



# Request for Proposal

Emergency Advanced Life Support Ground Ambulance Services for  
an Exclusive Operating Area in Sonoma County

The County of Sonoma  
Department of Health Services  
Coastal Valleys EMS Agency



The Sonoma County Department of Health Services invites experienced and qualified organizations to submit proposals to provide 9-1-1 Emergency Advanced Life Support (ALS) Ambulance Transport Services, including Emergency 9-1-1 ALS inter-facility ambulance transports. This Request for Proposal (RFP) includes the provision of emergency ambulance services to the Exclusive Operating Area (EOA 1) identified in Exhibit 1.

Coastal Valleys Emergency Medical Services Agency (CVEMSA) is organized within the Sonoma County Department of Health Services which is designated by the Sonoma County Board of Supervisors as the Local Emergency Medical Services Agency according to California Health and Safety Code, Section 1797.200. The successful Proposer will be granted a contract for exclusive market rights for 9-1-1 emergency ALS ambulance transport services for an initial period of five years. The start date for the service will be July 1, 2022, at 00:01 AM, Pacific Time.

The County, CVEMSA, and Sonoma County EMS system stakeholders are looking for a 9-1-1 emergency ALS ambulance transport partner to bring innovative solutions to enhance Urban, Suburban, and Rural emergency medical systems focused on providing the highest quality patient care.

To the extent achievable, the following schedule shall govern the review, evaluation, and award of the proposal. The CVEMSA reserves the right to modify the dates below following its review process.

| <b>Solicitation Number</b>   | <b>County of Sonoma- DHS-09012021</b>  | <b>Time</b> |
|--|--|-------------|
| Draft RFP to Board of Supervisors  | March 23, 2021, November 2, 2021   | 9:00 AM     |
| Draft RFP submitted to EMSA  | April 16, 2021, August, 2021, October 2021   | N/A         |
| Proposal Document Available  | November 8, 2021   | N/A         |
| Deadline for Written Questions   | November 18, 2021  | 10:00 AM    |
| Mandatory Proposer's Conference  | December 2, 2021   | 10:00 AM    |
| The mandatory Proposer's Conference will be held online via Cisco WebEx meeting at 10:00 am on Friday, December 2, 2021. | To participate, use the following access information:<br><a href="https://sonomacounty.webex.com/sonomacounty/j.php?MTID=m2924ecf037abab99978f7a322b81e5e8">https://sonomacounty.webex.com/sonomacounty/j.php?MTID=m2924ecf037abab99978f7a322b81e5e8</a><br>Meeting number: 2490 747 9170<br>Meeting password: P596MyRcYCE<br>Join by Phone: <a href="tel:+14084189388">+1-408-418-9388</a><br><a href="#">Access Code</a> 24907479170 | 10:00 AM    |
| Letter of Intent Due (via email)   | December 10, 2021  | 1:00 PM     |
| Proposals Due  | March 1, 2022  | 10:00 AM    |
| Time and Place of Response Opening   | March 1, 2022  | 10:30 AM    |
| Oral Presentations, Proposal Review, and Selection   | March 16, 2022   | 9:00 AM     |
| Notice of Intent to Negotiate  | March 19, 2022   | 10:00 AM    |
| Last Day to Protest  | March 29, 2022   | 10:00 AM    |
| Notice of Award to Provider  | April 5, 2022  | 10:00 AM    |
| Implementation of Service  | July 1, 2022   | 00:01 AM    |
| Authorized Contact Person  | Russell Carpenter  |             |
| Authorized Contact Person E-mail   | <a href="mailto:DHS-contracting@sonoma-county.org">DHS-contracting@sonoma-county.org</a>   |             |

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# SECTION I - INTRODUCTIONS AND BACKGROUND

## 1.1 INVITATION

The County of Sonoma (County) will be conducting its fourth request for proposals (RFP) since developing an Exclusive Operating Area (EOA) in 1991. The County is a political subdivision of the State of California. State law confers on the local EMS Agency the authority to designate one or more emergency ambulance service providers. The County is conducting this procurement on behalf of the EMS Agency and is seeking a qualified ambulance service provider to deliver these and certain related services following the expectations outlined in this RFP. Coastal Valley EMS Agency has determined that an effective means of providing high levels of patient care may include a system using agreements between ALS fire services and paramedic ambulance services. CVEMSA desires to provide this high level of service while also ensuring that patient fees are equivalent to other emergency ambulance service fees in the region and are reimbursable under applicable regulations.

Each entity (Proposer) responding to this RFP shall submit a written response proposal setting forth the Proposer's qualifications and plans for meeting or exceeding the performance expectations outlined in this RFP. Proposals must be organized to address each requirement in a format structure that is easy to follow.

The outcome of this RFP will be the selection of one Proposer (Contractor) with whom the EMS Agency will negotiate an exclusive, performance-based agreement (Agreement) for the provision of:

- (1) An emergency medical ground transportation system at a paramedic "Advanced Life Support" (ALS) level of service.
- (2) Respond to 9-1-1 calls and other emergency or urgent medical call requests made by the County authorized/designated medical dispatch center, and ambulance transport of patients within the emergency medical services (EMS) system.

The performance expectations outlined in this RFP and the performance commitments outlined in the selected Proposal will be incorporated in the Agreement as mandatory performance standards.

The initial term of the Agreement will be for five years beginning on July 1, 2022 and continuing through June 30, 2027. There will be an option for the extension of the Agreement by the mutual agreement of the CVEMSA and the Contractor for one additional period of up to five years based on the Contractors performance.

## 1.2 POLICY GOALS OF PROCUREMENT

The County's EMS system participants: fire departments, ambulance providers, hospitals, and community leaders all desired to provide input into the ambulance RFP. CVEMSA under the leadership of the Department of Health Services created an Emergency Medical Services EOA Development Project committee in early 2018. The purpose of the committee was to receive input from interested stakeholders on the proposed structure of the ambulance RFP. The County requested all stakeholder input be obtained through the Emergency Medical Services EOA Development Stakeholder Input Committee (Stakeholder Group) that held regularly scheduled meetings from 2018 – 2020. Over 240 individuals were invited to participate in this group.

All the information obtained for the development of this RFP was gathered from data requested and input received from the Stakeholder Group process. The County recommended this process to ensure all stakeholders had equal opportunity to provide input and that no party would be omitted from any RFP discussions.

The committee also provided valuable input into an updated EMS Ordinance. The Ordinance was adopted by the Sonoma County Board of Supervisors in November 2019. The EMS Ordinance also informs the structure for the RFP evaluation process, to ensure fair representation from a multidisciplinary panel of EMS system experts. The EMS Ordinance includes requirements for an ambulance RFP and provides clarity of roles and responsibilities of the local CVEMSA and system providers.

The EMS Ordinance defines procedures for the competitive EOA process. The following are minimum procedures:

- (1) Notice of the competitive process must be distributed to local providers, EMCC membership, and any interested parties who have requested such notification. A mandatory attendance pre-bid conference for qualified bidders must be held.
- (2) The evaluation committee chosen by the Department Director or designee must complete a criteria-based review and ranking process. Evaluation criteria are to be objective and approved by the Department.
- (3) Evaluation committee members must include a Physician, EMS Administrator, Fire Services Officer from an ALS transport service, County Administrative Officer Level staff person, and a CPA with health systems knowledge. All committee members must be from outside of Sonoma County.

Following the competitive process, the Department Director will submit a written report and recommendation to the board of supervisors who will approve or disapprove any proposed contract or if unsatisfied with the RFP response and submissions, request a new proposal process. Except as provided in state law, nothing in the EMS Ordinance is intended to limit the authority of the Board of Supervisors, including the authority to enter contracts.

The County's overarching goals in the conduct of this procurement process are to, 1) promote public health and safety by preventing the loss of life, 2) minimize the physical pain of patients, 3) reduce the costs associated with catastrophic injury or illness, and 4) ensure high-quality care to the customer and the community.

To achieve these overarching goals, Sonoma County's EMS system will include the following essential elements:

- Prevention and early recognition
- Bystander action/system access
- Emergency Medical Dispatch with telephone protocols and pre-arrival instructions
- First responder and ambulance dispatch
- First responder services ALS and Basic Life Support (BLS) response
- Transport ambulance services
- Direct (online) medical control
- Receiving facility interface
- Indirect (off-line) medical control
- Independent monitoring.

