

SPECIFICATIONS
ALLEGANY COUNTY MEDICAL TRANSPORTATION
TECHNICAL REQUIREMENTS FOR NON-EMERGENCY MEDICAID
LOCAL AND OUT-OF-COUNTY AMBULANCE TRANSPORTATION

No later than April 14, 2018 – June 30, 2020
(With annual extension option)

The Allegany County Health Department (ACHD) is seeking a Vendor to provide Non-Emergency Medicaid Transportation (NEMT) ambulance services, and to additionally screen ambulance transport requests for eligibility after normal ACHD hours for eligible Allegany County requests. All transportation is to or from a Maryland Medicaid participating medical provider or medical facilities, is for medically necessary treatment, and is non-emergency. For the purposes of this proposal, a medical provider is a person or facility authorized by Medical Assistance to provide medical care and be reimbursed by the Medical Assistance Program.

It is incumbent upon the Grantee, Vendor, and Sub-Contractor to be familiar with, and practice within the framework of, relevant Federal and State Laws and regulations. Including but not limited to 42 CFR 431.53, 42 CFR 440.170, and COMAR 10.09.19.

- I. Grantee/Grantor Relationship
 - ACHD will be the grantee with the Maryland Department of Health and the Vendor will serve as contractor to ACHD. ACHD's Contract Manager shall oversee this program.
- II. Scheduling and Coordination
 - A. The Vendor shall have the ability to coordinate and dispatch, from a central location, ambulances to transport eligible NEMT clients to destinations both in and outside of Allegany County. The scheduling for pre-approved appointments will be arranged by ACHD on a day by day basis, normally twenty-four (24) business hours in advance for local trips and three (3) business days in advance for out-of-county trips. Many ambulance clients, however, will require transportation without prior scheduled notice.
 - B. Urgent trips requested outside of ACHD normal business hours will be screened by the Vendor for eligibility and appropriate level of transport. This screening is not a guarantee of eligibility for payment.
 - C. The Vendor is responsible for the cost of all necessary hardware and software to administer the transportation program.
 - D. Transportation to and from medical facilities, both local and out-of-county, shall be provided seven days a week, as needed by the clients.
- III. Screening
 - A. In order for a participant to be eligible for transportation services, the participant must:
 1. Have Maryland Medicaid coverage
 2. Reside in Allegany County or be at a medical facility located in Allegany County

3. Be going to a Medicaid-covered, non-emergency, medically necessary service provided by a Medicaid participating provider
 4. Must be unable to travel by any other mode of transportation, and meet ALL of the following criteria:
 - a. Unable to get up from bed without assistance
 - b. Unable to ambulate
 - c. Unable to sit in a chair or wheelchair
 5. Must have a completed Maryland Medicaid Provider Certification for Ambulance Transport
- B. The Vendor is only responsible for screening calls after hours. Transports will be reviewed by ACHD for appropriateness. Vendor screening is not a guarantee of payment. All necessary documentation must be received before payment can be made.
1. Documentation includes, but is not limited to:
 - a. Proof of EVS verification prior to transport
 - b. Completed Provider Certification Form
 - c. Patient Care Report
 - d. EOB denial from third party payers
 2. Medicaid payment is Final Payment. Vendor cannot balance bill patient.
- C. Behavioral Health transports follow Fee-for-Service guidelines. Fee-for-Service guidelines dictate that the client must be transported to the closest appropriate facility. Closest appropriate facility is defined as:
1. Maryland Medicaid Provider.
 2. Has the training and skills necessary to provide the services required by the beneficiary. "Training and skills" includes but is not limited to applicable licensure and/or certification.
 3. Is willing to accept the beneficiary as a patient.
 4. No other closer provider that meets the criteria listed above.
- IV. Ambulance Service
- A. Ambulance Service shall mean the transportation of clients identified as being physically unable to use a car, bus, van, or private mode of transportation when traveling to or returning from an authorized medical service.
- B. The Vendor shall provide:
1. Sufficient vehicles and staffing to provide scheduled services for eligible participants
 2. Evidence of authority from the State of Maryland, Maryland Institute of Emergency Medical Services Systems (MIEMSS), to provide Basic Life Support, Advanced Life Support, and Specialty Care Transportation can be obtained from Commercial Ambulance Licensing & Inspection, 636 West Lombard Street, Room # 25, Baltimore, Maryland 21201.
 3. Evidence of insurance consistent with the type of transportation provided to include a listing of all vehicles, by vehicle identification number (VIN) and all drivers, covered by the insurance policy.
 4. The Vendor shall assure that all drivers are in compliance with the Motor Vehicle Code of the State of Maryland and provide proof that each has a current Driver's License suitable and approved for the specific type of

medical transportation to be performed for each and every driver to be used on this contract.

