



Nor-Cal EMS Lassen County RFP Questions from Proposers

Comment	RFP Page # and	Question/Comment	Nor-Cal Response
The RFP Addendum form will be posted to Nor-Cal website upon approval of the State EMS Authority			
1	Page: 6 Section: 1.1	What are the specific performance requirements need to be met to achieve a 5 year extension?	Section 1.3, section B, " The extension will be based on the Contractor's performance in meeting and or exceeding the performance standards outlined in the contract over the initial term" The contract performance requirements will be based on the RFP requirements and the final contract.
2	Page: 7 Section: A	How is the Committee selected? What is the representation in the committee? Are the scores an average of all Committee members? Will any scores be thrown out (i.e., lowest and highest score for each question) ? When will the scores be made available to proposers?	Section 2.12, B Proposal Evaluation, describes the process Nor-Cal intends to follow in evaluating all proposals.
3	Page: 7 Section: D	Will Nor-Cal guarantee NO material change to policies and procedures without provider input and consent ?	Nor-Cal EMS Agency has the responsibility to develop, amend or delete policies as deemed appropriate.
4	Page: 12 Section: Ground Ambulance Transport Provider	Who is the GIS contractor? What was the year(s) used to evaluate / analyze? Has Nor-Cal reviewed the Zone(s) Response Times with existing Pre-Hospital Transport provider to determine IF response time compliance can be achieved? If so, what was the compliance result? If not, should Nor-Cal conduct some analysis using historical data? Will Nor-Cal modify response times if Lassen County population increases significantly during the RFP timeframe?	Section 1.7, C, Ground Ambulance Transport Providers, describes the process Nor-Cal EMS utilized to evaluate existing ambulance zones and develop new response zones and response time requirements. Section 4.3, Response Time Standards (2) d, states, "Response zones will be re-evaluated periodically based on population changes identified by the US Census Bureau."
5	Page: 13 Section: G. Ambulance Service	Will Nor-Cal support a subsidy or increase in Base Rate IF payor Mix has a material change?	Exhibit 14, Ambulance Transport Rate Adjustments, 3, provides a process for Contractor to request rate changes.

6	Page: 13 Section: H. Fire Departments	Would Nor-Cal ever support Fire Department transports (either ALS or BLS) ? If so, would Nor-Cal allow for a subsidy or Base Rate increase IF Fire Departments transport?	The RFP establishes an EOA for ambulance transport services. Exhibit 14 provides a process for Contractor to adjust rates based on economic factors within the EOA.
7	Page: 29 Section: 4.3	Will Nor-Cal round up compliance rate % (i.e., 89.5%) ?	No
8	Page: 34 Section: 4.8	Can Nor-Cal explain or clarify the B.2 requirement for 51% of employees be full time? Can this requirement be waived / modified in "abnormal" situations (i.e., Covid) ?	It is anticipated the Contract will provide language to allow Contractor to meet and confir with Nor-Cal EMS during disaster or abnormal situations to address operational challenges.
9	Page: 82 Section: D. Calculation of Response Times	Why has Nor-Cal allowed response times to be calculated using the call start / receipt which is PRIOR TO the nature of the call determination which is required to determine the type of Unit to be sent to the request?	Exhibit 6, Section D, Calculation of response times (1), describes the response time calculation. At the beginning of this contract, EMD is not anticipated.
10	Page: 85 Section: f.	Will Nor-Cal ensure contractor exemption request determinations are consistent? IF Nor-Cal exemptions are NOT consistent, what are the next steps in the appeal process?	Exhibit 6, G, provides response time exemptions, these will be incorporated into the final Contract, which Nor-Cal and Contractor will adhere with.
11	Page: 85 Section: H.	How will this be determined? IF provider is deterred of documenting during care delivery, how will this be confirmed?	Section H, (2) allows Contractor to meet and confir over reporting modifications if deemed necessary. Refer to Nor-Cal EMS documentation policy.
12	Page: 92 Section: Proposed Clinical Standards	Will Nor-Cal EMS provide bonuses for exceeding Clinical Performance Standards? If so, how will bonuses be determined? How much? If not, why not, if Damage Assessed can occur why are bonuses also not available to the provider?	No
13	Page: 31 Section: 4.6	Will Nor-Cal EMS review ANY employee complaints regarding working conditions or needs and enforce such requirements without input from provider? Who determines ergonomic needs of employees, NorCal or the provider?	4.11 B, Inquiries, Complaints, and Incident Reporting outlines the process Contractor shall use in addressing internal and external complaints. It is anticipated the Contractor will address ergonomic needs of the workforce in the configuration of ambulances.

