

Sonoma County Emergency Ambulance Service RFP Questions and County Responses

Questions		Clarification/Answers
Clarifications from the County of Sonoma		
	Page:	Clarification:
1.	RFP, page 12	Change “14:59” to “11:59”
2.	RFP, page 25	Change “October 8, 2008” to “October 2, 2008”
3.	RFP, page 41	Revise language to say: The minimum wage for a starting EMT-P shall be no less than <u>\$4,589</u> per month (assumes a 56-hour work week and <i>does not</i> include benefits calculated at 30 percent of salary). The minimum wage for a starting EMT-1 shall be no less than <u>\$3,508</u> per month (assumes a 56-hour work week and <i>does not</i> include benefits calculated at 30 percent of salary).
4.	Section 2.24 (page 23) and Table 3 (page 24)	The cost of the RFP process will be \$200,000
5.	RFP, page 67, Figure 6	The data on the revised data disk that was distributed with the RFP includes transfers. From this data, a proposer may sort and query of those fields to identify ALS transfers, BLS transfers, Kaiser transfers which may seem to artificially inflate the 9-1-1 requests.
6.	RFP, page 19, Re: Opticom	The Opticom system is owned by the city of Santa Rosa. Any voluntary use of the system is subject to negotiation with the city based on their potential need for cost recovery.
7.	RFP, Section 2.10.2 (d) (page 15). Please clarify that on multiple unit responses, not only is the first, but also all subsequent ambulances dispatched to a multi unit response, are included for the purpose of calculating compliance and determining liquidated damages? (Note: This is non-standard measure – most EMS systems only measure response time performance of the initial unit responding to a multiple unit response).	The RFP is now amended to state that only the response time of the initial unit responding to a multiple-unit response will be used to determine compliance.
8.	RFP, Page 53	Section 7 (begins on page 51) is hereby amended to include more

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		details on the proposal score process as attached.
9.	RFP, Attachment II, page 68	<p>The RFP is now amended to add the following definitions:</p> <p><u>Public Safety Specialty Event Standby:</u> When a Sonoma County public safety agency (e.g. law, fire) requests through the 9-1-1 system a standby at a special event based on a perceived risk for the need for an Emergency Ground Ambulance Service within the franchise zone (e.g. a fire or hostage situation). All such events shall be considered within the scope of the franchise.</p> <p><u>Private Specialty Event Standby:</u> When any private party, whether public or private, desires an Emergency Ground Ambulance Service within the franchise zone to “standby” the event while the event is occurring (e.g. county fair, football games, etc.) may be with or without compensation. All such events shall be considered included in the scope of the franchise.</p>
10.	Section 2.12 (page 19) requires that “ <i>Contractor agrees to provide standby services...</i> ” Is the proposed fee for service charges for “ <i>standby services</i> ” to be included in the proposal as “ <i>No Transport Fees</i> ”?	The current practice is that standbys for law & fire events are provided at no cost. The issue is who to charge since the crew is there to protect other public safety responders. The only situations we have encountered have been standbys at long hazmat incidents where we have a “responsible party” that may be billed for such services. If a proposer is proposing a fee for standbys than this fee should be disclosed in their proposal.
11.	RFP, page 5, Scheduled Activities	A new deadline for asking questions regarding the draft contract is extended to August 7, 2008.