### **1.3 SCOPE OF SERVICES**

This RFP and its provisions, attachments, addendums, and exhibits constitute the RFP for the selection of a single provider of emergency and ALS ground ambulance service for the EOA 1, serving a defined area of Sonoma County. The operation of emergency and ALS ambulance service in this area shall be consistent with the provisions of this procurement process including staffing and performance. The emergency ambulance EOA 1 is delineated in the map entitled "Exclusive Operating Area (EOA) 1 of Sonoma County", as amended, on file with the CVEMSA. A map of the EOA is set forth in Exhibit 1. Proposers must agree to provide the services referred to above for the entire EOA without any qualification or variation other than as expressly outlined in this RFP.

All the following ambulance requests originating in EOA 1 shall be referred to the holder of the EOA 1 Agreement. The holder of the exclusive contract shall provide all responses and ground transports including:

- All 9-1-1/PSAP requests for ambulance service,
- Requests for emergency ambulance service made directly to an ambulance service without going through an authorized 9-1-1/PSAP including a seven-digit phone number,
- Ambulance transport to an emergency department from the scene of an emergency, including transports to an emergency department originating from a skilled nursing facility, physician's office, medical clinic, residential care facility, or other medical facilities, and potential non-transport response treatment and referral once such policies are in place and potentially transport to an alternative destination once a policy is in place in the future,
- Requests for mutual aid by the Authorized EMS Dispatch Center,
- Requests for ambulance stand-by services such as working fires, hazardous materials incidents, hostage/SWAT events, or pre-planned events.

The Contractor's scope of service is summarized as follows:

- A. The County has determined that the highest level of county-wide emergency medical response is to be provided by a system using a first responder and ALS ambulance system. The County intends to award an initial five-year contract to the responsive Proposer whose proposal conforms to the RFP and whose proposal presents the greatest value to the residents and visitors in the Sonoma County EOA 1. The Proposal Review Committee (PRC) will evaluate all proposals based upon the evaluation criteria score sheet and the EMS Ordinance requirements as determined by achieving the highest score and the best proposal.
- B. The County may extend the Contractor's agreement for an additional five (5) year term. The extension will be based on the Contractor's performance in meeting and or exceeding the performance standards outlined in the Agreement over the initial term, and during the second extension period of the agreement.
- C. The Contractor shall respond, upon notification from the Authorized EMS Dispatch Center, 24 hours a day, 365 days a year with an appropriately staffed and equipped ALS ambulance. The Contractor's response will be in a manner consistent with the specific requirements of the request. Such requirements shall vary depending upon whether the request for ambulance services is in response to a 9-1-1 medical emergency or the need to post an ambulance to provide optimum coverage to EOA 1 or an adjacent area.
- D. Ambulance response times must meet the response-time standards set forth herein, and every ambulance unit provided by the Contractor for emergency response must be at the ALS level. In the future, the CVEMSA may establish a tiered BLS and ALS ambulance response system using priority dispatch protocols approved by the CVEMSA EMS Medical Director. Clinical performance must be consistent with all CVEMSA policies and approved medical standards. The conduct and appearance of the Contractor's personnel must always be professional and courteous. Services will be provided according to the CVEMSA Policies and Procedures as are or may be established or as developed or promulgated.
- E. Medical care must meet the Clinical Performance Measures set forth herein. Services and care delivered must be evaluated by the Contractor's internal quality improvement program and as necessary, through the CVEMSA quality improvement program to improve and maintain effective clinical performance. The Contractor must make an unrelenting effort to detect and correct performance deficiencies and to continuously upgrade the performance and reliability of the EMS system. Clinical and response-time performance must be extremely reliable, with equipment failure and human error held to an absolute

minimum through constant attention to performance, protocol, procedure, performance auditing, and prompt and definitive corrective action. This procurement process requires the highest levels of performance and reliability, and mere demonstration of effort, even diligent and well-intentioned effort, shall not substitute for performance results. The holder of an exclusive contract that fails to perform to the standards required may be found to be in breach of their agreement and promptly replaced to protect the public health and safety.

#### **1.4 PROPOSED ENHANCEMENTS TO THE SONOMA COUNTY EMS RESPONSE SYSTEM**

The Sonoma County Department of Health Services, CVEMSA, and the Stakeholder Group reviewed the current EMS system and have embraced the following priorities supported by the Institute for Health Improvement (IHI), Triple Aim, which provides a framework for optimizing health system performance that forms the foundation of this RFP. There are three components to the Triple Aim; improve the experience of care, improve the health of populations, and reduce the per capita cost of healthcare. Additionally, CVEMSA supports an EMS System focused on achieving improved patient outcomes through a collaborative approach to delivering care that is fully integrated within the existing healthcare system. CVEMSA also highly values data-driven, evidence-based practice, by a group of highly trained and accountable providers. Other key considerations are the sustainability of the system through adequate provider financial stability, quality patient care and compliance with state and local laws and physician medical direction.

This RFP is an opportunity to improve systems of care including:

- Expansion of the EOA to include the Occidental community.
- Clinical performance standards for all EMS responders,
- Continuation of the successful first responder program in the City of Santa Rosa,
- Implementation of a transparent system performance oversight structure,
- Innovation approach to improve system efficiency and provide Community Paramedicine,
- Fostering a collaborative working relationship among all system participants.

CVEMSA is focused on scientific evidence-based clinical initiatives to enhance patient care. This RFP and any subsequent agreement intend to implement a system dedicated to improving patient outcomes. This will require sufficient staff for performance improvement activities at all levels of patient interaction including inter-agency education and training. CVEMSA anticipates the proposer will embrace data analytic programs such as the FirstWatch surveillance platform, will be an active participant in the Cardiac Arrest Registry for Enhanced Survival CARES program, and will ensure standards identified in the EMS Authority's Core Measures program are adopted including any subsequent quality improvement initiative that improves patient outcomes.

The RFP accordingly identifies geographic and density-based response time zones and calls for the Contractor to meet specified response times in the EOA 1 for life-threatening emergencies within defined timeframes in each of these zones. This approach also calls for the CVEMSA to maintain EMS coordination, oversight, and accountability; while allowing the Contractor the flexibility to use its expertise to manage its day-to-day operations. This model is intended to promote high-quality clinical care, efficiency, economy, reliability, and operational and financial stability.

To achieve a high performing EMS program, the system must be financially sustainable over the term of the agreement and subsequent extensions. CVEMSA intends to work closely with the Contractor and stakeholders to provide adequate oversight and monitoring utilizing the FirstWatch/FirstPass surveillance platform (or equal or superior alternative) for EMS providers for response time and clinical performance requirements. Any recommendations identified as part of this RFP must be paid for by the Contractor.



## 1.5 GENERAL REQUIREMENTS AND GOVERNING DOCUMENTS

In addition to establishing an EOA, CVEMSA may establish policies, procedures, and protocols that govern the operation of ambulance services within the County. The requirements for service to the County EOA 1 include the following: California Statutes; Contractual standards as stipulated in this RFP and future addendum; County resolutions and ordinances; and, published CVEMSA Policies, Procedures, and Protocols and any amendments thereto, which may be found at <https://www.coastalvalleysems.org>. Collectively, these requirements for service are referred to as the “Governing Documents” in this RFP.

The County makes no representations, promises, or guarantees concerning the actual number of emergency and non-emergency calls or transports, number of patients, or distance of transports associated with this procurement. Every effort has been made to provide accurate information, but Proposers will need to use their professional judgment and expertise to develop estimates, economic models, operational plans and proposals.

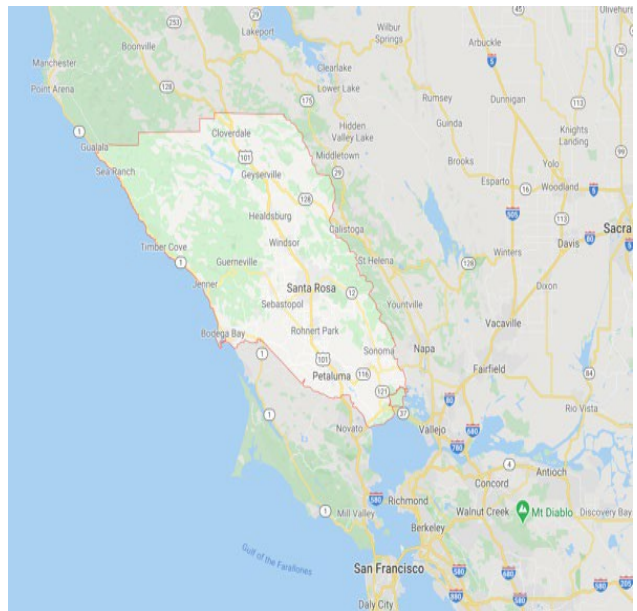
## 1.6 DESCRIPTION OF SONOMA COUNTY

Sonoma County comprises the Santa Rosa-Petaluma, CA Metropolitan Statistical Area, which is also included in the San Jose-San Francisco-Oakland, CA Combined Statistical Area. It is the northwesternmost county in the nine-county San Francisco Bay Area region.

