation, and/or remedy technical errors in the RFP process.

The CENTER reserves the right to reject, for any reason and at its sole discretion, in total or in part, any and/or all Proposals, regardless of comparability of price, terms or any other matter, to waive any formalities, and to negotiate on the basis of the Proposals received for the most favorable terms and best service for the CENTER. If a RESPONDENT is selected, the RESPONDENT will be required to execute a contract. If CENTER funding is materially decreased during the contract term, the contract may be amended and/or terminated.

No work shall commence until CENTER signs the contract document(s) and RESPONDENT provides the necessary evidence of insurance as required in this RFP and the contract. Contract documents are not binding on CENTER until approved by the CENTER'S General Counsel. In the event the parties cannot negotiate and execute a contract within the time specified, CENTER reserves the right to terminate negotiations with the selected RESPONDENT and commence negotiations with another RESPONDENT.

This RFP does not commit the CENTER to enter into a contract, award any services related to this RFP, nor does it obligate the CENTER to pay any costs incurred in preparation or submission of a Proposal or in anticipation of a contract.

If selected, RESPONDENT will be required to comply with the Insurance and Indemnification Requirements established herein.

If selected, RESPONDENT shall, at its own expense, conduct criminal background checks on all personnel and subcontractors assigned to provide services on CENTER property. The background checks must satisfy the requirements of the CENTER'S licensing and regulatory agencies. Proof that such checks have been conducted will be provided by the CONTRACTOR to the CENTER upon request.

The successful RESPONDENT must be able to formally invoice the CENTER for services rendered. Invoices shall be issued on a time and material basis for services rendered. The CENTER will pay invoices within thirty (30) days of receipt (commercial credit) only after services have been performed. The CENTER is a tax-exempt entity.

Independent Contractor. RESPONDENT agrees and understands that, if selected, it and all persons designated by it to provide services in connection with a contract, are and shall be deemed to be independent contractors, responsible for their respective acts or omissions, and that CENTER shall in no way be responsible for RESPONDENT'S actions, and that none of the parties hereto will have authority to bind the others or to hold out to third parties, that it has such authority.

013 - SCHEDULE OF EVENTS

Following is a list of **projected dates/times** with respect to this RFP:

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~~ **May 4, 2026**

014 - INSURANCE REQUIREMENTS

If selected to provide the services described in this RFP, RESPONDENT shall be required to comply with the insurance requirements set forth below. The insurance requirements are non-negotiable and should be adhered to; however, if the RESPONDENT proposes other insurance limits, the CENTER reserves the right to waive or reduce the requirements and to accept any advantages deemed beneficial to the CENTER and its consumers. It is the CENTER'S intent to evaluate Proposals, in order to achieve the best value for CENTER employees and operations.

INSURANCE

Prior to the commencement of any work under this contract, RESPONDENT shall furnish copies of all required endorsements and completed Certificate(s) of Insurance to the CENTER'S Contracting & Procurement Division, which shall be clearly labeled "**AI Clinical Documentation Assistance Tool**" in the Description of Operations block of the Certificate. The Certificate(s) shall be completed by an agent and signed by a person authorized by that insurer to bind coverage on its behalf. The CENTER will not accept a Memorandum of Insurance or Binder as proof of insurance. The Certificate(s) must have the agent's signature and phone number, and be mailed, with copies of all applicable endorsements, directly from the insurer's authorized representative to the CENTER. The CENTER shall have no duty to pay or perform under this contract until such certificate and endorsements have been received and approved by the CENTER'S Contracting & Procurement Division. No officer or employee, other than the CENTER'S Sr. Director of Compliance & Systems Support, shall have authority to waive this requirement.

The CENTER reserves the right to review the insurance requirements of this Article during the effective period of this contract and any extension or renewal hereof and to modify insurance coverage and their limits when deemed necessary and prudent by CENTER'S Sr. Director of Compliance & Systems Support based upon changes in statutory law, court decisions, or circumstances surrounding this contract. In no instance will CENTER allow modification whereby CENTER may incur increased risk.