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Answers to Proposer's Questions		
1.	a. How many standby service requests are there annually?	During calendar year 2007, the franchise provider covered 60 standby events (includes public safety requests and private events, e.g., football games), and 5 “demos” for other agencies.
2.	Section 2.15 (page 19) defines the Vehicle and Equipment requirements. The RFP calls for each vehicle to have markings approved or designed by the EMS Agency and for the vehicles to be stocked at in accordance with EMS Agency protocols.	
	a. What are the approved vehicle markings?	Current logo and markings under development.
	b. What are the current ambulance stocking standards?	Copy of requirements to be provided under separate cover.
3.	Section 2.15 (page 19) is there an approved list of MDTs and AVL systems?	All users now use the Panasonic “Toughbook” and cellular interface. The specifications for MDT/AVL hardware and software will be posted on the EMS Agency website.
	a. Page 24, Table 3 – Can you explain what the contractor would be getting for the estimated \$115,000 for a Mobile Data Terminal. Is this related to the MDTs required from Page 19, Item 2.15?	MDC costs support the County infrastructure which provides the backbone for mobile data services. Costs include communications and information services support to maintain the system. Total system cost is prorated between all MDC system users based on the number of MDC connections in use. Note: projected \$115,000 is based on current number of MDC units utilized by current contractor. Actual costs may vary based on the number of units used by new contractor. See response to question 5a for costing information.
4.	Section 2.8 (c) and (d), (page 10) of the RFP identifies the response time requirements that will be required during the next contract period. What are response time requirements under the current contract, if different?	The current standards are based on EMD prioritization of the incident. The standards are as follows: <div style="margin-left: 40px;"> <u>Echo & Delta level events</u> Urban - ALS resource 7:00 ALS transport 11:00 Semirural – ALS Resource 14:00 ALS Transport 18:00 Rural – 29:00 ALS transport 33:00 </div>

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		<p><u>Charlie level events</u></p> <p>Urban – ALS resource 7:00 ALS transport 20:00</p> <p>Semirural – ALS resource 14:00 ALS transport 35:00</p> <p>Rural – ALS resource 29:00 ALS transport 45:00</p> <p><u>Bravo level events</u></p> <p>Urban – BLS resource 15:00 BLS transport 20:00</p> <p>Semirural – BLS resource 30:00 BLS transport 35:00</p> <p>Rural – BLS resource 45:00 BLS transport 45:00</p> <p><u>Alpha & Omega level events</u></p> <p>Within 30:00 of requested arrival time</p> <p>Note: There are no ALS first responder units in semirural or rural areas but contractor may use QRV to satisfy ALS resource requirement.</p> <p>Note: The clock starts at the initial tone for the call.</p>	
5.	Section 2.9.1 (page 12) of the RFP provides an overview of the REDCOM Communications Center. What percentage of the REDCOM call volume does the EMS contract represent? How is call volume for the agencies served by REDCOM determined (i.e., quantity of inbound calls received, or some other activity based costing allocation)?	<p>Franchise call volume represents approximately 36 percent of total REDCOM volume.</p> <p>Call volume for billing purposes is determined based on the number of calls that are dispatched <u>and</u> result in a unit enroute. If a call is cancelled before the unit goes enroute, it is not included in the count for billing purposes. REDCOM cost to member agencies and users are prorated based on their respective volume (a rolling five-year average volume is used to avoid large swings in costs due to isolated increases or decreases in volume during any one particular year).</p>	
	a. What funding amount is expected of the current provider, this fiscal year? For the past 5 years?	<p>Charges based on call volume historical have been as follows:</p> <p>FY 08-09 \$712,728</p> <p>FY 07-08 \$726,664</p> <p>FY 06-07 \$624,793</p>	

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	<p style="color: red;">FY 05-06 \$556,880 FY 04-05 \$523,065</p> <p style="color: red;">MDC fees are based on the number of units used: FY 08-09 \$4,297 / MDC unit FY 07-08 \$3,594 / MDC unit</p> <p style="color: red;">MDC cost information for previous fiscal years are not broken out per unit.</p>
b. Is there a long-range budget or financial forecast for REDCOM, and if yes, can you provide a copy?	The REDCOM budget is developed each year based on projected expenditures. A copy of the past budgets will be provided under separate cover.
c. What reports does REDCOM generate?	REDCOM data is used to identify franchise response time data (exported to outside CAD for analysis and reporting). Data is also used to calculate annual call volume for billing purposes, REDCOM performance calculations, e.g. compliance with 70-second dispatch time requirement. Ad-hoc reports can be generated for individual agency queries.
d. What triage protocol is used to determine medical priority of calls for EMS?	REDCOM utilizes the Priority Medical Dispatch System, originally developed by Dr Clawsen and now controlled by the National Academy of EMD. REDCOM Dispatch Standard Operating Procedures prescribe that the initial dispatch of units is made as soon as the incident location and nature of call, e.g. medical aid, traffic collision, is determined. All initial units are dispatched Code 3 (unless requested Code 2 from another public safety agency) and then reduced to Code 2 if indicated after the full EMD process has been completed.
e. Is REDCOM an Accredited Center of Excellence?	Not at this time. This has been identified as a goal for the REDCOM.

