



Public Health
Prevent. Promote. Protect.
Wicomico County
Health Department

Wicomico County Health Department

108 East Main Street • Salisbury, Maryland 21801

Matthew McConaughey, MPH, Health Officer



Request for Proposal #0913-23

Project: Wheelchair & Ambulance (Hospital Discharges Only)

Department: Medical Assistance Transportation

Location: Seth H Hurdle Building
108 East Main Street, Salisbury MD 21801

Submissions Due:

Submit to:

Hope Balam, Purchasing Agent
Wicomico County Health Department
180 East Main Street, Room 216
Salisbury MD 21801

Vendor:	_____	
Signature:	_____	Date: _____
Address:	_____ _____	
Telephone:	_____	Fax: _____
Exceptions:	_____ _____ _____ _____	

1. ADMINISTRATIVE INFORMATION

- 1.1. Specification and instructions to bidders may be obtained in the office of the Wicomico County Health Department (hereinafter WiCHD), Purchasing Office, Seth H. Hurdle Building, 108 East Health Department, Salisbury, Maryland, between 8:00 a.m. and 4:30 p.m. Monday through Friday, or downloaded from www.wicomicohealth.org.
- 1.2. A pre-proposal conference will be conducted on Sept 26, 2023 at 10:00 a.m. EST at the E.S. Adkins Building, Second Floor, 801 N Salisbury Blvd Ste 202, Salisbury, Maryland 21801. Attendance to the pre-proposal conference is not mandatory but strongly encouraged. The purpose of the conference is to clarify any parts of the RFP and to answer questions that may be pertinent to the request.
- 1.3. The narrative portion of the proposal, together with appropriate attachments and RFP cover sheet, shall include the original and five (5) copies [TOTAL OF 6] and must be in a sealed envelope, clearly marked "Wicomico County Health Department-Transportation RFP".

Rate Sheet Proposal and five (5) copies [TOTAL OF 6] shall be submitted in a separate sealed envelope, clearly marked "Wicomico County Health Department-Transportation RFP". Proposals should be identified with all information as requested on the RFP cover sheet.

- 1.4. Sealed proposals should be mailed or hand carried to Hope Balam, Purchasing Agent, Wicomico County Health Department, 108 East Main Street, Salisbury, Maryland 21801, and must be received by the time outlined in the advertisement. Proposals or unsolicited amendments to proposals received after the announced time shall not be considered and will be returned to the contractor unopened.
- 1.5. Proposals should completely address all items listed under role of the transportation provider, funding, accountability, submission of price proposal, and contract provisions. Detailed monthly cost reports will be required for all transportation programs as outlined in the RFP so that we can better analyze and evaluate the actual cost of the program and the profit margin.
- 1.6. In the event that it becomes necessary to clarify or revise this RFP, such clarification or revision will be by addendum. Any RFP addendum will be distributed as follows: In writing or by email and will be distributed only to those

bidders represented and properly registered for receipt of this RFP. Any addendum to this RFP shall become part of this RFP and part of any contract resulting from this RFP.

- 1.7. Inquiries concerning proposal information, documents, or schedules should be directed to Hope Balam, Purchasing Officer , 410-543-6933.
- 1.8. The Wicomico County Health Department reserves the right to reject any and/or all proposals or to waive any technicality it deems in the best interest of the Medicaid Transportation Program.
- 1.9. The agreement or contract between the WiCHD and the successful bidder shall consist of this RFP, the Contractor’s Proposal and Rate Sheet, addenda, the WiCHD’s acceptance, and the notice to proceed. Change orders or other modifications subsequent to the award must be mutually agreeable and documented in writing. The successful bidder will be subjected to provisions contained in this RFP, except changes that may be made to reflect the terms of the successful contractor’s proposal.
- 1.10. Request for Proposal (RFP) Timeline.
 - Publication Request Tuesday, September 19, 2023
 - Pre-proposal Conference Tuesday, September 26, 2023 at 10:00 am
 - Deadline for Submittal Tuesday, October 17, 2023 at 3:00pm EST
 - Award Bid (tentative) Monday, October 23, 2023
 - Implementation of Bid Wednesday, November 1, 2023

2. SPECIAL TERMS AND CONDITIONS

2.1. Maryland Law Prevails

The laws of Maryland shall govern the provisions of this contract.

2.2. Examination of Proposal Documents

By submitting a proposal, the contractor represents that he/she has thoroughly examined and become familiar with the work required under this RFP and that he/she is capable of performing quality work to achieve outlined objectives.

2.3. Pre-Contractual Expenses

Pre-contractual expenses are defined as expenses incurred by the contractor in: 1) preparing its proposal in response to this RFP; 2) submitting that proposal to the WiCHD; 3) negotiating with the WiCHD any matter related to this proposal; and 4) any other expenses incurred by the bidder prior to date of award, if any, of the Proposed Agreement.

The WiCHD shall not, in any event, be liable for any pre-contractual expenses incurred by bidders in the preparation of their proposals. Bidders shall not include any such expenses as part of their proposals.

2.4. Exceptions/Deviations

Any exceptions to the requirements in the RFP must be included in the proposal submitted by the bidder. Such exceptions must be clearly labeled as such in the text of the proposal. The WiCHD reserves the right to accept any exception if it is in the agency's best interest to do so.

2.5. Acceptance/Cancellation/Award

Issuance of this RFP and receipt of proposals does not commit the WiCHD to award a contract. The WiCHD reserves the right to postpone the opening for its own convenience, to accept or reject any or all proposals received in response to this RFP, or to cancel all or part of this RFP.