A RESPONDENT'S financial integrity is of interest to the CENTER; therefore, subject to RESPONDENT'S right to maintain reasonable deductibles in such amounts as are approved by the CENTER, RESPONDENT shall obtain and maintain in full force and effect for the duration of this contract, and any extension hereof, at RESPONDENT'S sole expense, insurance coverage written on an occurrence basis, unless otherwise indicated, by companies authorized to do business in the State of Texas and with an A.M Best's rating of no less than A- (VII), in the following types and for an amount not less than the amount listed below:

TYPE	AMOUNTS
1. Workers' Compensation	Statutory Limits
2. Employers' Liability	\$500,000/\$500,000/\$500,000
3. Broad form Commercial General Liability Insurance to include coverage for the following: a. Premises operations b. Independent Contractors c. Products/completed operations d. Personal Injury e. Contractual Liability f. Damage to property rented by you	For <u>Bodily Injury</u> and <u>Property Damage</u> of \$1,000,000 per occurrence; \$2,000,000 General Aggregate, or its equivalent in Umbrella or Excess Liability Coverage

	f. \$100,000
4. Business Automobile Liability	Combined Single Limit for Bodily Injury and Property Damage of \$1,000,000 per occurrence
a. Owned/leased vehicles	
b. Non-owned vehicles	
c. Hired Vehicles	

If applicable, RESPONDENT agrees to require, by written contract, that all subcontractors providing goods or services hereunder obtain the same insurance coverage required of RESPONDENT herein and provide a Certificate of Insurance and endorsement that names the RESPONDENT and the Center of Health Care Services as additional insured. RESPONDENT shall provide the CENTER with said certificate and endorsement prior to the commencement of any work by the subcontractor. This provision may be modified by CENTER'S Sr. Director of Compliance & Systems Support, when deemed necessary and prudent, based upon changes in statutory law, court decisions, or circumstances surrounding this contract. Such modification may be enacted by letter signed by CENTER'S Sr. Director of Compliance & Systems Support, which shall become a part of the contract for all purposes.

As they apply to the limits required by the CENTER, the CENTER shall be entitled, upon request and without expense, to receive copies of the policies, declaration page, and all endorsements thereto and may require the deletion, revision, or modification of particular policy terms, conditions, limitations, or exclusions (except where policy provisions are established by law or regulation binding upon either of the parties hereto or the underwriter of any such policies). RESPONDENT shall be required to comply with any such requests and shall submit a copy of the replacement Certificate of Insurance to CENTER at the address provided below within ten (10) days of the requested change. RESPONDENT shall pay any costs incurred resulting from said changes.

Center for Health Care Services
 Attn: Contracting & Procurement Division
 6800 Park Ten Blvd.
 Suite 200-S
 San Antonio, Texas 78213

RESPONDENT agrees that with respect to the above required insurance, all insurance policies are to contain or be endorsed to contain the following provisions:

- Name the CENTER, its Board of Trustees, employees, and volunteers as additional insured by endorsement, as respects operations and activities of, or on behalf of, the named insured performed under contract with the CENTER, with the exception of the workers' compensation and professional liability policies;
- Provide for an endorsement that the "other insurance" clause shall not apply to the Center for Health Care Services where the CENTER is an additional insured shown on the policy;
- Workers' compensation, employers' liability, general liability and automobile liability policies will provide a waiver of subrogation in favor of the CENTER;
- Provide advance written notice directly to CENTER of any suspension, cancellation, non-renewal or material change in coverage, and not less than ten (10) calendar days advance notice for nonpayment of premium.

Within five (5) calendar days of a suspension, cancellation or non-renewal of coverage, RESPONDENT shall provide a replacement Certificate of Insurance and applicable endorsements to CENTER. CENTER shall have the option to suspend RESPONDENT'S performance should there be a lapse in coverage at any time during a contract. Failure to provide and to maintain the required insurance shall constitute a material breach of a contract.

In addition to any other remedies the CENTER may have upon RESPONDENT'S failure to provide and maintain any insurance or policy endorsements to the extent and within the time herein required, the CENTER shall have the right to order RESPONDENT to stop work, and/or withhold any payment(s) which become due to RESPONDENT until RESPONDENT demonstrates compliance with the requirements hereof.

