

**CHICKASAW COUNTY AMBULANCE
COUNCIL**

REQUEST FOR PROPOSALS

EMERGENCY AMBULANCE SERVICES

DUE 2:00PM – April 12, 2019

Chickasaw County Ambulance Council
Chickasaw County Auditor
8 E. Prospect
New Hampton, Iowa 50659

Date: 03/25/19

RFP Due Date: 04/12/19

RFP Due By: 2:00PM

Please direct all questions regarding this Bid/Proposal to: Jeff Bernatz, Coordinator, Phone: 641-229-6101, Fax: 641-394-2406; j.bernatz@chickasawcoia.org

REQUEST FOR PROPOSAL FOR: EMERGENCY AMBULANCE SERVICES

Unless specifically amended or deleted, by the Chickasaw County Ambulance Council, the following General Terms and Conditions apply to this RFP and any resulting Purchase Order or Contract.

GENERAL TERMS AND CONDITIONS:

RFP'S. Proposals must be received at the Purchasing Office before the date and time specified for the opening. Proposals are to be made less Federal Excise Tax and no charge for handling unless required by law. Proposals will be made available to the public at the next meeting after proposals are received. Results will be given by mail only if requested in writing and accompanied by a self-addressed, stamped business size envelope.

SPECIFICATIONS. Vendors must submit on items as specified. Any changes in specifications must be noted on the "Specifications Exception Form". Vendors shall be notified in writing if any changes to the specifications are made.

AWARD. The award will be made to the responsible vendor submitting a conforming proposal meeting specifications at the lowest cost for the most service unless other criteria are noted in the Request for Proposals.

PUBLIC INFORMATION. The responding vendor hereby acknowledges that all information relating to this proposal and any resulting order (including but not limited to fees, contracts, agreements and prices) are subject to the laws of the State of Iowa regarding public information.

SIGNATURE: This document must be signed by a person who is authorized to legally obligate the responding vendor. A signature on this document indicates that all Chickasaw County Ambulance Council terms and conditions are accepted by the responding vendor and that any and all other terms and conditions submitted by the responding vendor are null and void, even if such terms and conditions have terminology to the contrary. The responding vendor shall also be subject to Chickasaw County Ambulance Council contract and purchase order terms and conditions.

FORM OF CONTRACT. The terms and conditions set forth in any additional Terms and Conditions by the Chickasaw County Ambulance Council are part of the proposal and will apply to any contract awarded the responding vendor unless specific exceptions are taken and accepted and will prevail over any contrary provisions in Terms and Conditions submitted by the responding vendor.

COUNCIL'S OPTIONS. The Chickasaw County Ambulance Council reserves the right to reject or accept all or any part of any proposal, to determine what constitutes a conforming proposal, to award solely as it

deems to be in the best interest of the Chickasaw County Ambulance Council, and to waive irregularities that it considers not material to the process.

OFFER. The undersigned hereby offers to sell to the Chickasaw County Ambulance Council the commodities or services indicated in the following page(s) of this RFP at the price(s) quoted in complete accordance with all conditions of this RFP.

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

Date: _____

Signature _____

Printed Name _____

CHICKASAW COUNTY AMBULANCE COUNCIL

REQUEST FOR PROPOSALS

EMERGENCY AMBULANCE SERVICES

The Chickasaw County Ambulance Council seeks proposals from qualified vendors for the provision of emergency ambulance services, as detailed in this Request for Proposals, for the contract period of July 1, 2019 to June 30, 2022. Proposal submissions clearly marked "Emergency Ambulance Services Proposal" will be received until 2:00PM, April 12, 2019 at the Chickasaw County Auditor office, 8 E. Prospect New Hampton, Iowa 50659.

The Chickasaw County Ambulance Council will accept and review all proposals received, including alternate proposals, to determine whether or not they meet the needs of the County. The Chickasaw County Ambulance Council reserves the right to accept or reject any and/or all proposals or any part thereof, to waive any formality in the process, and to accept the proposal considered to be in the best interest of the County. Failure to submit all information called for may be sufficient grounds for disqualification. The Chickasaw County Ambulance Council reserves the right to cancel this request at any time for any reason.

