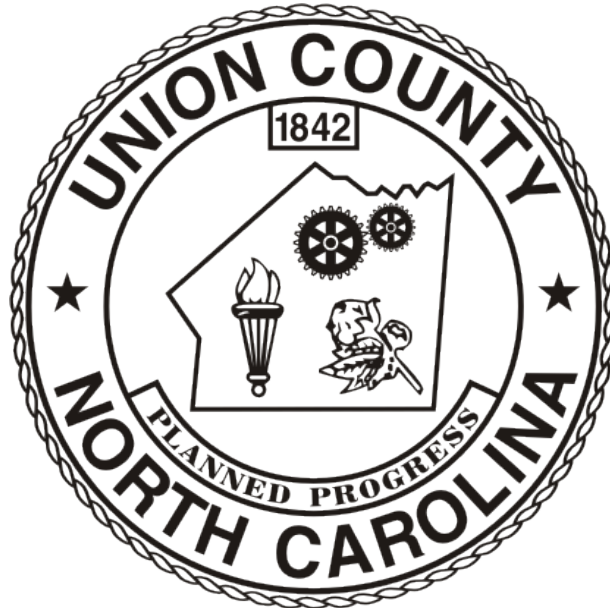


Union County



Request for Proposal # 2016-009 **Medicaid Non-Emergency Medical** **Transportation Services**

Due Date: September 15, 2015

Time: 2:00pm

Receipt Location: Government Center, 500 N. Main Street, Administrative Services, Procurement Division, Suite #709, Monroe, NC 28112

Procurement Contact Person

Name: David Shaul

Title: Procurement Specialist

E-mail: david.shaul@unioncountync.gov

Telephone: 704.283.3601

Non-Emergency Medical Transportation

Introduction

Union County, North Carolina, as represented by the Department of Social Services (hereinafter, "County" or "DSS"), is seeking proposals from qualified firms to provide "For Hire" non-emergency Medicaid transportation within Union and surrounding counties.

County

Union County, North Carolina (estimated population 212,756) is located in the central, southern piedmont. The County provides its citizens with a full array of services that include public safety, water/wastewater utilities and sanitation, human services, cultural and recreational activities, and general government administration.

Title XIX of the Social Security Act requires that State Medicaid programs (North Carolina) fulfill administrative requirements necessary to operate the Medicaid program efficiently. The mandated State Plan "...specifies that the Medicaid agency, The Department of Social Services will ensure necessary transportation for the beneficiary (Medicaid Client) to and from providers."

Transportation to and from medical providers is a critical component for the Medicaid client to obtain necessary health care. When the client lacks the means and the mode for medical transportation, DSS is responsible for scheduling the client's transportation at a cost within allowable Medicaid regulations.

Non-Emergency Medical Transportation (NEMT) services consists of arranging and paying for a Medicaid client's transportation.

Project Scope

Introduction

Currently DSS utilizes two contracted transportation vendors. The primary vendor is the county's transportation department, Union County Transportation (UCT), which handles the majority the agency's medical trips.

A second vendor, to be identified through this RFP, serves as a backup to UCT and provides services for those trips that the county cannot arrange because of scheduling and/or geographic constraints.

The second vendor averages 130 medical trips per month to Union and surrounding counties and, in some instances, this vendor provides transportation

as far as Chapel Hill and Durham. Approximately 40 of the 130 monthly trips involve clients requiring wheelchair lifts, oxygen and/or tracheotomy needs. These clients cannot ride with other passengers due to health and safety concerns.

The Request for Proposal (RFP) process is the means by which DSS will determine which Service Provider is most qualified to meet the medical transportation needs of Medicaid clients' at the most consistent and reasonable price available.

