Request for Proposals
Behavioral Health EHR Platform
Published Responses to Vendor Questions

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Last updated: January 14, 2022

1	**With the 3 holidays (Christmas, New Years and Martin Luther King Jr Day) that fall during the response period and responses to questions published on January 14 prior to a holiday on January 17, an extension would allow a more comprehensive response to the RFP. Is an extension until February 21 is possible or if there is any additional flexibility that can be granted from current due date?**
	Tri-County Behavioral Healthcare has reviewed the RFP dates and believe they are obtainable. At this time TCBHC is unable to extend the proposal dates.
1	**For the requirements in Addendum II, does TCBHC expect vendors to indicate whether they can meet the functionality, exceed the functionality, the functionality is in development, does not meet the functionality or a third party is recommended to meet the functionality? How should this section be addressed?**
	Addendum II contains items Tri-County Behavioral Healthcare (TCBHC) have found to be crucial to operations moving forward. It is the desire of TCHBC that an Electronic Health Record will consist of solutions and process that will address the requirement identified by the TCHBC review team. The TCBHC teams should be able to easily identify if a requirement has been addressed by the vendor when reviewing the RFP proposal contents. It is up to the individual vendor to identify the method to best address each requirement when submitting the proposal if the requirement is not specifically prescribed in the narrative instructions.
1	**Request an expansion to the 10- page limit noted in section 2.5.4 EHR Detailed Narrative to ensure we can fully respond to each of the 10 questions. Is it possible to increase the page limit to 15 or have any additional flexibility with the 10-page limit?**
	Contents and page requirements are meant to be used as targets unless indicated with “Max” or “Minimum”. If a section states “max”, only the first pages, up to the number indicated, will be considered in the proposal. For sections that did not indicate a “max” or “minimum”, the TCHBC review team will be required to review all pages of each section, up to 2 times the target listed. Additional pages can be reviewed at the individual review’s discretion. At the time of publication, no sections indicated a minimum page requirement.
2	**Number of Concurrent Users, ie average number of users on the system at a high usage time.**

		On average, at a high usage time, TCBHC can see up to 185 concurrent users
2	**Is your preference to have onsite or remote demos?**	
		TCHBC recognizes the current state of the pandemic and the short turn-around between vendor submission and request for demonstration. Because of the beneficial nature of onsite demonstrations, it is the preference of TCHBC to: 1. have an onsite demonstration, 2. have at least 1 staff onsite to help facilitate a virtual demonstration, 3. virtual demonstration. TCBHC will not hold bias of method of demonstration.
3	**Provider breakdown** **a. How many Prescribing providers** **b. How many users will need access to the system?** **c. What is user role/breakdown? i.e., physician, RN, therapist, etc.**	
		a. TCBHC has the following Prescribers: 7 APN staff 7 fulltime Doctor/Psychiatrist Prescribers 16 contract Psychiatrist Prescribers that creates 1 concurrent user b. TCBHC currently has 360 users with access to the current EHR system c. Count Description 7 Advance Practice Nurse 1 Art Therapist 5 Board Certified Behavioral Analyst 1 Family Partner 128 Mental Health Case Manager 29 IDD Case Manager 3 CSSP 1 Graduate Intern 5 Intensive Case Management 7 Licensed Chemical Dependency Counselor 3 Licensed Clinical Social Worker 1 licensed marriage and family therapist 1 LOCUMTENEN DO/MD 29 licensed professional counselor 7 licensed professional counselor intern 3 Licensed in Psychology or Psychologist 23 MD/DO 2 Music Therapist 1 Masters for Yes Services 4 Peer Provider 3 Certified Peer Specialist 2 Animal Assisted Providers 1 Doctor of Philosophy intern 4 Qualified Credentialed Counselor 136 Qualified mental health professional 4 Qualified mental health paraprofessional

	31	Qualified Intellectual Disability Professional
	13	Qualified Intellectual Disability ParaProfessional
	3	Recreational Therapist
	12	Registered Nurse
	12	Licensed Vocational Nurse

3	**Billing questions** **a. How many providers do you need to put the rendering NPI in box 24J** **b. How many of those providers are billing under 30 claims a month** **c. Does Tri-County use UB04 billing**
	a. Approximately 55 providers would need to put the rendering NPI in box 24J. b. Approximately half of the above listed 55 providers bill under 30 claims a month. c. TCBHC does not use UB04 billing.
3	**How many programs/Specialties or subspecialties does Tri-County have?**
	TCBHC feels this has been address in Addendum III as published.
3	**How many locations? (If more than one.)**

As outlined in Addendum III, TCHBC has the following locations.

Facilities and Hours of Operation

Locations			Services				
Street Address	City	County	Behavioral Health (BH)	MH Crisis Services	Family Health Care	Intellectual Developmental Disabilities (IDD)	Substance Abuse
233 Sgt Ed Holcomb Blvd. S	Conroe	Montgomery	❖		❖	❖	❖
706 Old Montgomery Road	Conroe	Montgomery		❖			
7045 Hwy 75, S.	Huntsville	Walker	❖	❖	❖	❖	
2004 Truman	Cleveland	Liberty	❖	❖	❖	❖	
2000 Panther Lane	Liberty	Liberty	❖	❖		❖	

TCBHC has plans to open a Children's only clinic in the city of Porter, Montgomery County, to be fully operational in the first quarter of calendar year 2022. This facility is not included in our service locations table above.

