Mountain-Valley
EMERGENCY MEDICAL SERVICES AGENCY

Written Questions Received for RFP# MVEMS-2018-12

3/6/2019

Question Number	Document Reference / Topic	Question	Response
1		Can a provider just bid on one zone? Example zone 8. Or do they have to bid on all zones. Thank you for the clarification.	No, MVEMSA established a new EOA in Stanislaus County incorporating zones 1, 3, 8, B and C, serving the greater Modesto, Ceres, Turlock and unincorporated areas within Stanislaus County. This RFP contemplates a single provider for this EOA; however, Section 8 of the RFP describes subcontracting provisions.
2	**Opening Letter, Page 1,** *"Future opportunities exist to maximize priority dispatch with future tiered response protocol that may include a nurse triage system embedded with a modern all-inclusive ACE Accredited emergency medical dispatch system"*	Does the County have a timeline for implementing these and other programs? If so, please provide those dates.	Section 6.13 of the RFP describes the consideration of future operational system enhancements during the term of the contract when these enhancements are recognized as a standard of care and are acknowledged by third party payors.
3	**Enclosure 12, Page 1,** *Schedule of Charges 911 Emergency Response*	Are the current rates noted in the RFP dated 7/1/17 the most current? If not, please provide the updated rates.	Yes, these are the current rates.

4	**Enclosure 13, Page 1,** *Proposed Ambulance Rates (use this form to create three examples of projected ambulance rates for years 1, 2 & 3 based on the allowable rate increases described in the RFP)*	Are you asking for one rate for each of the first three years of the agreement vs. three different sets of rates for the three year periods.	The form should be adjusted based on allowable rate increases as described in Section 6.11, H of the RFP.
5	**Section I - Introduction and Background, Page 6, Section 1.1 Invitation,** *MVEMSA may extend the Contractor's agreement for a period not to exceed 5 years, based on Contactor's performance in meeting and or exceeding the performance standards outlined in the agreement over the initial term of the agreement*	At which point in the five-year cycle will an extension be decided, and will this be by mutual agreement?	It is not identified as part of the RFP and will depend on MVEMSA oversight committees. It is contemplated by year 3 of the agreement, with the support and approval of the EMSC or other oversight committee established by the MVEMSA Executive Director, preparations for a second 5 year extension may occur.
6	**Section I - Introduction and Background, Page 6, Section 1.2 Scope of Services,** *A dispatch center must meet the approval of MVEMSA and must be an approved emergency medical dispatch (EMD) center and 9-1-1 primary or secondary answering point.*	Please provide the minimum standards required to meet the MVEMSA approval.	MVEMSA anticipates the successful Proposer operating or contracting for an ACE accredited EMD center with the International Academies of Emergency Dispatch and certified by the International Academies of Emergency Dispatch. Please refer to Section 6.10c for additional dispatch center requirements.

7	**Section I - Introduction and Background, Page 6, Section 1.2 Scope of Services,** *Ambulance response times must meet the response-time standards set forth herein, and every ambulance unit provided by the Proposer for emergency response must be at the ALS level. In the future, MVEMSA may establish a pilot project for a tiered BLS and ALS ambulance response system using priority dispatch protocols approved by MVEMSA Medical Director.*	If the County is considering a 2-tiered system over time doesn't the requirement of an all ALS emergency response system and its requisite costs hamper the conversion in the first five years? Can the proposer offer a scheduled inclusion of BLS services?	The intent of this RFP is for ALS 9-1-1 emergency ambulance transport services. If in the future after a comprehensive study has been completed and utilizing approved EMD protocols, a BLS 9-1-1 emergency ambulance might be approved. Future pilot projects are outlined in Section 6.13.
8	**Section I, Page 6, Section 1.2, 2nd bullet,** *In the future, MVEMSA may establish a pilot project for a tiered BLS and ALS ambulance response system using priority dispatch protocols…*	Does the County require that we include an assumed pricing model for the tiered BLS / ALS model? Should this be included in the supplemental document and response? If not, please provide direction on how this information should be presented.	MVEMSA is not requiring the Proposer to provide a pricing model for BLS services. This RFP is for 9-1-1 Emergency Ambulance Services with Advanced Life Support.
9	**Section I, Page 7, Section 1.3, #2,** *Solid Financial Stability*	How will financial stability specifically be evaluated?	Many financial measurements of the proposer organization and parent entity will be considered including net worth, current ratio, profit and loss trend, working capital, planned funding of start up costs, size of reserve for contingencies, accessibility to parent entity guarantees.

10	**Section I – Introduction and Background, Page 7, Section 1.3,** *The savings in ambulance response times may go toward fire department reimbursement for first response services.*	How was the fee structure established for the first responder fee schedule? Please provide data or a study that explains the cost benefit for the ambulance provider to support the first responder reimbursement model that reduces ambulance costs and unit hours.	The fee structure was determined by estimated funds available for first responder fees based on the current provider financials within the EOA. There are significant changes to the fine structure as compared to the current Contractor agreement as well as significant cost savings to the Contractor through the ability for first responders to extend the compliance clock.
11	**Section I – Introduction and Background, Page 8, Section 1.5 Description of the EMS System, ,** *Currently, all emergency ambulance dispatch is provided by Valley Regional Emergency Communications Center (VRECC), a division of American Medical Response. Fire first response agencies are dispatched by SR9-1-1, the City of Ceres, and the City of Turlock. There are two air ambulance providers based in the County, PHI Air Medical and 9 Calstar.*	If AMR is not the successful bidder, does the County expect AMR to continue, through a service contract, to cooperate with the new Contractor to provide all emergency dispatch services through its subsidiary Valley Regional Emergency Communications Center? If the answer is no or unknown to the County and the selected Contractor will need to set up a new communications center, is it required that this center be located in Stanislaus County or can the County be served by a center outside of Stanislaus County?	It is unknown at this time if VRECC will be available to contract with a new contractor. It is not a requirement of this RFP for an in-county dispatch center.
12	**Section I – Introduction and Background, Page 8, Section 1.5 Description of EMS System,** *MVEMSA has elected to incorporate non-exclusive Zone B and C into the current exclusive EOA thereby creating a new exclusive EOA which requires a competitive process to award a new agreement.*	In order to create an exclusive operating area, a plan must have been developed and approved by the state EMS authority. Has the state EMS authority approved the inclusion of EOA's “Zone B and C”? Do the response and transport volumes differ from the RFP with the inclusion of Zone B and C?	The RFP along with the exclusivity of zones B & C has been approved by the State EMS Authority. The call breakdown in Enclosure 16 includes zone B & C EMS calls.

13	**Section I, Page 9, Section 1.5 Paragraph 2,** *The Proposer shall enter into agreements with all fire departments responding within their zones.*	Can the County provide copies of the current agreements that the County has with the Fire Departments, and current agreements that the Fire Departments have with the ambulance providers?	The Agency can provide a copy of the First Responder ALS agreement; however, we do not have access to the agreement between the current Contractor and first responders. The new first responder agreements will be reflective of the current RFP and will be of minimal use.
14	**Section I – Introduction and Background, Page 9, Section 1.5,** *In 2015 MVEMSA, working with AMR began a Community Paramedic pilot program through the State EMS Authority. This program focuses on behavioral health patients and alternative destinations. The successful Proposer is expected to continue this important Community Paramedic program as per MVEMSA policy.*	Please provide the details of this program. What are the current costs, staffing and equipment requirements? Can the County provide specific raw data related to these response types as listed in section 6.4 AMBULANCE DEPLOYMENT AND SYSTEM STATUS PLAN, page 14 of this document?	The current Community Paramedic Pilot Program consists of 1 Community Paramedic (CP) who shares duty as a field supervisor/QRV and is only called to incidents that are behavioral in nature and are screened by the first responding 911 unit. If patients pass an extended mental health assessment and a well person protocol, the initial responding 911 ambulance will transport to an alternate destination. Please see attached for data relevant to the CP pilot program. Additional details can also be found in the attached UCSF independent evaluator report. Data to be available by Friday, March 15, 2019.
15	**Section I, Page 9, Section 1.5,** *Approved extension executed for the period May 1, 2018 – November 1, 2019*	Will the County be extending the current incumbent providers 911 ambulance contract through 12/31/19, as the start date of the new contract is 1/1/2020?	Yes, MVEMSA is currently in discussions with providers to extend agreements through December 31, 2019.
16	**Section I, Page 10, Section 1.9 Estimated EMS Resources,** *The Table reflects a significant growth in transports from FY 2016 to FY 2017 (6.1%) as compared to previous periods.*	Does the County have any data or sense for the drivers of this growth (i.e. better access to care, population growth, flu epidemic, etc.)?	The Agency does not have definitive information to explain the increase. Call volume has been steady since 2017.