2.6. Independent Contractor

Bidder will be an independent contractor to the WiCHD under this agreement. Bidder shall be free to contract to provide similar services for others while it is under contract to the WiCHD and is not entitled to participate in any retirement, deferred compensation, health insurance plans, or other benefits WiCHD provides to its employees.

2.7. Indemnification

The Contractor agrees to protect, defend, indemnify and hold the WiCHD, its officers, employees and agents free and harmless from and against any and all losses, penalties, injuries, liabilities, damages, settlements, costs, charges,

professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character in connection with or arising directly or indirectly out of this agreement and/or the performance hereof. Without limiting the generality of the foregoing, any and all such claims, etc., relating to personal injury, infringement of any patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property right, or actual or alleged violation of any other tangible or intangible personal or property right, or actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder. The Contractor further agrees to investigate, handle, respondent to, provide defense for and defend any such claims, etc., at his/her sole expense and agrees to bear all other costs and expenses related thereto, even if such claim is groundless, false or fraudulent.

2.8. Disqualification of Bidders

Although not intended to be an exhaustive list of causes for disqualification, any one or more of the following causes, among others, may be considered sufficient for the disqualification of a bidder and the rejection of its bid:

- 2.8.1. Evidence of collusion among bidders.
- 2.8.2. Lack of competency as revealed by financial statements, experience or equipment statements as submitted or other factors.
- 2.8.3. Lack of responsibility as shown by past work.
- 2.8.4. Default on a previous similar contract for failure to perform.
- 2.8.5. Failure of the bidder to provide any information requested in the RFP may result in disqualification of the proposal and shall be the responsibility of the bidder.

2.9. Payment Terms

- 2.9.1. It is anticipated that the agreements resulting from this solicitation, if awarded, will be paid on a monthly basis for all services.
- 2.9.2. Invoice must be submitted by the 10th day of the month, and payment can be expected approximately thirty (30) days after submittal of the invoice and reports are reconciled. (Invoices will not be forwarded to the State until all required reports are found correct and completed). Failure to submit invoices by the 10th day of each month will result in a 2% penalty. This 2% late charge will be deducted from the amount requested on

invoice for that month's payment.

2.10. Financial Responsibility

Proposals shall include evidence of financial responsibility. The Contractor may be required to provide additional evidence of financial responsibility to perform under this contract throughout its terms as determined to be necessary by the WiCHD.

2.11. Resolving Disputes in Bidding

If a vendor feels he/she has not been treated fairly, a notice of complaint should be directed to the WiCHD Purchasing Agent outlining the nature of the complaint. If however, the WiCHD Purchasing Agent cannot resolve the matter in a satisfactory manner, the vendor may forward the complaint to the WiCHD Administrator along with a memo of explanation. If the vendor is not satisfied with the Administrator's resolution, the vendor may appeal to the Health Officer.

2.12. Proprietary Information

Cost pricing information will not be considered proprietary.

2.13. Inclement Weather Conditions

- 2.13.1. In the event of weather concerns, the Contractor shall not be responsible for operating transportation service if Contractor's other operations are not in service based on perception of road conditions. (Return trips are to be made if client had previously been transported by Contractor).
- 2.13.2. In the event of delays, cancellations may be expected. During a state of emergency or declared disaster, this agreement may cease without penalty to the contractor. Services would be expected to be resumed in a timely manner.

2.14. Holiday Schedule

The Contractor will not be required to operate **demand-reponse** services on the following holidays (with the exception of dialysis and methadone services):

- 2.14.1. New Year's Day
- 2.14.2. Martin Luther King's Birthday
- 2.14.3. President's Day
- 2.14.4. Memorial Day

- 2.14.5. Juneteenth
- 2.14.6. Independence Day
- 2.14.7. Labor Day
- 2.14.8. Columbus Day
- 2.14.9. Election Day
- 2.14.10. Veteran's Day
- 2.14.11. Thanksgiving Day
- 2.14.12. American Indian Heritage Day
- 2.14.13. Christmas Day

3. CONTRACT REQUIREMENTS AND INFORMATION

3.1. Term of Contract

The Contract shall commence on November 1, 2023, and shall extend until June 30, 2025. The contract may be extended for two (2) additional one-year terms at the sole discretion of WiCHD.

3.2. Payment

3.2.1. The Contractor shall invoice the WiCHD for services provided under this Contract on a monthly or bi-monthly basis. All health department programs' invoices shall be submitted to the Medicaid Transportation Coordinator for payment and/or distribution. Prior to the payment of invoices, all required program and financial reports must be received by the 10th day of each month. The WiCHD shall promptly review and remit payment. The invoices shall contain the following facts (when applicable):

- 3.2.1.1. Trip origination
- 3.2.1.2. Trip destination
- 3.2.1.3. Date of trip
- 3.2.1.4. Total cost of trip (with waiting time AND cost of waiting time if applicable)
- 3.2.1.5. Passenger name
- 3.2.1.6. Whether or not passenger cancelled or no showed.

3.2.2. Invoices shall be hand carried, mailed, emailed, or faxed to Wicomico County Health Department, Medical Assistance Transportation Program, 108 East Main Street, Salisbury, MD 21801. Preferred method of receipt is electronically to the email address Felicia.Green@Maryland.gov.