3	**Do any of the Tri-County Behavioral Healthcare's prescribing providers prescribe controlled substance?**
	It is TCBHC's desire that all prescribers that are eligible to prescribe controlled substances will have that ability to do so within the EHR e-prescribing software
3	**With what systems will the new EHR System be expected to interface/integrate:** **a. Laboratories (i.e. LabCorp, Quest, etc.), including Radiology? If yes, please provide the names of the labs?** **b. HIE's?**
	a. Currently TCBHC utilized Lab services with LabCorp and Quest and it is the desire of TCHBC to have an interface with these companies. b. TCBHC is not currently using an HIE, however may be required to participate going forward. From TCBHC's understanding, it will be the requirement to exchange data with an HIE similar to HIETexas EDEN.
3	**Will you require data migration from legacy system? (Cerner-Anasazi)** **If yes: Demographics only OR demographics and charts AND how many gigabytes of data?**

	It is the desire for the new EHR to have the ability to migrate basic demographic information, as well as Diagnostic and basic service information. It is the desire of TCBHC to bring client scanned documents into the new EHR. The size of the data extract will vastly be dependent on the types of format required for data import.	
3	**Are you looking for an appointment reminder service?**	
	Currently TCBHC utilized an external appointment reminder service which requires communication to/from the current EHR. It is the desire of TCBHC to incorporate this functionality wherever possible, or at a minimum have an interface with an external appointment reminder service.	
3	**Are Telehealth Services required for every provider?**	
	Telehealth services have become more prevalent over the last two years with the pandemic. It is the desire of TCBHC to incorporate this functionality whenever possible. Currently we utilize a third-party vender and hold a 100-license capacity.	
3	**What are the top three (3) pain points with the current EHR System that should be resolved in the new system?**	
	There are many areas TCBHC is impressed with the functionality of the current solution, however the current EHR has a few pain points. • Current software is slow, in response time, processing speed and generally just navigating through the system. The backend technology is older and has been through a few conversions adding to the growing response time of the solution. • Development of the software has stopped and as well as delivery of new features or added functionality. This was noticeable soon after the software's acquisition November 8th 2012. Support outside of general support is non-existent for a customer our size. • The scheduler system has no been updated in over 20 years.	
4	**Can TCBH provide a further breakdown of the 642 active users (96 contractors, 546 staff)?** **a. Front Office** **b. Business Office** **c. Clinical Staff** **d. Provider Count Breakdown** **e. Office Manager** **f. IT**	
	Administrative staff	8
	Adult Behavioral Health	100
	Benefits Eligibility	4
	Billing	3
	Building and Maintenance	2
	Child Behavioral Health	55
	Crisis	37
	Business Office	7
	Human Resources	4
	Intellectual or Developmental Disabilities	46
	Physical Health	8
	IT	8
	Medical Records	3
	Office General	5
	Program Managers	10
	Quality Management	5

	Substance Use Disorder	12
	Contract providers	125
	Other Providers without access to EHR	Approx. 200
	***Numbers are approximate.	

4	**Conversions** **a. Will there be documents/images to be converted? If so, can you provide the estimated volume?** **b. How many providers will be converted?** **c. How many patients will be converted?** **d. Is TCBH wanting/expecting to have CCDA data converted?**
	It is the desire of TCBHC to have everything converted to the new software where feasible and within reason. Currently TCHBC has: a. Currently we have about 939,000 files/documents at about 353GB. It is unknow if this can be converted due to encryption. b. 2300 providers to be converted c. 8900 patients to be converted d. Unsure
4	**Interfaces** **a. What is the current Human Resource system that TCBH is wanting an interface too?** **b. What HIE will we be interfacing with?** **c. What other interfaces are currently in place at TCBH today? What are needed with the new EHR?**
	a. currently TCBHC uses DATIS for its Human Resource system b. TCBHC is not currently using an HIE, however may be required to participate going forward. From TCBHC's understanding, it will be the requirement to exchange data with an HIE similar to HIETexas EDEN. c. Currently TCHBC interfaces with Clinical Management for Behavioral Health Services system (CMBHS) and Texas Medicaid & Healthcare Partnership (TMHP)
5	**Could you provide details on the projected budget for the project?**
	At this time, a budget has not been projected. TCHBC will look at each eligible EHR Vendor, the services they will be able to provide, and do a value per service analysis to determine a workable budget both for implementation and reoccurring cost.
5	**You indicate the current provider and user counts in Addendum IV. Could you break down these users by role (i.e., physicians, nurses, social workers, administrators, registrars, pharmacists, etc.)?** • **How many of the providers require e-prescribing capabilities?**

Count	Description
7	Advance Practice Nurse
1	Art Therapist
5	Board Certified Behavioral Analyst
1	Family Partner
128	Mental Health Case Manager
29	IDD Case Manager
3	CSSP
1	Graduate Intern
5	Intensive Case Management

		7 Licensed Chemical Dependency Counselor 3 Licensed Clinical Social Worker 1 Licensed marriage and family therapist 1 LOCUMTENEN DO/MD 29 Licensed professional counselor 7 Licensed professional counselor intern 3 Licensed in Psychology or Psychologist 23 MD/DO 2 Music Therapist 1 Masters for Yes Services 4 Peer Provider 3 Certified Peer Specialist 2 Animal Assisted Providers 1 Doctor of Philosophy intern 4 Qualified Credentialed Counselor 136 Qualified mental health Professional 4 Qualified mental health Paraprofessional 31 Qualified Intellectual Disability Professional 13 Qualified Intellectual Disability paraprofessional 3 Recreational Therapist 12 Registered Nurse 12 Licensed Vocational Nurse TCBHC has the following Prescribers: 7 APN staff 7 fulltime Doctor/Psychiatrist Prescribers 15ish contract Psychiatrist Prescribers that creates 1 concurrent user
5	**Could you provide an estimated number of total people/clients being served in TCBHC, the count of encounters/visits by treatment setting or program, and the average length of stay for each?**	
		In FY 2021, for the purpose of the RFP, TCHBC served approximately 8200 adults in behavioral health services, approximately 3100 children in behavioral health services, approximately 1300 individuals in IDD services and approximately 4000 individuals in crisis services. On average, TCBHC provides approximately 33,000 transactions a month. Given the nature of Behavioral Health and Intellectual Disabilities being a lifelong event, TCBHC does not have an average length of stay and has found that reference to be conducive to in-patient treatment approaches.
5	**Has TCBHC seen demos of or had conversations with vendors regarding specific solutions prior to the issuance of the RFP? If so, can you elaborate on those applications?**	
		TCHBC was offered the opportunity to sit in with a neighboring Local Mental Health Authority (LMHA) during that LMHA's RFP vendor demonstration period. Various members of TCBHC staff have seen demonstrations for the following EHR Vendors as applied to that LMHA. • Cerner Millennium • Insync • Qualifacts/Credible • Streamline SmartCare • Netsmart

