

## QUESTIONS - REQUEST FOR PROPOSAL (RFP) #2019-500 EMERGENCY MEDICAL SERVICES

### **ANSWERS IN RED**

On page 2 of the RFP document it says "Proposer shall sign and date the Proposal as requested on each page. RFP, which are not signed and dated in this manner, may be rejected." I would like to just confirm this means that it is asking to sign the forms where applicable and not necessarily that each page must be signed and dated.

#### **Sign where applicable**

2.1 – There is a blank space to enter the vendor name. Does this page need to be submitted as part of the proposal response? I'm trying to understand the requested format of the proposal. Do we submit all pages of the RFP document as our proposal and answer the questions within the RFP document?

#### **2.1- Fill in the blank and return entire proposal. Follow submission instructions in Part III.**

3.4 – In firm pricing it is asking that listed items are to be on a "per unit" basis, stating a firm price per unit or unit quantity of each item." Is the intent of this to ask the proposer to price EMS service on a per-ambulance basis? (i.e., \$XYZ.XX per full time ambulance or \$XYZ.XX for three full-time ambulances)

#### **3.4- This is just a general term that is in all of our bids, please use the pricing sheet to give a lump sum price for your services.**

3.5 – Under "10 Points: Implementation Plan/Staffing- The certifications and credentials of EMT personnel: Provide Resumes of qualified EMT's" is the intent of this asking the proposer to provide a resume for each EMT that is currently employed by the proposer in the RFP response? And if so, would a resume also be needed for each of our Advanced EMTs, EMT- Paramedics, and Licensed Paramedics or just for EMTs?

#### **3.5 Names, cert level, cert number, and years employed should be provided for any variation of EMT personnel that will be involved in the staffing and implementation plan.**

4.1 – This section reads "The intent of this Scope of Work is to solicit competitive sealed proposals to provide 911 Emergency with Mobile Intensive Care Unit (MICU) Ambulance Service for Taylor County. The County is seeking the Highest quality, most reliable paramedic ambulance services at the most reasonable and competitive cost." Is it the intent of Taylor County to require that each ambulance be staffed with a Paramedic? Section 4.7.1 says "The offeror shall be responsible for management and operations including Advanced Life Support with Mobile Intensive Care Unit capable." This would mean that at a minimum, it would be staffed with at least one EMT and one Advanced EMT, capable of being staffed with a Paramedic which would then make it an MICU. I am just trying to understand what exactly the County is asking to be provided. In our service, Advanced EMTs have an extended scope of practice compared to other traditional EMS services in our region.

#### **4.1 Yes at least one (1) EMT-Paramedic or Licensed Paramedic on each truck. All trucks required to be staffed at MICU level at all times.**

4.2.8 – This section reads "The Proposer shall make emergency services National Fire Protection Association (NFPA), as defined by NFPA standards, available to all persons within the service area defined in the Contract." What is the intent of this section? Which emergency services are to be provided and by which specific NFPA standards? Does Taylor County currently enforce NFPA standards with other agencies such as volunteer fire departments & first responders?

#### **4.2.8 NFPA 1201- Standard for providing Fire and Emergency Service to the public sector**

4.2.14 – Who determines life-threatening vs. non-life threatening emergency calls? If it is Taylor County Sheriff's Office dispatch, which dispatch call triage system will be used to screen and categorize 9-1-1 calls as life-threatening vs. non-life threatening? Also it shows in this section that the community of Hamby is listed as a location for service. This area is currently served by MetroCare. Has MetroCare relinquished this jurisdiction or made plans to?

**4.2.14 Initially all calls are deemed Life-Threatening upon dispatch until patient is evaluated by qualified responders. Hamby is currently serviced by MetroCare but is included in this Proposal because they are located in Taylor County and if for some reason they have no service provider this contract will not have to be renegotiated.**

4.3.2 – This section reads “The selected Proposer will transport Sheriff's Office and local area Police Department (PD), Fire/Rescue, and personnel who are injured in the line of duty at no additional charge.” Is it the intent of this section to mean that the proposer will not charge Taylor County additional charges when transporting these specific patients under these specific circumstances? And/or is this saying that the proposer will not bill these specific patients under these specific circumstances? Medicare guidelines require EMS agencies that bill for transport to bill all patients the same as a Medicare patient would, meaning each patient must be billed.

