Development of a Needs and Readiness Assessment and Vendor RFP to Modernize Ten Community Mental Health Centers Via Selection and Adoption of a Common Electronic Health Record (EHR) Platform

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The Governor's Office of New Opportunities and Rural Transformational Health (GO-NORTH), was established by Executive Order under Governor Kelly Ayotte, and is funded by the Rural Health Transformation (RHT) Federal program. GO-NORTH advances five strategic initiatives to improve the health and sustainability of rural New Hampshire.

This specific Request for Proposal addresses Initiative 4: Technology.

Initiative 1: Population Health

Increase prevention, chronic disease management, and improved behavioral and maternal health.

Initiative 2: Access

Ensure sustainable access to care by strengthening rural hospitals, health centers, EMS, and telehealth services.

Initiative 3: Workforce

Build and retain a skilled rural health workforce through education, training, and career pathways.

Initiative 4: Technology

Promote financial sustainability with innovative payment models and value-based care.

Initiative 5: Financial Sustainability

Modernize care delivery by expanding technology, interoperability, and data security.

GO-NORTH delivers this work through five Hubs, each supported by a GO NORTH lead who provides coordination, guidance, and oversight to ensure alignment with statewide priorities.

[Program Overview | Go North]

REQUEST FOR PROPOSAL (RFP)

Development of a Needs and Readiness Assessment and Vendor RFP to Modernize Ten Community Mental Health Centers Via Selection and Adoption of a Common Electronic Health Record (EHR) Platform[1]

Initiative 4: Technology

Issued By:

NH Community Behavioral Health Association (NHCBHA)

Issue Date: July 15, 2026

[1] Contract Binder Sections 1.7.1 & 1.7.2.

Contents

1.O INTRODUCTION

1.1 Issuing Organization and Authority

1.1.1. Issuing Organization

This RFP is issued by the New Hampshire Community Behavioral Health Association (NHCBHA), who holds a contract with the Governor's Office of New Opportunities & Rural Transformational Health (GO-NORTH) to provide funding for the effort. NHCBHA has contracted with Helmsco Client Solutions, Inc. (HCS) to administer the process as it relates to this RFP. HCS and NHCBHA have entered into an agreement, and HCS is acting on behalf of NHCBHA for the purposes of this RFP.

1.1.2. Procurement Authority

NHCBHA reserves the right to modify, suspend, or cancel this RFP; request clarifications; negotiate with vendors; and make an award in the best interest of participating organizations. Any award resulting from this RFP must be approved by GO-NORTH.

1.2 Background

Supported by GO-NORTH Rural Health Transformation funding, New Hampshire's Community Mental Health Centers (CMHCs), of which three are Certified Community Behavioral Health Clinics (CCBHCs), are pursuing a coordinated strategy to modernize behavioral health technology infrastructure, and ultimately operations, through selection and deployment of common, single instance EHR platform across all ten CMHCs, implementation of interoperability strategies, and the adoption of technologies (e.g., general artificial intelligence) that support productivity gains and demonstrate a reduction in administrative burdens and fixed costs of the CMHCs and that support efficient care delivery, data security, access to digital health tools by CMHCs and patients, and streamlined revenue cycle management and other non-clinical functions.

The IT assessment is a foundational planning activity to ensure related operational readiness with the core requirement that each CMHC migrate to a common, single instance EHR platform with standardized workflows that supports all ten CMHCs becoming certified as CCBHCs and centralizing shared services in a management services organization. Additionally, adoption of a common EHR platform will affect each CMHC's capacity, infrastructure, clinical and non-clinical workflows, billing, data-reporting capabilities, cybersecurity, privacy and consent management, care coordination, data management and governance, and each CMHC's ability to participate in value-based payment arrangements and successfully transition to CCBHC. The work of the IT assessment emphasizes standardization, efficiency, interoperability, security, and long-term sustainability while supporting diverse organizational workflows. More information about the NHCBHA and the ten CMHCs it represents can be found in its most recent annual report. Two CMHCs, Northern Human Services and Community Partners, additionally serve as Area Agencies providing services to individuals with developmental disabilities and acquired brain disorders and any solution must address the needs of that business segment for the respective Agencies.