	TCBHC also received a demonstration from PatagoniaHealth in 2018
1	**In Section 2.5.4 EHR Detailed Narrative, question 5 references BILL-007. However, BILL-007 has not been included in Addendum II. Should this reference be removed?**
	BILL-007 was no longer valid for this RFP and can be omitted. BILL-001 though BILL-006 still hold relevance to this RFP and should be addressed.
1	**In reference to BUS-004 (the proposer's solution MUST support maintenance of medication inventory maintained by the facility), is clinical inventory management with pharmacy integration in scope?**
	TCBHC currently operates an inpatient Psychiatric Emergency Treatment Center. While we do not manage a pharmacy, we do have a small amount of medication in house that are subject to medication inventory guidelines.
1	**Addendum II, EHR Requirements, ID CE-003 states that the Proposer MUST complete and submit the Reference form. However, there is not a reference form included in the RFP. Where would Tri-County like us to include our reference information, and what details are you seeking?**
	TCHBC is looking to verify, by reference, three working relationships between the vendor and an active customer within the last three years, utilizing the platform which is being offered as an EHR solution. The submission method and format of this information is at the vendor's discretion.
1	**With 642 active users, how many concurrent users do you have?**
	On average, at a high usage time, TCBHC can see up to 185 concurrent users
1	**How many licensed behavioral health professionals (DSM-5) do you have?**
	It is the understanding of TCBHC, the question submitted is looking for the number of licensed behavioral health professionals that can Diagnose utilizing DSM-5 criteria. Count Description 7 Advance Practice Nurse 7 Licensed Chemical Dependency Counselor 3 Licensed Clinical Social Worker 1 Licensed marriage and family therapist 1 LOCUMTENEN DO/MD 29 Licensed professional counselor 7 Licensed professional counselor intern 3 Licensed in Psychology or Psychologist 23 MD/DO 1 Doctor of Philosophy intern 4 Qualified Credentialed Counselor
1	**What lab interfaces are needed? LabCorp, Quest, or a different laboratory?**
	Currently TCBHC utilized Lab services with LabCorp and Quest and it is the desire of TCHBC to have an interface with these companies.
1	**How many eligibility and benefits verification checks are performed in a month?**
	Currently TCHBC verifies eligibility and benefits manually. It is the desire of TCBHC to verify each individual at their appointment, for each visit which on average could be 13,000 a month.
1	**How many appointment reminders are done in a month?**
	Appointments Attempts Success Total minutes over 1 minute September 5679 6891 5528 7970 2430

	October	5731	7081	5557	8128	2555
	November	6049	7497	5858	8505	2631

1	**Are there any other services in scope besides Crisis, IDD, Mental Health and Substance Use?** **For your IDD services, how many clients are in your IDD programs?**
	In addition to the service programs above, TCBHC also provides integrated medical services. In FY 2021 TCBCH provided approximately 1300 individuals in IDD Services and serves just shy of 1000 of these individuals each month.
1	**How many providers/ therapist are providing the telehealth visits?**
	Telehealth services have become more prevalent over the last two years with the pandemic. It is the desire of TCBHC to incorporate this functionality whenever possible. Currently we utilize a third-party vender and hold a 100-license capacity at this time.
1	**Do all 26 providers need access to the PDMP? If not, how many will need access?**
	It is TCBHC's desire that all prescribers that are eligible to prescribe controlled substances will have that ability to do so within the EHR e-prescribing software
1	**What are the current operating expenses for TCBHC?**
	The most recent audited verified Operating Expenses was performed at the closing of FY2021 and declared the operating expense at $33,348,440.
1	**Is there a projected budget for a replacement system with implementation and reoccurring costs?**
	At this time, a budget has not been projected. TCHBC will look at each eligible EHR Vendor, the services they will be able to provide, and do a value per service analysis to determine a workable budget both for implementation and reoccurring purposes.
6	**Is it a mandatory requirement that the vendor of choice employ staffing in the state of Texas to be considered a viable candidate of this RFP?**
	TCHBC has no current requirement regarding vendor staff be employed within the state of Texas to be considered a viable candidate for this RFP. However, there is a contractual requirement placed upon TCHBC that TCBHC shall not permit any sharing of, transporting of, or storing of data, nor shall TCBHC promote business relations with any entity, outside of the United States.
6	**We are attaching items such as Service Level Agreements via our Hosting Partner. Each of these attachments will be identified individually in the Table of Contents and page numbers will be consecutive within these sub attachments. With that said, the electronic page numbers will be numerically sequenced; however, the sub-documents within the PDF will be numbered consecutively per attachment. Will this be a cause for disqualification?**
	This will not be cause for disqualification. TCHBC's intent of consecutive numbering is for the easy navigation of documents and allow TCBHC to have a systematical approach to find/reference specific sections of the document.
6	**In an effort to provide you with pricing, we will need additional information provided by Tri County Behavioral Healthcare (TCBHC):** **a. Number of providers by credentials?** **b. Current Cerner database size/storage requirements? (GB/TB)** **c. Current number of virtual servers?** **d. Current Internet service provider(s)?** **e. Does TCBHC have fiber connectivity?** **f. Does TCBHC currently utilize SDWAN technology?**