Nothing herein contained shall be construed as limiting in any way the extent to which RESPONDENT may be held responsible for payments of damages to persons or property resulting from RESPONDENT'S or its subcontractors' performance of the work covered under a contract.

It is agreed that RESPONDENT'S insurance shall be deemed primary and non-contributory with respect to any insurance

or self-insurance carried by the CENTER for liability arising out of operations under a contract.

It is understood and agreed that the insurance required is in addition to and separate from any other obligation contained in a contract and that no claim or action by or on behalf of the CENTER shall be limited to insurance coverage provided.

RESPONDENT and any subcontractors are responsible for all damage to their own equipment and/or property.

INDEMNIFICATION REQUIREMENTS

If selected to provide the services described in this RFP, RESPONDENT shall be required to comply with the Indemnification requirements set forth below. The Indemnification is non-negotiable and should be adhered to; however, if the RESPONDENT proposes modifications to the Indemnification language, the CENTER reserves the right to accept or reject the revised Indemnification. It is the CENTER'S intent to evaluate Proposals, in order to achieve the best value for CENTER employees and operations.

INDEMNIFICATION

RESPONDENT covenants and agrees to FULLY INDEMNIFY, DEFEND and HOLD HARMLESS, the CENTER and the employees, officers, trustees, volunteers and representatives of the CENTER, individually and collectively, from and against any and all costs, claims, liens, damages, losses, expenses, fees, fines, penalties, proceedings, actions, demands, causes of action, liability and suits of any kind and nature, including but not limited to, personal or bodily injury, death and property damage, made upon the CENTER directly or indirectly arising out of, resulting from or related to RESPONDENT'S activities under a contract, including any acts or omissions of RESPONDENT, any agent, officer, trustees, representative, employee, RESPONDENT or subcontractor of RESPONDENT, and their respective officers, agents employees, directors and representatives while in the exercise of the rights or performance of the duties under a contract. The indemnity provided for in this paragraph shall not apply to any liability resulting from the negligence of CENTER, its officers or employees, in instances where such negligence causes personal injury, death, or property damage. IN THE EVENT RESPONDENT AND CENTER ARE FOUND JOINTLY LIABLE BY A COURT OF COMPETENT JURISDICTION, LIABILITY SHALL BE APPORTIONED COMPARATIVELY IN ACCORDANCE WITH THE LAWS FOR THE STATE OF TEXAS, WITHOUT, HOWEVER, WAIVING ANY GOVERNMENTAL IMMUNITY AVAILABLE TO THE CENTER UNDER TEXAS LAW AND WITHOUT WAIVING ANY DEFENSES OF THE PARTIES UNDER TEXAS LAW.

The provisions of this indemnity are solely for the benefit of the parties hereto and not intended to create or grant any rights, contractual or otherwise, to any other person or entity. RESPONDENT shall advise the CENTER in writing within twenty-four (24) hours of any claim or demand against the CENTER or RESPONDENT known to RESPONDENT related to or arising out of RESPONDENT'S activities under a contract and shall see to the investigation and defense of such claim or demand at RESPONDENT'S cost. The CENTER shall have the right, at its option and at its own expense, to participate in such defense without relieving RESPONDENT of any of its obligations under this paragraph.

015 - RFP ATTACHMENTS

RFP ATTACHMENT A, PART ONE

GENERAL INFORMATION FORM

1. **Respondent Information:** Provide the following information regarding the Respondent. Please tell us about your Business. If your Business is affiliated with a large firm that includes multiple teams around the country, please tell us about your local team/operation.

Respondent Name: _____
(NOTE: Give exact legal name as it will appear on the contract, if awarded.)

Doing Business As: (other business name, if applicable): _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Fax No.: _____

Website address: _____

Year established: _____

Provide the number of years in business under present name: _____

Social Security Number or Federal Employer Identification Number: _____

Texas Comptroller's Taxpayer Number, if applicable: _____
(NOTE: This 11-digit number is sometimes referred to as the Comptroller's TIN or TID.)

UEI Number: _____

Is Business a certified VOSB? Yes No (If yes, attach all applicable current certifications.)

Business Structure: Check the box that indicates the business structure of the Respondent.