17	**Section I, Page 10, Section 1.9 Estimated EMS Resources, Graph,** *Historical collection rates, average charges and transports*	Please provide the collection rate, average charge per transport and number of transports provided by AMR for the last 4 years to allow for calculations for the RFP requirements without including the data from the other 4 EMS ground ambulance providers.	See Section 1.9 in the RFP. In addition, 2018 data is as follows: Collection Rate- 14.6%, Average Charge per Transport- $3,281.44 (includes 911/IFT/CCT),Transports- 51,881. Section 1.9 "Average Charge per Transport" is for 911/IFT/CCT transports combined.
18	**Section II, Page 13, Section 2.2 A (1),** *Cover letter – no longer than one page, signed by an individual authorized to execute legal documents for Proposer, identifying the materials submitted longer than one page, signed by an individual authorized to execute legal documents for the proposer, identifying the materials submitted.*	Please clarify what is meant by “identifying materials submitted longer than one page … [and] identifying materials submitted.”	MVEMSA anticipates a one page cover letter signed by the individual authorized to sign documents for the Proposer. All additional documents need to be listed in the Table of Contents in the response to the RFP.
19	**Section II, Page 13, Section 2.2 B (4),** *Specify any needs for physical space or equipment that the County must provide during the engagement.*	What, specifically, is provided today?	This section is for the Proposer to identify any office space or specific equipment needed, if available, to assist in the startup of operations. Currently, no County/LEMSA space or equipment is provided to the Contractor.

20	**Section 2.3 – Proposal Submission, Page 14, Section 2.3 A (1) (b),** *Submit proposals with all required documents in a sealed package to the designated County Mailing Address. All proposals received will be kept unopened and secured until officially accepted by the MVEMSA. Within the package, submit the Technical Proposal and the Price Proposal in separate envelopes.*	We understand that the Technical Proposal and Price Proposal should be submitted in two separate envelopes. Please clarify whether the "Supplementary Documents" section of the proposal should be included as part of the Technical Proposal and submitted in one envelope and the "Price Proposal" in a separate envelope.	This section of the RFP references how the proposer needs to label and package both the Technical Proposal and Price Proposal. Supplemental Documents may be part of the Technical Proposal.

21	**Section II – Instructions for Proposers; 2.2 Proposal Content Requirements, Page 14, Section C. Supplemental Documents,** *If additional documents and materials are appropriate, or have been requested by the County, provide in the following order as applicable:* *(1) Minimum Qualifications, using County forms if provided.* *(2) Organizational Capacity and Experience, describing work of a similar nature undertaken for a similar entity.* *(3) Financial Documents.* *(4) Samples, drawings, illustrations and related items.* *(5) Attachments, certifications, and forms executed as applicable.* *D. Price Proposal* *(1) Place all cost and pricing data in a separate sealed envelope clearly marked "PRICE PROPOSAL"* *(2) If forms and templates are provided for the Price Proposal, use them without modification. Failure*	Please confirm that there is to be a Technical Proposal which is a separate document from the Minimum Qualifications (which is to be considered a supplemental document); that there is to be an additional supplemental document which is the Organizational Capacity and Experience AND an additional separate supplemental document that is the Financial Documents section? Please confirm that all of the above documents are to be placed in the same envelope marked Technical Proposal? AND that there is an additional separate envelope that only includes the Price Proposal? If this is not accurate, please provide clarification as to how these sections should be included in the response.	For purposes of this RFP, the Technical Proposal should include all documents required with the exception of the Price Proposal which shall be included in a separate sealed envelope.
22	**Section II- Instructions for Proposers, 2.10 Protests, Page 16, Section 2.10 A (1),** *Objections may be filed prior to January 4th 2019*	Given that the RFP was not released until after January 4, 2019, is this still the appropriate date? If not, please provide the deadline for objecting to RFP requirements.	It appears there was an oversight and the date of January 4, 2019 should read May 6, 2019. This will be corrected with an Addendum posted on the MVEMSA website.

23	**Protests, Page 16, Section 2.10.A(2),** *Protests regarding the procurement process or the notice of intent to award must be filed prior to contract award.*	While we are confident that the procurement process will be conducted fairly and consistent with this RFP, there have been instances of mistakes and errors made in conjunction with the evaluation and scoring of submissions in RFP processes in many jurisdictions. Given that a proposer will not yet have access to the scoring deliberations or competitive submissions and a FOIA request will likely take longer (if even granted) than is available prior to contract award, how does the County expect a potentially "harmed" proposer to file a legitimate protest under these circumstances?	MVEMSA believes there is sufficient time to protest a decision to award.
24	**Section II , Page 16, Section 2.9 A,** *Once a decision has been made to award a contract to one or more Proposers, MVEMSA will post a Notice of Intent to Award, notifying the remaining Proposers of their non-selection.*	This seems to conflict with an earlier statement regarding award to a sole provider. Please clarify if this contract will be awarded to one, or possibly more than one, provider.	MVEMSA established a new EOA in Stanislaus County incorporating zones 1, 3, 8, B and C, serving the greater Modesto, Ceres, Turlock and unincorporated areas within Stanislaus County. This RFP contemplates a single provider for this EOA however Section 8 of the RFP describes subcontracting provisions.

25	**Minimum Qualifications, Page 19, Section 3.1.A.1,** *Five years continuously engaged in providing 911 ALS EMS transport services as required by a high-performance contract in the United States to a primary 911 Ambulance services provider at the ALS level for an operating area of population greater than 350,000, with size, geographical spread, population densities, and call volume appropriately similar to those of Stanislaus County.*	As the County is aware, there have been many mergers and acquisitions in the ambulance industry in the past five years. These transactions can be structured in multiple ways, but one method is an asset sale where all of the assets are acquired and the management and employees are hired. Therefore, the associated operating experience is also absorbed by the new entity. However, the new entity will be rebranded and operating under a different name and operating license. That entity, which would be the bidding organization in Stanislaus, cannot show evidence of operating continuously for five years under the current name, but certainly has the credentials and qualifications based on the acquisition that was consummated. How does the County propose that such a bidder demonstrate its credentials to meet the qualifications of the RFP? We suggest that the County accept a detailed explanation of the transaction and the corporate structure of the new entity where the experience and qualifications of the absorbed entities would qualify the bidder.	A response that indicates that the bidder who has acquired ambulance providers through “asset purchase” or similar arrangements must provide detailed information about the experience of the entities or sub-entities they have acquired within the relevant time period. Essentially, the suggestion provided in the commenter's question is acceptable.

26	**Minimum Qualifications, Page 19, Section 3.1.A.2,** *If the Proposer is organized as a legally formed partnership or limited liability company, each partner entity participating in the partnership or Limited Liability Company must have existed and continuously provided Prehospital ALS Emergency Medical Services, for a minimum of five years in the United States.*	Similar to the previous question, the proposer may be a limited liability company that, for tax and legal reasons, has many entities organized underneath it that will have nothing to do with serving Stanislaus County (i.e. may be contracted to provide operations in a distinctly different geography such as another state). In this case, some of those entities would not necessarily qualify for having been in existence for five years if the related contract was won in a more recent period or the entity was established recently to acquire an operation. The fact that these entities are subsidiaries under the proposing LLC, but do not have the operational tenure that the County desires, would not impact the service provided or available to Stanislaus. Would the County consider modifying this requirement to only require those entities that will be involved in the actual delivery of service to Stanislaus to have to meet the qualifications of the RFP (while still considering the situation addressed above in the previous section)?	As above, a detailed explanation of the relationship between the entities as well as the operational experience of the entity providing service delivery to Stanislaus County is acceptable. This does not relax the requirement as outlined in the RFP of 5-years continuous, ALS 911 service to a comparable County or Region.

27	**Financial Condition, Page 19, Section 3.1.8.1.a,** *Provide externally audited financial statements for the most recent five years. If the Proposer organization is a subsidiary of another corporation or is a dependent governmental entity, Proposer shall provide externally audited financial statements for the parent entity for the most recent five years. If financial statements of a parent entity are submitted, the Proposer organization's financial statements must either be separately shown as a part of those financial statements or submitted separately in the same format and for the same period. Such a parent entity shall be required to guarantee the performance of the Proposer. Failure to submit full financial statements may cause disqualification from this RFP process.*	This question relates to the same transactional complexity outlined in previous questions. If an entity was recently acquired in an asset deal from another organization and established as a newly branded company with different owners, it will not be able to meet the requirement of 5 years of audited financial statements. The new company would not have the 5 years of financials on its own or as a part of the new owner's financial statements. It would be possible to provide historical audited financials of previous parent, separate unaudited segment financials for 5 years of proposer (mix of previous name and new name) and audited financials for 5 years of new parent plus provide evidence of financial stability. Would this suffice to satisfy this requirement? If not, how would the County suggest a proposer respond to this requirement given the complexity of the situation and in order not to be disqualified?	MVEMSA agrees with your interpretation. Specifically, please provide (1) audited financial statements for each of the most recent five years of the parent entity, even if that parent entity has changed during the five year period; and (2) unaudited financial statements of the proposer organization in the same format as the parent entity for each of the most recent five years.