	g. What brand firewalls does TCBHC utilize?
	a. Count Description 7 Advance Practice Nurse 1 Art Therapist 5 Board Certified Behavioral Analyst 1 Family Partner 128 Mental Health Case Manager 29 IDD Case Manager 3 CSSP 1 Graduate Intern 5 Intensive Case Management 7 Licensed Chemical Dependency Counselor 3 Licensed Clinical Social Worker 1 Licensed marriage and family therapist 1 LOCUMTENEN DO/MD 29 Licensed professional counselor 7 Licensed professional counselor intern 3 Licensed in Psychology or Psychologist 23 MD/DO 2 Music Therapist 1 Masters for Yes Services 4 Peer Provider 3 Certified Peer Specialist 2 Animal Assisted Providers 1 Doctor of Philosophy intern 4 Qualified Credentialed Counselor 136 Qualified mental health Professional 4 Qualified mental health Paraprofessional 31 Qualified Intellectual Disability Professional 13 Qualified Intellectual Disability ParaProfessional 3 Recreational Therapist 12 Registered Nurse 12 Licensed Vocational Nurse b. Cerner database size is about 3.5TB total space. We are using approximately 60%. With our LIVE environment using approximately 261GB. c. Current number of virtual servers? – 18 Virtual servers d. Current Internet service provider(s)? – Consolidated Communications https://www.consolidated.com/ e. Does TCBHC have fiber connectivity? - Yes f. Does TCBHC currently utilize SDWAN technology? - No g. What brand firewalls does TCBHC utilize? - Cisco
6	**Will TCBHC require any ancillary interfaces (not noted in the RFP)?**
	At this time, all know interfaces have been identified in the RFP.

6	**Will TCBHC require a patient portal?**
	It is the desire of TCHBC to have a patient portal.
7	**Addendum III - Is TBHC asking for a replacement of the General Accounting applications mentioned in the RFP – Cost Accounting, General Ledger, Benefits Management, Budget, Payroll, Personnel Management**
	At this time, TCBHC has since moved to DATIS and BlackBaud from our current EHR. It is known by TCBHC that it is unlikely to find an EHR that offers the full suite we previously utilized. However, we desire the ability to move information between these two platforms and our new EHR where possible.
7	**Addendum III - The RFP states that TBHC cover 30 counties in Central Texas for OCAR services. Are staffing numbers and client encounters statistics mentioned in the RFP include the 30 county OCAR program?**
	TCBHC participates with OCAR as a source of referral, staffing numbers and client encounters are not affected to a degree that warrants mention in the RFP.
7	**Addendum III - Does the OCAR program include any additional offices or sites in addition to the locations noted in "Facilities and Hours of Operations".**
	It does not
7	**Can TBHC supply the number of claims generated per month/per year?**
	On an average month TCHBC generates 4,000 claims.
7	**Addendum IV - Various data sources are noted the "feed MBOW". Are these data feeds HL-7, APIs, custom? What is the frequency of the data feeds?**
	These are custom feeds extracted to a fixed width file and transferred to the state through SFTP (secure file transfer protocol) on a daily occurrence.
7	**Addendum IV - A graphic illustrates the "data flows" for state reporting. Can you describe the method of transferring the data for state reporting?**
	Currently the state method of transferring data for state reporting is SFTP.
7	**Addendum III - Would TBHC prefer a totally cloud hosted SaaS solution with service providers such as Microsoft Azure or is an on-premise system required?**
	It would be the preference of TCHBC to have an on-premise solution, however TCHBC understands today's market and is well aware a cloud hosted solution is more likely to contain desired capabilities.
7	**1.2 Project Scope - Is TBHC seeking a COTS solution or a custom EHR?**
	It is the desire of TCBHC to have a software that is able to obtain most, if not all, items as described in the RFP. How the vendor obtains this will depend on the capabilities of the software's current build and/or if the vendor will need to customize its software in order to achieve an item.
7	**1.2 Project Scope - Is TBHC seeking software outside of EHR capabilities? If not, what additional software is expected to be provisioned?**
	It is the desire of TCBHC to obtain an EHR solution to accomplish requirements laid out in the request. If a vendor will need additional software outside of their solution, to meet the requirement, it will be up to that vendor to notify TCBHC what software is expected to be provisioned.
7	**1.2 Project Scope - Can TBHC elaborate on existing hardware if an on-prem solution is needed? If a Cloud solution is deployed, is TBHC also seeking to provision end-user devices and peripherals (scanners, printers, bar code readers)?**
	The spirit of this is to be upfront with TCBHC on what will be needed to make the EHR solution function as requested by TCBHC. If you offer a robust document management solution, but TCHBC will be required to buy multi-thousand-dollar scanner to make it work, tell us.