According to the 2020 United States Census Bureau, the population in Sonoma County was 488,863.<sup>1</sup> The City of Santa Rosa is the largest city in the county and the County government center is in Santa Rosa. Sonoma County sits to the north of Marin County and the south of Mendocino County. It is west of Sonoma County and Lake County.

The 2020 census report indicated the racial makeup of Sonoma County was 285,792 (58.5%) White alone, not Hispanic or Latino, 141,138 (28.9%) Hispanic or Latino and 24,599 (5.0%) from two or more races. 2019 Census Bureau survey estimated 6,450 (1.3%) African American, 2,260 (0.45%) Native American, 20,400 (4.13%) Asian, 1,860 (0.4%) Pacific Islander.<sup>2</sup>

Sonoma County is the largest producer of wine in California's Wine Country region. In 2012, Sonoma County ranked as the 22<sup>nd</sup> county in the United States in agricultural production. Sonoma County has a long history in agriculture and as early as 1920, Sonoma County was ranked as the eighth most agriculturally productive US county. Sonoma has a robust tourist trade with more than 8.4 million tourist visits each year, spending more than one billion dollars in 2016. Sonoma County is the home of Sonoma State University and Santa Rosa Junior College.<sup>3</sup>



Sonoma County is included in the nine bay area counties stretching from the Wine Country in the north to Silicon Valley in the south, from the shores of the Pacific to the edge of the Central Valley, this region houses more than seven million people in nine counties and one hundred and one cities. The region encompasses the major cities and metropolitan areas of San Jose, San Francisco, and Oakland, along with smaller urban and rural areas. The nine counties of the bay area are Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma.<sup>4</sup>

Sonoma County Department of Health Services conducted a Community Health Needs Assessment (CHNA) in 2013 in collaboration with local hospitals to assess the health status of Sonoma County residents and to identify health issues for focused improvement efforts.

The Community Health Needs Assessment found gaps in access to primary healthcare including substance abuse and mental health services, cardiovascular disease (including lung, breast, and colorectal cancers), oral health, and tobacco use. Sonoma County found that it exceeds California averages for cancer, stroke, chronic lower respiratory disease, Alzheimer’s disease, unintentional injuries, suicide, and chronic liver disease deaths.<sup>5</sup>

Table 1. Death rates\* from leading causes of death, Sonoma County and California 2008-2010 with Healthy People 2020 Objectives.<sup>5</sup>

The numbers highlight in **bold** indicates a higher number than the California average or does not meet the Healthy People 2020 objectives.

| Cause of Death                      | Sonoma Co. | CA           | HP 2020      |
|-------------------------------------|------------|--------------|--------------|
| Cancer                              | 180        | <b>151.7</b> | <b>160.6</b> |
| Coronary heart disease              | 116.8      | 121.6        | <b>100.8</b> |
| Stroke                              | 47.5       | <b>37.4</b>  | <b>33.8</b>  |
| Chronic lower respiratory disease   | 44         | <b>36.7</b>  | **           |
| Alzheimer's disease                 | 44         | <b>28.2</b>  | NA           |
| Unintentional injuries              | 31.1       | <b>27.1</b>  | 36           |
| Diabetes                            | 16.5       | 19.5         | NA           |
| Suicide                             | 14         | <b>9.7</b>   | <b>10.2</b>  |
| Pneumonia and influenza             | 13.3       | 17.2         | NA           |
| Chronic liver disease and cirrhosis | 11.4       | 10.8         | NA           |

### 1.7 DESCRIPTION OF THE EMS SYSTEM

California Health and Safety Code outlines the authority and responsibilities of the local emergency medical services agency (LEMSA). Local EMS agencies are to “plan, implement, and evaluate an emergency medical services system consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures.” Health and Safety Code 1797.204.

Organized within the Sonoma County Department of Health Services, Coastal Valley Emergency Medical Services Agency (CVEMSA) is a regional EMS Agency serving both Sonoma and Mendocino Counties. CVEMSA operates under the statutory authority established in Division 2.5 of the California Health and Safety Code, Title 22, Division 9, of the California Code of Regulations. Local regulation of the EMS system is achieved through the County Emergency and Pre-Hospital Medical Services System Ordinance, and CVEMSA policies and procedures. CVEMSA is staffed with six full-time personnel and two part-time personnel.

Medical first responders are part of an integrated EMS response system that is guided by state and local laws and regulatory authority. First responders (paid and volunteer) are trained at a minimum of Public Safety-First Aid (PSFA) responder or Emergency Medical Responder (EMR) but may be certified Emergency Medical Technicians (EMT), or licensed paramedics (EMT-P). They are medically supervised by the CVEMSA Medical Director, including participating in performance improvement activities. Early defibrillation capabilities are available with many law enforcement agencies and in areas of high-density response areas such as airports, large hotel complexes.

Fire departments in Sonoma County are the first responders for their local communities. Sonoma County has many fire agencies with various levels of services from paid ALS and transport providers to volunteer agencies trained to the PSFA or EMR level. The type and level of provider vary depending on the population, geographical areas served, and desire of the community and resources available to support medical first response services.

In Sonoma County, multiple fire agencies provide first response services. It is important to note that the configuration of the fire services in Sonoma County are dynamic. Five provide ALS level of service. Several agencies are currently considering options for consolidation. Two Community Service Districts provide BLS level first

response services to their communities. Santa Rosa Fire responds to all medical calls with an ALS response and has an agreement with CVEMSA as an authorized ALS provider. Santa Rosa Fire also has an agreement with the current EOA provider and is compensated for ALS first responder services to extend the ambulance response time and provide patient care prior to the ambulance arrival.

Sonoma County has eight ground-based ambulance transport providers with a mix of public, private, and special district services. There are three private ambulance providers: Sonoma Life Support-AMR, LIFEwest Ambulance Service, and Bells Ambulance Service. Two special districts provide ambulance transport, Coast Life Support District Ambulance, and Cloverdale Health Care District. Additionally, four fire departments that provide ambulance transport, Bodega Bay Fire Protection District, Petaluma City Fire Department, Russian River Fire Protection District, Sonoma Valley Fire District. Each operates in their area, establishes their own ambulance rates, and provides mutual aid support when requested by REDCOM.

There are two air providers. The Sheriff’s Office has one rescue helicopter staffed with a paramedic capable of providing ALS care. REACH Air Ambulance provides one helicopter and one fixed-wing airplane, staffed with a critical care nurse and paramedic providing Critical Care Transport from the scene and interfacility transfers. State providers in neighboring counties include California Highway Patrol (CHP) provides rescue services with a paramedic and CAL FIRE with an EMT.

Sonoma County has six hospitals, Santa Rosa Memorial Hospital, is designated as a base hospital providing medical direction to EMS in the field. Santa Rosa Memorial Hospital is also designated as a Level II Trauma Center and designated as ST-elevation myocardial infarction (STEMI) Cardiac Centers and Stroke centers. Sutter Medical Center – Santa Rosa is a STEMI Cardiac Center. There are six Stroke Centers identified in the chart below. Redwood Coast Medical Services located just north of the Sonoma/Mendocino County line is a clinic providing medical services in the rural and remote areas of the county and has been authorized by the State and CVEMSA as an ambulance receiving facility.

| Hospital, /Receiving Facility  | Emergency Department | Base Hospital | STEMI Center | Stroke Center | Burn Center | Pediatric Critical Care | Trauma Center |
|--------------------------------|----------------------|---------------|--------------|---------------|-------------|-------------------------|---------------|
| Santa Rosa Memorial Hospital   | Basic                | √             | √            | √             |             |                         | Level II      |
| Sutter Medical Center          | Basic                |               | √            | √             |             |                         |               |
| Petaluma Valley Hospital       | Basic                |               |              | √             |             |                         |               |
| Sonoma Valley Hospital         | Basic                |               |              | √             |             |                         |               |
| Healdsburg District Hospital   | Standby              |               |              | √             |             |                         |               |
| Kaiser Permanente – Santa Rosa | Basic                |               |              | √             |             |                         |               |
| Redwood Coast Medical Services | Referral             |               |              |               |             |                         |               |

Redwood Emergency Dispatch Communications Authority (REDCOM) is the EMD center for the EOA provider and most fire agencies and ambulance providers in Sonoma County. Cloverdale Healthcare District and Rohnert Park Department of Public Safety do not utilize REDCOM for dispatch services.