Goals and Objectives

The County desires the successful proposer be able to meet the following requirements:

1. Contractor must provide all necessary equipment including, but not limited to:
 - a. Highway safe vehicles.
 - b. Age appropriate car seats (as needed).
 - c. Lift vans for special need clients (as needed).
2. Medicaid Transportation service must be available:
 - a. 24 hours a day.
 - b. 7 days a week.
 - c. All weekends and holidays.
3. All drivers must be at least:
 - a. 18 years of age.
 - b. Properly licensed to operate the specific vehicle used to transport recipients.
4. Contractor must have in place:
 - a. Random alcohol and drug testing programs in place and show proof of these programs.
 - b. Regular 12 month reviews of the driving records of all drivers and provide proof of these reviews.
5. Bilingual staff (preferred)

Detailed Submittal Requirements

Proposal Format

Proposers shall prepare their proposals in accordance with the instructions outlined in this section. Each proposer is required to submit the proposal in a sealed package. Proposals should be prepared as simply as possible and provide a straightforward, concise description of the proposer's capabilities to satisfy the requirements of the RFP. Utmost attention should be given to accuracy, completeness, and clarity of content. All parts,

pages, figures, and tables should be numbered and clearly labeled. The proposal should be organized into the following major sections:

PROPOSAL

SECTION

TITLE

	Title Page
	Letter of Transmittal
	Table of Contents
1.0	Executive Summary
2.0	Scope of Services
3.0	Company Background
4.0	Proposed Equipment
5.0	Specification Responses – Appendix A
6.0	Cost Proposal – Appendix B
7.0	Exceptions to the RFP
8.0	Sample Documents
9.0	Required Signature Forms

Instructions relative to each part of the response to this RFP are defined in the remainder of this section. Response information should be limited to pertinent information only. Marketing and sales type information is not to be included.

1 Executive Summary

This part of the response to the RFP should be limited to a brief narrative summarizing the proposer's proposal. Please note that the executive summary should identify the primary engagement contact for the firm. Contact information should include a name, valid e-mail address, fax number, and a toll-free telephone number.

2 Scope of Services

This section of the proposer's proposal should include a general discussion of the proposer's overall understanding of the project and the scope of work proposed.

3 Company Background

Describe your company's mission and vision statement and explain how they will support the relationship with Union County, its Goals and Objectives, and the ultimate success of your company with regards this RFP. Describe the company's experience in medical transportation. Discuss the company's driver safety program.

Provide a summary list of company motor vehicle accidents and moving violations for the past three (3) years. Identify accidents that were chargeable to the company.

Provide three (3) references to include reference name, reference point of contact name, telephone number and email address.

List any/all value-added amenities your firm may provide.

4 Proposed Equipment

The proposer should present, in detail, information on the vehicles to be used. The information must include, at a minimum, the following:

- a. Vehicle weight limits
- b. Billing and Payment schedule
- c. Copy of valid Certificate of Insurance

Upon request, the proposer must provide proof all service vehicles used to transport clients have valid State registrations and State inspections.

5 Responses to Functional/Technical Requirements

Responses to the functional / technical requirements listed in Appendix A – Specifications (available electronically-see Note below) should be provided in this section of the proposer's proposal.

The proposals submitted, including requirement responses, will be attached to and become part of the services contract.

NOTE: Appendix A - Specifications Excel spreadsheet may be obtained free of charge by emailing David Shaul at david.shaul@unioncountync.gov. The Excel file is in Microsoft Excel 97-2003 file format and is 13kb in size. The file will be sent electronically, attached to an email reply, to any request received.

6 Cost Proposal

Proposers should submit Appendix B – Financial Proposal & Signature Page

7 Exceptions to the RFP

All requested information in this RFP must be supplied. Proposers may take exception to certain requirements in this RFP. All exceptions shall be clearly identified in this section and a written explanation shall include the scope of the exceptions, the ramifications of the exceptions for the County, and the description of the advantages or disadvantages to the County as a result of exceptions. The County, in its sole discretion, may reject any exceptions or specifications within the proposal. Proposers may also provide supplemental information, if necessary, to assist the County in analyzing responses to this RFP.