14	Page: 32 Section: 4.6	Why is the maximum mileage for support vehicles lower than ambulance maximum mileage? Current system allows for a progressive vehicle maintenance program, why is the new RFP reverting to old industry practice?	Support vehicles are not built to the same standard as an ambulance therefor have different mileage requirements.
15	Page: 41 Section: 4.11 A1	What is the data submission format? Who will the data be submitted to at Nor-Cal EMS? How often?	These details will be outlined in the final Contract.
16	Page: 42 Section: 4.11 A10	How much notice will provider receive for the initial submission? What if provider does not track some of the Nor-Cal EMS required data? Will provider have input and mutual consent prior to the requirement? If additional equipment/supplies/medications are needed will NorCal be providing financial support or the necessary items needed to implement clinical trial?	Nor-Cal EMS Agency anticipates data required will be documented on Contractors ePCR. Reporting requirements will be finalized in Contract language. Nor-Cal EMS does not anticipate any additional equipment, supplies or medications to participate in these quality improvement programs.
17	Page: 42 Section: 4.11 A11	Who will determine if additional reports are required to be submitted? How much notice will provider receive for the initial submission? What if provider does not track some of the Nor-Cal required data? Will provider have input and mutual consent prior to the requirement.	These details will be outlined in the final Contract.
18	Page: 43 Section: 4.12	Why is Image Trend preferred by Nor-Cal given Image Trend technology is older? Given Image Trend is used by AMR, does this provide AMR a distinct advantage in scoring? Is this fair in assessing a provider's response?	Section 4.12, (2), provides an explanation on why Nor-Cal recommends utilization of Imagetrend.
19	Page: 43 Section: 4.12, 3.c	Local hospitals don't currently use a dashboard, will this requirement only apply for those hospitals that have a dashboard and are willing to provide the interface with the ePCR system?	Yes

20	Page: 81 Section A.3	Extended response time is listed as any response over 10 minutes but the 10 minute standard only applies to Zone 1. Why?	This section applies to all Zones. Nor-Cal EMS will amend the RFP with an Addendum to state, "(3) Extended Response Time: Response Time over ten (10) minutes in any of the five response time Zones shall be considered an Extended Response.
21	Page: 81 Section B	What is the definition of an Emergency ALS IFT and who determines this? Is there a response time standard for non-emergency IFTs not scheduled for > 2 hours?	Exhibit 6, C, (6), describes an emergency IFT. Exhibit 6, C, (7), describes a non-emergency IFT response time requirement. There is no response time requirement if requested between 0 and 2 hours and provider is able to meet this request. Otherwise the IFT should be scheduled and the 2 hour notification response time requirement shall be applied.
22	Page: 84 Section G	Currently when there are multiple concurrent calls in a response zone an exemption is allowed for the second and subsequent calls until the primary ambulance is available. Will this still be a valid exemption reason?	No
23	Page: 73 Section A.2	Item i references the EOA as being out of compliance and Item ii references zones. Is it the entire EOA or each zone that is being referred to? If individual zones then monthly compliance reference should match wording on Page: 29 (month, or accumulation of months in which the total number of calls in a response area equals or exceeds one hundred (100) or a twelve (12) month period, whichever is first)	Nor-Cal EMS will amend Attachment - B, II, Major Breach and Emergency Takeover Provisions, A, 2, i, to read as follows: If the PROVIDER falls below 90th percentile in any Zone EOA , a Liquidated Damage of \$500 will be applied. Response times are not calculated until 100 calls or 12 months.
24	Page 26 Section A.10/11	Existing contract was modified to determine vehicle replacement by diagnostic testing. Is this no longer a consideration or is this open for renewed discussion?	This is no longer a consideration for this RFP.