- Individual or Sole Proprietorship If checked, list Assumed Name, if any: _____
 Partnership
 Corporation If checked, check one: For-Profit Nonprofit
Also, check one: Domestic Foreign
 Other If checked, list business structure: _____

List the name and business address of each person or legal entity, which has a 10% or more ownership or control interest in the Business (attach additional pages as necessary).

Printed Name of Contract Signatory: _____

Job Title: _____

(NOTE: This RFP solicits Proposals to provide services under a contract which has been identified as "High Profile". Therefore, Respondent must provide the name of person that will sign the contract for the Respondent, if awarded.)

1. Provide any other names under which Respondent has operated within the last 10 years and length of time under for each:

Provide address of office from which this project would be managed:

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. _____ Fax No: _____

Annual Gross Revenue: \$100K or less \$101K–\$500K \$501K–900K \$901K–\$2.5M \$2.5M or more

Total Number of Employees: _____

Total Number of Current Clients/Customers: _____

2. **Contact Information:** List the one person who the CENTER may contact concerning your Proposal or setting dates for meetings.

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. _____ Fax No: _____

Email: _____

3. Does Respondent anticipate any mergers, transfer of organization ownership, management reorganization, or departure of key personnel within the next twelve (12) months?

Yes No

List the name and business address of each person or legal entity, which has a 10% or more ownership or control interest in the Business (attach additional pages as necessary).

4. Is Respondent authorized and/or licensed to do business in Texas?

Yes No If "Yes", list authorizations/licenses.

5. Where is the Respondent's corporate headquarters located? _____

6. Local/County Operation: Does the Respondent have an office located in San Antonio, Texas?

Yes No If "Yes", respond to a and b below:

a. How long has the Respondent conducted business from its San Antonio office?

Years _____ Months _____

b. State the number of full-time employees at the San Antonio office.

If "No", indicate if Respondent has an office located within Bexar County, Texas:

Yes No If "Yes", respond to c and d below:

c. How long has the Respondent conducted business from its Bexar County office?

Years _____ Months _____

d. State the number of full-time employees at the Bexar County office. _____

7. Debarment/Suspension Information: Has the Respondent or any of its principals been debarred or suspended from contracting with any public entity?

Yes No If "Yes", identify the public entity and the name and current phone number of a representative of the public entity familiar with the debarment or suspension, and state the reason for or circumstances surrounding the debarment or suspension, including but not limited to the period of time for such debarment or suspension.

Are there any proceedings relating to the Business' responsibility, debarment, suspension, voluntary exclusion or qualification to receive a public contract? Yes No

If "Yes", state the name of the individual, organization contracted with and reason for proceedings.

8. Surety Information: Has the Respondent ever had a bond or surety canceled or forfeited?

Yes No If "Yes", state the name of the bonding company, date, amount of bond and reason for such cancellation or forfeiture.

9. Bankruptcy Information: Has the Respondent ever been declared bankrupt or filed for protection from creditors under state or federal proceedings?

Yes No If "Yes", state the date, court, jurisdiction, cause number, amount of liabilities and amount of assets.

10. Disciplinary Action: Has the Respondent ever received any disciplinary action, or any pending disciplinary action, from any regulatory bodies or professional organizations?

Yes No If "Yes", state the name of the regulatory body or professional organization, date and reason for disciplinary or impending disciplinary action.

11. Previous Contracts:

a. Has the Respondent ever failed to complete any contract awarded?

Yes No If "Yes", state the name of the organization contracted with, services contracted, date, contract amount and reason for failing to complete the contract.

b. Has any officer or partner proposed for this assignment ever been an officer or partner of some other organization that failed to complete a contract?

Yes No If "Yes", state the name of the individual, organization contracted with, services contracted, date, contract amount and reason for failing to complete the contract.

c. Has any officer or partner proposed for this assignment ever failed to complete a contract handled in his or her own name?

Yes No If "Yes", state the name of the individual, organization contracted with, services contracted, date, contract amount and reason for failing to complete the contract.

Have liquidated damages or penalty provisions been assessed against the Business for failure to complete the work on time or for any other reason? Yes No

12. Is RESPONDENT, or its employee(s), currently employed/contracted by CENTER?

Yes No

Has RESPONDENT, or its employee(s), been employed/contracted by CENTER in the past two (2) years?