**4.3.2 This should be included in your overall total cost of doing business and reflected in your total cost to the County.**

4.5.1 – What defines a “mass casualty incident”? Who determines what is a “mass casualty incident”?

**4.5.1 Any incident that overwhelms your available resources. Incident commander on scene will determine this.**

4.6.1 – What defines an “emergency” service request? Is every call/request from Taylor County dispatch or received directly from the public considered an emergency under this definition?

**4.6.1 All calls considered an Emergency until evaluated on scene by qualified personnel.**

4.6.2 – This section says “The Offeror has a duty to immediately notify Taylor County Dispatch of the current location that the Offeror is located when service request is received”. What is the expectation from Taylor County on how this is accomplished?

#### **4.6.2 Radio and Telephone**

4.7.1 & 4.7.2 – These sections read “4.7.1 The Offeror shall be responsible for management and operation of all ambulances, including Advanced Life Support with Mobile Intensive Care Unit capable. 4.7.2 MICUs shall be staffed with no less than two (2) emergency medical services personnel, one (1) of whom shall be no less than an EMT-B and one (1) of whom shall be an EMT-P. Contractor must comply with requirement for EMT-P to perform and ride as the attendant on all calls requiring advanced life support care. At all times and in all cases each MICU shall be staffed in accordance with the applicable Federal, State and local laws, rules and regulations.” According to the Texas Department of State Health Services, ALS with MICU capability is defined by Texas Administrative Code Title 25, Part 1, Chapter 157, Subchapter B, Rule §157.11(h)(5) as “When response-ready or in-service below MICU shall require one EMT- Intermediate or AEMT and one EMT. Full MICU status becomes active when staffed by at least a certified or licensed paramedic and at least an EMT.” Rule §157.11(h)(6) defines MICU as “When response-ready or in-service, authorized EMS vehicles operating at the MICU level shall be staffed at a minimum with one EMT Basic and one certified or licensed EMT-Paramedic.” So what is the intent or expectation of Taylor County for 9-1-1 calls as these two sections appear contradictory to each other? Is minimum level of staffing at the ALS or the MICU level? Can only an EMT-P staff the ambulance under

this section or can it be also be a Licensed Paramedic? Also in 4.7.2, who determines which calls require advanced life support care? The majority of licensed ambulances in Texas operate at BLS with MICU capability which allows for the full

range (BLS, ALS, & MICU) of minimum staffing (i.e, two BLS providers at a standby event or football game which would be BLS minimum staffing, one EMT and one Advanced EMT which is ALS minimum staffing, and one EMT and one certified or licensed paramedic which would be MICU level staffing). The County can require minimum staffing at the ALS or MICU level while ambulances are licensed at the BLS with MICU capable level.

**4.7.1 & 4.7.2 On duty 911 Emergency Response units shall be staffed at an MICU level at all times. For additional postings not 911 related, staffing will be determined by the customer requiring the stand-by and the availability of your staff. Either EMT-Paramedic/ Licensed Paramedic are acceptable to staff 911 Ambulances.**

4.7.4 – This section says “Each ambulance used in the emergency transportation of patients shall be equipped with all items required by Texas Administrative Code 157, Emergency Medical Care and NFPA vehicle standards 1901.” Is there a specific section in this NFPA standard that the proposer must comply with? The title of NFPA 1901 is “Standard for Automotive Fire Apparatus” and is a very lengthy document. I am trying to find out if there are specific provisions of this NFPA 1901 document that Taylor County is requiring from the proposer. Most ambulance manufacturers build and certify them to the Federal General Services KKK-A-1822 specifications or CAAS GVS specifications.

**4.7.4 Recent information has come to light that NFPA 1901 and KKK-A-1822 have sunset and are now under the new NFPA 1917 section. I will issue an addendum to reflect that.**

4.7.5 – This section says “Equipment shall be available to allow ambulances to travel in inclement weather conditions, including snow or ice.” Can you identify what specific equipment the County is asking be made available?

**4.7.5 Snow Chains, studded tires or other equipment that would aide in the travel in such conditions**

4.8 – In many places through this section it says “EMTs and Paramedics shall...” Are Advanced EMTs prohibited from being utilized on a 9-1-1 ambulance?