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6.	Section 2.9.2 (page 13) of the RFP prompts prospective providers to request additional information about REDCOM. Please provide Paramedics Plus, LLC with all relevant information, including a copy of any current contractors or agreements between the county (and all of its agencies), any and all REDCOM clients, and the current contractual provider of REDCOM services.	<p>A copy of all relevant documents will be provided under separate cover.</p> <p>Additional information, e.g. meeting minutes can be viewed at : http://www.sonoma-county.org/cvrems/redcom.htm</p>
7.	Section 2.10.1 (page 14) outlines the Liquidated Damages that the Contractor will be assessed for various performance deficiencies. What is the amount of liquidated damages paid by the current contractor for the past 12 months?	Liquidated damages for calendar year 2007 were \$6,980. Please note that the liquidated damages provisions in the RFP and next contract differ from the existing contract, e.g. in the current contract late responses are measured for every minute exceeding the required response time and are assessed at \$5/minute. The next contract provisions specify that liquidated damages are not assessed until 5 minutes after the established response time standard is exceeded (example is for Urban Code 3 call) and are at a higher rate than currently assessed.
8.	Section 2.10.2 (c) (page 14) Downgraded and cancelled calls. Are calls which are cancelled prior to arrival on scene, in less elapsed time than response time requirements, included in the compliance report as compliant? (Since calls that are cancelled prior to arrival that are in excess of the response time requirement count as non-compliant?)	Yes.
9.	Section 2.10.2 (d) (page 15). Please clarify that on multiple unit responses, not only is the first, but also all subsequent ambulances dispatched to a multi unit response, are included for the purpose of calculating compliance and determining liquidated damages? (Note: This is non-standard measure – most EMS systems only measure response time performance of the initial unit responding to a multiple unit response).	As stated above under clarifications, the RFP is now amended to state that only the response time of the initial unit responding to a multiple-unit response will be used to determine compliance.
10.	Section 2.12 (page 19) requires that “Contractor agrees to provide	The current practice is that standbys for law & fire events are

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	<i>standby services...</i> Is the proposed fee for service charges for “standby services” to be included in the proposal as “No Transport Fees”?	provided at no cost. The issue is who to charge since the crew is there to protect other public safety responders. The only situations we have encountered have been standbys at long hazmat incidents where we have a “responsible party” that may be billed for such services. If a proposer is proposing a fee for standbys than this fee should be disclosed in their proposal.
	a. How many standby service requests are there annually?	During calendar year 2007, the franchise provider covered 60 public safety standby events as requested by public safety agencies, and 5 “demos” for other agencies.
11.	Section 2.15 (page 19) defines the Vehicle and Equipment requirements. The RFP calls for each vehicle to have markings approved or designed by the EMS Agency and for the vehicles to be stocked at in accordance with EMS Agency protocols.	
	a. What are the approved vehicle markings?	Current logo and markings under development.
	b. What are the current ambulance stocking standards?	Copy of requirements to be provided under separate cover.
12.	Section 2.16 (page 20) outlines the Data Collection requirements.	
	a. What data elements and reports are required by the EMS Agency?	In addition to data pertaining to response time performance and the requirement to utilize an e-PCR system meeting NEMSIS Gold standards, the EMS Agency requires submission of selected data elements in accordance with State requirements. A copy of the data element reporting form will be provided.
13.	Section 2.24 (page 23) and Table 3 (page 24) delineates the fees that the contractor is required to pay to the EMS Agency for compliance monitoring, dispatch and oversight.	
	a. Please provide the amount of such fees over the past 5 years.	FY 08-09 \$137,674 FY 07-08 \$129,590 FY 06-07 \$129,590 FY 05-06 \$117,238 FY 04-05 \$107,376