8 Sample Documents

Proposers may include sample copies of the following documents:
Proposer Contract Documents, if desired

9 Required Signature Forms

Proposers should include signed copies of the following documents:
Proposal Submission Form, Appendix C
Addenda Receipt and Anti-Collusion, Appendix D

Evaluation Criteria

Selection Participants

Evaluation Team. The Evaluation Team will be responsible for the evaluation and rating of the proposals and demonstrations and for conducting interviews. The Evaluation Team is responsible for evaluating proposer history and experience, capabilities, equipment, safety record, costs, and other selection criteria. The Evaluation Team will make the recommendation for vendor selection to the Board of Commissioners.

County Stakeholders. County stakeholders consist of subject matter experts from County departments. County stakeholders will support the Evaluation Team during the procurement process.

Evaluation of Proposals

Evaluation criteria will be used to assist in determining the finalist vendor. The vendor's proposal will be evaluated based on the following criteria below. These criteria are provided for informational purposes and are not intended to represent an order of preference.

General Requirements

- Extent to which the proposed solution satisfies the RFP requirements
 - Dates and times the service is available
 - Driver qualifications
 - Drug / Alcohol Testing Program
 - Safety Program

Equipment Resources

- Adequate vehicle fleet
- Special equipment available

Experience and Qualifications

- Medical Transportation experience
- Financial Stability of Firm
- Bilingual Staff available
- References

Price

Quality of proposal submission

Award Procedures

The County reserves the right to make an award without further discussion of the proposals received. Therefore, it is important that the proposal be submitted initially on the

most favorable terms from both a technical and cost standpoint. It is understood that any proposal submitted will become part of the public record.

A proposal may be rejected if it is incomplete. Union County may reject any or all proposals and may waive any immaterial deviation in a proposal.

At a minimum, proposals will be evaluated based upon the criteria above, as well as assessments and comparisons that include evaluations of skills/experience, cost, client service and references, and/or other factors. The County may accept that proposal that best serves its needs, as determined by County officials in their sole discretion.

More than one proposal from an individual, firm, partnership, corporation or association under the same or different names, will not be considered.

County may select and enter into negotiations with the next most advantageous Proposer if negotiations with the initially chosen Proposer are not successful.

Annual Appropriations

It is understood and agreed that this contract shall be subject to annual appropriations by the County of Union Board of Commissioners. Should the Board fail to appropriate funds for this contract, the contract shall be terminated when existing funds are exhausted. There shall be no penalty should the Board fail to make annual appropriations for this contract.

General Conditions and Requirements

Terms and Conditions

The term of contract shall be January 17, 2016 through December 31, 2018. The contract price shall be firm during the contract period. The contract may be renewed for two (2) additional one-year terms upon written, mutual agreement between the County and the successful Proposer.

All proposals submitted in response to this request shall become the property of Union County and as such, may be subject to public review.

Union County has the right to reject any or all proposals, to engage in further negotiations with any firm submitting a proposal, and/or to request additional information or clarification. The County is not obligated to accept the lowest cost proposal. The County may accept the proposal that best serves its needs, as determined by County officials in their sole discretion.

All payroll taxes, liability and worker's compensation are the sole responsibility of the Proposer. The Proposer understands that an employer/employee relationship does not exist under this contract.

Sub-Contractor/Partner Disclosure

A single firm may propose the entire solution. If the proposal by any firm requires the use of sub-contractors, partners, and/or third-party products or services, this must be clearly stated in the proposal. The firm submitting the proposal shall remain solely responsible for the performance of all work, including work that is done by sub-contractors.

Modification or Withdrawal of Proposal

Prior to the scheduled closing time for receiving proposals, any Vendor may withdraw their proposal. After the scheduled closing time for receiving proposals, no proposal may be withdrawn for 90 days. Only written requests for the modification or correction of a previously submitted proposal that are addressed in the same manner as proposals and are received by the County prior to the closing time for receiving proposals will be accepted. The proposal will be corrected in accordance with such written requests, provided that any such written request is in a sealed envelope that is plainly marked "Modification of Proposal – "2016-009 Medicaid Non-Emergency Medical Transportation Services". Oral, telephone, or fax modifications or corrections will not be recognized or considered.