REDCOM operates as a Joint Powers Authority (JPA) REDCOM was established in 2002 under the California Joint Exercise of Powers Act to provide centralized emergency Fire and EMS dispatch to emergency response agencies

within Sonoma County. REDCOM is a licensed user of the International Academy of Emergency Dispatch (IAED) Medical Priority Dispatch System (MPDS) emergency medical dispatch protocols. Although pre-arrival instructions have been implemented at REDCOM, priority dispatch is not being utilized. REDCOM has the capability and staff to implement priority dispatch when approved by CVEMSA Medical Director. Currently, all calls are initially dispatched as lights and siren until completion of EMD then downgraded as appropriate. On all EMS calls, a fire department engine or rescue unit responds along with an ALS ambulance.

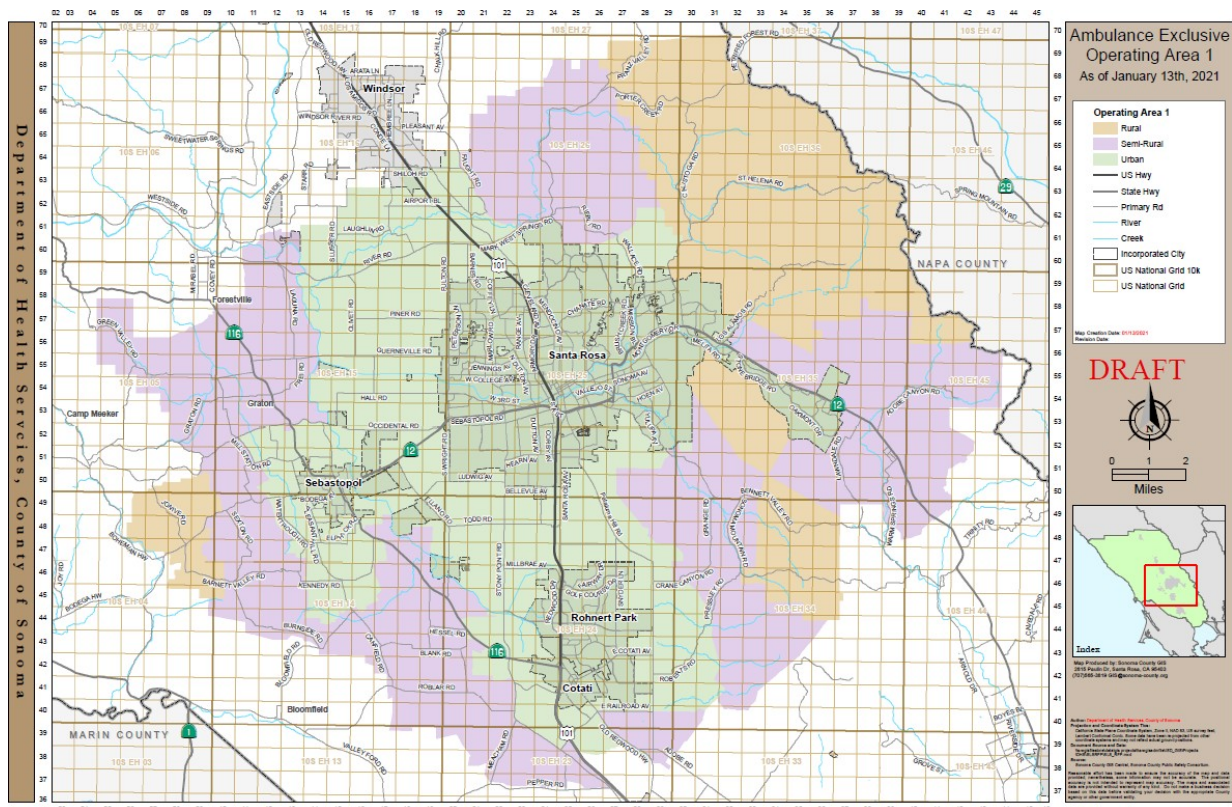
REDCOM currently staffs seven dispatch consoles during peak staffing times. There are currently 10 dispatch console positions available inside the dispatch center. The remaining three consoles are used for testing, training, and surge capacity functions. The chart below demonstrates the 9-1-1 call volume over three years for REDCOM.

| REDCOM Fire & EMS Dispatch           | 2017   | 2018   | 2019   |
|--------------------------------------|--------|--------|--------|
| Total Medical Incidents (countywide) | 46,647 | 47,923 | 48,717 |
| Total Incidents (countywide)         | 66,659 | 65,623 | 70,244 |

Interfacility non-emergency Basic Life Support (BLS) and Advance Life Support (ALS), and Critical Care Transport (CCT) are not required as part of this RFP. CCT and non-emergency BLS & ALS IFT is an open market system in Sonoma County.

### 1.8 EXCLUSIVE OPERATION AREA - 1

In 1991, CVEMSA created the current Exclusive Operating Area (EOA 1) under Health & Safety Code §1797.224 as identified in the map below. In 2021 CVEMSA expanded EOA 1 to include the Occidental area and the town of Windsor, City of Healdsburg, and the unincorporated communities of Geyserville, Knights Valley and Alexander Valley (see Exhibit 1).



The EOA contract is a high-performance agreement for ALS ambulance services that incorporates Response Time standards for defined ambulance areas with associated penalties. There are seven historic areas for performance reporting within the EOA: The Urban areas of Oakmont, Rohnert Park, Santa Rosa, Sebastopol, all Semi-Rural areas, and all Rural Areas. Emergency ALS IFT creates a seventh response time category. The County will require the Contractor to perform to the response time requirements in the chart below.

The current EOA contract allows for partnering with first response ALS (FRALS) fire agencies within the EOA. The EOA contractor has an agreement with the City of Santa Rosa for FRALS services and provides compensation for these services. Additionally, the contractor is authorized to supply Quick Response Vehicles (QRV) to meet the ALS Resource Response Time Standards. The FRALS agreement and the utilization of QRV's allows an additional four minutes to the ambulance response as illustrated below.

| Response Time Requirements                                |                        | Response Time Requirements   |                        |
|---|------------------------|--|------------------------|
| ALS Response: Ambulance, FRALS or QRV                     |                        | ALS Ambulance <u>with</u> QRV Response or FRALS Agreement                |                        |
| <b>Urban Response 90 percent of calls each month</b>      |                        | <b>Urban Response Transport unit 90 percent of calls each month</b>      |                        |
| Charlie, Delta, and Echo                                  | 6:59                   | Delta, and Echo  | 10:59                  |
| Alpha & Bravo   | 11:59                  | Alpha, Bravo & Charlie   | 15:59                  |
| <b>Semi-Rural Response 90 percent of calls each month</b> |                        | <b>Semi-Rural Response Transport unit 90 percent of calls each month</b> |                        |
| Charlie, Delta, and Echo                                  | 13:59                  | Delta, and Echo  | 17:59                  |
| Alpha & Bravo   | 17:59                  | Alpha, Bravo & Charlie   | 21:59                  |
| <b>Rural Response 90 percent of calls each month</b>      |                        | <b>Rural Response Transport unit 90 percent of calls each month</b>      |                        |
| Charlie, Delta, and Echo                                  | 28:59                  | Delta, and Echo  | 32:59                  |
| Alpha & Bravo   | 32:59                  | Alpha, Bravo & Charlie   | 37:59                  |
| <b>Wilderness Response</b>                                |                        | <b>Wilderness Response</b>   |                        |
| Charlie, Delta, and Echo                                  | ASAP – audit each call | Charlie, Delta, and Echo   | ASAP – audit each call |
| Alpha & Bravo   | ASAP – audit each call | Alpha & Bravo  | ASAP – audit each call |

The CVEMSA created seven areas for measurement of the EOA 1 contractor performance. Four areas are described as Urban areas, all Semi-Rural areas are combined creating a fifth area and all Rural areas are combined creating the sixth response area. Emergency ALS IFT's are measured separately creating the seventh area for measurement of on-time performance. Emergency 9-1-1 ALS IFT is described as a situation where the patient's health or well-being could be compromised if the patient is held at the originating facility.