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	b. Please provide a forecast, if any, for fees of this nature over the term of the proposed contract.	<p>The Franchise monitoring fee is calculated annually based on projected staff and associated services/supply costs directly related to oversight and management of the franchise system.</p> <p>The EMS Agency is currently evaluating other potential fees to all providers, e.g. permit fees, personnel certification fees etc. No decision has been made at this time regarding such fees. Any proposed fees will be subject to the County fee setting process which includes public hearings and Board of Supervisors' approval.</p> <p>For purposes of forecasting for the response, please use the previous history of escalating costs as the assumed future cost.</p>
14.	Section 3.1 (page 25) Identifies the RFP deadline is 4:00 p.m. PST on October 8, 2008. However, page 1 indicates that the proposal is due October 2, 2008. Which is correct?	Note clarification #2 above.
15.	Section 3.3 (page 26) Clarification of eligible contacts. Speaking with other EMS agencies, First Responder Agencies, REDCOM personnel, etc. is acceptable, correct?	Yes.
16.	Section 6.4 (g) (2) (page 41) outlines the minimum Wage, Benefit and Compensation Package that must be provided by the Contractor.	Please see the updated collective bargaining agreement under separate cover for the answers to this question 17.
	a. What is the current shift configuration for ambulance and REDCOM personnel?	
	b. What are the current staffing patterns and number of unit hours generated?	
	c. Please provide the existing wages for current staff along with years of seniority and anniversary date.	
	d. Please provide a copy of any relevant collective bargaining agreements.	

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17.	Section 6.4 (m) (page 45) provides the revenue/patient charge system that the EMS Agency requires.	
	a. What is the current payer mix including the number of transports by payer class (i.e., Medicare, MediCal, third party payer, etc.)?	See payer chart under separate cover.
	b. Please provide a list of the rate structures currently in place.	Copy to be provided under separate cover.
	c. What amount is the approved rate for "night charges"?	There are no current approved night charge rates.
18.	Section 6.4 (m) (page 46) #7 the explanation of how to calculate Average Charge is somewhat confusing. Can the EMS Authority provide a better explanation of the method they prefer with an example?	\$1,407 (base rate fixed in the RFP) + \$30 (mileage rate suggested in the RFP or the rate proposed by the proposer) x 7 (number of miles fixed in the RFP) + \$140 (for oxygen on 60 percent of the transports as fixed in the RFP) divided by the number transports (using 2007 historical data provided) = average charge. Night charges are not included in the current County-approved charges and this wording should be struck from the RFP, page 46.
19.	Section 6.4 (s) (page 50) EMD, Ambulance and Fire Dispatch Services. Does this mean the Contractor will have to contract separately with REDCOM and the EMS Agency?	Yes.
20.	Section 7 (page 51) outlines the selection process and the evaluation criteria but does not provide an objective way to compare qualitative aspects of the proposals (such as a points system). On page 45 the RFP states that the proposal may earn an additional 10 points for meeting certain criteria regarding fee structure but no other mention of a points system for scoring is made throughout the document.	
	a. What objective criteria and system will be used to evaluate the proposals and determine which is the most responsive?	Answer to be provided under separate cover.
21.	The RFP cover letter states, "Please also note that Attachment V (Draft Contract) will be distributed at the Proposer's Conference." RFP page 5 states the "Pre-Proposal Conference" is "July 31, 2008" and the "Deadline for Written Questions" is "July 25, 2008". Would	The deadline for asking questions regarding the contract is extended to August 5, 2008.