Yes No

If yes to either question, whom and in what role(s) was the person(s) employed/contracted by CENTER? List name, CENTER title, dates of employment/contract and current title:

13. Background Checks: Has the Respondent completed criminal history background checks on all current employees?

Yes No

REFERENCES

Provide three (3) references that Respondent has provided services related to the RFP Scope of Services within the past three (3) years. References should not be current CENTER employees. The contact person named should be familiar with the day-to-day management of the contract and be willing to respond to questions regarding the type, level, and quality of service provided. **Upon submission, references are considered proprietary and confidential information.**

Reference No. 1:

Firm/Company Name _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. _____ Email: _____

Date and Type of Service(s) Provided: _____

Reference No. 2:

Firm/Company Name _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. _____ Email: _____

Date and Type of Service(s) Provided: _____

Reference No. 3:

Firm/Company Name _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. _____ Email: _____

Date and Type of Service(s) Provided: _____

RFP ATTACHMENT A, PART TWO

EXPERIENCE, BACKGROUND, QUALIFICATIONS

Prepare and submit narrative responses to address the following items. If Respondent is proposing as a team or joint venture, provide the same information for each member of the team or joint venture.

1. Describe RESPONDENT'S company history, evidencing its strengths and stability, including number of years in business, licensing information (if applicable), number of years providing the type of service included in this RFP, existing customer satisfaction data, number of customers in Texas and areas covered in Texas.
2. Describe RESPONDENT'S experience relevant to the services requested by this RFP, specifically in the Mental Health/Behavioral Health environment. List and describe relevant projects of comparable size and scope performed over the past four years.
3. Provide a detailed description of system updates or enhancements implemented in the past twelve (12) months, including the rationale for the improvement, and the resulting outcomes. Indicate whether the changes addressed underlying system issues or were they implemented as routine upgrades.
4. If RESPONDENT has provided services for the CENTER in the past, identify the name of the contract and service provided.
5. Provide a list of Electronic Health Record systems that RESPONDENT works with and describe the scope of services provided.
6. List of other resources, including total number of employees, number and location of offices, number and types of equipment available to support this project.
7. State the primary work assignment and the percentage of time key personnel will devote to the project if awarded the contract.
8. Please feel free to include any additional skills, experiences, qualifications, and/or other relevant information about the RESPONDENT'S qualifications.
9. List all licenses, credentials, certifications, and/or accreditations the RESPONDENT currently holds.

RFP ATTACHMENT A, PART THREE

PROPOSED PLAN

Prepare and submit the following items. All questions must be answered.

1. Provide a description of RESPONDENT'S understanding of the project and the scope of service.
2. Describe if RESPONDENT'S AI Clinical Documentation Assistance Tool is compatible with the CENTER'S current Electronic Health Record, Netsmart - MyAvatar EHR system.
3. Describe the anticipated impact of system updates on the CENTER'S existing electronic health record system and clinical workflows. The response should include how updates may affect data integrity, system interoperability, and continuity of care within the Mental Health/Behavioral Health environment. Additionally, outline the process and timeline for communicating updates, including advanced notice, documentation, training, and any support provided to ensure minimal disruption to CENTER operations.
4. In the event issues arise as a result of implemented system updates, please describe the processes that will be used to address and resolve the issues, including expected timelines for mitigation.
5. Discuss RESPONDENT'S methodologies used and/or approaches taken, such as features, skills, and/or services which distinguish your firm and make it the better choice for the CENTER.
6. Describe the reporting capabilities of RESPONDENT'S AI Clinical Documentation Assistance Tool proposed to the CENTER.
7. Describe the technical services offered by RESPONDENT as they relate to the proposed AI Clinical Documentation Assistance Tool.
8. Provide a detailed description of the ongoing maintenance responsibilities and labor requirements expected of our organization, both prior to implementation and following the full implementation period. This should include any anticipated resource commitments, support obligations, and operational responsibilities during each phase.
9. Describe the training and support provided by RESPONDENT both prior to implementation and following the implementation, including the type of training offered, delivery methods and any ongoing support resources available after deployment.
10. Provide a detailed implementation and training timeline outlining the key phases, milestones, and activities that would occur if the RESPONDENT were awarded the contract. This should include expected timelines for planning, system configuration, training and competency, testing and full deployment.
11. Describe the protocols and processes the RESPONDENT has in place to ensure that all employees maintain required training, credentialing, and licensing standards. Include how compliance is monitored, tracked and maintained on an ongoing basis.
12. Describe and include details on how RESPONDENT'S AI Clinical Documentation Assistance Tool supports interpretation services, manages multiple participants within a single session, and maintains clear communication and documentation.
13. Provide a brief overview of your quality assurance program, including the processes, controls, and monitoring mechanisms used to ensure the accuracy, reliability, and ongoing performance of the AI Clinical Documentation Assistance Tool.
14. Describe the measurable impact of RESPONDENT'S services, particularly revenue performance and regulatory compliance on a year over year basis. Include quantifiable outcomes, performance metrics, and examples that demonstrate improvements achieved through the use of RESPONDENT'S AI Clinical Documentation Assistance Tool.
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.