- C. The Vendor shall provide documentation of Items B 1, 2, 3, and 4 above within one (1) week of Contract Award, and annually thereafter.
- D. Prior to approval by ACHD, and annually thereafter, the Vendor shall provide documentation of Items B 1, 2, 3, and 4 for all additional sub-contractor(s) not approved at the time of the Proposal Award.
- E. The ambulance vendor and crew shall hold valid permits and licenses as a Basic and Advanced Life Support Service as well as Specialty Care Service as required by the laws of the state and local government where the ambulance service is provided, and shall at all times comply with the regulations of the permit and licensing authorities.
- F. The ambulance vendor shall submit copies of all valid licenses and/or permits to ACHD within forty-eight (48) hours of Contract Award, and annually thereafter.
- G. Prior to approval by ACHD, and annually thereafter, the Vendor shall provide documentation of Items E and F for all additional sub-contractor(s) not approved at the time of the Proposal Award.
- H. To participate in the Program the Vendor shall assure that they are licensed by MIEMSS to provide care at the designated level.
 - 1. The ambulance vehicles have the necessary patient care equipment to perform Basic and Advanced Life Support transportation as well as Specialty Care transportation, to include at least:
 - a. A collapsible wheeled stretcher which secures or locks to the wall and/or floor of the vehicle, with a minimum capacity of three hundred (300) pounds, and which is specifically designed for use in an ambulance.
 - b. Bariatric stretcher availability
 - c. Such disposable and durable medical equipment, and such other safety and life-saving equipment which may be required by state or local laws or regulations for a vehicle classified as a Basic or Advanced Life Support or Specialty Care ambulance.
 - d. Oxygen administered and airway support supplies.
 - e. Personal protection equipment for medical staff in compliance with Federal and State Bloodborne Pathogens Standards.
 - f. An identifiable means of disposing used disposable medical equipment and cleaning durable medical equipment contaminated with blood, bodily fluids, or other potentially infectious material.
 - 2. The ambulance vehicles are in good and dependable working condition and are equipped with functioning air conditioning and heat.
 - 3. The ambulance vehicles are equipped with two-way radios to communicate directly with the dispatcher and such other radio equipment as may be required by the licensing authority.
- I. The Vendor shall provide documentation of Items H 1, 2, and 3 above within forty-eight (48) hours of Contract Award, and annually thereafter.
- J. Prior to approval by ACHD, and annually thereafter, the Vendor shall provide documentation of Items H 1, 2, and 3 for all additional sub-contractor(s) not approved at the time of the Proposal Award.

- K. For unscheduled transports, such as discharges or urgent inter-facility transports, transport must occur within 1 ½ hours of the time of the initial request.
 - L. The Vendor shall also have a plan in place in case of multiple urgent facility discharges in the case of an emergency, i.e., pending snow storm, etc.
 - M. The Vendor shall have a means of providing transports during inclement weather for time sensitive treatments that cannot be missed (i.e. Dialysis)
- V. Quality Assurance
- A. ACHD reserves the right to perform unannounced inspections at the premises, during transport, or on the equipment of the Vendor or any Sub-Contractor of the Vendor at any reasonable time.
 - B. The vendor is not to accept complaints directly. The Medicaid Transportation Grantee will investigate, resolve and make necessary notifications regarding the complaint
 - C. If the Vendor is made aware in any manner of a complaint, a list of complainants shall be maintained and submitted to ACHD within 24 hours, and shall include all contact information for the client. Additionally, complainants shall be instructed to contact ACHD directly where complaints will be investigated by the Contract Coordinator or designee within a reasonable time.
 - D. Likewise, problems or issues identified by the Vendor shall be submitted to the Department within 24 hours and shall include all necessary documents to resolve the issue.
- VI. Record Retention
- The Vendor shall maintain adequate records for a minimum of six (6) years and make them available upon request to ACHD, the Bureau of Purchases, or other Department authorized agencies.
- VII. Confidentiality and Privacy
- In accordance with requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as in effect on the date of Contract award and as it may be amended from time to time, the Vendor shall, within thirty (30) days of Contract award and annually thereafter, execute a “Business Associate” agreement with the Allegany County Health Department which contract shall guarantee that staff will take all necessary steps required by HIPAA to assure confidentiality of such patient information which may be entrusted to them and to protect the privacy rights of patients.
- VIII. Attestation
- Maryland Medicaid is prohibited from paying for any items or services furnished, ordered, or prescribed by excluded individuals or entities (General Provider Transmittal No. 73 and 42 CFR §§455.104 through 455.106). It is the responsibility of the Vendor to attest monthly that all employees funded by the NEMT grant, contractors and their employees have been routinely searched, as prescribed per General Provider Transmittal No. 73. (Attached) The attached attestation and screens shots of LEIE verifications will be completed and forwarded to ACHD each month. The Vendor must be able to demonstrate that this verification has been performed utilizing the following databases:
www.exclusions.oig.hhs.gov ; and <https://dmisweb2/deem> .
- IX. Limited English Proficiency Accommodation