Insurance

At Awarded Proposer's (hereafter "Contractor") sole expense, Contractor shall procure and maintain the following minimum insurances with insurers authorized to do business in North Carolina and rated A-VII or better by A.M. Best.

A. WORKERS' COMPENSATION

Statutory limits covering all employees, including Employer's Liability with limits of:

\$500,000	Each Accident
\$500,000	Disease - Each Employee
\$500,000	Disease - Policy Limit

B. COMMERCIAL GENERAL LIABILITY

Covering all operations involved in this Agreement.

\$2,000,000	General Aggregate
\$2,000,000	Products/Completed Operations Aggregate
\$1,000,000	Each Occurrence
\$1,000,000	Personal and Advertising Injury Limit
\$5,000	Medical Expense Limit

C. COMMERCIAL AUTOMOBILE LIABILITY

\$1,000,000	Combined Single Limit - Any Auto
\$1,500,000	Vehicles seating 15 passengers or less
\$5,000,000	Vehicles seating 16 passengers or more

D. ABUSE AND MOLESTATION INSURANCE

\$300,000
\$300,000

Per Claim
Aggregate Limit

ADDITIONAL INSURANCE REQUIREMENTS

- A. Contractor's General Liability policy shall be endorsed, specifically or generally, to include the following as Additional Insured:

UNION COUNTY, ITS OFFICERS, AGENTS AND EMPLOYEES ARE INCLUDED AS ADDITIONAL INSURED WITH RESPECT TO THE GENERAL LIABILITY INSURANCE POLICY.

Policy endorsement for Additional Insured Status shall be provided to Certificate Holder within sixty (60) days of inception of contract.

- B. Before commencement of any work or event, Contractor shall provide a Certificate of Insurance in satisfactory form as evidence of the insurances required above.
- C. It is the intention of the parties that the insurance policies afforded by Contractor shall protect both parties and be primary and non-contributory coverage for any and all losses covered by the above-described insurance.
- D. Contractor shall have no right of recovery or subrogation against Union County (including its officers, agents and employees), it being the intention of the parties that the insurance policies so affected shall protect both parties and be primary coverage for any and all losses covered by the above-described insurance.
- E. Union County shall have no liability with respect to Contractor's personal property whether insured or not insured. Any deductible or self-insured retention is the sole responsibility of Contractor.
- F. Notwithstanding the notification requirements of the Insurer, Contractor hereby agrees to notify Union County's Risk Manager, at 500 N. Main Street # 130, Monroe, NC 28112, within two (2) days of the cancellation or substantive change of any insurance policy set out herein. Union County, in its sole discretion, may deem failure to provide such notice as a breach of this Agreement.
- G. The Certificate of Insurance should note in the Description of Operations the following:

Department: _____
Contract #: _____

- G. Insurance procured by Contractor shall not reduce nor limit Contractor's contractual obligation to indemnify, save harmless and defend Union County for claims made or suits brought which result from or are in connection with the performance of this Agreement.
- H. Certificate Holder shall be listed as follows:

Union County
Attention: Risk Manager
500 N. Main Street, Suite #130
Monroe, NC 28112

- I. If Contractor is authorized to assign or subcontract any of its rights or duties hereunder and in fact does so, Contractor shall ensure that the assignee or subcontractor satisfies all requirements of this Agreement, including, but not limited to, maintenance of the required insurance coverage and provision of certificate(s) of insurance and additional insured endorsement(s), in proper form prior to commencement of services.