3.3. Termination of Contract

- 3.3.1. This contract is contingent upon funding. Any reduction or withdrawal of funds from this program shall be sufficient grounds for immediate cancellation of this agreement or reduction of services.
- 3.3.2. In the event that the Contractor fails to meet any of the requirements of this contract, WiCHD reserves the right to declare the Contractor in default and to terminate this contract at any time in whole or in part upon 30-days written notice to Contractor. WiCHD may, by providing written notice to the Contractor, terminate the agreement at any time.
- 3.3.3. In the event of termination for any reason, no allowance will be provided to the Contractor for anticipated profit on unperformed services.

3.4. HIPAA Compliance

As a State Agency, Maryland State regulations require documentation regarding all Contractor's "HIPAA Compliance" status by obtaining a Business Associate Agreement. This agreement involves the access to protected health information that is considered protected pursuant to federal, state and/or local laws and regulations in accordance with the privacy (IIHI) and/or Protected Health Information (PHI) requirements of the "HIPAA"-Health Insurance Portability and Accountability Act of 1996. All data, documentation and records shall be considered "confidential". HIPAA mandates for privacy, security and electronic transfer standards. The requirement is a precondition of entering into a valid and binding contract.

3.5. Contract Award

The contract will be awarded to the bidder whose proposal, conforming to the RFP, will be the most advantageous to the agency's program, price and other factors considered. WiCHD reserves the right to add/or eliminate any services in whole or in part during the contract term at the prices provided in this RFP.

4. SCOPE OF SERVICE-MEDICAID TRANSPORTATION PROGRAM

4.1. Service Parameters

- 4.1.1. The Medicaid Transportation Program is a transportation service funded

by the State of Maryland and the federal government and is administered by the Wicomico County Health Department. It allows customers with medical transportation needs, who cannot be served by other modes of transportation, to obtain transportation for non-emergency medical trips. It is a curb-to-curb or door-to-door demand response service, and serves Wicomico County residents and occasionally riders who reside in other co, but required transportation in Wicomico County. Funds are to be used for “safety net” funding of transportation to recipients who have no other available sources of transportation. Since Medicaid is the payer of last resort, all other sources of transportation must be accessed prior to the expenditure of the grant funds for transportation services.

4.1.2. Contractor will provide non-emergency ambulance transportation services to and from medically-necessary covered services to Medicaid providers, including hospital discharges and transfers, for eligible Wicomico County Medical Assistance recipients (and when necessary, their escorts) who have no other means of transportation available.

4.1.2.1. Wheelchair services shall be provided as described:

- Transporting a recipient to/from a nursing home
- Transporting a recipient from hospital to home

4.1.2.2. Ambulance services shall be provided as described:

- All services (except #3) as described under Wheelchair Services and recipient is required to be transported in supine position
- Transporting a recipient from hospital and recipient is required to be transported in supine position
- Program does not cover copayment and deductible payments for Medicare-approved services to Maryland Medical Assistance recipients which is handled through direct-billed Medicaid.
- Out-of-county services designations such as Baltimore, Annapolis, Wilmington
- NOT ELIGIBLE: Transportation to/from Veterans hospitals, jail or other correctional institutions, or for recipients committed by the courts to mental institutions.

*Currently, qualifying hospitals in Wicomico County are Tidal Health and Encompass Health Rehabilitation Hospital.

**May include Baltimore-area hospitals.

Non-emergency pre-scheduled transportation requests must be directed to the Wicomico County Department of Health (WiCHD) in-take office at 410-548-5142, Monday through Friday, between the hours of 8:30 a.m. and 5:00 p.m., excluding State holidays.

4.1.3. Routine Transport Procedures:

- Rides called in during the normal business day, which have been screened for eligibility, approved, and entered into the computer system by Wicomico County Health Department Staff, will be submitted via fax and by telephone to the contractor for processing.
- The contractor must refer all directly received requests for transportation on weekdays, excluding State holidays, between the hours of 8:30 a.m to 5:00 p.m. to the WiCHD for screening, approval, and scheduling of the transport (with the exception of hospital discharges and transfers). The contractor may not call WiCHD in-take staff directly to place a ride on behalf of the patient or facility.
- On occasion, and after screening, approval, and scheduling by the WiCHD, the contractor shall provide “same day” transports. The contractor must complete these additional transports in a reasonable time period.
- The contractor must agree, during special circumstances determined by WiCHD, to screen for eligibility and schedule recipients’s transports weekdays between the hours of 8:30 a.m. to 5:00 p.m. in accordance with procedures designated by the State’s Medical Assistance program, which will include the submission of all routine medical certification forms that have been screened for completion and accuracy.
- Prior notice will be given to the contractor as appropriate. These transports shall be reported to the WiCHD by the close of business on the day they are screened and scheduled, or by 10:00 a.m. the next business day following reporting procedures designated by WiCHD.
- The contractor may not accept direct requests for transportation from nursing facilities on State holidays unless otherwise approved by WiCHD. At-home patients present a different set of circumstances and direct requests for transportation may be

accepted by the contractor based on criteria established by WiCHD. Criteria includes those patients going to/from dialysis facilities with dialysis facilities' verification of the need for transport.

- All directly-received requests by the contractor taken between the hours of 5:00 p.m. and 8:00 a.m. for routine transportation must be referred to the WiCHD the next business day for approval when the office opens at 8:00 a.m. The "Off-Hours & Discharges/Transfer Call Log" may be additionally used for this purpose.