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	the County please clarify whether proposers will have an opportunity to review, negotiate, and ask questions about the draft contract before their proposals are due?	
22.	RFP page 6, Section 2.1, Scope, states, <i>“All of the following transports originating in the EOA, except as listed as exclusions in Section 2.2 Specialty Transport, shall be referred to the Contractor, and the Contractor shall provide all ambulance responses and ground transports as follows: ... (5) Specialty standby events requiring emergency ambulance services.”</i> Would the County please provide a definition of “Specialty standby events requiring emergency ambulance services?” Please include what type of events, level of services, and resources the contractor would be expected to provide, and the reimbursement mechanism contemplated for these services.	A private standby event means periodic events such as parades, concerts, festivals, races and gatherings which attract, either by direct participation or as spectators, a large gathering of people that require emergency ground ambulance services. The contractor may negotiate a fair and reasonable rate for providing such services.
23.	RFP page 7, Section 2.2, Specialty Transports, states, <i>“Examples of the types of ALS transports that are and may be provided by other organizations include: Air Medical Services (helicopter) - Bariatric Transports - Neonatal Transports Pediatric Transports - Critical Care Transport (CCT) - BLS Interfacility Transports”</i> Currently ALS level transport including bariatric, neonatal, pediatric, and CCT-P are included in the EOA franchise. Will that continue to be the case going forward? Would the County be willing to provide a definition for these types of transports?	The scope of the contract will not include specialty care transports as set forth in the RFP as part of the exclusivity of the services being franchised. Any call requiring specialized services for bariatric transfers, neonatal transfers, pediatric transfers, CCT (transport requiring care that exceeds the basic paramedic scope of practice as defined in State law) and BLS level interfacility transfers are not part of the exclusive services covered by the contract. Examples include, but are not limited to, transports involving special teams such as Children’s Hospital transport teams, CCT with nurse or other medical team such as respiratory therapists, transports requiring special equipment for bariatric patients.
24.	RFP page 9, Section 2.8, Response Time Zones and Standards, A. General, states, <i>“Response times shall be calculated from the moment the Contractor’s unit and/or personnel are alerted to the incident, until the time the Contractor arrives on the scene with a fully functional and staffed ALS unit.”</i> Currently BLS ambulances are permitted to be sent to Alpha Code 2 calls. BLS ambulances are	Under the conditions of the proposed franchise, BLS ambulances may not be used to respond to any call requiring emergency ground ambulance services as defined in the RFP. Response time standards and provisions for measuring transport unit times when used in conjunction with an approved ALS first

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	<p>also permitted to be sent with ALS resources on ALS level calls. In the event ALS transport is required the Paramedic from the ALS resource (engine or QRV) attends to the patient during transport. Will these practices continue to be permitted under the new contract? Additionally, currently response times are calculated for the arrival on the scene of the Paramedic (ALS resource) and the arrival on the scene of the ALS transport. Will both those times continue to be measured under the new contract?</p>	<p>responder program that has an agreement with the contractor or when a QRV is utilized have been included in the proposed system.</p>
25.	<p>RFP page 13, Section 2.10, Performance Standards, states, <i>“During the terms of this Contract, performance standards may be modified at any time by the EMS Agency, with input from the Contract Oversight Committee based on the performance topic area. These modifications will be consistent with the modifications in EMS operational and medical standards which are developed by the EMS Agency. The contractor shall be notified with 60 days advance notice of the effective date of the modification and Contractor shall define the contract impact within 30 days of initiation.”</i> Could the County please provide us with an example of how this process works? Will there be an opportunity for the contractor to discuss with the County the financial or operational impact of changes in performance standards before they are imposed?</p>	<p>These provisions are intended to address situations such as population growth which may upgrade an area classified as semi-rural to urban, the implementation of an approved ALS first responder service in a semi-rural or rural zone in which the contractor desires to enter into an agreement to utilize such services as an approved ALS resource. (The current system does not have any such ALS first responder level providers in these areas.)</p>
26.	<p>RFP page 14, Section 2.10.2, Liquidated damages, – Code-2 and Code-3 Calls, states, <i>“In the event that the Contractor is not able to respond to such a call and that call goes to another agency outside the approved mutual-aid plan or to a BLS transport unit, the EMS Agency shall impose on the Contractor liquidated damages in the amount of \$2,500 per call for such referral.”</i> RFP page 15, Section 2.10.4, BLS Response, states: <i>“The Contractor shall pay liquidated damages of \$2,500 for each time the Contractor sends a BLS ambulance to a franchise emergency call for immediate dispatch from a 9-1-1 or seven digit phone number sources.”</i> If a paramedic QRV or first responder responds to a call and provides ALS care for</p>	<p>Yes, all responses require an ALS level ambulance. The use of BLS level ambulances is not permitted for any call requiring emergency ground ambulance services.</p>