7	**2.5.9 - Is TBHC seeking an open source EHR solution or expecting open source components: Vendors must clearly identify components of the EHR solution that are proprietary in nature? If not, can you clarify this requirement?**
	It is the request of TCBHC for a vendor to disclose when obstacles may arise as a result of a proprietary nature. It is not the desire of TCBHC to have limitations on solutions, hardware or software, that can be utilized with the EHR solution, due to proprietary restrictions.
7	**Attachment C - Is there a percentage HUB requirement for this solicitation? If not, will a vendor be penalized or alternately rewarded in the evaluation for the absence or presence of HUB certified subcontractors?**
	It is the desire of TCBHC to promote equal business opportunities for contractors/subcontractors certified as a historically underutilized business, however no vendor will be penalized for its own HUB certification status, or lack thereof, Nor will there be penalization for contractual relationships with a HUB certified provider, or lack thereof.
7	**Addendum II - How is the response for this addendum meant to be returned? Only a subset of the requirements are identified for response in the 10 page written section. If a system meets most but not all the items listed in a requirement, how can that be indicated (e.g. if custom development is required for a portion of the item, if a third party is needed, or an equivalent alternative satisfies it?)**
	Addendum II contains items Tri-County Behavioral Healthcare (TCBHC) have found to be crucial to operations moving forward. It is the desire of TCHBC that an Electronic Health Record will consist of solutions and process that will address the requirement identified by the TCHBC review team. The TCBHC teams should be able to easily identify if a requirement has been addressed by the vendor when reviewing the RFP proposal contents. It is up to the individual vendor to identify the method to best address each requirement when submitting the proposal if the requirement is not specifically prescribed in the narrative instructions.
7	**BUS-003 - Is this a telehealth requirement for remote assessments or is this a process for sending the referral out to non-TBHC providers?**
	TCBHC has the desire to enable teams who conduct remote assessments the ability to have the information needed to fully facilitate the remote assessment.
7	**Admin-001 - Is TBHC seeking a replacement to the Cerner Anasazi billing system or seeking an interface to it? If the latter, can you provide specifications for the interface required (HL7)? Will the legacy vendor participate in testing/validation required?**
	It is not the desire to have two systems to facilitate billing. The legacy vendor will not participate in testing/validation of an interface to continue utilizing Cerner Anasazi billing and as a result, a billing ability MUST be included in the new EHR solution.
7	**FUNC-005 - Will TBHC accept an alternative to using the IMO vendor solution if the capabilities are the same?** *The proposer's solution MUST support fully UI context integrated IMO*
	Yes
7	**FUNC-011 - Can you describe the process expectations for off-line EHR access and documentation?** *The proposer's solution MUST make templates available offline with ability to store the information and forward to the server when connected.*
	TCHBC covers a few rural areas where internet connectivity may not be available. It is the desire for TCBHC to offer a method for providers to continue to view pertinent client information, and complete documentation or assessments in a secure manner, that can later be synced, or uploaded with the EHR once connectivity has re-established.
7	**FUNC-016 - Can you elaborate on the process/workflow around how medical POA is gathered? For templates, is this intended to be imported as an object for certain note documents or is this information the provider needs before documenting?**

	The proposer's solution MUST support the assignment of medical power of attorney and guardianship, and present this information on templates used by CSRs and providers
	It is the desire of TCBHC to have a workflow process that gathers information around POA and/or Guardianships, in a non-disruptive manner, and have workflows that will assist providers, as necessary, when such information is needed in service provision.
7	**FUNC-018 - PHI/PII would not be appropriate to export to SharePoint. Is the requirement to integrate to SharePoint in order to have access to internal forms?**
	TCBHC currently uses a site based SharePoint, and take PHI/PII with the upmost importance. It is the desire to have the ability to export data as needed after such process has been vetted by the Security and Privacy administrators. In the requirement, SharePoint was listed as an example, not the end. The intent of the requirement is to provide a method of extraction where applicable.
7	**TECH-001 - Some of the items in this list are mutually exclusive-should there be "OR" clauses between them?**
	TCBHC will consider that requirement met if any one of the items in available for a self-hosted solution.
7	**TECH-005 - Can you please clarify if the digital signatures need to remain on the tablet or stored in the Cloud?**
	It is the desire of TCBHC to not be limited on devices required to obtain signatures. It is the desire of TCBHC to have tablets, as well as other devices, to obtain signatures. It also the desire to have these signatures available visually on the signed document, and have the ability print the signed document with a visual representation of the signature. To be clear, signatures are not to be stored on the device used to obtain the signature.
7	**TECH—007 - Can you clarify what functionality from the EHR is needed by outside entities? Typically, only data is made available per ONC 21st C. Cures act interoperability requirements, not functional capabilities such as medication safety checks or decision support.**
	It is the desire of TCHBC, that when deemed appropriate and lawful, all electronically accessible health information has the ability to be accessed, exchanged and used without special effort on the part of the user.
7	**COSR-009 - Can you please clarify the context of "transportation theory"?**
	It is the desire of TCBHC to have a scheduler system that can easily identify which individuals need transportation to appointments, an ability to cluster these individuals geographically (zip code, address, etc.) for the purpose of scheduling transportation and have an ability to share this information with third-party transportation providers as needed.
7	**COSR-013 - Can you provide the number of different lab interfaces required and specifications? Will these be HL7 compatible systems and will the lab providers engage in testing of the interfaces?**
	Currently TCBHC utilized Lab services with LabCorp and Quest and it is the desire of TCHBC to have an interface with these companies. Currently TCBHC does not have an interface with either company and does not possess required specifications.
7	**BH-002 - Is TBHC seeking only vendor solutions that are currently deployed in Texas and reporting to the State or is this requirement that the system has the capability to capture, store, and report the required State data?**
	It is the strong desire that the vendor solution currently has a successful deployment in Texas including capturing, storing, reporting and more so, data extraction as part of the State batching process.
7	**CS-001 - Can you please elaborate on the scope of care provided in the inpatient setting? (i.e. is there an in-house or contract pharmacy? Are labs and imaging in-house or sent out? Is closed loop medication admin needed?)**
	TCBHC has a 16-bed, co-ed inpatient psychiatric unit for adults age 18 and over referred by the Tri County crisis psychiatrist. Services at the CSU focus on acute, short-term crisis stabilization by providing psychiatric, psycho-educational, and nursing services. Currently medication is provided to the inpatient facility with a