25	Page 26 , Sectin A.13	Most ambulance gurnies are safely capable of handling upwards of 750-800lbs. Is there any data that shows there are members of he community whose weight exceeds the current equipment limitations?	Nor-Cal EMS will amend this section to read, " (13) The Proposer will describe how they can provide ambulance transport to accommodate a patient weighing up to 700 1,000 lbs. and describe the training personnel shall have for the safe movement and
26	Page 82, Section D.6/7	With limited and fixed number of resources that primarily provide EMS coverage to the community, extended transport times of 1.5-2 hours (to redding, Chico, Reno), other variables such as weather conditions, there does not appear to be any accounting for crew fatigue mitigation. Will consideration be given to allow for the provider to delay response to IFTs to allow crews to reasonably mitigate fatigue to ensure crew and patient safety before responding to an IFT request?	The RFP does not address back to back out of County transports and Nor-Cal EMS recognizes the need to address this through an EMS policy.
27	Page 83, Section E, i/ii	Without proper EMD in could you clarify how responses are Upgraded or Downgraded and who makes that determination to do either?	First responders including law enforcement are authorized to cancel, downgrade and upgrade an ambulance response.
28	Page 109, Exhibit 15, Auto Liability and Professional Liability	Is ther eany local historical claims data that would support an aggregate limit of \$5M?	No
29	Page 109, Exhibit 15, Abuse/Molestation Insurance	Is this coverage a separate policy or can this be rolled in under General Laibility or Employers Liability?	Contractor shall meet all insurance requirements as outlined in Exhibit 15.
30		Could you provide 2024 volume data for all types of service, including responses and transports, for 911 services, CCT, IFT, and QRV (if applicable)?	CAD data including 2024 will be provided in accordance with Exhibit 3. "Historical Computer Aided Dispatch (CAD) incident call data will be provided to all Proposers after receipt of a Letter of Intent."
31		Are there updates with the payor mix to include years 2023 and 2024?	No
32		Are the CCT transports listed in the data all ground transports? Are some handled as air transports?	Proposers will need to analyse CAD data available in accordance with Exhibit 3 to determine level of transport.

33		Are you able to list destinations (by facility) and quantify IFT air and ground transports?	Please see answer above.
34	1.7 B paragraph 4	Time for the contract to be established	The new Contractor will be required to negotiate terms and enter into an agreement with Firenet Lassen JPA prior to service start date (February 26, 2026).
35	1.7 D	A) Patient acuity determined by who?	The Nor-Cal EMS, Lassen County authorized dispatch center.
36		a) IFT vs 911	Proposer has not provided adequate reference or a complete question.
37		B) If 'reduced' by first arriving unit still held to standard?	Exhibit 6 describes methods for calculating response times and item E. describes Changes in Call Priority.
38	3.1 Paragraph 2	1) Can we allow room for contract employees? As we saw in covid this was necessary throughout EMS- including Nor-Cal EMS. The barring of contract employee's also inhibits collaborative partnerships that have proven very successful in neighboring rural counties.	<p>Section 2.1 Provides language that allows a proposer to submit a proposal with a subcontractor or a partnership. Section 3.1 paragraph 2, allows for subcontracting for surge ambulance services.</p> <p>It is anticipated the Contract will provide language to allow Contractor to meet and confir with Nor-Cal EMS during disaster or abnormal situations to address operational challenges.</p> <p>3.1 Minimum Qualifications - Nor-Cal EMS will amend the RFP with an Addendum to state: "The selected Proposer must perform all 9-1-1 Advanced Life Support (ALS), Basic Life Support (BLS), and Interfacility Transport (IFT) ambulance services and the option to provide Critical Care Transport- Paramedic and must directly employ all key personnel as well as emergency medical technicians (EMTs) and paramedics as described in this RFP."</p>
39		2) Day to day IFT ability to sub contract? I.e CCT from another agency?	Section II, 2.1 states, "If a Proposer chooses to submit a proposal with a subcontractor, or a partnership, all will be held to the same standards in this RFP."
40		3) Could use an EMT/Driver in a proposers ambulance, and a outside flight/CCT crew?	Yes, this is between the providers.