**4.8 No, Advanced EMT’s are not prohibited from being utilized on a 911 Ambulance, however they will be partnered with an EMT- Paramedic/Licensee Paramedic.**

4.8.7 – This section says “The Offeror shall have a Standard Operations Manual (SOP) that describes how complaints regarding level of care, response or employee action or inaction are handled. This SOP will be given to the Commissioner’s Court at beginning of contract.” Is the entire policy manual being requested or just the specific policies relating to how complaints regarding level of care, response or employee action or inaction are handled?

**4.8.7 Entire SOP Manual**

4.8.10 – This section reads “All Contract personnel shall be trained and receive certification as current level NIMS (National Incident Management System) compliant. Which level of NIMS certification is being required?”

**4.8.10- NIMS 100, 200C, 700, & 800**

4.8.11 – This section reads “Offeror will have staff available and a toll free phone number, capable of discussing and resolving billing questions.” Would a toll-free telephone number to a third-party billing agency satisfy this requirement or does this section require that the proposer have in-house billing?

**4.8.11- The number should be to whoever handles your billing, be it in house or third party.**

4.11.2 – This section reads “The new contract will be an emergency service contract with fully staffed and equipped paramedic units for the areas described in this RFP.” As asked previously in these questions, what is the minimum level of staffing being required by the County?

**4.11.2- On duty 911 Emergency Response units shall be staffed at an MICU level at all times. For additional postings not 911 related staffing will be determined by the customer requiring the stand-by and the availability of your staff.**

4.12.1.3 – This section reads “Clinical performance shall be consistent with approved medical standards and guidelines set forth by the State of Texas” Are there specific approved medical standards and guidelines being referenced by the State of Texas? And if so, which ones?

**4.12.1.3- Perform per your standing protocols as approved by your medical director.**

4.15.2 – Can you clarify the language / interpretation of this section? What I interpret this section to represent is that response times as described in 4.2.14 must be met 85-100% of the time and if not, there will be a \$1,000 assessment charged to the contracted entity for each call in a monthly period that exceeds the response times as described in 4.2.14 with fees being collected quarterly. I also interpret this to say that response time compliance is calculated monthly.

**4.15.2- That is a correct interpretation.**

4.16.1 – This section reads “Each month a response time exception report will be submitted to the Commissioner’s Court before the close of business on the 10th of each following month.” Are these exceptions this section is referencing only listed as 4.6.3.1, 4.6.3.2, 4.6.3.3 in this RFP?

**4.16.1- Yes**

4.16.2 – This section reads “Driver performance reports will be provided as requested”. Can you clarify what a driver performance report is and what specific information it would be required to include?

**4.16.2- Driver History or other pertinent information**

6.8 – Do we have to use this table out of the RFP document or can it be incorporated inline with this section within the proposal response?

**6.8- You may use a different format but all information requested needs to be included**

Attachment B – What purpose/intent does the “total cost” listing serve at the bottom of this attachment? I interpret this to mean that the proposer should add up all the items in the table and place the total in the “Total Cost” box. If this is accurate, what could be interpreted as the “Total Cost” in the scoring of this proposal would be misrepresented. Total cost to who? To the County or to the patient? I wouldn’t disagree that the subsidy being requested from the County and the schedule of rates should be posted but I do not understand why they would be totaled up and what the scope / purpose of the total is to reflect.

**Attachment B- That will just be the Total Cost of the service to the County. You don’t need to add in the costs of the patients to the Total Cost Line item.**

Can the County provide current charges for services for MICU base transport, including the mileage rate, non-transport charge, and detailed information for all fees?

**This is a completely new contract and service level for the County. So unfortunately I don’t have that exact information. We did provide a subsidy to our current provider of \$605,000 per year for the last 2 Fiscal Years. The level of service was not at the MICU level. We do not have mileage rates, non-transport charge, or details for any fees.**

Does the Sheriff department currently do Emergency Medical Dispatch (“EMD”) or pre-arrival instructions?

**The Sheriff’s Office does not have EMD, they would provide pre-arrival instructions and basic CPR and first aid instructions over the phone to the caller.**