4.1.4. Facility Discharges and Transfers:

- The contractor must be able to provide mode-appropriate transportation for recipients twenty-four (24) hours a day seven (7) days a week for facility discharges and transfers.
- The contractor must agree to accept discharges and transfers when contacted directly by WiCHD, the hospital, or medical facility.
- The contractor must screen all transports they schedule for eligibility in accordance with procedures designated by the State. All discharges and transfers shall be reported to WiCHD on the "Off-Hours & Discharges/Transfers Call Log" by 10:00 a.m. the next business day unless prior approval is given by WiCHD.
- Unless otherwise specified and approved, the vendor will not schedule discharges or transfers until the patient's discharge forms are signed. This is to ensure that no-shows are kept to a minimum. If the contractor chooses to accept discharges or transfers in advance of the discharge forms being completed the contractor chooses to accept the risk that the discharge or transfer may not take place. The date, time, and name of the caller requesting the discharge or transfer shall be noted on the appropriate form in order to ensure that discharges and transfers scheduled in advance are clearly identified.
- One of the following conditions must be present for the contractor to transport a hospital discharge or transfer patient:
 - Patient is being discharged from an in-patient hospital stay.
 - Patient received treatment in a hospital emergency department and is not being admitted.
 - Patient is being transported from one treatment facility to another to receive a higher level of care or services not available at the current facility. (i.e. Transport from an emergency department in a hospital that does not provide psychiatric treatment to a psychiatric treatment facility).

- For psychiatric transfers out of the area (further than 90 miles), the contractor must obtain from the sending facility a list of all local facilities where attempts were made to transfer the patient and the reason the patient was not accepted.
- The contractor will only be compensated for mode-appropriate transports (i.e. ambulance payment will not be rendered for a patient that could be safely transported by wheelchair). WiCHD will screen in detail each transport submitted for payment in concert with applicable regulations and protocols.
- The contractor may provide discharge transportation for a resident who lives outside Wicomico County in accordance with “courtesy transport” guidelines. **WiCHD’s policy is to transport any eligible recipient, regardless of county of residence-the point of origin being Wicomico County.** All documentation and paperwork remains the same.

CONTACT INFORMATION

WICOMICO COUNTY HEALTH DEPARTMENT
 MEDICAL ASSISTANCE TRANSPORTATION GRANT PROGRAM
 108 EAST MAIN STREET
 SALISBURY MD 21801

PHONE: 410-548-5142

FAX: 410-219-2885

ATTACHMENTS:

1-WiCHD OFF-HOURS & DISCHARGE/TRANSFER CALL LOG

4.2. Transportation Request Procedure

- 4.2.1. The Contractor shall be responsible for providing service to/from requested locations only. Any exceptions requested from passengers(s) must be approved by WiCHD program staff.
- 4.2.2. In the event a passenger does not show for a scheduled trip three times in a row, the contractor shall notify the Medicaid Transportation Coordinator or staff member.

4.3. Days and Times of Operation

- 4.3.1. The contractor shall provide local 24 hours discharge services with the advance approval of the Medicaid Transportation staff between the hours of 7:30 a.m. through 5 p.m. Out of county appointments are scheduled before 2 p.m. only to allow contractors a reasonable return time. The start of out of town appointment may be as early as 4:00 a.m. Saturday service is for dialysis only.

4.4. Fares/Charges

- 4.4.1. The clients will not be charged, and the charge to the program shall be no more than the standard and ordinary fare charged to local residents. Charge may also be no more than what is on the accepted rate sheet.
- 4.4.2. An extensive fare schedule or rate sheet must be provided with the proposal. Also include the charge for wait time and for long distance trips, i.e. to/from Baltimore or Wilmington. The rate sheet may specify point-to-point, mileage, or hourly rates but must be clear and concise.

4.5. Compensation

- 4.5.1. The contractor shall invoice Wicomico County Health Department by the 15th and 30th of each month for total usage on a twice a month basis. Invoices shall contain information as stated in Subsection 3.2.1.

4.6. Estimated Trips

Annual number of one-way trips for Fiscal Year 2023 are shown below for each market segment to provide the bidder with a benchmark of estimated volume of work to be performed (wait time is not included). NOTE: Some wheelchair trips required using the lift only-not actually strapping down.

Program	One-Way Trips
Local Service	21,114
Out-of-County Services	2,100
Wheelchair Services	2,098

5. ADMINISTRATIVE REQUIREMENTS

- 5.1. The contractor shall provide a liaison to serve as the program manager or shall designate a program manager who will be responsible for supervising operations.
- 5.2. The contractor or program manager, and if necessary, drivers and other personnel shall arrange to meet with the Medicaid Transportation Coordinator to discuss any service issues or concerns that need to be addressed. Meetings shall take place bi-annually or more frequently if needed.
- 5.3. The contractor shall be responsible for ensuring that all drivers and other personnel working under the contract fully understand the requirements of the program and their individual responsibilities and adhere to all program policies and procedures.
- 5.4. The contractor shall promptly inform the Medicaid Transportation Coordinator of any changes in drivers, key personnel, or vehicles assigned to this contract.
- 5.5. The contractor shall be responsible for notifying the Medicaid Transportation Coordinator within 24 hours in the event of any accident or incident involving this contract or any concerns, problems, complaints, or incidents involving vehicles, vehicle equipment, passengers, program staff. Or third parties, or any operating policies or procedures that adversely affect the functioning of the program. In the event of any injury, notification shall occur immediately. In addition, any operational problems or passenger complaints shall be documented noting any action taken and reported in writing to WiCHD within 24 hours.
- 5.6. The contractor shall ensure the safety of passengers by any or all means necessary, including but not limited to, driver training, retraining and monitoring, use of seat belts at all times, use of approved child restraining devices as appropriate, vehicle maintenance, maintaining order in and around the vehicles, providing safety and emergency procedures, etc.
- 5.7. The contractor shall supply all vehicles, fuel, lubricants, parts, tools, and other materials required for the performance of this contract.
- 5.8. Rights to Audit and Monitor
 - 5.8.1. The Vendor shall attend periodic status meetings with WiCHD, and cooperate fully with any other contractors, program monitors which may be engaged by WiCHD.