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	the patient on scene and during transport with a BLS transport unit would this be considered grounds for the assessment of a \$2,500 fine?	
27.	RFP page 14, Section 2.10.2, Liquidated damages – Code-2 and Code-3 Calls, states, <i>“For each month in which the Contractor fails to meet the 90 percent standard, within any response time zone, the contractor shall pay to the EMS Agency liquidated damages in the amount of \$500 for each on-tenth (1/10) of a percentage point by which the contractor’s performance falls short of the 90 percent standard.”</i> Calculating percentage of compliance based on small number can result in percentage calculations that do not reflect actual performance. For example, if there were only 5 calls in the rural zone during a month and one of those calls was 1 second late, the percentage of compliance would be 80% and result in a \$50,000 fine. Historical call demand in the semi rural and rural response zones of Sonoma County is low. Would the County consider using the industry-standard rolling 100 calls per zone as the denominator for calculating response time performance in any zone that does not have more than 100 calls in it per month?	The EMS Agency will use a “rolling 100 call” formula for calculation of performance.
28.	RFP page 15, Section 2.10.3, Level “0” Status, states, <i>“For every month the Contractor reaches Level “0” status (no ambulance available for greater than five minutes, without approved mutual aid or with approved mutual aid but not properly positioned per the approved SSP) greater than five times per month, the liquidated damages will be \$250 per even for the sixth and subsequent event.”</i> Our understanding is that the current CAD is not capable of measuring or monitoring level “0.” If that is correct, could the County please identify the methods planned to monitor level “0” status? Additionally, the County's performance-based contract includes response time requirements and penalties to ensure good performance. Could the County please clarify the concerns meant to	It is expected that the contractor will work with REDCOM to identify a method of tracking and identifying Level 0 instances including manual logs that will be subject to audit.

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	be addressed by adding a level of effort requirement and associated penalties?	
29.	RFP page 21, Section 2.18, Fees for Service, states, <i>"Any existing agreements or immediately anticipated arrangements, including membership programs must be stipulated in the response to this RFP by the Proposer .As future opportunities develop, Contractor must assure that all such arrangements will be evaluated by the EMS Agency as they are proposed by the Contractor before they are implemented so as to assure that the other emergency calls sources, which are not part of the contract arrangement, are not subsidizing the benefiting managed care payer, and/or are not jeopardizing the resources."</i> As a practical matter, AMR/Sonoma Life Support enters into numerous business arrangements in the regular course of its operations, many of which have little to no impact on emergency services. Could the County please confirm that this requirement would only apply to agreements that would materially affect the provision of emergency services in Sonoma County?	Confirmed.
30.	RFP page 22, Section 2.18, Fees for Service, states, <i>"Adjustment to the charges may be authorized annually based on changes in an adjusted Consumer Price Index for the Bay Area and other factors as stipulated later in this RFP."</i> Could the County please confirm that this section contemplates an automatic rate adjustment based on the Consumer Price Index in addition to rate adjustments that may be approved for specified circumstances? In addition to this automatic rate adjustment, would the County be willing to consider automatic rate adjustments based on changes in fuel costs and regulatory reimbursement rates?	The annual CPI increase is based on a written request to the EMS Agency for their review and approval. No reasonable request that ties to the CPI factors listed in the RFP will be denied on an annual basis. There are no automatic increases contemplated.
31.	RFP page 23, Section 2.24, Fees to Operate, states, <i>"The contract compliance monitoring fee is estimated to be \$140,000 for the first year of the Contract, and may be adjusted annually if costs change."</i> Could the County please clarify what the mechanism and the basis	The franchise-monitoring fee is calculated annually based on projected staff and associated services/supply costs directly related to oversight and management of the franchise system.