The data illustrates call volume within the six response areas and IFT for the years 2016, 2017, 2018, 2019 and 2020. The chart does not include call volume for the Occidental community.

| Area         | 2016   | 2017   | 2018   | 2019   | 2020   |
|--------------|--------|--------|--------|--------|--------|
| Oakmont      | 1,002  | 1,146  | 1,228  | 1,190  | 1,144  |
| Rohnert Park | 4,851  | 5,207  | 5,391  | 5,380  | 5,265  |
| Santa Rosa   | 22,573 | 23,410 | 23,746 | 23,972 | 22,270 |
| Sebastopol   | 1,090  | 1,175  | 1,300  | 1,368  | 1,283  |
| Semi-Rural   | 1,224  | 1,342  | 1,251  | 1,363  | 1,344  |
| Rural        | 174    | 164    | 176    | 170    | 143    |
| IFT          | 1,201  | 1,482  | 1,547  | 1,510  | 1,111  |

Compliance is not calculated until an emergency response zone has at least 100 calls at the end of the month. Months, where there are not at least 100 calls, are added to the subsequent month, or months until the 100-call count has been reached or exceeded. Liquidated damages are only assessed if an emergency response zone is non-compliant, less than 90%, at the end of a month where the cumulative call volume meets or exceeds 100 calls.

Mutual Aid is utilized between all ambulance providers countywide. The current EOA provider responded to a total of 291 mutual aid requests by REDCOM outside the EOA in 2018 and received a total of 145 mutual aid requests inside of the EOA in 2018.

**EOA Payor Mix and Collection Rates**

Below is the historic payor mix and collection rates from the current EOA provider for 2016 through 2019.

| <b>Calendar Year</b> | <b>Collection Rate</b> | <b>Avg. Charge Per Transport</b> | <b>Transports</b> | <b>Medicare</b> | <b>Medicaid</b> | <b>Commercial</b> | <b>Private Pay</b> |
|----------------------|------------------------|----------------------------------|-------------------|-----------------|-----------------|-------------------|--------------------|
| 2016                 | 23.50%                 | 2,308.97                         | 29,194            | 51.40%          | 24.20%          | 17.04%            | 7.35%              |
| 2017                 | 23.92%                 | 2,413.65                         | 29,058            | 49.95%          | 25.61%          | 15.93%            | 8.51%              |
| 2018                 | 22.76%                 | 2,535.64                         | 28,210            | 49.72%          | 27.06%          | 14.78%            | 8.40%              |
| 2019                 | 23.78%                 | 2,874.32                         | 28,554            | 51.24%          | 26.84%          | 14.01%            | 7.91%              |

## SECTION II - INSTRUCTIONS FOR PROPOSERS

### 2.1 PROPOSAL PROCESS

The County intends to award a contract to the respondent whose proposal meets all of the RFP criteria and receives the highest score from the scoring sheet as evaluated by the Proposal Review Committee (PRC). The Proposal Review Committee structure follows the provisions in the EMS Ordinance and approved by the County Board of Supervisors.

All proposals become the property of Sonoma County. County reserves the right to waive non-material changes.

If proposers chose to submit a proposal with a subcontractor, both the proposer and subcontractor will be held to the standards within this RFP. The County will not accept any modifications to the RFP after the selection process.

The County may reject the proposal of any proposer who previously failed to perform properly, or complete on time, contracts of a similar nature. The County may reject the proposal of any proposer who is in default of the payment of taxes, or other monies due to Sonoma County.

None of the materials submitted will be returned to the respondent unless they are not submitted within the timelines of the RFP.

### 2.2 PRE-SUBMITTAL ACTIVITIES

Proposers will be required to submit any and all questions in writing per the schedule in order for staff to prepare written responses to all consultants. Written answers will be shared with all potential bidders through an addendum on the County's Supplier Portal and email notification. Questions should be sent via e-mail directly to:

[DHS-contracting@sonoma-county.org](mailto:DHS-contracting@sonoma-county.org)

**Questions will not be accepted by phone.**

### 2.3 PROPOSERS' CONFERENCE

A Proposer's Conference will be held at the time in the Procurement Timeline to answer questions regarding the RFP specifications and process. All written questions received from potential Proposers, along with County responses, will be posted on the County's Supplier Portal.

It is not anticipated that any substantive changes will be made to the RFP after the Proposers' Conference. If there are any minor changes or clarifications to the RFP made following the Proposers Conference, they will be posted on the County's Supplier Portal. The Proposers' conference is mandatory. Attendance by Proposers is required pursuant to Sonoma County Code Chapter 28, sec. 17(f)(3). Only bidders who attend this public conference will be able to submit proposals.

A. Request for changes

- (1) If requesting changes to a part of this solicitation, identify the specific words or phrases and the sections and paragraphs in which they occur. State the reason for each request and provide alternative suggested language and any process substitutions should be submitted by the Proposer no later than during the proposer's conference.
- (2) Requests submitted after the deadline will not be accepted. Sonoma County's consideration of a suggestion does not imply acceptance. If sufficient proposals are received with no requested changes, the County may reject those requesting changes.

B. Request for Substitution of Specified Equipment, Material, or Process

- (1) Unless otherwise stated in the solicitation, references to items or processes by trade names, models, or catalog numbers are to be regarded as establishing a standard of quality and not construed as limiting competition.
- (2) If requesting a substitution for a required item, submit requests by the Deadline for Questions and Comments. Furnish all necessary information required for Sonoma County, in its sole judgment, to decide as to the comparative quality and suitability of any suggested alternatives. Sonoma County's decision will be final. If alternatives are accepted, Sonoma County will issue an addendum to the solicitation.

## 2.4 PROPOSAL CONTENT AND ORGANIZATIONAL REQUIREMENTS

A. Proposal Format

Number all pages of the proposal. Label and order each section as follow:

- (1) Cover letter - no longer than one page, signed by an individual authorized to execute legal documents for the Proposer, and identifying the materials submitted.
- (2) Authorized contacts - identify the name and title of the person to contact regarding the proposal, as well as all other individuals authorized to represent the organization in contract negotiations.
- (3) Table of Content, listing all major topics and their respective page numbers.
- (4) Full Proposal – Approach to Scope of Work, (excluding financial information)
- (5) Supplementary Documents, as requested (including financial information as an attachment to the full proposal)
- (6) Price Sheets/proposal

B. Proposal Contents

- (1) Proposal shall comprehensively describe how the Proposer will provide emergency and ALS ground ambulance service for the EOA 1 in Sonoma County. Proposal shall demonstrate that the Proposer is able to perform all work in a manner consistent with the level of competency and standard of care normally observed by an organization successfully providing emergency and ALS ground



ambulance service. Proposal shall include plans, documentation, policies, and submissions that demonstrates the proposer's ability to comply with:

- a. All elements described in this RFP:
  - b. All applicable federal and state legal requirements for ALS ground ambulance service;
  - c. All County ordinances and LEMSA policies;
  - d. All elements of the contract template.
- (2) Explain responses in a manner to be understood by people unfamiliar with industry jargon. Use drawings, diagrams, schematics, and illustrations as needed, but do not simply refer readers to an exhibit or other section of the proposal in lieu of a complete response.
  - (3) Address each requirement outlined in this solicitation in the order presented, describe how the requested goods and services will be provided. Attention to the details in the Scope of Work shall be considered with the response.
  - (4) Include a project schedule with milestones, deliverables, dates, and a project management plan.
  - (5) Specify any needs for physical space or equipment that the County must provide during the engagement.
  - (6) Explain how work, equipment, and knowledge will be transitioned to the County or a new vendor at the end of the contract period.

C. Supplementary Documents

If additional documents and materials are appropriate or have been requested by the County, provide in the following order as applicable:

- (1) Contractor's Qualifications
- (2) Organizational Capacity and Experience, describing work of a similar nature undertaken for a similar entity.
- (3) Samples, drawings, illustrations, and related items
- (4) Attachments, certifications, and forms executed as applicable.
- (5) Financial Documents (including audited financials)

D. Price Proposal

- (1) Use forms and templates provided in the Exhibits for the Price Proposal, use them without modification. Failure to use the forms or templates provided, or modification of them, may result in rejection of the entire proposal.
- (2) Include prices for the base period of service and if applicable, for each additional year including option years.

## 2.5 PROPOSAL SUBMISSION

### A. Submit proposals as directed below:

- (1) Proposers must submit one (1) electronic copy to the County of Sonoma's Supplier Portal.
- (2) The link to the Supplier Portal is:  
<https://esupplier.sonomacounty.ca.gov/>. Hard copy, faxed, and/or emailed submissions will not be accepted.