- 5.8.2. The Vendor shall grant to the WiCHD, DHMH, Federal and State agents the right to audit all Vendors accounts, records, and books specific to this contract for a period of three years following the final payment.
- 5.8.3. WiCHD shall have the right to free and uninhibited access to the Vendor's premises to inspect, monitor, or evaluate the work being performed within 24-hour notice during normal business hours.
- 5.9. On a monthly basis, vendor shall also complete an Excluded Parties Attestation form, which will be due by the last day of each month. Federal regulations (42 CFR SS 1001-1002) prohibit payment for items or services furnished by excluded individuals and entities. It is imperative that this first line of defense in combating fraud and be conducted accurately, thoroughly, and routinely. Screening for excluded individuals must take place prior to employing or contracting and thereafter, monthly.

On a yearly basis, vendor shall be responsible for completion of the Ownership and Control Disclosure form to ensure that Medicaid services are not furnished by excluded individuals or entities that have ownership or control interests in provider entities and who have been convicted of a criminal offense whom have civil monetary penalties imposed or have been excluded from participation in Medicare of any of the State healthcare programs. DHMH requires that all NEMT providers, on a yearly basis or within 20 days after there is a change in ownership, submit a Non-Emergency Medical Transportation Provider Ownership and Disclosure Form.

6. INSURANCE REQUIREMENTS

- 6.1. The contractor shall not commence work under this contract until he/she obtains all insurance required and has supplied Wicomico County Health Department with certificates of insurance that designate limits of coverage on all vehicles used during the term of contract.
- 6.2. The Contractor shall be required to purchase and maintain, during the life of the contract, Worker's Compensation, Comprehensive General Liability, Automobile Liability, Uninsured/Underinsured Motorist, Collision and Comprehensive and Medical Payments Insurance with limits of not less than those set forth below:

- 6.2.1. Liability Insurance

6.2.1.1. If the owner elects to take out liability insurance as provided in the law, the minimum insurance required to be taken out for each policy shall be \$25,000 for injury to any one person, \$50,000 for injuries or two or more persons, and \$15,000 for property damage. The required insurance shall have a term coverage of six (6) months or more.

6.2.2. Bond in Lieu of Insurance

6.2.2.1. If the owner of the vehicles elect to enter into a bond as provided by the law, the amount of the bond shall be determined by the number of ambulances covered by and described in the bond.

6.2.3. Personal Injury Protection (PIP)

6.2.3.1. Contractor shall provide coverage for damages suffered by certain third parties regardless of legal liability. Provide coverage for insureds and pedestrians for medical expenses, income continuation, and certain essential services (i.e. nursing and housekeeping) regardless of fault or liability.

6.2.4. Uninsured Motorist

6.2.4.1. Contractor shall provide coverage that protects the insured and the clientele of the insured for sums that cannot be received from the operator of an uninsured or underinsured vehicle.

7. DRIVER REQUIREMENTS AND RESPONSIBILITIES

7.1. Contractor's Responsibility

7.1.1. The contractor shall notify the WICHHD in writing of all drivers assigned to this service and shall submit their driving records, updating when necessary. Given the condition of reasonable cause, the Wicomico County Health Department shall have the right to demand removal or reassignment of any driver or other personnel furnished by the contractor based on the Excluded Parties Attestation list.

7.1.2. The contractor shall be responsible for providing as many regularly scheduled drivers and back-up drivers as required as a minimum to operate according to the current schedule.

- 7.1.3. If a regularly scheduled driver is unable to perform his or her duties as assigned, whether as a result of resignation, termination, participation in a labor strike, illness, annual leave or some unforeseen emergency, the contractor shall be responsible for activating a backup driver to replace the absent driver. The replacement driver shall resume the regular driver's assignment within a reasonable timeframe in accordance with regular driver's location.
- 7.1.4. WiCHD reserves the right to require the contractor to have its drivers attend any training sessions the Health Department deems necessary or appropriate including, but not limited to, behind the wheel (evasive maneuvers and defensive driving techniques), passenger assistance techniques, non-emergency medical procedures, passenger evacuation, child safety seat installation, Red Cross first aid and CPR certification.
- 7.1.5. Appropriate breaks should be scheduled for drivers, especially involving long-distance travel.
- 7.1.6. The following policies/compliances must be in place or be in the process of implementation by November 1, 2023:
 - 7.1.6.1. A Program testing drivers and key personnel for the use of drugs and alcohol on a pre-employment basis. In addition, random testing will be performed as required. Contractor will comply with Wicomico County Substance Abuse Policy, as well as all federal, state, and local related policies.
 - 7.1.6.2. All drivers shall be licensed and shall include a criminal background investigation program for screening drivers for felony convictions on a pre-employment basis.
 - 7.1.6.3. A program for photo identification with a photo I.D. of the driver of vehicle must be conspicuously displayed in the interior compartment of vehicle for observation by passengers.
- 7.1.7. Contractor shall have a policy in place that states that drivers are not allowed to smoke in the vehicles whether empty or occupied.
- 7.1.8. Contractor's personnel will be in uniform, clearly indicating the name of the

firm and identifying their affiliation with the firm. In addition, personnel shall bear identification cards at all times with their name as well as the firm name listed on the card.