28	**Organizational Capacity and Experience, Page 20, Section 3.2.A.1,** *Provide a description of the local management (including clinical management) team, roles and responsibilities and their backgrounds; include biographical information and attach resumes.*	As each proposer may define the roles of the "local management team" differently, can the County please identify the specific roles at a minimum that must be addressed here?	Proposer is encouraged to submit a complete proposal with description of its local management team. Proposals will be scored based on qualities of the management personnel identified. Please refer to Enclosure 4.
29	**Organizational Capacity and Experience, Page 20, Section 3.2.A.1,** *Provide a description of the local management (including clinical management) team, roles and responsibilities and their backgrounds; include biographical information and attach resumes.*	For smaller scale proposers, in such a short timeline from RFP issue to due date, it may be difficult to secure a firm commitment (given relocation needs etc.) from every member of a proposed management team in a way that specific resumes and biographical information can be provided. In the circumstance that a minimum number of these roles fall into that category, would the County accept a representative description of the background and experience that we would look for in staffing that role along with the resumes of people that fill similar roles in our organization?	Proposer is encouraged to submit a complete proposal with description of its local management team. Proposals will be scored based on qualities of the management personnel identified. Please refer to Enclosure 4.

30	**Section III – Qualifications, Experience, and Evaluation Criteria 3.2 Organizational Capacity and Experience, Page 20, Section 3.2.A.1,** *Provide a description of the local management (including clinical management) team, roles and responsibilities and their backgrounds; include biographical information and attach resumes. MVEMSA reserves the right to approve or reject proposed local management*	We understand that biographical information and resumes are required for management, clinical, and supervisory personnel. Please clarify whether these resumes should be included in the "Supplementary Documents" section of the Technical Proposal of our submittal?	Yes, Supplemental Documents may be part of the Technical Proposal.
31	**Organizational Capacity and Experience, Page 20, Section 3.2.A.2,** *Titles and names of staff members who will be on the team responsible for the service, as well as the expected availability of the various individuals.*	Could the County please clarify what is meant by the "expected availability"? How does this differ from the requirement addressed in the question related to 3.2.A.1?	This section refers to management or supervisory personnel having responsibility to more than one County operating area.
32	**Enclosure 2 (STANISLAUS COUNTY EMS SYSTEM ASSESSMENT), Page 21, Section 5,** *American Medical Response • Deployment for Modesto: o (2) QRV units*	How are the QRV's deployed? How and what are they dispatched to? What are their hours of operation. How are they staffed? Do these units stop the clock? Are there response time penalties associated with QRV responses if the QRV is delayed?	The use of QRVs are not anticipated in this RFP.

33	**References, Page 21, Section 3.3.A,** *Append five letters of reference specifically related to the organization's current and existing:*	If a smaller, but qualified, proposer does not have five distinct contracts, can it submit multiple references from different authors related to the same contract/program in order to meet the requirement of five? If the answer is "no," how does the County recommend that a smaller qualified proposer meet this requirement?	MVEMSA is requesting five letters of reference. The sum of responses from the five letters must address the eight areas described in this section.
34	**IV. Insurance Requirements, Page 22, Table,** *Provide evidence of insurance for each of the checked categories.*	None of the insurance requirements are checked in the table at the beginning of "Section IV - Insurance Requirements." Please clarify that none of the table's insurance requirements are required to be submitted with this proposal response.	It is the expectation of this RFP that these are minimum insurance limits required by the Proposer.
35	**Section V – Standard Terms and Conditions, Page 24, All,** *Proposer should be prepared to agree to all standard terms and conditions identified in MVEMSA contract template in Enclosure 5 or provide a statement as to why Proposer cannot comply with any standard terms. The final agreement will be based on this standard template, and subject to change based on services provided as part of this agreement.*	Please clarify that you would like our response to the requirements in "Section V - Standard Terms and Conditions" to be included in the "Supplementary Documents" section of the Technical Proposal of our submittal?	Yes, Supplemental Documents may be part of the Technical Proposal.

36	**Section VI-Scope of Work And Special Provisions, Page 25, Section 6.1 Summary,** *MVEMSA may extend the Contractor's agreement for a second five-year term. The extension will be based on Contractor's performance in meeting and or exceeding the performance standards outlined in the Agreement over the initial term of the agreement.*	At what point over the first five years of this agreement does MVEMSA contemplate offering an extension for a second five-year term?	It is not identified as part of the RFP and will depend on MVEMSA oversight committees. It is contemplated by year 3 of the agreement, with the support and approval of the EMSC or other oversight committee established by the MVEMSA Executive Director, preparations for a second 5 year extension may occur.
37	**Section VI Scope of Work, Page 25, Section 6.3 System Requirements,** *The proposer will be required to pay the annual support and maintenance fees relevant to the EOA for the First Watch surveillance platform. Current fees are $40,902 subject to annual increases.*	Does this payment cover both the First Watch and FirstPass platforms?	Yes, for annual support and maintenance only.
38	**System Requirements, Page 25, Section 6.3,** *The Proposer will be required to pay the annual support and maintenance fees relevant to the EOA for the FirstWatch surveillance platform. Current yearly fees are $40,902 subject to annual increases.*	What factors will dictate if annual increases are implemented? Is there a cap on the amount that the fees could be increased? Would the County consider stipulating a cap or tying the increase to CPI, so proposers can better estimate the cost of the program over the five-year period?	FirstWatch pricing model for annual support and maintenance is a 3% annual increase. No cap.

39	**Section VI – Scope of Work and Special Provisions, Page 25, Section 6.3 System Requirements, 6.3.A,** *Proposer will be held accountable from the time of dispatch, until the time the proposers dispatch center is notified by radio (or other reliable method) that the emergency ground ambulance arrives at the address site or at a designated or assigned staging area. In the case of significantly encumbered/restricted access to the patient, the term "On Scene" shall be understood to mean the time the emergency ground ambulance arrives at the restricted access point, e.g. staging area, at the gate of a closed gated community, or rendezvous point to be escorted to the patient by another individual.*	Please clarify that Contractor's response time is measured from time of dispatch until "On Scene"?	Please see Enclosure 16 - Definitions "At Scene"

40	**6.3 System Requirements, Page 25, Section 6.3,** *FirstPass provides the ability to monitor and analyze patient care data, identifying deviations rapidly, consistently and automatically. Combined with the Proposers ePCR program, data is collected and reviewed quickly without data loss due to entry errors. FirstPass alerts when a patient care report does not match the agency's protocols.*	Do First Responder agencies currently have access to FirstPass and the reports?	No. MVEMSA is in the process of linking first responder and ambulance provider data. This is an ongoing initiative.
41	**Section VI; Scope of Work and Special Provisions; 6.4 Ambulance Deployment and System Status Plan, Page 26, Section 6.4 A (d),** *Include a map identifying proposed ambulance station(s) and /or post locations within geographic zones within the response time compliance areas…*	In the current system, where are ambulance stations and post locations located? Where are the current comfort stations located?	The current deployment model does not include ambulance stations utilized for posting. Comfort stations are not a requirement in the current agreement.

42	**System Requirements 6.3, Page 26, Section 6.3 C (1) (g),** *C. Response Time Exemptions (1) In some cases, late responses will be excused from financial penalty is and from response time compliance reports. Examples of current exemptions include: (a) Multiple units to the same scene. (b) Inclement weather conditions which impair visibility or create other unsafe driving conditions; (c) Documented dispatch errors; (d) Wrong address provided by the requesting party; (e) Unavoidable delay caused by road construction (f) Restricted roadway access (g) Delays in transferring care to a hospital emergency department;*	Can the County provide the current process to calculate hospital delay exemptions? Can the County provide data by hospital of average and max hospital off load times by hour of day and day of week by month for the last 12 months? Can the County provide the number of exemptions and the exemption type by month for the prior 12 months that were approved by the County?	MVEMSA shall exempt late responses caused by delays in transferring care to a hospital emergency department. It will be the provider's responsibility to adequately document the facts surrounding the occurrence to include at a minimum the facility, date, and all clock times – dispatch of call through time unit available. Criteria for approving exemption requests during the need for implementing "Round Robin": • The exemption reason must be documented in the OCU as "other approved by MVEMSA" if the responding unit is not actually delayed at the hospital and does not fall within the "Delays in transferring care to an ED" criteria. • The system must be on "Round Robin" and, The system status for zone 1, 3 & 8 must be at status 2 or below Data to be available by Friday, March 15, 2019.

43	**6.4 AMBULANCE DEPLOYMENT AND SYSTEM STATUS PLAN, Page 26, Section 6.4 A (1) (a),** *Proposed locations of ambulances and numbers of vehicles to be deployed during each hour of the day and day of the week.*	Can the County please provide a raw dataset that allows for the development of a demand-based schedule and development of a system status plan? Specifically, the data request would be the most recent 12 months of data to include (response priority (initial and final), date of call, time of call, time of dispatch, enroute time of unit, cancel time, on scene time, transporting time, hospital arrival time, Hospital name, patient transfer of care time, hospital clear time, call disposition, full address of call, chief complaint or MPDS code, X / Y coordinates, Unit ID, unique identifier (run Number) cancel reason).	Sufficient data to be available for the development of a deployment plan by Friday, March 15, 2019.
44	**6.4 AMBULANCE DEPLOYMENT AND SYSTEM STATUS PLAN, Page 26, Section 6.4 A (1) (d),** *Include a map identifying proposed ambulance station(s) and/or post locations within the geographic zones within the response time compliance areas as indicated in this RFP. Proposer is not required to provide ambulance stations unless staffing 24-hour shifts.*	Please provide documentation of the most recently approved system status and deployment plans?	The RFP is asking that the proposer determine the number of ambulances required to meet the response times identified in the RFP. The Proposer is expected to develop its own system status plan.