There are five stages of effort as shown in **Figure 1**. This RFP is designed to address Stages 1-3 and to also seek information regarding Stage 4.

Figure 1: Stages of Effort and RFP Scope

Stages of Effort	RFP Scope	Time Period
1. IT Needs and Readiness Assessment	In Scope	Aug 2026-Feb 2027
2. IT Vendor RFP Development	In Scope	Aug 2026-Feb 2027
3. RFP Management, IT Vendor Selection, and Contracting Support	In Scope	Mar 2027-Oct 2027
4. IT Vendor Implementation	In Scope for This RFP, as Ideally Same Vendor to Be Used for Stages 1-4, but Subject to NHCBHA's Option to Elect/Move Forward with the Procured Vendor to Stage 4 or to Re-Procure	Nov 2027-TBD
5. Back Office Structure Development	Out of Scope	TBD

1.3 Procurement Schedule

Figure 2: Anticipated Procurement Schedule

TASK	DATE*	DETAILS
RFP Released	July 15, 2026	
RFP Vendor Letter of Interest	July 24, 2026	Not required. Send to dsmith@helmsco.com
RFP Questions Due	July 29, 2026	Send to dsmith@helmsco.com
RFP Answers Posted	August 3, 2026	
RFP Response Due	August 17, 2026	Send to dsmith@helmsco.com
Finalist Notified	August 25, 2026	
Contract Executed**	September 8, 2026	

*Dates are subject to change at the discretion of NHCBHA

** Subject to GO-NORTH approval

2.0 Vendor Requirements

2.1 Minimum Vendor Qualifications and Required Capabilities

This Section 2.0 sets forth the minimum organizational qualifications and required capabilities for the Vendor selected under this RFP. As shown in **Figure 1**, this RFP covers Stages 1 through 3: the IT needs and readiness assessment, development of the EHR vendor RFP, and support for RFP management, vendor selection, and contracting. NHCBHA also seeks information regarding the Vendor's capacity to support Stage 4, EHR

implementation, although NHCBHA may elect whether to proceed with the selected Vendor for Stage 4 or conduct a separate procurement.

- The Vendor must demonstrate the qualifications, experience, staffing, methodology, and technical capabilities necessary to deliver the requirements described in Sections 2.1 through 2.11.
- At a minimum, the Vendor must be capable of:
    - conducting a comprehensive, multi-entity IT needs and readiness assessment across all ten CMHCs;
    - developing an EHR procurement RFP that reflects the assessment findings and future-state requirements;
    - supporting NHCBHA through vendor selection and contracting; and
    - advising on the long-term sustainability of a common, single instance EHR platform beyond the rural health transformation grant period.
- The Vendor's response should clearly distinguish the work that is in scope for this RFP from any proposed Stage 4 implementation role, consistent with **Figure 1**.

2.1 Vendor Organizational Qualifications

Vendors must demonstrate that they meet or exceed the following minimum qualifications and possess the experience necessary to carry out the scope described above and in **Figure 1**:

2.1.1 Healthcare & Behavioral Health Expertise

- Ideally, a minimum 5 years' experience working with New Hampshire's CMHCs
- Minimum 5 years' experience working with CCBHCs
- Demonstrated familiarity with:
    - SAMHSA CCBHC certification criteria
    - Behavioral health workflows (MH, SUD, crisis services)
    - Integrated care models (primary care + behavioral health)
    - CCBHC prospective payment system

2.1.2 Multi-Entity Assessment Experience

- Proven ability to assess multi-site or multi-organization environments
- Experience conducting comparative maturity assessments across organizations resulting in a unified outcome
- Experience and capability with onsite, remote, and hybrid assessments with all levels of organizational personnel

2.1.3 Regulatory & Compliance Knowledge

- HIPAA, 42 CFR Part 2, and state-specific privacy laws
- CMS, Medicaid, and value-based reimbursement models
- Experience with UDS+/CCBHC reporting requirements