7.2. Driver Responsibilities

- 7.2.1. All drivers shall have a valid Maryland license with an appropriate class rating for the vehicle being driven. Drivers are expected to obey all laws directed towards safe operation of motor vehicles. The contractor shall be held accountable for assigning responsible and courteous drivers for service in this program.
- 7.2.2. A driver shall reserve the right to call 911 for any passenger who appears to exhibit irrational, disruptive, uncontrollable, offensive behavior or poses a danger to him/herself or others. Under no circumstances shall a driver discipline a passenger, the driver shall radio or place a call in to the program manager who will instruct the driver in regards to appropriate action. The program manager will in turn notify the Medicaid Transportation Coordinator.
- 7.2.3. While performing duties for the WiCHD, drivers must maintain a clean and neat appearance.
- 7.2.4. Drivers must be able to read, write, and speak English. It is recommended for drivers also to be able to communicate in Spanish where applicable).

8. VEHICLE, MAINTENANCE, AND FACILITIES REQUIREMENTS

- 8.1. The contractor shall provide an adequate number of vehicles to handle the demand service for residents residing in Wicomico County. Proposal shall contain the number of vehicles designated only to this project. Please list the following information for each vehicle.
 - 8.1.1. Number of seats
 - 8.1.2. If wheelchair lift-equipped
 - 8.1.3. Year, Make, and Model
 - 8.1.4. Current odometer reading at bid submission
- 8.2. The contractor shall keep all vehicles utilized in this service fully registered.

- 8.3. The contractor shall maintain all vehicles utilized in this service in good operating condition. Prior to beginning the day's service, the driver shall perform a daily safety inspection of the vehicle. Each vehicle that is operated in WiCHD services shall at a minimum meet the following maintenance requirements:
 - 8.3.1. Have operable air conditioning and heating
 - 8.3.2. Have window that open
 - 8.3.3. Have no broken or cracked glass
 - 8.3.4. Have no significant body damages such as dents or missing parts
 - 8.3.5. Be maintained with markings that clearly identify the vehicle as being operated by the company
 - 8.3.6. Have an operable two-way communication system of some form (Cell phone service is acceptable with bluetooth).
- 8.4. In order to ensure that vehicles are being maintained properly and are in safe operating condition, WiCHD shall have the right to inspect vehicles at any time and may take a vehicle out of service until all malfunctions are corrected.
- 8.5. The contractor shall provide suitable facilities with which to operate the service; specifically a dispatch center with a fax machine and telephones. All furnishings, equipment, and supplies are the full responsibility of the contractor.

9. REGULATORY REQUIREMENTS

- 9.1. The contractor shall register and comply with all motor vehicle safety standards established by the United States Department of Transportation, the Maryland Department of Transportation, and the Motor Vehicle Administration.
- 9.2. The Contractor shall comply with all Federal, State, and local government statutes, regulations, executive orders and administrative requirements contained in Title VI of the Civil Rights Acts of 1964 which relate to grants received from the Department of Health and Human Services and FTA.
- 9.3. The Contractor with regard to the work performed by them during the contract, shall not discriminate on the grounds of race, religion, color, sex, age, or national origin in the selection and retention of subcontractors, including procurement of materials and leases of equipment. The Contractor shall not participate either directly or indirectly in the discrimination prohibited in these Regulations, including employment practices under this Contract.

- 9.4. The Contractor will be required to comply with all applicable Equal Employment Opportunity laws and regulations and in this regard the following shall be strictly adhered to: “In connection with the execution of this contract, the contractor shall not discriminate against any employee or applicant for employment because of race, religion, color, sex, or national origin.
- 9.5. Contractor shall comply with all applicable American Disabilities Act (ADA) regulations for services provided under this Contract.
- 9.6. In the event of the Contractor’s noncompliance with nondiscrimination provisions of this contract, the WiCHD shall impose such contract sanctions as it may determine to be appropriate, including but not limited to:
 - 9.6.1. Withholding of payments to the Contractor under the contract until the Contractor complies, and/or
 - 9.6.2. Cancellation, termination, or suspension of the contract, in whole or in part
- 9.7. The contractor shall not sublet any portion of this contract or assign or transfer any interest in this contract without receiving prior written approval from the WiCHD.
- 9.8. Contractor shall comply with the FTA Alcohol and Substance Abuse Regulations and will submit forms as required. The successful bidder must submit an Alcohol and Substance Abuse Plan to the WiCHD that incorporates standards at least as stringent as Wicomico County’s Substance Abuse Policy.
- 9.9. The contractor will have all vehicles inspected.

10. PROPOSAL FORMAT/EVALUATION PROCESS

10.1. Proposal Preparation

- 10.1.1. Proposal submissions shall consist of two (2) separate sealed envelopes:

The first sealed envelope must include one (1) original and five (5) copies of your signed and completed cover sheet, your narrative responses, and the signed Contractor’s Affidavit. This envelope shall be clearly marked on the outside “Wicomico County Health Department-Transportation RFP

#1015-14.”

The second sealed envelope must include one (1) original and 5 (copies) of your signed Rate Sheet and any substantiation, if needed. This envelope shall be clearly marked on the outside “Wicomico County Health Department-Cost Proposal RFP #1015-14.”