45	**Ambulance Deployment And System Status Plan Requirements, Page 26, Section 6.4.A.1.d,** *Include a map identifying proposed ambulance station(s) and/or post locations within the geographic zones within the response time compliance areas as indicated in this RFP. Proposer is not required to provide ambulance stations unless staffing 24-hour shifts.*	Does the current ambulance provider maintain comfort stations? If yes, can you please provide the number and the locations so proposers can determine to what extent program performance is a function of how comfort stations are currently utilized?	The current provider does not utilize comfort stations. Comfort stations are not a requirement in the current agreement.
46	**Ambulance Deployment and System Status Plan Stand By and Special Events, Page 26, Article B,** *If an event sponsor desires a dedicated standby ambulance at an event, the provider may enter into a separate agreement in accordance with MVEMSA Special Event Policy, with the sponsor for the provision of standby and payment for such services. Proposer shall not utilize a 911 system ambulance to staff standby events.*	Please provide MVEMSA Special Event Policy.	Special Event Policy attached.

47	**Section VI – Scope of Work and Special Provisions 6.4. Ambulance Deployment and System Status Plan, Page 27, Section 6.4 (2),** *Provide sufficient number of ambulances that are fully stocked to meet 133% of peak system demand.*	Please provide the number of ambulances currently deployed at peak. Please define "Fully Stocked." Do the reserve ambulances have to be fully stocked with cardiac monitors and other medical supplies?	The RFP is asking that the proposer determine the number of ambulances required to meet the response times identified in the RFP. For purposes of this RFP, "fully stocked" means each ambulance is equipped and supplied in accordance with MVEMSA policy 407.00 as available on the MVEMSA website. This applies to reserve ambulances as well.
48	**Ambulance Deployment And System Status Plan Standby and Special Events, Page 27, Section 6.4.B,** *If an event sponsor desires a dedicated standby ambulance at an event, the provider may enter into a separate agreement in accordance with MVEMSA Special Event Policy, with the sponsor for the provision of standby and payment for such services. Proposer shall not utilize a 911 system ambulance to staff standby events.*	When the County says proposer cannot use a 911 system ambulance does it mean that provider cannot simultaneously use an ambulance to meet its system status plan requirements and staff a standby event or is the County saying that provider cannot physically use an equipped 911 ambulance held in reserve for the standby event? If the latter, then the County is effectively saying there must be ambulances in the fleet that are solely dedicated to standby events, is this correct?	The intent of this section is the Proposer shall not utilize on duty system units for non-emergency standbys or special events. However they may use reserve units for such purpose.
49	**6.5 Vehicles, Page 27, Section 6.5 A (2),** *Be identically configured.*	Does this section infer that the vehicles selected must be of the same model year and make?	No
50	**Section 6.5 Vehicles, Page 27, 6.5 A-2,** *Ambulance Requirement: Be Identically configured*	Can the ALS ambulance units be identically configured and the BLS ambulance be identically configured separately, since there is a possibility of operating two different ambulance types (Example: Type III units for ALS and Type II for BLS responses.)?	Yes, however at this time the 9-1-1 ambulance deployment plan should be based on ALS units only.

51	**Section 6.5 Vehicles: Bariatric Ambulance, Page 27, Section 6.5 B (1),** *The ambulance shall have the capacity to accommodate a patient weighing up to 1000 lbs. and shall include a bariatric stretcher and hydraulic lift.*	Will the County consider alternatives to the bariatric stretcher and hydraulic lift if the requirement is met to accommodate a patient weighing up to 1000 pounds?	Yes. See RFP Addendum 4.
52	**Section VI – Scope of Work and Special Provisions 6.5 Vehicles, Page 27, Section 6.5 B (1),** *Proposer shall maintain a bariatric ambulance within the EOA*	Is there a response time commitment associated with the response of a bariatric vehicle?	The response requirements are not addressed in the RFP, however the bariatric vehicle must be maintained within the EOA and readily available for response. The unit does not need to be continually staffed.
53	**Section VI – Scope of Work and Special Provisions 6.5.G Vehicles, Communications Equipment, Page 29, Section 6.5 G (4),** *Proposer must equip each ambulance with appropriate emergency communications and alerting devices capable of being used to notify ambulance personnel of response needs.*	What is meant by “alerting devices”? If pagers, does the County have a paging system the Contractor can have access to? If so, what is the cost and what are the brand and model of pagers currently used?	The proposer must meet the communications requirements outlined in Agency policy 407.00 Ground Ambulance Equipment/Medical Supply Inventory. The County does not have a paging system being utilized by ambulance personnel. The current provider alerts through the designated EMS CAD system to multiple devices not limited to alpha/numeric pagers, such as cell phones, MDTs, tablets.
54	**6.6 Personnel, Page 29, Section 6.6. B (2),** *The maximum unit hour utilization for 24-hour ambulance units shall not exceed 0.40 without prior approval by MVEMSA.*	Can the County provide the number of 24-hour units currently deployed for 911 response and provide the average monthly UHU's for the past 12 months for each of those units, including the city they are deployed from?	This information is not available. Proposer is encouraged to develop their own deployment plan utilizing best strategies for shift schedules and ambulance deployment.

55	**Section VI – Scope of Work and Special Provisions 6.6 Personnel, Page 29, Section 6.6 B (1),** *Ambulance personnel must have sufficient rest periods to ensure that they remain alert and well rested during work periods.*	Can the County please clarify this sentence and define "sufficient rest periods"? Is this discussing "on-duty" rest periods or is this maximum shift length and minimum time between shifts? What is the County's expectation should the UHU be above .40 during the associated timeframe?	Proposer should use industry standards to determine adequate rest periods. Rest periods referenced in Section 6.6 B, (1) is referring to both on-duty and in-between shifts. Exceeding UHU greater than .40 will require notification and prior approval of MVEMSA.
56	**Section VI – Scope of Work and Special Provisions 6.6 Personnel, Page 29, Section 6.6.B (2),** *The maximum unit hour utilization for 24-hour ambulance units shall not exceed 0.40 without prior approval by MVEMSA.*	What is being used to calculate the unit hour utilization ("UHU"); responses or transports? Over what time period is the UHU measured to not exceed 0.40? What is the County's expectation should the UHU be above .40 during the associated timeframe?	Please refer to the Definitions in Enclosure 17. Exceeding UHU greater than .40 would require notification and approval of MVEMSA. MVEMSA may require the addition of ambulance unit hours.
57	**6.6 Personnel (B)(9), page 30, Section 6.6 Personnel (B)(9),** *Provide your pre-employment and on-going physical and mental health ability evaluation processes.*	Can the County please provide requirements or expectations for mental health evaluations both pre-hire and on-going to satisfy compliance with this section? Can the County share any current practices in place that satisfy this requirement?	The intent of this section is for the Proposer to provide information on its policy for personnel health and well being.

58	**6.6 Personnel, Page 30, Section C Comfort Stations,** *(1) The Contractor is encouraged to provide "comfort stations" located at strategic posts that are accessible to on-duty field-based personnel 24/7. At a minimum, these facilities shall: (a) Be climate controlled (air conditioning and heat); (b) Have adequate and comfortable seating to accommodate a complete on-duty crew; (c) Have at least one operable toilet, sink, and microwave as well as a desk, task chair; (d) Have data capability to enable patient care charting; and (e) Have adequate accommodations to meet the needs of nursing mothers.*	Please clarify the apparent conflict between page 26 article 6.4 Ambulance Deployment and SSP article 1(d) where the proposer is not required to provide a comfort station unless staffing 24-hour shifts. Whereas page 30 encourages the provision of comfort stations at strategic posts that are accessible to on- duty field base personnel 24/7.	Ambulance stations are not a requirement unless 24 hour shifts are part of the Proposers deployment. Comfort stations are to be available to on-duty crews for personnel necessities as outlined in 6.6. C.
59	**Section VI – Scope of Work and Special Provisions 6.6 Personnel, B. Ambulance Work Schedules and Conditions, Page 30, Section B(10),** *Submit completed copies of your compensation package for ambulance paramedics, and EMTs using the forms found in Enclosure 9.*	Please clarify whether completed copies of our compensation package for ambulance paramedics, and EMTs using the forms found in Enclosure 9 should be included in the Technical Proposal envelope or the Price Proposal envelope of our submittal?	The RFP does not specify. It may be appropriate to place compensation information in the Price Proposal envelope due to the sensitive nature of the material.