2.1.4. Vendor Selection and Contracting Processes

- Proven ability to lead vendor selection and contracting processes

2.1.5. EHR Implementations

- Proven ability to lead EHR implementations across organizations with multiple facility sites simultaneously

2.2 Electronic Health Record (EHR) Assessment Capabilities

Vendors must demonstrate expertise in evaluating:

2.2.1 Current-State EHR Environment

- Ability to assess:
  - Core EHR functionality (clinical documentation, e-prescribing, scheduling)
  - Behavioral health-specific modules:
    - CCBHC
    - Treatment planning, assessment and progress notes
    - Crisis and mobile response documentation
    - American Society of Addiction Medicine level-of-care workflows
  - Usability and clinician burden
  - Template configuration and standardization
  - Interoperability needs – both current and future state
  - Mental Health Center of Greater Manchester's (one of New Hampshire's ten CMHCs) Cypress Center inpatient workflows
  - Workflows at CMHC residential facilities.
- Experience with common behavioral health EHRs (e.g., Netsmart, Credible, Epic Behavioral Health, Qualifacts, Streamline, NextGen, Athenahealth, etc.)

2.2.2 Clinical Quality & Reporting

- Ability to evaluate:
  - Quality reporting capabilities (I.e., HEDIS, UDS+, CCBHC, MIPS, MVPS measures)
  - Data extraction/reporting tools (SQL, BI platforms, registries)
  - Population health management capabilities

2.2.3 Future-State Planning

- Capability to recommend:
  - EHR optimization roadmap
  - Clinical partner interoperability
  - Support for:
    - Integrated care delivery
      - Export/ Import capability for CCD documents
    - Measurement-based care
    - Telehealth and digital therapeutics
    - Patient portal technology
    - Mobile Capabilities
  - Common EHR financial sustainability planning.

2.3 Interoperability & Data Exchange Capabilities

The common EHR must not operate as a standalone CMHC clinical record. The common EHR must be capable of exchanging information with providers, payers, public health systems, and community partners that are

essential to serving CMHC patients including New Hampshire Hospital (State hospital), State reporting, hospitals, labs, FQHCs, primary care providers, 988, pharmacies and medication management partners, Medicaid, managed care organizations and other payers, other partners such as LTSS aging and disability providers, schools and child-service systems, as well as "internal" interoperability with data reporting systems, AI/GAI tools, and revenue cycle and G/L systems. For purposes of this section, interoperability is defined as structural and foundational interoperability within industry standards. NHCBHA is contractually obligated to ensure that any EHR can achieve interoperability with the New Hampshire State Hospital which is New Hampshire's inpatient psychiatric facility. Vendor shall identify existing CMHC and industry interoperability successes and challenges and develop a clear set of requirements to support interoperability and integrations.

2.3.1 Current-State Interoperability Assessment

Vendor must evaluate:

- Standards compliance
    - HL7 v2, FHIR, CCD/C-CDA
- Exchange participation
    - Health Information Exchanges (HIEs)
    - Carequality / CommonWell
    - Qualified Health Information Networks (QHINs)
- Integration landscape
    - Required interfaces with:
        - New Hampshire Hospital
        - State systems (e.g., reporting)
    - Recommended interfaces with:
        - Designated Receiving Facilities (DRF)
        - Hospitals
        - Primary care
        - Laboratories
        - Pharmacies and medication management partners
        - Federally Qualified Health Centers (FQHC)
        - Payers
        - State systems (e.g., reporting)
- Data sharing constraints
    - Handling of 42 CFR Part 2 data segmentation
    - Consent management workflows.