I. General Information

The Chickasaw County Ambulance Council serves Chickasaw County, Iowa. The County's current population is 12,005.

II. Qualitative Criteria

A. Service Requirements:

1. The service must remain compliant with current regulations of Iowa Code Chapters 131 and 132.

2. Vehicles:

a. General: All vehicles shall be pursuant to Federal Ambulance Specifications and comply with all laws and rules per Iowa Code Section 147A and Iowa Administrative Code Chapter 451. Vehicles shall have equipment and supplies as required by Iowa law.

3. Housing:

a. The Vendor shall identify what facilities/building or housing it will require. The Cities will not provide housing unless separate agreement is made.

4. Communications:

a. Communication with County's Public Safety Departments: The Vendor will program all units with the County's Fire, EMS, and Law Enforcement frequencies, as well as the Chickasaw County Fire Aid and State interoperability frequencies.

b. Portable Radios and Cellular Telephones: The Vendor will provide mobile and portable radio equipment for its ambulances serving the County that permits direct two-way radio communication between the ambulances and hospital emergency departments to which emergency patients would be transported. In addition, each ambulance will carry a portable cellular telephone in case of failure of the radio systems.

5. Personnel:

a. Background Checks: The Vendor will comply with all laws and regulations of the State of Iowa pertaining to criminal background checks.

b. Labor Disputes or Work Stoppages: In the event the Vendor is involved in a labor dispute, and as a result of the dispute service is interrupted, the Vendor agrees to provide substitute services and to reimburse the Chickasaw County for all costs the Council incurs for interruption of service by the Vendor.

6. Required Response Time: Fractile Response Times 75% of emergency responses shall be staffed and enroute in less time than 5 min from dispatch. The most direct and uninterrupted route to the scene shall be followed. The agreement may be terminated by the Chickasaw County Ambulance Council for failure to meet the response time criteria.

7. Source of Calls: Calls for ambulance service need to go through the PSAP not directly to the vendor. The Vendor will respond to emergency ambulance calls made directly to the company within the County including all reported structure fires, and ice and water rescues.

8. Non-Transport Emergencies: The Vendor shall respond to all Fire or Law Enforcement emergencies as directed by Chickasaw County Dispatch personnel and shall remain on scene until released by the incident commander.

9. Medical Waste: The Vendor shall accept all medical waste generated at the EMS scene as well as accept medical waste collected by first responders to an EMS emergency.

B. Financial Obligations

1. Compensation: All compensation for services shall be billed by the Vendor. Compensation will be set based on the response to the bid's to provide service.

2. Rates: The Vendor shall describe its proposed schedule of rates to be charged to recipients of ambulance services. These rates are to be in effect for the entire contract.

3. Cost of Operations: The Vendor must assume all costs of its employees, services, and supplies, including, but not specifically limited to, at least, telephone, rent, gasoline, oil, maintenance, materials, communications systems, and equipment, to adequately provide EMS to the County.

4. Bonding and Insurance: Performance and Payment Bonds will be required in the amount of one hundred thousand dollars (\$100,000.00). To cover the insured's legal liability for personal injury or death resulting therefrom, for each ambulance, for any recovery by one person as a result of any one accident or cause, one million dollars (\$1,000,000); and for all persons receiving personal injury, as a result of any one accident or other cause, three million dollars (\$3,000,000).

The Vendor shall bear the cost of the bonds. No service shall be rendered and any Agreement shall not be effective until the Vendor awarded the service furnishes the County with certificates of insurance and bonds that meets these specifications.