60	**Section VI – Scope of Work and Special Provisions, 6.6 Personnel, C. Comfort Stations, Page 31, Section 6.6 C (6) e Communicable Diseases,** *Identify PPE provided to Fire Service First Responders*	Is there a specific list of PPE items that are required to be provided? Or is this list to be deemed as EMT/Paramedic PPE (gloves, respirators, gowns, etc.) ONLY?	Proposers must be compliant with all applicable laws and MVEMSA policies.
61	**Section VI – Scope of Work and Special Provisions, 6.6 Personnel, C. Comfort Stations, Page 31, Section 6.6 C (6) e Communicable Diseases,** *Identify PPE provided to Fire Service First Responders*	Please identify what is currently provided by the current Contractor.	The Proposers should determine what medical PPE they will provide as on-scene restocking to Fire First Responders.
62	**Personnel Management and Supervision, Page 31, Section 6.6.C.5.d,** *Provide the qualifications, including resumes and provide job descriptions for all management, clinical and supervisory personnel for the emergency ambulance service.*	For smaller scale proposers, in such a short timeline from RFP issue to due date it may be difficult to secure a firm commitment (given relocation needs etc.) from every member of a proposed management team in a way that specific resumes and biographical information can be provided. In the circumstance that a minimum number of these roles fall into that category, would the County accept a representative description of the background and experience that we would look for in staffing that role along with the resumes of people that fill similar roles in our organization?	Proposer is encouraged to submit a complete proposal with a description of its local management team. Proposals will be scored based on the quality of management personnel identified. Please refer to Enclosure 4.

63	**Section VI – Scope of Work and Special Provisions 6.6 Personnel, Page 31, Section 6.6.C.5.d,** *Provide the qualifications, including resumes and provide job descriptions for all management, clinical and supervisory personnel for the emergency ambulance service.*	We understand that resumes are required for management, clinical, and supervisory personnel. Please clarify that all required resumes should be included in the "Supplementary Documents" section of the Technical Proposal of our submittal?	Proposer may determine where they choose to place this information in the response to the RFP. Proposer must clearly label the location of personnel qualifications.
64	**Section IV – Scope of Work and Special Provisions, page 31, Section 6.6.D (1) (a),** *(1) Requirements: Proposer must provide a comprehensive training/education program for all paramedic and EMT personnel. Joint training sessions for ambulance and fire service first responders are expected. Such a program shall include, but not be limited to: (a) Advanced training for EMT staffing ALS ambulances;*	Is the system expected to train EMT's beyond their scope of practice or is the term "EMT" in this section referring to the entire profession on an ALS ambulance?	The RFP is not proposing to train EMTs beyond an EMT's current scope of practice. However the intent of this section is to encourage collaborative training between fire first responders and ambulance personnel.
65	**6.6 PERSONNEL, D. Training and Continuing Education, Page 32, Section 6.6.(d) (1) (m), (m)** *Provide the process for ensuring that ambulance paramedic and EMT personnel meet training requirements as specified by the MVEMSA Medical Director.*	What is the current clinical probation duration for EMT & Paramedic before they are released to full duty?	This is determined by the Proposer.

66	**Section IV – Scope of Work and Special Provisions, Page 32, Section 6.6.D (1) (j),** *Describe how you plan to partner with MVEMSA to utilize its SimMan in the development of a mobile training program to benefit the region.*	Can the County provide the exact brand and model of the SimMan currently operated by MVEMSA?	SimMan 3G with LLEAP
67	**Section VI – Scope of Work and Special Provisions 6.7 Hospital and Community Requirements A. Hospitals, Page 33, Section 6.7 A (1),** *There will be an electronic transmission of 12-lead EKG for suspected ST elevation myocardial infarction (STEMI) to the hospital prior to patient arrival and this 12-lead EKG will be included in the electronic copy of the medical record. The current system utilized by Stanislaus County receiving hospitals and ground ambulance providers is LIFENET.*	What make and models of AED and cardiac monitors are used in the system today by the ambulance providers?	AED brand/model selection is determined by the first responder provider. All ALS ambulances and ALS First responders utilize the Physio-Control Lifepack 15.
68	**Section VI – Scope of Work and Special Provisions 6.7 Hospital and Community Requirements A. Hospitals, Page 33, Section 6.7 A (1),** *Describe how you will make 12-lead EKG for suspected STEMI patients available to the hospital prior to patient arrival.*	How is the 12-lead EKG data for suspected STEMI patients made available to hospitals currently?	All ALS providers currently utilize the Physio-Control Lifepack 15 which transmits wirelessly to LifeNet for 12-Lead receipt by designated STEMI centers.

69	**Section VI – Scope of Work and Special Provisions 6.7 Hospital and Community Requirements,, page 33, Section 6.7 B (4),** *Contractor will participate in community health initiatives (i.e., Focus on Prevention, homelessness prevention, etc.*	What community health initiatives are in place today that the current Contractor participates in? What are future initiatives the Contractor may be expected to participate in? Is funding available to the Contractor to help offset costs of certain initiatives?	It is anticipated that each proposer will develop their own plan to implement community education programs as identified in Section 6.7 B (1).
70	**Section VI Scope of Work 6.8 Disaster Preparedness, Page 34, Section 6.8 A (5),** *Contractor may require that field and supervisory staff are familiar with and trained in TCCC Guidelines*	Please identify and confirm if there are any Tactical / SWAT or similar teams in existence that utilize contract medical staff as part of tactical operations.	The current Provider does have a Tactical Medic team.
71	**Disaster Preparedness Mutual Assistance, Page 34, Section 6.8.B.2,** *Identify staff that will have primary responsibility for disaster preparedness, provide the job description, and any required specialized training.*	Given that a proposer will not yet have identified its complete staff by name, is it acceptable to identify the roles (as opposed to individuals) that will be involved in and responsible for disaster preparedness?	Proposer is encouraged to submit a complete proposal with description of its local management team. Proposals will be scored based on qualities of the management personnel identified. Please refer to Enclosure 4.

72	**Section VI – Scope of Work and Special Provisions; 6.9 Personnel, Page 35, Section 6.9 C (4&5),** *Contractor will cooperate with MVEMSA and/or the California EMS Authority in the investigation of an incident or unusual occurrence. Contractor will complete an incident or unusual occurrence report within 24 hours for personnel involved in an unusual occurrence. Contractor will immediately notify the MVEMSA of potential violations of the California Health and Safety Code, California Code of Regulations, or MVEMSA policy and protocols. incident or unusual occurrence*	Is this specifically addressing T22 CCR §70737? Or is this speaking of any incident? Please provide examples of an "unusual occurrence".	See attached Unusual Occurrence Reporting Policy
73	**6.9 Quality/Performance, Page 35, Section 6.9.D.2,** *The Contractor will make the ePCR product, including software, hardware and connectivity available at no cost to all fire department EMR, EMT and paramedic agencies participating in the first responder agreement.*	What are the number of participants that will utilize the ePCR product, including software, hardware, and connectivity at no cost to them?	It is expected the Proposer will meet with existing fire first responders to determine actual need as part of the proposal submission. As an estimate, there are 25 EMT/ALS level stations located within the EOA. In addition, we estimate access will be needed by an additional 4-6 administrative/quality improvement individuals. Hardware needs will vary by department; however, the Proposer is expected to offer ePCR access and associated mobile hardware to the primary first response apparatus at 25 stations. Volunteer/EMR departments will use their existing NFIRS documentation practice. Any EMR department that upgrades to an EMT-level of service shall be offered ePCR access and associated hardware.

74	**6.9 Quality/Performance, Page 35, Section 6.9 B (5),** *Submit a quarterly report to MVEMSA to show compliance with the approved plan and areas for improvement including key performance indicators for STEMI, stroke, advanced airway, cardiac arrest, trauma, sepsis, choking, childbirth, pain, customer satisfaction, pediatric skills, medication errors, complaint satisfaction, employee satisfaction, paramedic skill retention and safety;*	Can you provide a list of current clinical KPIs used and goals for performance levels?	Cardiac arrest: Compression rate, compression ratio, compressions per minute, total pauses for pulse check and defibrillation, obtaining a 12-lead post ROSC, community CPR and Out of Hospital Cardiac Arrest Survival. Sepsis: Source of infection, increased heart rate, pulse rate, increased respiratory rate, increased temperature, prehospital sepsis recognition, fluid bolus and adherence to protocol. These KPIs are provided by the receiving hospitals and sent to ambulance providers for education. STEMI Systems of Care: As a region and a collaborative group we collect, track and report on quarterly nine (9) metrics which range from EMS data, Non-STEMI centers data and our three (3) STEMI centers data. Stroke Systems of care: Stroke Systems of care are still in the early development stages and KPIs are being developed. Seldom Used Skills: Reported annually and vary based on Medical Director input and new treatments.
75	**Section VI Scope of Work, 6.9 Quality Performance, Page 36, Section 6.9 D. (3) (d),** *The ePCR system must report data directly into the patients Electronic Health Record.*	Does this occur within the current system and by the current provider or is this an aspiration for the future?	Current ePCRs in the County do not integrate into a patient's electronic health record due to the lack of an established HIE. The intent of this section is that the chosen ePCR platform is able to integrate into future HIE initiatives.