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	for these adjustments will be?	
32.	RFP page 24, Table 3 – Costs to the Contractor, identifies an annual Mobile Data Terminal (estimated) fee of \$115,000 and an annual Emergency Medical Dispatch Fee (estimated) of \$645,000. Could the County please describe the method used to calculate these fees and any anticipated changes to them?	<p>Projected costs are based on current and past costs assessed to the contractor.</p> <p>The term “Emergency Medical Dispatch Fee” as used in the RFP should read “Emergency Dispatch Per Call Fee”. Charges are based on call volume. Past years amounts are as follows:</p> <p style="text-align: center;"> FY 08-09 \$712,728 FY 07-08 \$726,664 FY 06-07 \$624,793 FY 05-06 \$556,880 FY 04-05 \$523,065 </p> <p>MDC fees are based on the number of units used. Past years rates are:</p> <p style="text-align: center;"> FY 08-09 \$4,297 / MDC unit FY 07-08 \$3,594 / MDC unit </p>
33.	RFP page 30, Section 4.11, Lobbying, states, <i>"Any Proposer ... shall not influence or attempt to influence any member of the <u>Evaluation Committee</u>, any member of the Board of Supervisors, or any employee of the County or the EMS Agency, with regard to the acceptance of a proposal. Proposer attempting to influence the RFP process may be subject to rejection of their proposal."</i> (Emphasis added). As the incumbent provider, we maintain a practice of good corporate citizenship and making in-kind and financial donations to various Sonoma County charities, non-profits, and political figures and organizations. Could the County please confirm whether we must refrain from these practices during the RFP process? Could the County also please clarify whether this requirement prohibits	<p>The County will not disclose the evaluation committee members until their final report has been approved by the EMS Agency.</p>

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	<p>general public campaigning and advertising activities? Lastly, to avoid an inadvertent violation of the prohibition against influencing members of the Evaluation Committee, could the County please let proposers know who is on this committee?</p>	
34.	<p>RFP page 35, Section 6.4, Proposal Content, states, <i>“To ensure that the comparison of proposals is as fair and complete as possible, all proposals shall employ the format described in this section. Proposals are limited to 200 pages and 200 additional pages for appendices.”</i> Full compliance with the Credentials and Qualifications section of this RFP could result in a page count for appendices in excess of 200. How would the County like bidders to proceed if required information covers more than the 200 page limit?</p>	<p>The page count remains at 200.</p>
35.	<p>RFP page 37, Section 6.4.2(c) Credentials and Qualifications, subsection 15, states, <i>“Explain any litigation (pending or closed) involving the organization or any principal officers thereof, in connection with any performance or service during the past ten years. Explain any medical malpractice suits or settlements with a dollar loss (list the actual circumstances, conclusions and dollar loss) for the last 10 years. State whether the organization is currently operating under a Corporate Integrity Agreement.”</i> As written, this requirement would require disclosure of an abundance of information with little or no impact on services, including, for example, any vendor dispute over uniforms. Would the County be willing to accept disclosure of only all litigation that would materially affect provision of emergency medical services in Sonoma County and/or a representation and warranty to the effect that AMR and AMR/Sonoma Life Support have no litigation that would materially affect the provision of emergency medical services in Sonoma County? We would also be happy to discuss any matters with the County on a counsel-to-counsel basis.</p>	<p>A simple abstract of litigation and current status and outcomes will suffice. Should the County require additional details, a counsel-to-counsel conversation may be arranged.</p>