### B. Errors in Proposals

- (1) The County will not be liable for any errors in proposals. Proposals may be rejected as unresponsive if they are incomplete, are missing pages or information, or cannot be opened for any reason. The County may waive minor irregularities and request Proposer cure such irregularity, but such waiver will not modify any remaining RFP requirements. A minor irregularity means that the defect is immaterial or inconsequential as to price, quantity, quality, or delivery when contrasted with the total costs or scope of the services being procured.
- (2) By submitting a proposal, each proposer certifies under penalty of perjury that:
  - a. Its submission is not the result of collusion or any other activity that would tend to influence the selection process directly or indirectly.
  - b. The proposer is able or will be able to comply with all requirements of this solicitation at the time of contract award.
  - c. Proposer certifies all statements in the response are true.
  - d. Neither Proposer, its employees, nor any affiliated firm providing the requested goods and services has prepared plans, specifications, terms, or requirements for this solicitation, or has any other actual or potential conflict of interest.
  - e. The proposer is aware of the provisions of Section 1090 et seq. and Section 87100 et seq. of the California Government Code relating to conflict of interest of public officers and employees and is unaware of any financial or economic interest of any County officer or employee relating to this solicitation.

## 2.6 CONFIDENTIALITY OF PROPOSALS

The content of Proposals shall not be released until the Director's notice of Intent to Recommend. At that time, HHSA may release the content of the Proposals for public review.

## 2.7 CONTACT WITH COUNTY EMPLOYEES

Violation of the following prohibitions may result in a Proposer being found non-responsible, barred from participating in this or future procurements, and becoming subject to other legal penalties.

- A. As of the issuance date of this RFP and continuing until it is canceled, or an award is made, no person, Proposer, or person acting on behalf of a prospective Proposer may discuss any matter relating to the RFP with any officer, agent, or employee of Sonoma County, other than the Authorized Contact Person,

or as outlined in the evaluation or protest procedures.

- B. Proposers may not agree to pay any consideration to any company or person to conduct lobbying activities to influence the award of a contract by the County, nor engage in behavior that may be reasonably construed by the public as having the effect or intent of influencing the award of a contract. Nothing in this section precludes a proposer from engaging the services of a company or person to assist in the development of the response to the RFP.

## **2.8 WITHDRAWAL OF PROPOSALS**

Proposals may be withdrawn, modified, or replaced, and resubmitted as long as submittal is before the Due Date and Time. If a Proposer chooses to withdraw their proposal after the Due Date and Time, it will be excluded from consideration.

## **2.9 NO COMMITMENT**

Neither submission of a proposal nor the County's receipt of proposal materials confer any right to the Proposer nor any obligation on the County. This RFP does not commit the County to award a contract, nor will the County defray any costs incurred in preparing proposals or participating in any presentations or negotiation.

## **2.10 ESTIMATED QUALITIES**

If the solicitation results in an indefinite quantity or a requirements Agreement, the goods and services requested by County may be less than the maximum value of the Agreement and there is no guarantee, either expressed or implied, as to the actual quantity of goods and services that will be authorized under the Agreement. For example, the County cannot guarantee a specific number of ambulance transports pertaining to this RFP.

## **2.11 SELECTION**

At any time in the evaluation process, the County may request clarifications from Proposers.

### **A. Determination of Responsiveness:**

A proposal must conform to the instructions outlined in this solicitation and any modifications for it to be considered responsive. Non-responsive proposals will be rejected. DHS, in its sole discretion, may waive non-consequential deviations if the deviations have not provided an advantage over other Proposers.

### **B. Proposal Evaluation:**

The County will establish a non-biased Proposal Review Committee (PRC). Each member of the PRC will evaluate and score the proposals based on the criteria specified in the solicitation. The scores from all the evaluators will be averaged to arrive at a final score for each proposal. All Proposals will be evaluated and scored by the PRC and be invited to participate in an oral presentation of their proposal. The committee will recommend the highest scoring Proposer for final negotiation of contract terms.

## 2.12 CONTRACT AWARD

### A. Notice of Intent to Award Exclusive Negotiation Rights

Once a decision has been made to award a contract to a Proposer, County will post a Notice of Intent to Award, notifying the remaining Proposers of their non-selection.

Contract negotiations are neither an offer nor an implicit guarantee that a contract will be executed. Award, if made, will be to the responsive, responsible Proposer offering the overall best value to the County for the services and goods described in this solicitation. Any agreement reached will be memorialized in a formal agreement using the attached Standard Agreement template.

### B. Commencement of Performance

After all of the parties have signed the Agreement, County will notify the Proposer and performance may proceed on the date indicated on page 2 of this RFP. Prior to the County execution of the Agreement, no County employeemay authorize work. Any work performed before that time may be uncompensated.

## 2.13 PROTESTS

Protests that do not comply with the protest procedures outlined below will be rejected.

Any and all protests must be in writing and must comply with the timelines and procedures set forth at: <http://sonomacounty.ca.gov/General-Services/Purchasing/Doing-Business-with-the-County/Protests-and-Appeals/> Protests and Appeals for Goods and Professional Services Procurements

## 2.14 PUBLIC RECORDS

### A. General

All proposals, protests, and information submitted in response to this solicitation will become the property of the County and will be considered public records. As such, they may be subject to public review. Proposers should not include trade secrets in their proposals and do so at their own risk.

Any contract arising from this RFP will be a public record. Submission of any materials in response to this RFP constitutes:

- (1) Consent to County release of such materials under the Public Records Act without notice to the person or entity submitting the materials
- (2) Waiver of all claims against County and/or its officers, agents, or employees that County has violated a Proposer's right to privacy, disclosed trade secrets, or caused any damage by allowing the proposal or materials to be inspected
- (3) Agreement to indemnify and hold harmless County for release of such information under the Public Records Act
- (4) Acknowledgment that the County will not assert any privileges that may exist on behalf of the

person or entity submitting the materials.

County reserves the right to withhold any materials otherwise subject to the Public Records Act during the pendency of negotiation of the contract pursuant to Michaelis, Montanari & Johnson v. The Superior Court of Los Angeles (2006) 38 Cal.4th 1065.

The County may withhold corporate financial information to the extent allowed under the Public Records Act if the Proposer identifies such information as confidential.

## SECTION III - MINIMUM QUALIFICATIONS

### 3.1 MINIMUM QUALIFICATIONS

The Proposer, and/or any subcontractor must meet the following minimum qualifications:

Proposers must respond to each of the items below to demonstrate qualifications. Proposers must provide supporting documentation for the response to each requirement. Proposers will be evaluated based on the criteria below and, submittal of required documentation, or submission of examples of supporting documentation.

Please note that all proposals will be public record. Qualifications will be determined based on the content in the response, and the documentation provided in support of responses. Failure to provide supporting documentation or inadequate response may result in Proposer not meeting minimum qualifications.

#### A. Experience

- (1) Five years continuously engaged in providing 9-1-1 ALS transport services as required by contract in the United States as the primary 9-1-1 ambulance services provider at the ALS level for an operating area of population similar in size, geographical spread (rural/wilderness and urban/suburban), population densities, and call volume appropriately similar to those of Sonoma County. Experience may be achieved through the leadership team proposed in Section 4.1.
- (2) If the Proposer is organized as a legally formed partnership or limited liability company, each partner entity participating in the partnership or Limited Liability Company must have existed and continuously provided Prehospital ALS Emergency Medical Services for a minimum of five years in the United States.

#### B. Financial Condition

- (1) Proposer shall provide evidence that documents the financial history of the organization including financial interests in any other related business and demonstrates that it has adequate cash on hand to finance startup costs and the first three months of operations.
- (2) Proposers must include the source of this capital and if any part of it will be borrowed, as well as verification from a financial institution that the organization is approved or pre-qualified to borrow sufficient funds. Proposers must provide any assurances for such funding from the parent or related organization in the form of a letter guaranteeing the amount of funding that may be necessary for start-up and on-going losses if projections are inadequate.
- (3) Provide independent (outside of agency) or external audited financial statements for the most recent five years. If the Proposer organization is a subsidiary of another corporation or is a dependent governmental entity, Proposer shall provide externally audited financial statements for the parent entity for the most recent five years. If financial statements of a parent entity are submitted, the Proposer organization's financial statements must either be separately shown as a part of those financial statements or submitted separately in the same format and for the same period. Such a parent entity shall be required to guarantee the performance of the Proposer. Failure to submit full financial statements may cause disqualification from this RFP process.
- (4) Documentation that Proposer is free of commitments that would impact Proposer's ability to obtain lines of credit, guarantor letters, or otherwise negatively affect the Proposer's ability to perform the contract. (No existing obligations that might impact the ability to provide services under the terms of this agreement).

(5) The Proposer will provide attestation to the requirement to reimburse the County for a portion of the County's expenses in oversight, monitoring and managing the Agreement and for EMS system Medical Direction. The Contractor shall pay to the County five-hundred fifty thousand dollars (\$550,000.00) per year, subject to an annual CPI rate increase. Payment for the first year shall be due on July 15, 2022, and subsequent yearly payments shall be due on the anniversary of each year thereafter during the term of this Agreement. The annual payment shall not exceed the County's actual costs for management and regulatory activities associated with the Agreement.