76	**Section VI; Scope of Work and Special Provisions; 6.10 Dispatch and Radio Communication, Page 37, Section 6.10,** *The Proposer must submit a plan and will be required to operate an authorized, ACE accredited, emergency medical dispatch center or contract for services from an authorized center that is a 9-1-1 public safety answering point or secondary 9-1-1 public safety answering point for all of Stanislaus County. Proposers dispatch center must provide EMD services that meet National Academy of Emergency Medical Dispatch accreditation for all callers.*	If a new proposer is selected for the contract, how long will they have to establish ACE accreditation?	Will be established during contract negotiations.
77	**Section VI – Scope of Work and Special Provisions; 6.10 Dispatch and Radio Communication B. County Dispatch Services (SR9-1-1), page 37, Section 6.10 B,** *Currently there is a CAD to CAD link project underway to join SR9-1-1 to VRECC. There is potential for SR9-1-1 to become a fully integrated, regional dispatch center in the future. There may be opportunity for Proposer to be part of this integrated and regional dispatch center.*	What CAD does the SR9-1-1 Center currently use to dispatch police and fire calls for service that will be part of the CAD to CAD link project?	Central Square (formerly TriTech, formerly Tiburon, etc.). Dispatch Now, version 2.1.0.14

78	**Section VI – Scope of Work and Special Provisions; 6.10 Dispatch and Radio Communication B. County Dispatch Services (SR9-1-1), page 37, Section 6.10 B,** *Currently there is a CAD to CAD link project underway to join SR9-1-1 to VRECC. There is potential for SR9-1-1 to become a fully integrated, regional dispatch center in the future. There may be opportunity for Proposer to be part of this integrated and regional dispatch center.*	Who is the SR9-1-1 dispatch center contact to discuss partnering with the EMS Contractor? What is their contact information and when would the Contractor have an opportunity to meet with this person?	Wendy K. Silva, Executive Director Stanislaus Regional 9-1-1, 3705 Oakdale Rd., Modesto, CA 95357, (209) 552-3903, silvaw@sr911.org
79	**Section VI Scope of Work 6.10. B Dispatch and Radio Communication, Page 37, Section 6.10 B,** *There is currently a CAD to CAD link project underway to join SR9-11 to VRECC.*	As VRECC is currently owned wholly by the current Contractor and given the short time table to RFP award, is the CAD to CAD link project still underway?	Yes. This has been a long-term, County led project that will continue with a new dispatch center contractor if warranted.

80	**Dispatch and Radio Communication, page 37, Section 6.10.A,** *Current Ambulance Dispatch System (VRECC) The Valley Regional Emergency Communications Center (VRECC) currently serves as the single secondary Public Safety Answering Point (PSAP) for Stanislaus and San Joaquin Counties providing emergency medical dispatch services for all 911 medical requests utilizing Central Square CAD software. VRECC dispatches all ambulance services in Stanislaus County including the hospital districts and provides fire dispatch services to San Joaquin County. VRECC serves as the Disaster Control Facility (DCF) and performs MCI hospital polling and patient distribution through EMResource. Additionally, as the DCF VRECC performs trauma destination support for all trauma patients transported to Doctors Medical Center or Modesto Memorial Medical Center. VRECC serves as the authorized County Air Resource Center (CARC).*	It is not clear from this statement, what the County is suggesting will be the future if AMR is not selected as the provider going forward. Is AMR planning to continue operating the dispatch center? Will they lease or sell the operation? Will the new provider be expected to build and maintain a similar dispatch center also serving San Joaquin and providing the other services? If proposer must establish a new dispatch center must it be located in Stanislaus County or can it be located outside of the County?	It is expected that Proposer will conduct this level of research as part of Proposer's due diligence prior to responding to the RFP. The RFP does not require the EMS dispatch center be located within Stanislaus County. Dispatch services to San Joaquin County are not overseen by MVEMSA and are outside the scope of work of this RFP.

81	**Section VI – Scope of Work and Special Provisions 6.10 Dispatch and Radio Communications, Page 37, Section 6.10 C (4),** *Contractor shall establish policies that ensure that upon receipt of a private request for ambulance services, pertinent information including callback number, locations, and nature of the incident is ascertained.*	What is meant by “private request”?	This refers to an emergency call coming into the Proposers business office or EMS Dispatch Center outside of a 9-1-1 request.
82	**Section 6.11 A Patient Fees, Page 39, Section 6.11 A (3),** *To ensure the EMS Agency has resources necessary for equipment upgrades for emergency responders, $1.00 per mile will be added to patient billing with the goal of establishing a Technology and Equipment Upgrade Fund.*	Is it the expectation that $1 “add-on” will be the first dollars collected or only those reimbursements that exceed the base charge prior to the additional mileage charge? Or will the Contractor pay the fee regardless of collection? Is this a response fee, transport fee, or a collection fee? Can you please provide two years of mileage data to enable the review of the financial impact of this requirement?	The Proposer will be required to charge a fee of $1.00 per transport mile, adjusted by the annual marginal collection rate and be submitted annually to MVEMSA to be deposited into the Technology and Equipment Upgrade fund. Mileage history is not available; however, this should not have a financial impact as the fee takes into account the provider's collection rate.
83	**Section VI, Page 39, Section 6.11 A (3),** *$1.00 per mile will be added to patient billing with the goal of establishing a Technology and Equipment Upgrade Fund*	Do these monies get applied to the County or the provider for technology and equipment upgrades? What is the expected timetable for utilization of this fund? Do these fees cease once the fund is satisfied and the upgrades are completed? If so, what is the expected timetable for this account to be fully funded?	These funds will be used by all providers within the system as determine by the MVEMSA. The RFP is silent for timelines for the utilization of these funds. This is a stable fee that will remain through the term of the agreement.

84	**Section VI, Page 39, Section 6.11 B (3),** *Provide a statement of the amount of funding that will be dedicated to "Reserve for Contingencies".*	What specific contingencies does this cover? Please provide examples on the purpose of this reserve? What is/was the maximum balance in this account from the current Contractor?	Although there is not a requirement for a reserve for contingencies, such reserve will enhance the evaluation of the proposer's financial stability. Therefore, as relevant to the proposer's organization describe the size of the contingency and under what circumstances it will be utilized.
85	**Section VI, Page 39, Section 6.11 B (6),** *Provider will disclose…the interest or use rate at which the parent/corporate entity loans money or services to the subsidiary corporation proving 911 Ambulance Services…*	Can the County provide a definition of a rate if it is based on a commonly used benchmark rate like LIBOR?	If the rate used is fixed, tell the percentage. If the rate used is variable, tell how the rate is determined (e.g., equal to LIBOR, LIBOR plus 1%, etc.) and tell the actual rate as of December 31, 2018.
86	**6.11 D. Financial Hardship, Page 40, Section 6.11 D (3),** *For patients who are medically cleared and require transport from a Stanislaus County receiving hospital for Behavioral Health hospitalization (WIC 5150) within County, the Proposer must submit a safe and efficient alternative non-ambulance transportation solution.*	Can the County please provide a dataset for this subset of patients that is in the same format for the dataset requested in the question under section "6.4 AMBULANCE DEPLOYMENT AND SYSTEM STATUS PLAN " page 14 of this document?	No. This data is held by the receiving hospitals with Doctors Medical Center (DMC) being the primary receiving facility for 5150 patients. While DMC is the primary receiving facility all other hospitals located in Stanislaus County do receive 5150 patients. Additional hospitals located in the EOA are Memorial Medical Center, Emanuel Medical Center and Kaiser Hospital Modesto.

87	**Financial and Administrative Requirements, Page 40, Section 6.11.C.2,** *The Proposer will have staff available at proposer's local headquarters, accessible via a toll-free phone number to provide an initial response to questions regarding patient bills. Proposer will provide for interpreter service, relative to billing and collections, to parties having limited English proficiency.*	If the proposer utilizes a third-party billing entity under a contracting arrangement, would the County consider allowing the first point of contact regarding billing questions be directed to the trained personnel located at the billing company's offices as opposed to the proposer's local office? Such an arrangement would actually be more efficient for the patient and likely lead to faster issue resolution.	The intent of this section is to provide a local presence for initial response to inquiries to provide a local resource to advocate for patient questions and or concerns. This does not preclude the use of an out-of-county billing center.
88	**Section VI, Page 41, Section 6.11.F,** *Contractor will pay the following service charges as estimated below: TABLE*	What is the basis for the estimates? From what period of time? Are increases anticipated? If so, when? What is the basis for the increases (CPI)?	The chart describes actual costs for annual services. Rate adjustments are outlined in Section 6.11 H (2).
89	**Section VI; Scope of Work and Special Provisions; 6.12 Opportunities with Fire Services (ALS and BLS), Page 43, Section 6.12.A (8),** *Proposer shall develop a process with fire agencies to restock/resupply disposable medical supplies at no cost to the fire agency.*	What is the current process for restocking/resupplying disposable medical supplies?	It is anticipated each Proposer will develop a process for restock/resupply of disposable supplies for fire first responders. On-scene restocking is preferable.