2.3.2 Technical Integration Analysis

- Interface inventory and dependency mapping
- Assessment of:
    - Real-time vs batch integrations
    - API maturity
    - Vendor interoperability capabilities (open vs closed architecture)

2.3.3 Future-State Interoperability Strategy

- Ability to recommend:
    - Enterprise integration architecture (e.g., middleware, iPaaS)

    - FHIR-based API strategy
    - Master Patient Index (MPI) and identity management
    - Data governance framework

2.4 Data & Analytics Capabilities

2.4.1 Cost-based budgeting

- Vendor must demonstrate knowledge of the cost-based budgeting required under CCBHC

2.4.2 Data Builds and Data Quality

- Ability to:
    - Aggregate and normalize data across multiple CCBHCs
    - Develop comparative maturity models
    - Identify gaps in data quality and governance

2.4.3 Data Reporting and Visualization

- Experience:
    - Meeting CCBHC data requirements
    - Developing executive dashboards for operational, clinical, and financial KPIs
    - Developing data models for:
        - Clinical quality
        - Financial performance
        - Operational efficiency
- Familiarity with:
    - Population health analytics
    - Risk stratification
    - Social determinants of health data integration.

2.5 Security, Privacy, and Compliance Assessment

Vendor must demonstrate capability to assess:

- Current and deficient cybersecurity controls, audit logging, access controls, regular security review requirements, and incident response procedures
- HIPAA Security Rule compliance
- 42 CFR Part 2 data protections
- Identity and access management
- Cybersecurity posture:
    - Endpoint security
    - Network architecture
    - Incident response preparedness
- Data governance:
    - Policies and procedures
    - Data stewardship models

2.6 Technical Architecture & Infrastructure Assessment

Vendor must demonstrate ability to evaluate:

- Hosting environments:

    - Cloud vs on-premises vs hybrid
- System performance and scalability
- Disaster recovery and business continuity
- Network reliability across sites
- End-user device strategy (clinician mobility)

2.7 Revenue Cycle Management (RCM) Assessment Capabilities

2.7.1 Current-State Revenue Cycle Evaluation

Vendor must be able to assess:

- Front-end operations:
    - Insurance eligibility verification
    - Intake and registration workflows
- Coding and documentation alignment
- Claims lifecycle:
    - Submission, adjudication, denial management
- Payment reconciliation and reporting
- Multiple payment methodologies:
    - Prospective Payment System (PPS) for CCBHCs
    - Fee for Service (FFS)
    - PMPM/capitation
    - Bundled billed services
    - Value-based payment arrangements
    - Other
- Operational efficiency

2.7.2 Behavioral Health-Specific RCM Expertise

- Medicaid-heavy payer mix experience
- Understanding of:
    - Payment methodologies in 2.7.1
    - State-specific billing rules
    - Grant and supplemental funding tracking

2.7.3 Financial Performance Analysis

- Ability to manage cost-based budgets
- Ability to develop an inventory of required metrics such as:
    - Days in A/R
    - Denial rates
    - Clean claim rates
    - Revenue leakage
- Benchmarking capabilities across multiple organizations

2.7.4 Future-State RCM Optimization

- Recommendations for:
    - Automation (RPA, workflow tools)
    - Clearinghouse optimization

    - Value-based care readiness
    - Integration between EHR and RCM systems

2.8 Assessment Methodology Requirements

Vendor must propose a structured methodology that includes:

2.8.1 Multi-Site Assessment Approach

- Development and management of coordinated communication plans
- Standardized assessment and readiness framework applied across all ten CMHCs
- On-site and/or remote stakeholder interviews:
    - Clinical leadership
    - IT teams
    - Finance/revenue cycle staff

2.8.2 Maturity Model

- Use of a clearly defined maturity model such as the HIMSS Electronic Medical Record Adoption Model (EMRAM) across:
    - EHR optimization
    - Interoperability
    - Revenue cycle
    - Analytics

2.8.3 Deliverables

Vendor must provide:

- Individual CMHC reports:
    - Current-state assessment
    - Gap analysis
    - Prioritized recommendations
- Cross-organization comparative report:
    - Benchmarking matrix
    - Shared challenges and opportunities
    - Consolidated roadmap
- Executive-level summary suitable for board/leadership review