C. Reporting Requirements

1. Quarterly Service Reporting: The Vendor will keep statistical monthly reports in a form acceptable to the Chickasaw County Ambulance Council. Each monthly report shall be completed no later than the fifteenth day of each month and reported to the council quarterly. These reports shall be sent to the Chickasaw County Ambulance Council and include, at least the following HIPAA-compliant information:

a. Number of Calls: (i) Daily; (ii) Weekly; and (iii) Monthly.

b. Calls categorized as follows: (i) BLS (Basic Life Support); (ii) ALS (Advanced Life Support);

c. Dispatching Log: (i) Sequential listing of all emergency responses to include, at least, dates, time of call, time of arrival on scene, time spent at scene, transport time to hospital, what hospital transported to point of entry or refusal of care, no patient, DOA, chief complaint and reason for transport.

2. Financial Reporting: The Vendor shall compile a yearly report, in an electronic format acceptable to the Chickasaw County Ambulance Council, of its complete rate structure and volume of calls generated by Chickasaw County. Summaries of all charges and receivables by source will be included when subsidies are provided by Chickasaw County.

3. Inspection Reports: The Vendor must forward immediately a copy of all inspection reports issued by any licensing body as they pertain to this agreement. Any deficiencies noted must be corrected immediately.

4. Licensure Status Reporting: The Vendor shall immediately notify the Chickasaw County Ambulance Council if at any time during the term of the contract, the Vendor's license to operate an ambulance service is modified, suspended, revoked, or been refused renewal by the State of Iowa. The Vendor shall forward to the Chickasaw County Ambulance Council all copies of the correspondence received and sent relative to the above matters, should they occur during the term of the contract. Any action outlined above, or application or proceeding to the same effect, may, at the option of the Chickasaw County Ambulance Council, be considered just cause for immediate termination of this Agreement.

5. Monthly Response Time Reporting: If, for any one-month period of the contract, response times do not meet the standards created in this contract in paragraph A(5) the Vendor must notify the Chickasaw County Ambulance Council in writing within seven (7) days, providing a full explanation of the situation, and a plan of corrective action.

6. Periodic Reviews of Vendor's Performance: The Chickasaw County Ambulance Council may review the following: (i) to ensure the Vendor's continued compliance with the provisions of the Agreement; (ii) to review response times and ALS calls; (iii) to review employees ALS skill performance; (iv) to address and resolve specific issues or problems; and (v) to generally coordinate EMS operations in Chickasaw County or any other issue or concern the Chickasaw County Ambulance Council has regarding the Vendor's performance that the Chickasaw County Ambulance Council believes may affect the health or safety of County residents.

III. Quantitative Criteria That Must Be Included in the Bid

Firms interested in submitting proposals for the Emergency Ambulance Services as detailed in this RFP shall submit an original hard copy proposal by mail or one (1) .pdf copy by email or by mailed flash drive. Proposals must address the following items, which will be used as the Evaluation Criteria;

1. Ambulance Staffing: Please describe how you intend to staff each ambulance with paramedics and EMTs. Please include in your description, at least, how many ambulances you intend to deploy in Chickasaw County and for how long each day, what level of service each ambulance will provide, the make, model, and year of each vehicle, who will own, operate, and maintain each vehicle listed, how many EMT and paramedics each ambulance at each level of service will contain, how and under what circumstances you intend to provide more ambulances than the minimum, any vehicles, besides ambulances, you intend to deploy to the Chickasaw County on an daily, regular, or irregular basis, and any previous situations where you failed to meet a committed level of service of staffing in an Iowa community and what actions did you take when you fell below your committed level.
2. Plan to Meet Response Times Requirement: Please describe how you intend to satisfy the fractile response times. Please, also bid out any levels of operation that would reduce response time not outlined by this agreement for consideration by the Chickasaw County Ambulance Council that the Vendor believes is feasible.
3. Support for the County and Community through Emergency Management: The Emergency Management Director for the County has numerous public safety responsibilities, including preparing for, and coordinating the response to major events, staffing and managing the County's emergency operations center, and leading the County's Local Emergency Planning Committee. Please provide your plans to interface and integrate the Vendor as the EMS provider into the County's Incident Command System structure, specifically including responding to weather and special events.
 - a. The Vendor is expected to provide stand-by coverage at all Town functions attended by 500 or more people and any other Town function upon request. Provide what your rate structure would be for such coverage.
 - B. Rates: Please describe the initial schedule of rates to be charged to recipients of ambulance services. Please also describe the Vendor's proposed collection policy.
 - C. Provide a list of private, Medicare, and Medicaid insurances you will be accepting.
 - D. Explain how vendor expects to work with the hospital in transporting emergency, non-emergency, and mental health transfers.