90	**Section VI – Scope of Work and Special Provisions 6.12 Opportunities with Fire Services (ALS and BLS), Page 43, Section 6.12 A (5),** *… first responding fire agencies will bring value through early response…. The projected minimum reimbursement rate for these services shall be $13.00 … for EMR response, $17.00 … for EMT level departments and $24.00 for ALS departments. If the Proposer is receives additional value in this agreement it is expected the savings will be reflected in the proposed reimbursement model to Fire agencies….*	How are the amounts of reimbursement determined? Can the Contractor provide first responder services in lieu of a fire department? Who will determine if the Contractor "receives additional value"? Are payments made whenever a Fire Department responds, or when they arrive on the scene? If the ambulance arrives on the scene first, is the Fire Department payment still due?	See question 10 for baseline rate determination. It is not desirable for the Proposer to provide first responder services in lieu of the fire department, unless the fire department chooses not to participate in the first responder program. At the time of the writing of the RFP, we anticipate all fire agencies within the EOA will participate. Any addition to these fees is determined by the Proposer based on their overhead, deployment plan, projected revenues and cost savings related to the applicable response time extension. The Contractor is solely responsible for determining if additional value is realized.
91	**Section VI; Scope of Work and Special Provisions; 6.12 Opportunities with Fire Services (ALS and BLS). Page 43, Section 6.12 A (7),** *To raise the level of EMS clinical care in the Contractor's EOA, the Contractor will offer an EMT program twice a year at little to no cost to fire agencies located in the EOA. The program will be based on an evening and weekend schedule in order to accommodate a volunteer's work schedule.*	Is this program already in place? How many people are anticipated to participate in such a program?	No, this is a new requirement for this RFP. It is unknown how many personnel currently working in the system will avail themselves of this opportunity. First preference shall be given to fire department personnel within the EOA. The Contractor is free to fill additional capacity at full-charge to outside individuals.

92	**Section IV – Scope of Work and Special Provisions, Page 43, Section 6.12 A (7),** *Section does not allude to any additional training models – just live and in the evening time*	Would additional/alternative training models be allowed for initial education, for example online/hybrid models that are specifically designed and taught by the Contractor?	Please explain any additional/alternative training models proposed for this RFP.
93	**Appendix B – Ambulance Provider Financials, Page 61,** *For 2016: AMR Operating revenue $24,821,385; 2016 Operating expenses $25,296,194; net loss from operations $174,809. Patterson District Operating revenue $1,416,303; Operating expenses $1,653,951; net loss from operations $237,648. Westside Community Operating revenue $1,036,012; Operating expenses $2,123,719; net loss from operations $1,087,707. Oak Valley District Operating revenue $16,564,287; Operating expenses $13,239,835; net income from operations $3,324,452. ProTransport-1 Operating revenue $1,550,192; operating expenses $1,512,000; net income from operations $38,192.*	The stated intent of the RFP is to provide a high performing EMS system that is financially sustainable while maintaining patient fees at the current level. In light of the fact that 3 existing providers reported losses from operations, and in several instances this RFP is increasing the cost of service, how does the County reconcile the need to provide a sustainable high performing EMS system with the apparent financial reality? Are there other possible/potential sources of revenue to sustain the system other than patient fees?	Extended response time standards to the ambulance provider through the first responder integration model will result in a significant savings in deployment. In addition, lower response time compliance penalties will result in a net savings.

94	**Enclosure 2 (STANISLAUS COUNTY EMS SYSTEM ASSESSMENT), Pages 21-22, Section 5,** *5. American Medical Response • Deployment for Modesto: o (23) 911 ALS ground ambulances, which is based upon peak demand staffing. In other words – there are not (23) ground ambulances on the street all at once. o (2) ALS Inter-facility transfer (IFT) ground ambulances o (6) BLS ground ambulances o (2) Critical Care Transport (CCT) ground ambulances o (2) QRV o (6) 911 ALS ground ambulances, which is based upon peak demand staffing. (see above) o (1) BLS ground ambulance. units • Deployment for Turlock: ENCLOSURE 2 Stanislaus County EMS System Assessment – 2017 Page | 22*	Are the listed IFT and CCT units operated by AMR exclusively dedicated to performing transports within the Stanislaus County EOA?	ALS and BLS IFT units are generally dedicated to Stanislaus County. CCT is a shared resource. The IFT contract is not included in this RFP.
95	**Section IV – Insurance Requirements, Pages 22-23, All,** *All insurance requirements to include Special Insurance Requirements - Cyber Liability and Performance Security*	Please clarify that you would like our response to the requirements in "Section IV - Insurance Requirements" to be included in the "Supplementary Documents" section of the Technical Proposal of our submittal?	Proposer may determine where they choose to place this information in the response to the RFP. Proposer must clearly label the location of personnel qualifications.

96	**Section VI – Scope of Work and Special Provisions 6.11 Financial and Administrative Requirements, Pages 39-41, All,** *All 6.11 Financial and Administrative Requirements to include: A. Patient Fees B. Budgets C. Billing and Collection System D. Financial Hardship Policy E. Annual Financial Audit F. Payments and Fees G. Profit H. Rate Adjustments*	Please clarify whether our response to the requirements in "Section 6.11, Financial and Administrative Requirements" should be included in the "Technical Proposal" or the "Price Proposal" of our submittal?	Proposer may determine where they choose to place information in the response to the RFP other then the required Price Proposal information. Proposer must clearly label the location of all information.
97	General Question - Staffing	What are the current staffing levels (Full Time/Part Time) by category (EMT, EMT-P, Dispatch, VST)?	The RFP requests that the Proposer determine the number of staff required to meet the requirements of the RFP.
98	General Question - ePCR knowledge of staff	What is the brand name of the ePCR and CAD technologies used by AMR in Stanislaus County?	MEDS and Central Square
99	General Question - Employee wages of current workforce	Please provide the hourly rate of pay and the number of employees by title in each pay grade and pay step.	This information is unavailable.
100	**Page 6 - 1.2**, *Non-Emergency Transportation*	Does this RFP include exclusive BLS and ALS Non-Emergency transportation rights within the service area?	No, this is an RFP for 9-1-1 emergency ambulance
101	**Page 6 - 1.2**, *Payments for Services*	Is the County willing to represent and warrant in the 911 agreement that the payments for the services the County/fire departments provides to the ambulance provider are below the County's/fire department's costs to provide those services to the ambulance provider?	No. MVEMSA believes the cost to fire agencies in providing fire first responder services exceeds the amount identified in this RFP for reimbursement.

102	**Page 9 - 1.5**, *Community Paramedics*	How many Community Paramedics are desired for the system, and are they required to work exclusively as CPs, or may they respond to CP calls from a traditional ambulance work shift? If not, is/are separate vehicle(s) required? Is there anticipated County funding for this program?	Currently, the Community Paramedic Pilot Program has a single Community Paramedic (CP) on duty, 24/7/365 and also functions as a supervisor/FRALSU. As the state of CA approves legislation enabling CPs to function via statute, we would expect the program to grow. It is not desirable for the CP to also staff a 911 ambulance.
103	**Page 16 - 2.8 B**, *Multiple Provider Award*	This language states that one or more proposers may be selected and enter into contract negotiations, however, Section 1.2 states the RFP will select a single provider. Can you clarify whether this is for a single provider or multiple providers? Is the County contemplating a division of the EOA?	The RFP is intended for one proposer to be awarded a service agreement for the EOA.
104	**Page 19 -3.1 C**, *Scoring of Proposals*	Is scoring in the RFP affected by the amounts that an ambulance provider proposes to reimburse the County and/or fire departments for services provided as part of the 911 system? If so, we think that this may raise other potential legal considerations.	The scoring sheet in Enclosure 4 will be used to determine the total points awarded. The price proposal is a separate determinant. Proposals will be evaluated based upon a Proposer's response and incorporation of a tiered model.
105	**Page 25 - 6.3**, *FirstPass Cost*	Will the Provider be expected to implement and fund FirstPass? If so, what is the anticipated cost?	No. Section 6.11 F includes miantenance fees for both the FirstWatch OCU and First Pass.
106	**Page 26 - 6.3 A (3)**, *Response Time Reporting*	If we understand this correctly, there are 5 zones, each with two response codes (code 2 and code 3), and each with 3 reportable densities (urban, suburban and rural). Does this mean that there are 30 separate response time reports/requirements (3 densities x 2 codes = 6 per zone x 5 zones = 30)?	Yes