C. Financial Hardship/Compassionate Care Policy

Proposer shall provide a written Financial Hardship/Compassionate Care Policy which shall apply to patients who do not have medical insurance and who have limited financial capacity.

D. Demonstration of Ligation History

This item may be submitted in an electronic format, such as a compact disc or USB drive.

Proposer shall document whether it has received any wage, hour, workplace safety, environmental or consumer protection charges, complaints, citations, or findings of violation of law or regulation by any regulatory agency or court, including but not limited to California DFEH, OSHA, Department of Industrial Relations (Labor Commissioner), California Emergency Medical Services Authority, Coastal Valleys Emergency Medical Services Agency, and EPA, within the last five (5) years.

Proposers shall document the current status of each charge, complaint, citation, or finding of law or regulation, and how each matter was addressed or resolved.

A Proposer may be disqualified if a final judgment or order was issued against Proposer, or any affiliated organization, for breach of contract, bankruptcy, or a finding of failure to perform ambulance or other emergency services in compliance with the applicable standard of care, or in compliance with laws, statutes, ordinances, or regulations pertaining to the provision of ambulance or emergency services.

E. Evidence of Insurance or Ability to Obtain Insurance

Proposer shall provide Evidence of Insurance or letter from Insurance company/underwriter of ability to obtain insurance consistent with the minimums described in Exhibit 17

F. First Responder ALS

The Proposer shall acknowledge and provide an attestation that they will work with the City of Santa Rosa and support the County's desire to continue the partnership with the City of Santa Rosa for Fire First Response ALS (FRALS) services. (See Exhibit 15)

## SECTION IV - SCOPE OF WORK AND SCORING CRITERIA

This section and the exhibits that follow describe elements of the proposal that will be scored. The elements described in this section do not constitute the entire scope of work, and the proposal must comply with the requirements described in section 2.4B of this RFP. Inclusion of this section is intended to help ensure that the proposer includes critical, scored elements in the proposal. Within the proposal, please organize responses using the organizational format below. (e.g., 4.2A Response Time Standards, 4.2B Clinical Performance Standards, etc.) Proposer should provide sufficient detail in the proposal so that the Proposal Review Committee can effectively evaluate the proposal.

### 4.1 LEADERSHIP QUALIFICATION AND STAFFING MODEL

#### A. Provide all the following regarding:

This section evaluates the Proposers organizational capacity, experience, and plan for ensuring high quality staffing. Please provide the following information that supports this evaluation.

- (1) Provide a detailed organizational chart of the management structure, including assigned and responsible team members for the local operation and provide how the local management team interfaces with the parent organization or governing body.
- (2) Describe the local management (including clinical management) team, roles and responsibilities, and their backgrounds; include biographical information and attach resumes. The County reserves the right to approve or reject proposed local management.
- (3) Titles and names of staff members who will be on the team responsible for the service, as well as the expected availability of the various individuals. Include the resume of a dedicated, full-time manager. The proposer may delineate personnel who have such experience and that these individuals will be actively and directly involved in the delivery of services in the EOA.
- (4) All applicable licenses and license numbers relevant to delivery of services; the names of the holders of those licenses, and the names of the agencies issuing the licenses, excluding field personnel.

#### B. Subcontracting:

This section evaluates the Proposers plan to work with subcontractors, ensuring that they provide quality service in support of this RFP. Please provide the following information that supports this evaluation.

- (1) Proposer shall describe if and how they plan to utilize subcontractors to complete items within the RFP and how they will hold subcontractors to the terms and conditions of this RFP.
- (2) This RFP allows the Contractor to subcontract for ALS ambulance transport services, a portion of ALS ambulance transport services or fire response ALS services (FRALS) within EOA 1. Notwithstanding Contractor's subcontract with its ambulance subcontractor, Contractor will be responsible for the performance of its obligations according to the provisions of this RFP and a subcontract will not relieve the Contractor of its responsibilities and obligations. The Contractor's subcontract with its ambulance subcontractor shall be subject to all terms and provisions including the qualification in this RFP and any subsequent contract. Nothing contained in the RFP or otherwise creates any contractual relationship between County and a subcontractor. The Contractor agrees to be fully responsible to County for acts and omissions of its subcontractor.



- (3) The selected Proposer may subcontract ancillary services, such as billing; professional, legal, and advisory services; and fleet maintenance. Ancillary services do not need to meet all the qualifications identified in Section III.
- (4) The Contractor may be a public entity, JPA, LLC, or private entity. All requests for EMS originating in the EOA and processed through the County-designated medical communication center will be referred to the Contractor or subcontractors under the Contractor's control. Any subcontracting ambulance entities must meet the CVEMSA and County minimum requirements for ALS ambulance services as well as any requirements specific to the RFP. The Contractor remains solely responsible and accountable to meet all requirements of the RFP, including response time and reporting requirements and the Contractor is liable to pay any penalties for non-performance by any subcontractors acting on its behalf.
- (5) Provide your non-binding plan to contract with Santa Rose City Fire for fire response ALS services (FRALS).

C. Experience and References:

This section evaluates the length and quality of Proposers experience. Please provide the following information that supports this evaluation.

- (1) The number of years the proposer has been in business under the present business name, as well as related business names.
- (2) The number of years providing services as a 9-1-1 ALS provider.
- (3) References, Type and Format

a. Append five letters of reference specifically related to the organization's current and existing:

- i. Agreements and contracts.
- ii. Clinical performance as an ALS contractor.
- iii. Quality assurance/improvement program effectiveness.
- iv. Response-time performance.
- v. Vehicle maintenance and replacement program.
- vi. Relationships with first responder agencies.
- vii. Relationships with hospitals and specialty care centers.
- viii. Organization's local and/or national reputation as a contractor of ALS service.
- ix. Relationship with labor organizations.

b. Letters of reference must include the following:

- i. Signed and dated by the author.
- ii. Direct or indirect business or financial relationship between the author or organization and the Proposer.

- iii. The extent to which the author/organization is familiar with the Proposer and the Proposer's work/performance. Letters of reference may not be supplied by or considered from CVEMSA, County or County staff members.
- (4) The proposer must submit a list or table of every 9-1-1 ALS EMS transport contract the Proposer currently serves and every contract it has served in the five years as part of the submission of its proposal or provides evidence of expertise, capability, and capacity to provide for or arrange for ambulance services as described in the RFP. Proposer shall indicate:
- a. Type and level of service provided including the population served,
  - b. The contract periods,
  - c. Whether the Proposer held exclusive market rights for emergency ambulance service under the contract,
  - d. Whether the contract was competitively awarded,
  - e. The name, address, contact person, and telephone number for the contract for reference purposes,
  - f. Gross revenue of services provided,
  - g. The name of the contracting agency,
- (5) Details of any refusals or failure to complete a contract, please highlight this section.
- (6) The remaining term of the contract and the circumstances under which any contract was terminated, prior to expiration, the cause of the failure or refusal to complete, and any allegations of deficient service, if applicable

#### **4.2 PERFORMANCE REQUIREMENTS**

##### **A. Response Time Standards**

This section evaluates the Proposers ability to comply with minimum County response time requirements and provides Proposers the criteria for how the County will measure compliance as identified in Exhibit 5. Please consider the following information in your response and provide requested information that supports this evaluation.

- (1) The overall Response Time performance requirement for services under this RFP is intended to ensure that the Contractor responds to and arrives at each incident with an appropriate ALS Resource in accordance with established standards. The standards set forth herein establish the level of Response Time performance required by the Contractor for calls within the EOA.
- (2) It is the Proposer's sole responsibility to be familiar with the geographic and weather considerations and Ambulance Zones comprising this solicitation. The Proposer will be held accountable from the time of dispatch, until the time the dispatch center is notified by radio or other reliable methods that the emergency ground ambulance arrives on scene (wheels stopped) at the address site or at a designated or assigned staging area. All response times shall be measured in whole minutes with seconds. In the case of significantly encumbered/restricted access to the patient, the term "On Scene" shall be understood to mean the time the emergency ground ambulance arrives at the restricted access point, e.g., staging area, at the gate of a closed gated area, or rendezvous point to be escorted to the patient by another individual.