41	4.3 Response Times	1) Will an ALS or BLS 'QVR' /Supervisor unit stop the 'time'?	<p>An ALS QRV may stop the ambulance Response Time clock through an exemption request. The following language will be added as an addendum.</p> <p>Exhibit 6, G. Response Time Exemptions (4), ii, Case by Case Appeals, g. In cases where the Contractor has deployed the minimum number of ambulance unit hours, and another ALS ambulance is not available for response, a Quick Response Vehicle (QVR) may be utilized with adherence to the same response times governing ALS ambulances.</p>
42		2)the current contract holder has many exemptions- the change in lack of exemptions with the combination of RFP times seem unreasonable for 90% compliance given weather conditions, response distances in the given zones. Example google says 28 minutes response westwood Susanville corridor given good weather.	Exhibit 6, G, provides response time exemptions.
43	4.5 A	Ambulances 150% requirement is total, not 'available'- ie if unit is in for regular service.	Section 4.5 A. (11) Describes the the number of ambulances required to meet peak system demand and takes into consideration units that require service.
44	4.5 B Standby	Could these standbys be covered with system units as currently done?	Section 4.5 B Standby and Special Event states a dedicated standby ambulance at an event,they must not utilize a 911 system ambulance to staff contracted standby events.
45	4.6 A #2	What is the definiton of "Ergonomic needs of employees'	It is anticipated the Contractor will address ergonomic needs of the workforce in the configuration of the ambulance.
46	4.6 A #6 AVL	Please clarify as wording states 'desired', and later 'requirement'.	Section 4.6 A.(6) States AVL is desired and the use of alternative devises such as Tablet Comand may meet this requirement.
47	4.8F	Clarify staffing- IE could you potentially split a flight crew in inclement weather and send two transfers out on ambulances.	Critical Care Transport is not a requirement for this RFP. CCT-P is an optional program in Lassen County.

48	4.8G	1) 'In County' wording appears ambiguous- what level of supervision.	It is up to the Proposer to determine if the 24/7 Field Supervisor position can meet this requirement. Section 4.8 G. (1) States "must have dedicated in-county management and supervisory personnel to manage all aspects of ambulance service including administration, operations,EMS training, clinical quality improvement, community outreach coordinator, record keeping, and field supervision. Field supervision shall be provided continuously 24 hours a day.
49		2) Define community outreach coordinator	A staff member assigned to coordinate community outreach
50	4.8 J(1) a	Define 'Advanced Training'	It is up to the proposer to describe the training beyond basic EMT offered to educate EMTs, this could include EMT optional scope or other training provided.
51	4.10 (2)	Define Disaster Coordinator	Section 4.10 A. (2) requires assigning a disaster coordinator who is the person assigned and responsible for multi/mass-casualty and disaster planning and providing field personnel and transport resources for participation in any Nor-Cal EMS approved disaster drills and exercises.
52	4.11 A	What is 'Mission Lifeline' and how does Nor-Cal EMS plan to utilize that data.	The data collected supports CQI activities for cardiac care improvement. Refer to the AHA link below: https://www.heart.org/en/professional/quality-improvement/mission-lifeline
53	4.13	\$110,000 is stated as start up cost- any estimate to yearly costs?	EMD is not provided at SIFC at this time. Nor-Cal EMS is interested in exploring opportunities for EMD during the terms of the agreement. SIFC provided the start-up cost as an estimate, further discussion is recommended prior to implementing EMD as part of an agreement with SIFC.