107	**Page 26 - 6.3 A (3)**, *Zone Reporting Periods*	This section states that a reporting period is greater than 250 calls or 12-months, whichever comes first. The historical challenge has not been the current "100-call" rule, but rather the 12-month rule. The Provider will continue to face non-compliance because of zones that never hit 250 calls in a 12-month period. Would the County consider making those areas "best efforts" rather than penalties? To avoid breach, ambulances will have to be dedicated to very low call volume areas, resulting in a significant number of additional unit hours and cost that could exceed one million dollars.	MVEMSA will work with the selected Contractor to identify difficult to access areas during the contract negotiations process.
108	**Page 27 - 6.5**, *Mileage Requirements*	Is the mileage cap for the ambulances only for 911 front line units, or do BLS/IFT and the Bariatric unit fall under the mileage cap, as well?	All units are required to meet the mileage standard as outlined in 6.5 A (6) and C (3). Interfacility transports are outside of the scope of work for this RFP.
109	**Page 27 - 6.5 B**, *Bariatric Lift*	The requirement is for a hydraulic lift on the bariatric unit. Would the County consider approval of a ramp and winch system like the one currently in place?	Yes. See RFP Addendum 4.
110	**Page 29 - 6.5 G**, *Portable Radios*	Each crew member is required to have a portable radio for communication. In addition, the RFP states there must be a portable radio for hospital communications capable of interoperability with fire channels. The hospitals are on UHF, portables are VHF. This would require the purchase of dual band radios at approximately $6K each. Not all fire departments are on VHF as there are some on 800 radios. This would require an additional portable to accommodate the 800 series. Does this language require each crew member to have a portable to cover the fire interoperability, or does one "fire" radio and one "hospital" radio per crew suffice?	One Fire radio and one Hospital radio per crew will suffice. One interoperability radio per unit/crew will suffice. Every crew member shall have a portable radio capable of communicating with EMS dispatch.

111	**Page 29 - 6.5 G**, *Telephones*	Is each crew member required to have a cell phone?	One telephone per ambulance will meet the requirement of this section.
112	**Page 32 - 6.6 D (1) I**, *First Responder Education*	Is the contractor responsible for all initial and continued education training (e.g.: paramedic school) for the ALS First Responders?	No, the Proposer should describe how they plan to integrate fire first responders into any education and training programs.
113	**Page 32 - 6.6 D (1) J**, *Simulation Training*	The contractor is responsible to set up a mobile training unit with the Sim Man. The language in the RFP states it will be provided to the Region rather than just Stanislaus County. Is the intent that the provider will provide this mobile training unit to the entire 5-County MVEMSA Region, or is this just for Stanislaus County?	The unit will only be partially funded by Stanislaus County Contractors. The remaining 4 counties will be providing funding for their share. MVEMSA will be providing .5 FTE staffing. The mobile training unit will be used throughout the 5-County region. The Contractor is not expected to support the unit for use outside of its EOA.
114	**Page 35 - 6.9 D (2)**, *ePCR Provision*	This section states the contractor will make the ePCR product available at no cost to all fire department EMR, EMT and paramedic agencies participating in the first responder agreement. Does this requirement mean that the Provider must provide computers, modems, and connectivity for all responders in addition to the ePCR program? If so, how many devices would be required?	It is expected the Proposer will meet with existing fire first responders to determine actual need as part of the proposal submission. As an estimate, there are 25 EMT/ALS level stations located within the EOA. In addition, we estimate access will be needed by an additional 4-6 administrative/quality improvement individuals. Hardware needs will vary by department; however, the Proposer is expected to offer ePCR access and associated mobile hardware to the primary first response apparatus at 25 stations. Volunteer/EMR departments will use their existing NFIRS documentation practice. Any EMR department that upgrades to an EMT-level of service shall be offered ePCR access and associated hardware.

115	**Page 36 - 6.9 D (7)**, *Health Information Exchange*	Is the contractor responsible for financial implementation and continued support of the HIE between the hospitals and provider? If so, can the County please provide an anticipated cost for this program?	Proposer should consider the cost of HIE integration as a standard of future business as these systems evolve. Opportunities may exits in the future for the Proposer to partner with MVEMSA in grant funding to implement HIE initiatives.
116	**Page 38 - 6.10 C (6)**, *ACE Accreditation Timeline*	The County is requiring an ACE Accredited EMD dispatch center. How long does a new provider have to attain this accreditation, and is there a plan for the gap period when a provider would not have ACE accreditation or EMD, which could be numerous months? How does the County intend to handle call triage in the absence of an EMD-accredited center?	The RFP is silent on the implementation timeline. This will be part of the contracting process.
117	**Page 39 - 6.11 A (3)**, *Technology and Equipment Upgrade Fund*	The requirement is for a $1.00 per mile fee to establish a Technology and Equipment Upgrade fund. Does this mean the Provider must pay the Agency $1.00 per billed mile, or the part of the $1.00 that is collected (if the collection rate is 20%, is the fee $1.00 per billed mile, or $0.20 per billed mile)?	The Proposer will be required to charge a fee of $1.00 per transport mile, adjusted by the annual marginal collection rate, and submitted annually to MVEMSA to be deposited into the Technology and Equipment Upgrade fund.
118	**Page 41 - 6.11 H (1) and (2)**, *Annual Rate Increase Allowances*	We are not clear on annual rate increase allowances. Does this language state that the Bay Area CPI (or a CPI as determined by the Director) may be approved, or will be approved? Additionally, can the Proposer assume that the CPI will be increased by the amount of the collection rate? If the collection rate is 20%, and the rate is increased by a 3.0% CPI, the actual cash collection is 0.6%. Will the County approve an actual 3% increase in cash collections or a modifier of the CPI to get closer to matching cash to inflation such as 2.0 or other negotiated amount times the CPI?	Rate increases as outlined in the RFP allow the Contractor to propose a rate adjustment annually. Rate increases will be based on Bay Area CPI and/or other appropriate indicators reflecting justified increase costs of operations. Rate increases are not based on collection rates.

119	**Page 42 - 6.12 A (2)**, *First Responder Agreement Standards*	First Responder Agreements lengthen the ambulance response time clock. Is the Provider responsible if the First Responder exceeds their response time standard? Also, if for example, the Provider has an Agreement with Modesto, and if MFD doesn't have paramedic coverage throughout the city, does that still extend the ambulance response time clock to 11:59 for all of Modesto? If not, then how does the Provider know which calls require an 11:59 response, and which ones require a 9:59 response? These same questions apply to suburban and rural areas as well.	The Provider is not responsible for fire response compliance. Clock extensions are determined by fire response zone. For example, if Modesto has an ALS engine at Station 1, all calls occurring within that fire response zone will have a 5 minute extension. This methodology applies to suburban and rural response zones as well.
120	**Page 43 - 6.12**, *Payment of First Responder Fees*	Is it the expectation of the County that the Provider enter into contracts with each first responder agency and coordinate the payments, or will payments be made to MVEMSA and distributed by them?	Payments for Fire First Responder services will be paid to MVEMSA.
121	**Page 43 - 6.12 A (5)**, *Calculation of First Responder Fees*	We are unable to replicate the estimated $700,000 first responder fees. Is it possible to provide the calculations used?	The approximately $700,000 in fees was determined by the number of Code 3 EMS fire department responses in 2018. This is an approximate number. See Enclosure 16 for fire department responses by level of certification/accreditation.

122	**Page 43 - 6.12 A (9)**, *Formation of First Responder Agreements*	The RFP states that first responder agreements may not be in place prior to implementation of the contract and thus the Provider must meet the 7:59, 11:59 and 19:59 minute standards. Without knowing how long it will take to attain agreements, how should the Provider estimate unit hour requirements and user fees, both of which would presumably decrease once agreements are in place? This would require the hiring of adequate personnel and a budget to run the system at the fastest standard. Once First Responder Agreements are in place, the number of Provider personnel would decrease, as would the budget and fee schedule. The posting plans, budgets and other components required in the RFP will not be known until the Provider knows the scope and ability of the first responders.	The awarded Proposer will have approximately 7 months prior to the contract start date of 1/1/2020 to enter into fire first responder agreements. Fire first responders have been involved in Stakeholder meetings and are anticipating an integrated system. MVEMSA does not anticipate significant delays in obtaining fire first responder agreements. The goal is to have a single agreement to be signed by all fire agencies.
123	**Enclosure 7 - Financial Penalties**, *Phase-In Period*	The language in (2) “Phase-In Period” says, “Upon recommendation of MVEMSA the phase-in period may be extended to accommodate implementation of the new dispatching system to allow adequate system status management and data acquisition.” What is the “new dispatching system” referenced in this section? If this is for the benefit of “outside” proposers, how much time will be allowed for them to learn the system and operate outside the confines of the RFP and learn what is required to make the system work effectively?	All Proposers will have a phase in period of 3 months to meet response time requirements of this RFP. MVEMSA may determine an extension is required to meet system status management and data acquisition requirements.

124	**Enclosure 16 - Stanislaus Regional 911-Fire Response to EMS by Fire Zone**, *EMS Data by Zone*	Can you clarify how to read this information, specifically Column 1 labeled Zone? What do the letters and numbers represent?	CAD designators that start with an A are in Oakdale City, C are in Ceres, M are in Modesto, O are in Oakdale Rural, SC are in Stanislaus Consolidated. The second character indicates the Fire station. The remaining characters indicate the unit or apparatus number. Not all grids are located in the proposed EOA. Please refer to the EOA zone maps in enclosure 6 for cross-reference.