2.9 Scalability & Future-State Innovation

Vendor must demonstrate awareness of emerging trends and ability to guide future investments, including:

- Telehealth expansion
- AI/GAI-assisted functions including but not limited to clinical documentation (ambient listening), coding, revenue cycle, compliance, and patient service functions such as a patient portal.
- Electronic Medication Administration Record (eMAR)
- Digital front door (patient engagement tools)
- Integration with social services and community partners
- Value-based care and population health platforms

2.10 Identification of Configuration and Data Migration Requirements

2.10.1 Configuration Requirements

As part of the assessment and RFP development:

- Vendor should identify configuration requirements and data frameworks, including common fields, definitions, and quality indicators for CCBHC performance.
- Requirements will support the future, common EHR platform, including but not limited to ambient listening tools, telehealth delivery, behavioral health and CCBHC workflows, revenue cycle, interoperability, care coordination, and documentation and training optimization.
- Vendor shall develop detailed technical, operational, cybersecurity, and business requirements for the future EHR solution, including alignment with billing, claims management, and documentation optimization technologies.

2.10.2 Data Migration Requirements

As part of the assessment and RFP development:

- Vendor shall provide a set of data migration requirements including but not limited to what will/will not be migrated, what will occur with data that is not migrated, data quality test plans, data validation, and legacy system transitions to the new EHR platform and integrations with other systems.

2.11 Training and Change Management

As part of the assessment and RFP development:

- Vendor shall identify required end-user training requirements, go-live support, and ongoing technical assistance.
- Vendor shall identify areas where change management skillsets would be of benefit to the overall effort's success in each level of the organization.

2.12 References & Past Performance

Vendor must provide:

- At least three (3) references from:
  - CMHCs
  - Preferably all will be CCBHCs or similar models.
- Examples of past performance should include:
  - Extensive healthcare IT experience
  - CMHC expertise
  - Understanding of CCBHC requirements and their impact on EHRs, clinical workflows, revenue cycle, and reporting, and interoperability
  - Comparable, complex project management
  - Prior technology assessments
  - Experience authoring EHR RFPs and managing RFP processes
  - EHR/RCM optimization projects
  - Ability to coalesce and unify a wide range of stakeholders to come to a common solution
  - Multi-organization benchmarking engagements.

3.0 PROPOSAL SUBMISSION REQUIREMENTS

Proposals shall include:

- A fifteen-page limit before attachments
- Executive summary
- Response to all items detailed in Section 2.0 Technical Vendor Qualification Requirements
- Description of Vendor's specific project team members' roles, expertise, and responsibilities
- Attestation of any potential or actual conflicts of interest Vendor has with technology vendors or the State of New Hampshire
- Description of process of assessment of existing CMHCs including workplan, timeline, and staff to be assigned
- Communication plan for assessment results. Should include HCS, NHCBHA CEOs, and GO-NORTH
- Cost proposal.

Notes:

- Vendor should ensure that they clearly outline their proposed process of assessing current CMHC workflows and systems and their approach to the creation of the RFP that will be used to select the future EHR vendor.
- While this RFP is to select the Vendor who will write the RFP for the EHR vendor, NHCBHA would like to extend the opportunity to prospective Vendors to provide evidence that the Vendor is capable of managing and implementing the final systems solution.
- NHCBHA is contractually obligated to ultimately select an EHR vendor who is currently supporting at least one CCBHC nationally and has the capability to be interoperable with our State Psychiatric Hospital (NH Hospital).

4.0 EVALUATION PROCESS AND SCORING

4.1 Evaluation Process

Proposals will be evaluated by a Procurement and Evaluation Committee and will minimally include review of Vendor's submitted materials, interviews, reference checks, and cost analysis while comparing proposals.

4.2 Evaluation Criteria and Scoring (100 points)

Submissions must meet all mandatory requirements identified in this RFP to proceed to scoring. Proposals will be evaluated using the criteria and weighted point values shown below.