	series of contract pharmacies and medical needs are referred to local medical providers. Currently TCHBC does not have a closed loop medication admin.
7	**ES-005 - Can you clarify if "local superusers" refers to TBHC staff who receive additional training to provide in-house support or to vendor staff?**
	TCBHC staff who receive additional training to provide in-house support
7	**Addendum III TCBHC Programs - Does TCBHC provide/dispense methadone as part of medication therapy? If yes, is there an existing system that requires an interface or is a new system being sought as part of this bid?**
	Currently TCBHC does not provide, nor dispense methadone.
7	**Addendum IV Users - Can you provide a breakdown of users by role, particularly the total number of authorized prescribers? How many of the 642 active users would be concurrent?**
	TCBHC has the following Prescribers: 7 APN staff 7 fulltime Doctor/Psychiatrist Prescribers 16 contract Psychiatrist Prescribers that creates 1 concurrent user On average, at a high usage time, TCBHC can see up to 185 concurrent users. However, TCBHC has 360 users with access to the current EHR system. The remainder of users do not have the ability to access the EHR.
8	**Does TCBHC have a designated budget for this project? If so, what is the budgeted amount for this project?**
	At this time, a budget has not been projected. TCHBC will look at each eligible EHR Vendor, the services they will be able to provide, and do a value per service analysis to determine a workable budget both for implementation and reoccurring cost.
8	**What is TCBHC's anticipated number of system end-users who will need access to the new system on a regular basis?**
	On average, at a high usage time, TCBHC can see up to 185 concurrent users. However, TCBHC has 360 users with access to the current EHR system.
8	**What is TCBHC's anticipated number of ePrescribers?**
	TCBHC has the following Prescribers: 7 APN staff 7 fulltime Doctor/Psychiatrist Prescribers 16 contract Psychiatrist Prescribers that creates 1 concurrent user
8	**What is TCBHC's anticipated number of eLab users?**
	With the assumption that all medical staff will need to view, review or order labs, it is anticipated TCHBC would need approximately 50 eLab users.
8	**Does TCBHC have a proposed implementation team in place, including lead project manager who will interface with the vendor's team and coordinate with TCBHC's resources? Can you describe TCBHC's existing resources and roles? Does TCBHC anticipate using consultants to meet some of its own project management requirements?**
	TCHBC has Developed a Software Management Team for the purpose of implementing a new EHR to work with the Anasazi conversion back in 2006. Today 2 of the 5 members, as well as our clinical application administrator, Billing Manager and Quality Management Director comprise today's membership to this committee. This committee, as well as a Staff PR liaison, a program manager from IDD, Adult Behavioral Health, Child Behavioral health and Crisis services will be working with the new vendor towards a successful implementation. We also have individuals identified to consult with process flow around integrated health, support services, Substance Use Disorders and prescribers as needed.

8	**For Substance Use Services, does TCBHC utilize the Addition Severity Index (ASI) assessment? If so, how many anticipated users will need access to the assessment?**
	Currently TCBHC does not use the ASI.
8	**Will TCBHC consider utilizing an alternate fully integrated clearinghouse?**
	Currently the majority of LMHAs (local mental health authority) utilize one clearing house, it is the desire to stay in line with the majority of LMHAs, however if a replacement clearinghouse proves not to have deficits, an alternate clearinghouse could be considered.
8	**Has TCBHC had software demonstrations prior to issuing the RFP and if so, from which systems has TCBHC viewed software demonstrations?**
	TCHBC was offered the opportunity to sit in with a neighboring Local Mental Health Authorities (LMHA) during that LMHA's RPF vendor demonstration period. Various members of TCBHC staff have seen demonstrations for the following EHR Vendors as applied to that LMHA. • Cerner Millennium • Insync • Qualifacts/Credible • Streamline SmartCare • Netsmart TCBHC also received a demonstration from PatagoniaHealth in 2018
8	**Section 1.1 indicates that TCBHC is currently utilizing Cerner Anasazi. Can TCBHC describe any key features it likes and any key features or functionalities it would like to see improved?**
	There are many areas TCBHC is impressed with the functionality of the current solution. • Anasazi has a robust concept of security at the user level. TCBHC was able to granularly select what and end user could see, do and update at almost every level of the system. • WYSIWYG (what you see is what you get) allowed TCHBC to create, customized and update assessments/plans on the fly. • Billing and Encounter customization was very robust. There were also a few things we would like to see improved. • The scheduler system had not been updated in some time, hard to navigate and use. • The inability to multi-select or have more than one item open at a time. It was hard to review progress from last visits with not being open to open the immediate past item and the current. • Overall the software needed an update, felt outdated and was not easy to sell to end users.
8	**Section 1.5 indicates board deliberation by 3/24/20022. Can TCBHC estimate a possible date of award? And anticipated project start date?**
	Section 2.5.8 states "assume a May 1, 2022 implementation start date". It is TCBHC's intention to stay close to this date as reasonably allowable. TCHBC will take the Board's recommendations and direction from the 3/24/2022 Board meeting. It is the intent of TCBHC to announce a date of award as soon as allowed and advised by the governing board.
8	**Section 2.5.3 inquires about a "cut-over given that TCBHC can experience no disruption in services". Can TCBHC it's desire for a "Big Bang" model, whereby all of its end-user go live at one time/one go live event?**
	The spirit of 2.5.3 is to not have any significant disruption where client care is compromised, or any considerable time between the utilization of the current EHR and the new. It is also the desire of TCBHC to not have a period of time of "Double entry" where duplication of work is in the current EHR and the new. It is not the desired outcome of TCHBC to manage a list of programs and dates of various cutovers, especially within a single process. TCBHC will work with the chosen vendor to work out a schedule of either a "Big Bang" or a phased approach with the aforementioned in mind.