16. Please provide a detailed description of RESPONDENTS full note and section-level write-back capabilities.
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.
18. Please provide a detailed description of the access method for RESPONDENT'S proposed solution (i.e. embedded UI within the CENTER'S EHR, external application, or API-driven workflows, etc.).
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.
20. Please provide a detailed description of RESPONDENT'S proposed solutions to comply with HIPAA, all of 42 CFR Part 2, and any applicable regulations, including, but not limited to role-based access controls, data encryption, and audit trails.
21. Please provide a detailed description of how RESPONDENT'S proposed solution will optimize the capturing, storing, and documenting of patient consent.
22. Please provide a detailed description of how RESPONDENT'S proposed solution handles sensitive clinical documentation and how it retains information for clinical documentation utilization.

RFP ATTACHMENT B

PRICE SCHEDULE
Revised 04/13/2026

The Proposal should include all fees to provide services listed in this RFP. Provide a price list of services requested within Scope of Services utilizing the table below. Price list should be detailed to include all implementation or training costs, if any, as well as the itemized annual cost of RESPONDENT'S base product(s) and any optional add-on modules/capabilities for Years 1-3 and optional years 4 and 5.

NOTE: The CENTER does not pay sales or use tax, and such taxes cannot be passed on to the CENTER in any form.

Contract Term	Cost
Year 1	\$ _____
Year 2	\$ _____
Year 3	\$ _____
Optional Year 4*	\$ _____
Optional Year 5*	\$ _____

*Optional Years shall be entered into at the sole discretion of CENTER.

RFP ATTACHMENT C

SIGNATURE PAGE

I, individually and on behalf of the business named above, do by my signature below certify that the information provided in this Proposal is true and correct and I am authorized to bind the RESPONDENT contractually. I understand that if the information provided herein contains any false statements or any misrepresentations: 1) The CENTER will have the grounds to terminate any or all contracts which the CENTER has or may have with the business; 2) The CENTER may disqualify the business named above from consideration for contracts and may remove the business from the CENTER'S bidders list; or/and 3) The CENTER may have grounds for initiating legal action under federal, state, or local law.

Print Name

Title

Signature of Owner
(Owner, CEO, President, Majority Stockholder or
Designated Representative)

Date

RFP ATTACHMENT E

PROPOSAL CHECKLIST

Use this checklist to ensure that all required documents have been included in the Proposal and appear in the correct order.

Document	Initial to Indicate Document is Attached to Proposal
Table of Contents	
Executive Summary	
Assurances	
General Information and References RFP Attachment A, Part One	
Experience, Background & Qualifications RFP Attachment A, Part Two	
Proposed Plan RFP Attachment A, Part Three	
Price Schedule RFP Attachment B	
Proof of Insurability - Submit Copy of Current Certificate of Insurance	
*Signature Page RFP Attachment C	
*Conflict of Interest Statement RFP Attachment D	
Proposal Checklist RFP Attachment E	
One (1) Original, five (5) hard copies and one (1) USB with entire Proposal in Microsoft Word format	

***Documents marked with an asterisk on this checklist require a signature. Be sure they are signed prior to submittal of Proposal.**