



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.

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August 3, 2026

**QUESTIONS AND ANSWERS TO
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**

To Support GO-NORTH RHT Initiative 4: Technology

Issued By:

NH Community Behavioral Health Association (NHCBA)

On July 15, 2026

Question	Response
1) Section 1.3 – Procurement Schedule The procurement schedule identifies August 17, 2026, as the proposal response due date. Can NHCBA confirm the required submission time?	5pm EST.
2) Section 2.1.4 – Vendor Selection and Contracting Processes Will legal review and contract drafting support be provided by NHCBA, or is the selected vendor expected to provide procurement and contracting advisory services beyond technical evaluation?	NHCBA will provide legal services for contracts that it executes. If the selected vendor has procurement and contracting advisory services to assist in contract execution, please describe those services in the RFP response.
3) Section 2.2 – Current and Needs Assessment For each of the ten organizations, can NHCBA estimate the expected percentage of on-site consulting needed for interviews and needs assessment?	This is dependent upon the proposal submitted by the vendor. NHCBA assumes the vendor will have suggestions in their RFP response as part of their work plan.
4) Sections 2.2.3 and 2.9 – Future State Planning, Scalability, and Innovation What degree of standardization is anticipated across the ten CMHCs?	There is an expectation that the electronic health record will be a single instance. NHCBA expects vendors in their IT assessment to make recommendations on standardization.
5) Section 2.12 – Vendor Qualifications Will NHCBA consider CCBHC-related experience that demonstrates knowledge of technology, programmatic, and policy considerations for satisfying the requirements in this section?	We believe this question asks about Section “2.1.2 Multi-Entity Assessment Experience” as there is no Section 2.12. Multi-entity assessment experience is expected but vendor should provide a response that it believes meets the needs and intent of the RFP.
6) Section 2.8 – Group Meetings and Activities If already defined, what is the plan for on-site group meetings related to common EHR needs, vendor demonstrations, and governance or decision-making?	NHCBA would expect that initial assessment of current systems at each Center would require onsite activity and presence to best understand the existing environment and shape specifications for the subsequently developed RFP. Beyond the initial Center assessment period, NHCBA is interested in what “leadership” role might be available and to what

Question	Response
	extent onsite work can be supported to coalesce Center CIO activity.
7) Section 2.8.1 – Multi-Site Assessment Approach Will NHCBA provide dedicated project management resources to coordinate stakeholder scheduling, communications, logistics, and document collection across participating CMHCs?	Vendor is expected to provide administrative support to support these tasks. NHCBA will provide a lead for each Center.
8) Section 3.0 – Proposal Submission Requirements Is there a current list of EHR and revenue cycle platforms used by each CMHC, and will that inventory be made available to the selected vendor?	It will be made available to the selected vendor. Each Center has its own EHR platform, albeit some Centers have the same EHR from the same vendor.
9) Section 3.0 – Attachments Outside Page Limit Please confirm whether any sections may be submitted as attachments outside the 15-page limit, such as an optional Stage 4 implementation strategy.	Yes.
10) Section 3.0 – Fifteen-Page Limit May attachments outside the narrative include examples of assessment tools, methods, timelines, project organization, detailed project budgets, and assigned staff resumes?	Yes.
11) Section 3.0 – Page Limit Clarification Do pages such as the cover page and table of contents count toward the 15-page limit before attachments?	No.
12) Current Systems Can NHCBA share the names and current release levels of the EMR/EHR systems currently used by the ten CMHCs and New Hampshire Hospital?	It will be made available to the selected vendor. See question 7 above.
13) Budget Can NHCBA share the budget allocated to this initiative?	No.

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