8	**Section 2.5.8 indicates an implementation start date of May 1, 2022 and a goal of being live/functional in the new system by September 1, 2023 (see section 1.3.2). Does TCBHC anticipate the implementation duration would span May 2022 – September 2023? Does TCBHC have a desired or ideal implementation duration in months?**
	TCBHC recognizes the work needed for a successful implementation and wanted to realistically put in place a timeline with this understanding. TCBHC did not want to put an unrealistic Go-live date and would welcome a smaller timeline, but also wanted to outline a realistic span. It is the desire of TCBHC to propose a successful implementation within this broad span.
8	**Addendum II, ADMIN-001 and MIGR-001 – Can vendors assume that TCBHC will be able to perform all necessary data extraction from its existing EHR and provide in a vendor-requested format?**
	Yes, it is the desire for TCHB to perform reasonable data extractions from existing EHR.
8	**Addendum II, COSR-009 – Can additional information be provided related to this requirement?**
	It is the desire of TCBHC to have a scheduler system that can easily identify which individuals need transportation to appointments, an ability to cluster these individuals geographically (zip code, address, etc.) for the purpose of scheduling transportation and have an ability to share this information with third-party transportation providers as needed.
8	**Addendum II, COSR-013 – Does TCBHC have a designated Laboratory information system or pharmacy which it desires the vendor to develop an interface?**
	Currently TCBHC utilized Lab services with LabCorp and Quest and it is the desire of TCHBC to have an interface with these companies.
8	**Addendum II, DOC-002 – Can TCBHC confirm that electronic copies of user and technical manuals are acceptable?**
	TCHBC prefers an electronic, printable and searchable format for all manuals.
8	**Addendum II, PM-001, 002 – Can TCBHC confirm that it will provide its own project management resources who shall work with the vendor on listed projects?**
	TCHBC has developed a Software Management Team for the purpose of implementing a new EHR to work with the Anasazi conversion back in 2006. Today 2 of the 5 members, as well as our clinical application administrator, Billing Manager and Quality Management Director comprise today's membership to this committee. This committee, as well as a Staff PR liaison, a program manager from IDD, Adult Behavioral Health, Child Behavioral health and Crisis services will be working with the new vendor towards a successful implementation. We also have individuals identified for consult with process flow around integrated health, support services, Substance Use Disorders and prescribers as needed.
8	**ES-005, Training – Can TCBHC describe a desired vendor training program following Go Live for things like new user training or other necessary training TCBHC may desire while in support?**
	Currently TCBHC provides a live, in person, 2 day training, twice a month for the purpose of new employee training. It is the desire of TCHBC to have some basic Training on video to reduce the time of face to face trainings or provide a method of training that can be provided remotely. It is also the desire for TCHBC to have a basic "how-to" flyer for common function, that can be distributed to new users for reference. Currently TCBHC has a "LIVE" environment and 3 additional environments for Training and Testing. The additional environments have "scrambled" data identified as PHI/PII. It is the desire of TCHBC to have s a similar replacement process to cover training and testing needs.
9	**When was the current EHR system(s) implemented?**
	Our Go-Live date was February 2007 for Anasazi.
9	**What is your concurrent user usage?**

	On average, at a high usage time, TCBHC can see up to 185 concurrent users
9	**The RFP indicates that the current EHR is unable to track medication inventory. How are you managing inventory today? Are you leveraging an automated dispensing system/cabinet (Pyxis/Omnicell) today or do you plan to in the future?**
	TCBHC currently operates an inpatient Psychiatric Emergency Treatment Center. While we do not manage a pharmacy, we do have a small amount of medication in house that are subject to medication inventory guidelines. Today inventory is managed with a manual count as indicated in the guidelines. We have looked at a dispensing system/cabinet but our current EHR was unable to manage a line of communication with platforms at that time.
9	**How many Primary Medical Care providers do you have?**
	The Primary Medical Care unit at TCBHC employs one Medical doctor, one Physician's assistant, and five Nursing staff with a varying mix of LVNs and RNs.
9	**How many staff, who work in the community, would utilize a disconnected mobile solution that would enable access to the new EHR system?**
	Currently TCHBC does not have a disconnected mobile solution. Our current EHR is available with standard/decent internet connectivity. A disconnect mobile solution would be beneficial for some areas that internet connectivity is not an option however the number of staff to utilize this platform is unknown at this time.
9	**What lab companies do you currently work with? Do you interface with each company?**
	Currently TCBHC utilized Lab services with LabCorp and Quest and it is the desire of TCHBC to have an interface with these companies.
9	**Does your organization currently utilize single sign-on (SSO) or Security Assertion Mark-up Language (SAML)? Are you looking for SSO or SAML in the new EHR application?**
	TCBHC currently uses two password verification for the current EHR. It is the intent to begin using SSO with a Dual Factor authentication process. Currently TCHBC utilized DUO for its dual factor authentication and it is the desire to incorporate DUO with the new EHR application.
9	**How many Health Information Exchanges (HIEs) are you using and what are the names of the local HIEs?**
	TCBHC is not currently using an HIE, however may be required to participate going forward. From TCBHC's understanding, it will be the requirement to exchange data with an HIE similar to HIETexas EDEN.
9	**As Meaningful Use (MU) certification is a requirement, do you report on MU measures today?**
	TCBHC does not report on MU measures today.
9	**Aside from the standard Texas forms, are their additional assessments or screening tools needed as part of your workflow? For example, PHQ9, GADS 7, etc.**
	Currently TCBHC utilizes 98 various assessments.