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Questions		Clarification/Answers
36.	<p>RFP page 37, Section 6.4.2(c) Credentials and Qualifications, subsection 14, states, <i>"Provide details, if any, of any failure, default, problems or refusal to complete a contract by the organization in any region of the country."</i> RFP page 38 states <i>"All collision rates and lawsuits must indicate corporate-wide experience as well as experience for the California area, if applicable."</i></p> <p>Disclosure of all problems, collisions, and lawsuits throughout the country for our company has the potential to result in a large volume of material with little informational value for the County. For proposal purposes, would the County be willing to accept disclosures of solely the material problems, collisions, or lawsuits? We would be happy to discuss details related to any contract, collisions, or lawsuits with the County.</p>	<p>All failures, defaults, problems and refusals must be disclosed in detail with circumstances and outcomes. Lawsuits may be provided in abstract form with citation, jurisdiction, pending or actual outcomes. Collisions reporting for this RFP are now limited to the last three calendar years.</p>
37.	<p>RFP page 41, Section 6.4(g) 2), Wage, Benefit, and Compensation Package, states, <i>"The minimum wage for a starting EMT-P shall be no less than \$5,120 per month (assumes a 60-hour work week and include benefits calculated at 30 percent of salary). The minimum wage for a starting EMT-1 shall be no less than \$3,914 per month (assumes a 60-hour work week and includes benefits calculated at 30 percent of salary)."</i> We interpret the information above to mean that the required minimum wage excluding benefits and overtime is 30% less than the figures provided above. If that understanding is correct, these numbers are significantly lower than what we currently provide to our employees. Would the County please clarify whether it intends to allow bidders to propose lower total compensation than is currently provided?</p>	<p>Note clarification #3 above and the current labor agreement provided under separate cover.</p>
38.	<p>Are special event standbys that are limited to non-transport medical services (i.e., first aid tent, mobile cart staffing, etc.) included within the scope of the RFP?</p>	<p>No, only events that require private standby specialty event emergency ground ambulance services as part of the required coverage are included in the scope of the RFP. Non-transport events are not in the scope of the RFP.</p>
39.	<p>Is it permissible under scope of the Exclusive Ambulance Operating</p>	<p>Only to the extent that the event does not require "emergency-ground</p>

Sonoma County Emergency Ambulance Service RFP Questions and County Responses

Questions		Clarification/Answers
	Area Agreement for non-contracted BLS and/or ALS service to provide standby services, as long as hospital transportation does not occur?	ambulance” services as part of the required coverage. Even if the ambulance is just standing by and not transporting, it is part of franchise scope.
40.	Are there specific rates that must be charged for standby services under the scope of the Exclusive Ambulance Operating Area Agreement?	No. The contractor is expected to negotiate a fair and reasonable rate for providing such services.
41.	How is the initial response times measured?	See Question #4.
42.	Do the standby services include special events?	See Question #39
43.	There can be a number of standbys for nonprofits with medics stationed at the event, but with no ambulance. Does this fall in the scope? Would there be additional charges for services?	If the paramedics are stationed there without an ambulance and are not providing emergency ground ambulance services, then it is not in the scope.
44.	Will we have an opportunity to visit the dispatch center?	Arrangements can be made with the County.
45.	Is there an electronic copy of this draft of the RFP?	Yes. Everything will be posted on the Sonoma Co. EMSA website.
46.	On page 67 of the RFP for the call volume there is a negative growth in transport. Why is that?	There may be gaps in the data provided in the RFP and it is not clear why the volume may have dropped. It is now clear that data supplied included transfers and if so the decline may be do to a decline in market share by the current provider. The data on that page is preliminary. The most current and accurate data can be found on the supplemental data disk provided at the bidders conference.
47.	In reference to Figure 6 on page 67, is there a sense that transports have been increasingly provided by non-franchising providers?	There could be loss of market share from other providers, such as the interfacility transports. The most up-to-date data can be found on the supplemental disk.
48.	Will you provide the dates for proposed presentations?	Will schedule dates in the near future.

Sonoma County Emergency Ambulance Service RFP Questions and County Responses

The following table will replace the table in Section 7.2.D of the RFP:

Proposals will be ranked on the following criteria (not necessarily in order):

Proposal Scoring Table

Item No.	Description of Scored Element	Points Awarded
1	Proposer's credentials and qualifications	50
2	Compensation package and working conditions for prehospital personnel	25
3	Commitment to incumbent personnel	30
4	Response-time commitments and methodology	45
5	Level of clinical sophistication	20
6	Fiscal strength	30
7	Equipment maintenance and management	15
8	Billing and collection program and data integration	15
9	On-site key personnel	25
10	Initial (ambulance) coverage status plan	25
11	Implementation plan for EMS dispatch center and data integration	45
12	First responder program	25
13	Miscellaneous requirements and additional data integration	20
14	Costs/Charge recommendations	30
15	Public information and education program	15
16	Continuous Quality Improvement (CQI) process	20
	Total points:	435