Evaluation Criteria Summary	Possible Points	Possible Points	Possible Points	Total Possible Points
	0-6	**7-13**	**14-20**	**20**

Evaluation Criteria Summary	Possible Points	Possible Points	Possible Points	Total Possible Points
1. Organizational Qualifications, Assessment Experience, References, and Past Performance	Vendor demonstrates limited experience conducting multi-organization healthcare IT assessments, EHR procurement support, or similar engagements. References and past performance provide limited evidence of successful delivery of comparable projects.	Vendor demonstrates adequate experience with healthcare technology assessments, vendor selection, and multi-site engagements. References indicate generally successful performance on related projects.	Vendor demonstrates extensive experience conducting complex, multi-entity assessments, EHR procurement support, stakeholder alignment, and healthcare transformation initiatives. References and past performance provide strong evidence of successful outcomes on comparable engagements.	
2. Behavioral Health, CCBHC, Healthcare IT, and Regulatory Expertise	**0-5**	**6-11**	**12-17**	**17**
	Proposal demonstrates limited understanding of community mental health centers, CCBHC requirements, behavioral health workflows, reimbursement models, or applicable regulations.	Proposal demonstrates a reasonable understanding of behavioral health operations, CCBHC requirements, interoperability, compliance, and healthcare technology environments.	Proposal demonstrates extensive expertise in CMHC and CCBHC environments, behavioral health clinical operations, Medicaid and value-based reimbursement, healthcare regulations, and technology-enabled transformation.	
	0-5	**6-11**	**12-17**	**17**

Evaluation Criteria Summary	Possible Points	Possible Points	Possible Points	Total Possible Points
3. Technical Expertise (EHR, Interoperability, Data & Analytics, Cybersecurity, Revenue Cycle, AI/Innovation)	Proposal demonstrates limited expertise in EHR evaluation, interoperability planning, cybersecurity assessments, revenue cycle operations, analytics, or emerging technologies.	Proposal demonstrates sufficient expertise in most required technical domains and provides a credible approach to assessing existing capabilities and future-state requirements.	Proposal demonstrates comprehensive expertise across EHR platforms, interoperability standards, cybersecurity, privacy, analytics, AI-enabled capabilities, revenue cycle optimization, and future-state technology planning.	
4. Assessment Methodology, Project Approach, Deliverables, Communication, and Change Management	**0-6**	**7-13**	**14-20**	**20**
	Methodology lacks detail, consistency, or evidence that the vendor can efficiently assess all ten CMHCs and develop actionable recommendations and procurement requirements.	Methodology is reasonably structured, addresses major assessment requirements, and includes an achievable approach for stakeholder engagement, deliverables, and project management.	Methodology is comprehensive, well-structured, and clearly aligned with the objectives of the RFP. Proposal demonstrates a strong framework for communication, readiness assessment, maturity modeling, stakeholder engagement, change management, deliverables, and future-state planning.	
5. Cost and Overall Value	**0-9**	**10-18**	**19-26**	**26**
	Proposed pricing appears excessive relative to the scope or provides limited value relative to the proposed approach and qualifications.	Pricing is reasonable and generally aligns with the proposed scope of work, staffing plan, and deliverables.	Pricing is competitive and represents strong overall value considering the vendor's qualifications, proposed methodology, deliverables, experience, and anticipated project outcomes.	
Total Possible Points				**100**

4.3 Scoring Methodology

Each evaluator will independently score each criterion using the point ranges above. Scores will be aggregated across evaluators to determine the final ranking. The Evaluation Committee may consider proposal submissions, interviews, presentations, references, clarifications, and cost proposals when assigning scores.

4.4 Reviews, BAFO, and Negotiation

NHCBHA reserves the right to request clarifications, conduct interviews, request Best and Final Offers (BAFOs), and negotiate with one or more vendors prior to final award.

5.0 CONTRACT TERMS

The selected vendor must enter into a written agreement with NHCBHA with terms to include but not limited to data ownership, confidentiality, schedule, and payment.

6.0 RESERVATION OF RIGHTS

NHCBHA reserves the right to reject any or all proposals and make an award in its best interest.

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