In compliance with Section 1557 of the Affordable Care Act, Vendors must ensure that Limited English Proficiency (LEP) persons have meaningful and equal access to benefits and services. Grantees must ensure effective communication by developing and implementing a comprehensive written language assistance program that includes policies and procedures for identifying and assessing the language needs of its LEP clients, and that provides for a range of oral language assistance options, notice to LEP persons of the right to language assistance, periodic training of staff, monitoring of the program and, in certain circumstances, the translation of written materials. MDH Policy 01.02.05 may be used as a reference. For assistance in accessing translation services, you may contact ACHD for assistance in implementing this policy.

X. Audit

The Vendor and any Sub Vendors budget and expenses will be subject to a comprehensive review by an independent auditor. Any sub vendor's budget and expenditures must be included in the Vendor's budget and expenditures. Written documentation of an independent auditor's review must be submitted to the Department after such review.

XI. Scope of Services and Intent

The services and intent of the awarded contract between the Allegany County Health Department and vendor shall be governed by COMAR 10.09.19.- Transportation Grants (see attached).

XII. Contract Term and Activity

The term of the awarded contract will begin no later than April 14, 2018 through June 30, 2020, with three one (1) year extension options. The estimated activity for the Ambulance Medical Transportation Service in the first year is as follows, based on actual activity from January 1, 2017 – December 31, 2017: (most recent 12-month period available).

Total Ambulance BLS Miles included in base rate	2,961
Total Ambulance BLS Miles above base rate	12,922
Total Ambulance BLS Miles	15, 883
Total Ambulance BLS Trips	360
Total Ambulance ALS Miles included in base rate	1,232
Total Ambulance ALS Miles above base rate	4,839
Total Ambulance ALS Miles	6,071
Total Ambulance ALS Trips	62
Days of Service	225

SUMMARY SHEET – PROPOSAL 4/18 - #05 NEMT

RFP Issue Date: Tuesday, January 23, 2018

RFP Issuing Agency: Allegany County Health Department
12501 Willowbrook Road
Cumberland, MD 21501-1745
Contact: Linda Edwards
301-759-5123

RPF/Proposal Number: 04/18 - #05 NEMT

Purpose of RFP: This document provides information and bid proposal elements necessary for interested parties to respond to the request for proposal to provide non-emergency ambulance services for eligible Medicaid participants in Allegany County, Maryland. The Allegany County Health Department reserves the right to reject any or all proposals or select the proposal best suited for the use of the Allegany County Health Department.

Contract Term: No later than April 14, 2018 – June 30, 2020 (with annual extension option)

Pre-Proposal Conf.: Tuesday, February 13, 2018 at 1:00 p.m.
(attendance optional) Allegany County Health Department
Administration Conference Room

Proposals Due: No later than 4:00 p.m. on Monday, March 5, 2018

Deliver Proposals To: SEALED PROPOSAL – 04/18 - #05 NEMT
Allegany County Health Department
PO Box 1745
Cumberland, MD 21501-1745
ATTN: Linda Edwards

A total of five (5) proposal packets must be submitted.

Proposals Opened: Tuesday, March 6, 2018 at 11:00 a.m.
Allegany County Health Department
Administration Conference Room

Award Notification: Monday, March 12, 2018