1115 Administrative Override	History and Physical Exam	PETC Nursing Assessment
1115 Enrollment Assessment	IDD Services Interest List	PETC Patient Discharge Summary
A1C Lab Levels	IDD Svc Coordination Assess	PETC/OBS/RCSB Discharge
AIMS	Initial Psych Evaluation	Pharm Mgmt
Billing Verification log	Initial Psych Evaluation-BDSS	Pharm Mgmt - BDSS

		BMI Intervention	Initial Psych Evaluation-PNSS	Pharm Mgmt - Child
		Care Coordination Referral	Initial Psych Evaluation-QIDS	Pharm Mgmt - Child 6+ w/MDD
		CIRT Intervention	Initial Treatment Plan	Pharm Mgmt - PNSS
		Clinical Staffing Review	Inpatient Care Waitlist	Pharm Mgmt - QIDS
		CMH Treatment Plan	Integrated Medical Assessment	Pharm Mgmt - Y12+ w/out mood
		CMH Wraparound Crisis Plan	Joint Community Support Plan	Phlebotomist Assessment
		CMH Wraparound Treatment Plan	Lab Results	Referral
		Comprehensive Intake Asmnt	M1-103 Blood Pressure	Rider 65 Benefit Plan Assessment
		Crisis Assessment	M1-105 Smoking Status	RTC Service Log
		Crisis Family Team Meeting	M1-115 A1c	Screening Assessment
		Crisis IPE	M1-147 BMI	Service Termination Summary
		CSU Treatment Plan	M1-207 Diabetes and BP Control	Substance Abuse Treatment Plan
		Demographic	MAT Nurse Monitoring	Substance Use D/O Referral
		Demographic Veteran Services	MAT Prescriber History	Suicide Severity Rating Scale
		Diagnosis: Integrated Medical	MAT Prescriber Monitoring	TB Screening Form
		Diagnosis: MH Assessment	Medical Health Super Bill	TCOOMMI Continuity of CARE
		Diagnosis: MR Assessment	Medical Referral	Time Management Log
		Diagnostic Reconciliation	Mental Health Crisis Care Plan	TRR ANSA
		DSM-5 Diagnosis Reconciliation	MH Treatment Plan	TRR CANS 3-5
		EOU Admit PHQ-9	National Outcome Measures	TRR CANS 6-17
		EOU Comprehensive Intake Asmnt	Needs Assessment	Veteran Needs Assessment
		EOU Contributing Factors Assmt	Nursing Services Brief Office	Veteran Services Admit Assess
		EOU Discharge Assessment	Nursing Services Progress Note	Veteran Services DC Assessment
		EOU Discharge PHQ-9	OCR Program Discharge	Waiting List Assessment
		EOU Nursing Assessment	OCR Svc Termination Summary	Wellness Assessment
		EOU Referral Source	Ohio Scales	YES Waiver CED
		Expanded Intake Assmnt	Other Funded Aftercare	YES Waiver IPC
		Family Team Meeting	Patient Health Quest-PHQ-9	
9	**Administrative Requirements ADMIN-002:** The RFP indicates that where appropriate, care providers should have appropriate levels of access within the EHR solution with specifications on data exchange to be determined based on capabilities. Our EHR solution includes capabilities to allow external providers access via a web-based provider portal. Via the portal, providers would be able to access and update client demographics and information, check eligibility, enter and track authorizations, complete service notes for billing, and upload claims. Are you interested in this level of functionality?			
	It is TCBHC's desire to furnish to external provider ONLY the information that is medically necessary for that provider to see. The description above does sound like the right intent, however more interested in where we can limit some access as needed to various of the above listed items depending on the provider. It is not TCHBC's intent to have a "one size fits all" access level to outside to providers.			
9	**Account Management Requirements AM-002:** The RFP states that the proposed Account Manager MUST meet the required experience and qualifications. What is the required experience and qualifications that the account manager must have/meet?			
	TCBHC would like, at a minimum, to have an account manager that has directly managed a successful implementation for an LMHA (Local Mental health authority) in the state of Texas. All other qualifications can be included at the discretion of the Vendor.			

9	**Account Management Requirements AM-003:** Please confirm that vendors should provide the requested descriptions of and references for the Account Manager's last two projects as a separate attachment in the Appendix section of the proposal response?
	AM-003 not been uniquely expressed in the EHR Detailed Narrative and can be provided in a separate attachment.
9	**Corporate Experience Requirements CE-001 and CE-002:** Please confirm that vendors should provide the requested information in a separate attachment in the Appendix section of proposal response?
	CE-001 and CD-002 have not been uniquely expressed in the EHR Detailed Narrative and can be provided in a separate attachment.
9	**Corporate Experience Requirements CE-003:** The requirement indicates that we must complete and submit the "Reference form." Will you be providing a specific document to be completed or instructions detailing your preferred format for submission of the requested references? If not, should vendors provide references as a separate attachment in a format of their choosing?
	TCHBC is looking to verify, by reference, three working relationships between the vendor and an active customer within the last three years, utilizing the platform which is being offered as an EHR solution. The submission method and format of this information is at the vendor's discretion.
9	**FUNC-008:** The requirement specifies the need for a method to replicate data for reporting/data mining. Can you identify the expectation and use cases for reporting? For example, are you looking for an exact Production replica or a data warehouse solution?
	Currently TCBHC has access to this production database and has become dependent on live Data. There are a number of reporting requirements that can be replaced with a data warehouse however there are a few home-built processes that have been developed, referencing live data, in a real-time environment that will need either become part of the EHR's functionality or TCHBC will need access to a replication of live data within a reasonable timeframe. Although it is not feasible to replicate an entire database in live time, it is the expectation that certain data elements can be identified and replicated no more than every 3 minutes.
9	**When will you be notifying vendors who are selected for vendor demonstrations? As the demonstration dates are 2 weeks after the proposals are due, if you can provide as much detail as possible on your process to notify and coordinate demonstrations, it would be helpful and appreciated.**
	TCBHC understands the short time span between the proposal due date and the window for demonstrations. TCBHC intends to notify each vendor of intent to request and coordinate a demonstration with each vendor within 3 business days of receipt of the vendor's proposal in a first received, first response manner. Notifications will be initiated by email, with contact information provided within that email, for further planning and coordination as needed.