- 10.1.2. WiCHD requests that proposers offer their response to the Request for Proposals with the following essential submissions:
 - 10.1.2.1. A cover letter that includes the titles, address, telephone, and fax number of the person authorized to represent the proposal. This letter must be signed by a company officer authorized to bind the company.
 - 10.1.2.2. The address from which the service will be provided (dispatched).
 - 10.1.2.3. A concise narrative of the history of your organization detailing its experience in providing transportation services of the type required in this RFP.
 - 10.1.2.4. Resumes of those management personnel who will be responsible for the provision of services. Also include the number of drivers employed.
 - 10.1.2.5. A service plan that details how your organization will provide the service.
 - 10.1.2.6. Assurance that your company will carry the minimum levels of insurance as required by the State of Maryland. Evidence of insurability is required.
 - 10.1.2.7. Assurance that your company will carry Workers’ Compensation Insurance in amounts with sufficient coverage to comply with Maryland Law.
 - 10.1.2.8. Number of vehicles designated to this program. Include year, make, model, and current odometer readings and last inspection reports at time of bid submission.
 - 10.1.2.9. A narrative explaining the current hiring policy of drivers. Detail any

required pre-hiring procedures, trainings, and required qualifications.

10.1.2.10. Suggestions on how to improve the delivery of services or to make them more effective and efficient.

10.1.2.11. Proposed rates to be charged to provide service.

10.2. Evaluation Process

10.2.1. Each proposal will be evaluated by the WiCHD staff utilizing the evaluation criteria in Section XI. The Procurement Officer will forward the recommendations of this committee to the Health Officer for approval.

10.2.2. The contract will be awarded to the bidder whose proposal, conforming to the RFP, will be the most advantageous to the WiCHD, price and other factors considered.

10.2.3. Failure of the offeror to provide any information requested in the RFP, will be the most advantageous to the WiCHD, price and other factors considered.

10.2.4. The sole objective of the evaluation committee will be to recommend the offeror whose proposal is most responsive to the Medical Assistance Transportation Program's needs within the available resources. The specifications within the RFP represent the minimum performance necessary for response.

10.2.5. The proposal with the highest score will be recommended for award.

11. EVALUATION CRITERIA

11.1. Agency Qualifications and Experience (10 Points)

11.1.1. Prior experience with transportation and/or managing a system for transporting similar clientele (5 points)

11.1.2. Prior experience in Wicomico County and familiarity with county resources (5 points)

11.2. Implementation of Program (25 Points)

- 11.2.1. The concept for implementing an effective transportation system including, but not limited to, reasonableness, allocation of resources, and concept for scheduling, invoice preparation, etc. (5 points)
- 11.2.2. The ability to quickly implement the program to serve all parts of Wicomico County, as well as other pertinent locations throughout the region, if necessary (5 points)
- 11.2.3. To furnish evidence of sufficient financial responsibility to enable the offeror to fulfill this contract and to obtain the necessary equipment and manpower to ensure delivery within the parameters of the contract (5 points)
- 11.2.4. The adequacy of the plans for meeting all objectives and responsibilities as described in this RFP (5 points)
- 11.2.5. The adequacy of documentation, reporting, and evaluation methods (5 points)

11.3. Personnel Structure

- 11.3.1. The degree to which the assigned staff have the training and experience to provide the services specified in the proposal (5 points)
- 11.3.2. The degree to which the organizational structure will facilitate good management of the program (5 points)

11.4. Vehicle Inventory (20 Points)

- 11.4.1. The ability to furnish an adequate number of vehicles to handle the demand response services expected per contract year (10 points)
- 11.4.2. The ability to ensure that vehicles are maintained properly and are in a safe operating condition while complying with all registrations and inspections (10 points)

11.5. Maintenance and Facilities (10 Points)

- 11.5.1. The ability to ensure that vehicles are maintained properly and are in a safe operational condition while complying with all registrations and inspections (10 points)

11.6. Driver Screening, Selection, and Training (20 Points)

- 11.6.1. To demonstrate pre-employment experience of driver applicants and an ongoing program of training orientation consisting of classroom, actual driving instruction, evaluation of equipment operation, and customer service relations (10 points)
- 11.6.2. To furnish evidence of the following to meet safety and regulatory requirements of drivers and key personnel: wheelchair restraint training, substance abuse policy for maintaining a drug-free workplace, and a photo ID of driver of vehicle conspicuously displayed in the interior compartment of vehicle (10 points)

11.7. Price proposal (5 Points)

- 11.7.1. The appropriateness of the contractor's cost proposal (5 points)

12. COST PROPOSAL (RATE SHEET)

- 12.1. The bidder shall furnish a cost proposal in the form of a rate sheet. A rate sheet lists the fees you will charge for the transport and may specify point to point, mileage, meter rates, and/or hourly rates. However, bidder shall ensure that at least two (2) pricing methods are noted in order for WiCHD to determine the cost comparatively to other proposals.
 - 12.1.1. Fares shall be based on the most direct route.
 - 12.1.2. Wait time charges, if applicable, shall be listed.
 - 12.1.3. Any applicable additional charges, i.e. passenger assistance, shall be specified.
 - 12.1.4. "No Shows"-recipient reserves a ride but neither uses nor cancels the reservation-cannot be submitted for payment per State of Maryland regulations.