Contractor agrees to protect, defend, indemnify and hold Union County, its officers, employees and agents free and harmless from and against any and all losses, penalties, 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 in connection with or arising out of this agreement and/or the performance hereof that are due, in whole or in part, to the negligence of the Contractor, its officers, employees, subcontractors or agents. Contractor further agrees to investigate, handle, respond to, provide defense for, and defend the same at its sole expense and agrees to bear all other costs and expenses related thereto.

Proposal Submittal Deadline and Proposal Addendum Information

Proposal Submission Deadline

Submittals shall be sealed and labeled on the outside RFP# 2016-009, "Medicaid Non-Emergency Medical Transportation Services". RFP's are to be received by the Union County, Procurement Division by **2:00 p.m., September 15, 2015.**

Mail or hand-deliver submission packets to:

Union County Government Building
Administrative Services, Procurement Division
500 North Main Street, Suite #709
Monroe, NC 28112
Attention: David Shaul, Procurement Specialist

The proposal must be submitted electronically on non-returnable CD or flash drive, and in printed form. One (1) original (mark "ORIGINAL COPY") plus three (3) hard copies of the proposal must be submitted. The original proposal package must have original signatures

and must be signed by a person who is authorized to bind the proposing firm. All additional proposal sets may contain photocopies of the original package.

Electronic (email) or facsimile submissions will not be accepted.

There is no expressed or implied obligation for Union County to reimburse firms for any expenses incurred in preparing proposals in response to this request.

Union County reserves the right to reject any or all proposals or to select the proposal, which in its opinion, is in the best interest of the County.

Proposal Questions

Participating firms will be given the opportunity to ask questions. These questions, in writing, will be due on **September 3, 2015, at 5 pm EST**. The County may respond with an addendum within five (5) calendar days.

Submit questions by e-mail to **David Shaul** at david.shaul@unioncountync.gov by **the deadlines shown above**. The email should identify the RFP number and project title. All questions and answers will be posted as addenda on www.unioncountync.gov and www.ips.state.nc.us.

Union County may modify the RFP prior to the date fixed for submission of proposals by the issuance of an addendum.

Any addenda to these documents shall be issued in writing. No oral statements, explanations, or commitments by anyone shall be of effect unless incorporated in the written addenda. Receipt of Addenda shall be acknowledged by the Proposer on Appendix D, Addenda Receipt and Anti-Collusion form.

APPENDIX A - SPECIFICATIONS

RFP 2016-009

Medicaid Non-Emergency Medical Transportation Services

Vendor response must list **YES** for compliance, **NO** for non-compliance & state deviation. Responses are required for each field; the lack of responses may cause the proposal to be rejected.

Item General Requirements

Vendor Response

Proposer will provide:

1	Highway safe vehicles	
2	Age appropriate car seats (as needed)	
3	Lift vans for special needs clients (as needed)	
4	The system shall be viewable on Apple and Android devices	
5	24 hours a day transportation (as needed)	
6	7 days a week transportation (as needed)	
7	Weekend and Holiday transportation (as needed)	
8	Drivers, a minimum of 18 years old	
9	Drivers properly licensed to operate the specific vehicle used to transport clients	
10	Random alcohol and drug testing programs in place and show proof of these programs when requested	
11	Regular annual reviews of driving records of all drivers and provide proof of these reviews when requested	
12	Certificate of Insurance, meeting County minimum levels	

NOTE:

Appendix A - Specifications will be attached to and become part of the services contract. Affirmative responses will indicate the proposer will provide the required features or functions.

Non-compliance items must be identified on this Appendix and be fully and clearly explained in section 7, Exceptions to the RFP, to help the County make informed decisions about the impact of the exception to the overall potential for vendor success.

Company Name _____

APPENDIX B – FINANCIAL PROPOSAL & SIGNATURE PAGE

RFP # 2016-009

Medicaid Non-Emergency Medical Transportation Services

FIRM PRICING Offered prices shall remain firm for a minimum of 90 days after the due date of this solicitation.
Accepted prices shall remain firm for the duration of the contract.