E. Fee for Service: The fee you will charge the Chickasaw County Ambulance Council to provide Emergency Medical Services, as described in this RFP, for the duration the contract.

****Compliance with Federal and State Law:** the Chickasaw County Ambulance Council intends, and expects the Vendor, to comply with all state and Federal laws involving this solicitation, specifically including, but not specifically limited to, at least, 42 U.S. Code § 1320a-7b(b), and how that statute has been interpreted by the United States Department of Health and Human Services, Office of the Inspector General. To further ensure compliance, any solicitation the Chickasaw County Ambulance Council deems the most advantageous to the County will be subject to that office's review before implementation.

4. Additional Contractual Requirements

A. Duration of this Contract: The term of this contract shall be from July 1, 2019 to June 30, 2022.

B. Time for Performance of Services: Time is of the essence for the provision of all services made under this contract. The Vendor shall commence work in accordance with the Agreement.

C. Enumeration of Contract Documents: The following list of documents form the entire agreement between the Chickasaw County Ambulance Council and Vendor and are fully a part of the contract as if attached to this document or repeated herein:

1. The Contract to be signed after award;
2. Any amendments, modifications, or other mutually agreed upon change orders;
3. This "Request for Proposals - Emergency Ambulance Services";
4. The Vendor's response to the County's "Request for Proposals - Emergency Ambulance Services";
5. All required certifications, permits, or licenses; and
6. All required certificates of insurance and endorsements, certificate of corporate vote, or other authorization to act; and certificate of corporate status or proof of legal organizational status.

If a conflict arises between any of the documents listed above, the order of precedence shall be that language contained in the document higher in the list shall prevail over any conflicting document lower in the list of enumerated contract documents.

D. Designated Representatives: The Chickasaw County Ambulance Council designates as contract administrator, _____ **CCAC Chairman** _____ and the Vendor shall designate their authorized representatives to provide approvals, directives, and permissions including changes, and to receive notices or other communications under this contract at the addresses stated above, unless more specifically defined elsewhere.

E. Insurance: The Vendor shall maintain the insurance coverage listed below. With the exception of Workers' Compensation and Professional Liability coverages, the Vendor is required by this Agreement to name the Chickasaw County Ambulance Council as an additional insured and to provide the County

with certificates and endorsement pages of insurance coverage indicating the Chickasaw County Ambulance Council has been added as an additional insured under all insurance coverages required by this Agreement.

1. Worker's Compensation: Workers' Compensation and Employer's Liability Part B coverage in the amounts as may be required by Iowa Law.
 2. General Liability: General Liability coverage of at least \$1,000,000 Bodily Injury and Property Damage Liability, Combined Single Limit, with a \$3,000,000 aggregate limit.
 3. Auto Liability: Auto Liability coverage of at least \$1,000,000 Bodily Injury and Property Damage per accident.
 4. Professional Liability: Professional Liability coverage of at least \$1,000,000 per occurrence and \$3,000,000 aggregate.
 5. Umbrella Liability: Umbrella liability coverage of at least \$2,000,000 per occurrence and \$2,000,000 aggregate.
- F. Acceptance of Proposals:
1. The Council reserves the right, at its sole discretion to:
 - A. Accept any proposal it chooses and negotiate with one or more applicants to derive a contractual outcome, which may differ from the original RFP.
 - B. The Chickasaw County Ambulance Council is not bound to accept any proposal.
 - C. The lowest price proposal will not necessarily be accepted.
 - D. The Chickasaw County Ambulance Council reserves the right to vary the requirement of the RFP or any subsequent communication or correspondence to any or all RFP presents.