The Proposal must be signed and dated by a Principal Officer. Cost Proposal should be submitted with **one original** and **six** copies in a separate sealed envelope marked

“Cost Proposal.”

NOTE: If point-to-point rate is provided, please provide a diverse and comprehensive list of local locations, keeping in mind medical facilities in Wicomico County, as well as the tri-county area.

A rate sheet– ATTACHMENT A- is provided for bidder to utilize. Bidder may also submit, along with Attachment A, any other pricing/rates that they may apply.

13. BID PROPOSAL AFFIDAVITS

All affidavits must be signed and submitted with proposal. Note: Due to various funding sources of the programs, some sections may be redundant to initial terms and conditions; in such case, contractor shall adhere to the more stringent of the two conditions.

14. CONTRACTOR’S AFFIDAVIT FORM

BID OF: _____

ADDRESS: _____

TELEPHONE NO: _____

FAX NO: _____

THE ABOVE NAMED BIDDER AFFIRMS AND DECLARES:

1. That said bidder is of lawful age and the only one interested in this bid; and that no person, firm or corporation other than herein above-named has any interest in this bid or the contract proposed to be entered into.
2. The prices in this bid have been arrived at independently, without collusion, consultation, communication or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.
3. That said bidder has carefully examined the area to be served, and from said bidder’s own investigations has satisfied themselves as to the nature and character of the location, the equipment and manpower requirements to perform the specified work, and all other items which may, in any way, affect the work or its performance.

4. That said bidder is not in arrears upon debt or contract to the WiCHD or any other government jurisdiction and is not a defaulter, as surety or otherwise, upon obligation to any government jurisdiction.
5. On acceptance of this bid for the specified work the undersigned does bind the person or person to provide services to the WiCHD as specified in RFP #1015-14.

BY: _____ DATE: _____

TITLE: _____

The agreement between WiCHD and the successful bidder shall consist of this RFP, addenda, the bidder's proposal, rate sheet, WiCHD's acceptance and notice to proceed. Change orders or other modifications subsequent to award must be mutually agreeable, documented in writing, and signed by both parties.

RFP #1015-14

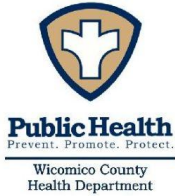
Medicaid Transportation Rate Sheet

SEDAN RATES	VAN/BUS RATES	WHEELCHAIR RATES
LOCAL Fares-Per Mile Rate _____	LOCAL Fares-Per Mile Rate _____	LOCAL Fares-Per Mile Rate _____
LONG DISTANCE Fares-Per Mile Rate _____	LONG DISTANCE Fares-Per Mile Rate _____	LONG DISTANCE Fares-Per Mile Rate _____
Multiple Ride Fare _____	Multiple Ride Fare _____	Multiple Ride Fare _____

*Multiple Ride Fare is the rate that is charged per rider when two or more passengers ride in the same vehicle. Note: Attendants and guardian of children with the medical appointment shall not be charged.

OTHER RATES

May include per zone rates, per hour rates, or per passenger rate. If other rates are given, indicate all of the above factors.



Wicomico County Health Department

108 East Main Street • Salisbury, Maryland 21801

Matthew McConaughey, MPH, Health Officer



ATTACHMENT B

WICOMICO COUNTY HEALTH DEPARTMENT NO SHOW Policy

Trip Cancellation Policy:

All cancellations for scheduled trips must be received **2 hours before the scheduled run time** (*For example: If you are scheduled for a 9 a.m. appointment, you would need to cancel your ride 2 hours before the appointment time-no later than 7 a.m.*). If cancellation is not received two hours prior to appointment time, passenger is considered a “no show”.

Return trips must also be cancelled. Failing to cancel a return ride less than 2 hours before the scheduled run time is considered the same as a “no show”. (Example: You get a ride home from a doctor’s office or shopping center with a friend when a return trip has been scheduled with the vendor and the vendor provided services to the appointment.) If passenger is a “no show” for their arrival trip to the appointment, it will be assumed that rider did not go; and therefore the return trip will be automatically cancelled unless otherwise notified.

“No Show” Procedures:

1st, 2nd, and 3rd Month’s Occurrences

If total month’s number of no shows exceeds three (3) or more no shows, recipient will be mailed a copy of the “No Show Policy” and a written warning that contains the following information:

- Date of no-show
- Pick-up address
- Statement that future no-shows without appropriate notification may result in the recipient having to call the transportation provider the day before any future scheduled trips to confirm the trip.

Passenger may provide a written statement or call the Medicaid Transportation Coordinator, Felicia Green, at 410-548-5142 explaining reason for “no show”.

Must Call to Confirm Rides

After the third (3rd) no show in a 6-month period the client shall be placed on a must-call-to-confirm ride basis. A written notice will be sent to passenger stating that for future trips the passenger will be

required to call the Medicaid Transportation the day before to confirm all trips. If the client fails to call, the trip will be cancelled and the driver will not attempt to pick them up. **Must-call status will be maintained for a minimum of 3 months until the behavior has been modified.**

An effective date for imposing this requirement, not earlier than five calendar days from the date of the letter, shall be given.

Assigned staff will be responsible for tracking no shows, mailing letters once a month, and entering date letter is sent, name, address and no show dates into an Excel spreadsheet.

For Cancellations, Call 410-548-5142

Cancellation calls can be placed 24 hours a day, but it is recommended to call between 8 a.m. and 5 p.m. prior to day of scheduled ride (at least 2 hours before appointment time.) Cancellations MAY be left on voicemail.