Pricing for Non-Emergency Medical Transportation Services:

Mileage: \$ _____
Attendant: \$ _____ per trip
Wheelchair: \$ _____ per trip
Cancellation: \$ _____

Additional Charges:

Wait Time: \$ _____ per _____
Load Fees: \$ _____ per round trip
No Shows: \$ _____
Other ancillary charges: Describe - _____ \$ _____
Use additional pages, if needed

Transportation Cost Examples:

Provide the cost break-down and total cost, based on your pricing above, for each of the following three (3) scenarios.

Scenario # 1

- 1) Wingate, NC to Indian Trail, NC 18.2 miles one way
1 child w/ 1 Attendant / 1 hr. wait time

Total Mileage charge: \$ _____
Total Attendant charge: \$ _____
Total Wait Time charge: \$ _____
Total Load Fees charge: \$ _____
Total Other (explain): _____ \$ _____
TOTAL TRIP CHARGE: \$ _____

Scenario # 2

- 2) Marshville, NC to Charlotte, NC 35.7 miles one way
1 adult-wheelchair assistance/ 2 attendants / 2 hr. wait time

Total Mileage charge: \$ _____
Total Attendant charge: \$ _____
Total Wheelchair charge: \$ _____
Total Wait Time charge: \$ _____
Total Load Fees charge: \$ _____
Total Other (explain): _____ \$ _____
TOTAL TRIP CHARGE: \$ _____

Proposer Company Name: _____

APPENDIX B – FINANCIAL PROPOSAL & SIGNATURE PAGE, PAGE 2

Scenario # 3

- 3) Monroe, NC to Chapel Hill, NC 126 miles one way
1 child / 2 attendants / 3 hr. wait time

Total Mileage charge:	\$ _____
Total Attendant charge:	\$ _____
Total Wait Time charge:	\$ _____
Total Load Fees charge:	\$ _____
Total Other (explain): _____	\$ _____
TOTAL TRIP CHARGE: \$ _____	

The undersigned proposer, having examined these documents and having full knowledge of the condition under which the work described herein must be performed, hereby proposes that she/he will fulfill the obligations contained herein in accordance with all instructions, terms, conditions, and specifications set forth; and she/he will furnish all required products/services and pay all incidental costs in strict conformity with these documents, for the stated prices as payment in full.

Submitting Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Representative (print): _____ Title: _____

Authorized Signature: _____

Date: _____ E-mail: _____

Phone #: (____) _____ Fax #: (____) _____

Federal ID Number: _____

PAYMENT METHOD

Do you accept a credit card for payment of purchases? YES ☐ NO ☐

QUICK PAY DISCOUNT

If you provide a discount for quick payments, please state the discount terms: _____

APPENDIX C - PROPOSAL SUBMISSION FORM

RFP # 2016-009 Medicaid Non-Emergency Medical Transportation Services

This Proposal is submitted by:

Proposer's Name: _____

Representative (printed): _____

Representative (**signed**): _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Telephone: _____

(Area Code) Telephone Number

Facsimile: _____

(Area Code) Fax Number

It is understood by the Proposer that Union County reserves the right to reject any and all Proposals, to make awards according to the best interest of the County, to waive formalities, technicalities, to recover and rebid this RFP. Proposal is valid for ninety (90) calendar days from the Proposal due date.

Proposer

Date

Authorized Signature

Please type or print name

APPENDIX D – ADDENDA RECEIPT and ANTI-COLLUSION

RFP # 2016-XXX

Medicaid Non-Emergency Medical Transportation Services

Please acknowledge receipt of all addenda by including this form with your Proposal. Any questions or changes received will be posted as an addendum on www.unioncountync.gov and www.ips.state.nc.us. It is your responsibility to check these sites for this information.

ADDENDUM #:

**DATE ADDENDUM
DOWNLOADED**

I certify that this proposal is made in good faith and without collusion with any other proposer or officer or employee of Union County.

(Please Print Name)

Date

Authorized Signature

Title

E-Mail Address

Company Name