- (3) In all incidents where the crew fails to report their arrival on-scene, the Contractor may submit GPS data to confirm on-scene time, otherwise, the next radio transmission is to be used.
- a. Supply supporting documentation to demonstrate the Proposer’s ability to meet the response time criteria. Include documented proof of availability to measure and achieve compliance with fractile response time performance. Documentation may include reports provided to government oversight entities and letters confirming compliance with mandated response times. Internal reports with adequate supporting documentation of the methodology used to create response time performance reports may also be submitted.
  - b. If the Proposing organization does not have mandated response times in its exclusive emergency ambulance service area, the Proposer must submit adequate documentation of plans, procedures, and deployment strategies to demonstrate the organization has the knowledge and expertise to comply with mandated response times. Such documentation shall contain procedures, used to record, and analyze response time statistics.
  - c. There are six response time compliance areas for this RFP (Exhibit 5). These contain a mix of urban, semi-rural, and rural areas.
    - i. Proposals must evidence an ability to maintain response times with at least 90% compliance in each ambulance zone.
    - ii. A measurement period is defined as any complete month, or accumulation of months in which the total number of calls in a response area equals or exceeds 100 or a twelve-month period whichever is first.
    - iii. Measurements will be calculated separately.
    - iv. There are six response zones in this ambulance EOA. Each zone has been assigned response times based on the emergency medical dispatch (EMD) determinant of the urgency of response for the incident. Four zones are designated Urban, one is Semirural, and one is designated Rural. For a map of the six response zones please see Exhibit 1. Proposals must evidence an ability to maintain response times with at least 90% compliance in each of these six zones based on area type (i.e., urban, semi-rural, and rural).
    - v. The Response Time for the ALS Resource on calls prioritized as International Academy of Emergency Dispatch (IAED) Determinant Charlie, Delta, and Echo responses  
ALPHA = No lights or siren response for an ALS ambulance  
BRAVO = Lights and siren response for an ALS ambulance  
CHARLIE = ALS ambulance response, no lights, and siren (depending)  
DELTA = ALS ambulance response, serious injury / medical  
ECHO = ALS ambulance response for life status questionable (cardiac arrest, traumatic arrest)
    - vi. Response time compliance will be measured for urban, suburban, and rural compliance categories for each Priority level demonstrated in Exhibit 5. This shall be the method used to calculate monthly liquidated damages/or for breach of contract.
    - vii. The Contractor shall be required to report the performance for each determinant level and zone separately for data collection and system improvement.

- viii. Zones will be re-evaluated periodically based on US Census population data. Since this data will be updated and available during the terms of this agreement these zones may be adjusted in consultation with the Contractor once the 2020 population data is available.
- ix. The RFP requires the proposer to provide a suite of programs either from FirstWatch or a similar superior product approved by CVEMSA. The FirstWatch OCU module or similar superior product provides the ability to monitor and analyze patient care response time data, identifying deviations rapidly, consistently, and automatically. The web-based tool provides interactive queues for both the provider and CVEMSA allowing on-line review of late calls based on system and business rules and clinical performance standards.
- x. Proposer shall be financially responsible to purchase the FirstWatch products, FirstWatch OCU, and FirstPass or a superior product licensed to the CVEMSA. The Proposer will be expected to pay all costs for data source integration to include initial implementation costs, ongoing annual support, and maintenance fees Exhibit 16.

B. Clinical Performance Standards

This section evaluates the Proposers ability to comply with clinical performance standards and provides Proposers the criteria for how the County will measure compliance as identified in Exhibit 6. Please consider the following information in your response and provide requested information that supports this evaluation.

- (1) It is well established that quality management efforts improve patient care. Many EMS systems focus on response time compliance as the lead measurement of quality performance. It is the intent of the County as part of this RFP to emphasize clinical performance. Clinical performance measures have been published and are continuing to evolve in EMS. It is the Proposer's sole responsibility to be familiar with published clinical performance standards and EMS quality measures, including those identified for consideration in this RFP (Exhibit 6).
- (2) The Proposer will be held accountable for clinical performance standards. These will be developed as part of a new contract and the Proposer should provide detail on how they would incorporate clinical quality measures into their service agreement. Proposals should address the methods of measurement and quality improvement plan to address adherence to clinical standards, including documented proof of ability to measure and achieve compliance with clinical performance standards.
- (3) It is expected that the CVEMSA Medical Director and Contractor's medical staff will work jointly to develop the clinical standards and benchmarks. Below is an estimated timeline for this process:
  - a. 0-6 months of agreement: Build and test measurement system
  - b. 6-12 months: Run reports, develop standards of performance, test improvement methods
  - c. 12-18 months: Examine performance, address deficiencies, finalize thresholds, and establish underperformance penalties.
- (4) The RFP requires the proposer to provide a suite of programs either from FirstWatch or a similar superior product approved by CVEMSA. The FirstPass module or similar superior product provides the ability to monitor and analyze patient care data, identifying deviations rapidly, consistently, and automatically. The web-based tool provides interactive queues for both the provider and CVEMSA allowing on-line review of late calls based on system and business rules and clinical performance standards.

- (5) Proposer shall be financially responsible to purchase the FirstWatch products, FirstPass or a superior product licensed to the CVEMSA. The Proposer will be expected to pay all costs for data source integration to include initial implementation costs, ongoing annual support, and maintenance fees Exhibit 16.

C. Medical Supply Restocking

This section evaluates the Proposers ability to provide medical supply restocking plan to fire services. Proposers, please consider the following information in your response.

Proposer shall include their process with all first responder agencies to restock/resupply disposable medical supplies on a one for one basis used in the provision of patient care before the ambulance arrived at no cost to the first responder agency(s).

**4.3 AMBULANCE DEPLOYMENT AND SYSTEM STATUS PLAN**

A. Ambulance Deployment Requirements

This section evaluates the Proposers ability to comply with requirements identified below for ambulance deployment and the system status plan. Please consider the following information in your response and provide requested information that supports this evaluation.

- (1) Ambulance System Status and Deployment Plans will be approved by the CVEMSA. The plan will describe:
  - a. Proposed locations of ambulances and numbers of vehicles to be deployed during each hour of the day and day of the week,
  - b. 24-hour and system status management strategies,
  - c. Mechanisms to meet the demand for emergency ambulance response during peak periods or unexpected periods of unusually high call volume including disasters, large fires, and other surge events, such as high flu season. Include a process that identifies how additional ambulance hours will be added by the Contractor if the response time performance standard is not met,
  - d. Include a map identifying proposed ambulance station(s) and/or post locations within the geographic zones within the response time compliance areas as indicated in this RFP. The proposer is not required to provide ambulance stations unless staffing 24-hour shifts,
  - e. Workforce necessary to fully staff ambulances identified in the deployment plans,
  - f. Any planned use of on-call crews,
  - g. Ambulance shifts and criteria to be used in determining shift lengths,
  - h. Any mandatory overtime requirements,
  - i. Record keeping and statistical analyses to be used to identify and correct response time performance problems,
  - j. Any other strategies to enhance system performance and/or efficiency through improved deployment/redeployment practices.
- (2) Provide a sufficient number of ambulances that are fully stocked to meet 133% of peak system demand. For example, if 25 ambulances are needed to meet peak demand, an additional 8 ambulances are required to be fully equipped and ready for utilization to meet this standard.

- (3) The initial ambulance deployment plan unit hours shall not be decreased for the first six (6) months of operations.

**B. Standby and Special Events**

This section evaluates the Proposers ability to plan for and comply with requirements in the CVEMSA Special Events policy. Please consider the following information in your response and provide requested information that supports this evaluation.

If an event sponsor desires a dedicated standby ambulance at an event, the provider may enter into a separate agreement following CVEMSA Special Event Policy, with the sponsor for the provision of standby and payment for such services. Proposer shall not utilize a 9-1-1 system ambulance to staff contracted standby events.

**4.4 VEHICLES**

**A. Ambulance Requirement**

This section evaluates the Proposers ability to comply with the ambulance requirements identified below. Please consider the following information in your response and provide requested information that supports this evaluation.

Ambulances must conform to the following requirements.

- (1) Within 18 months following commencement of the term of the Agreement, the Contractor will attain accreditation as an ALS Ambulance Service through the Commission on Accreditation of Ambulance Services (CAAS) or comparable organization. The Contractor shall maintain this accreditation throughout the term of the Agreement.
- (2) Ambulances may be standard Type I, Type II, or Type III. The Ford Transit ambulance model is not acceptable for this solicitation.
- (3) Ambulance must be configured to meet the safety and ergonomic needs of employees.
- (4) Be identically configured.
- (5) It is recommended that ambulances utilize hydraulic gurneys to reduce incidents of spinal load injuries and increase the margin of safety for patients and EMT/paramedics.
- (6) The use of Automatic Vehicle Locators (AVLs), Mobile Data Computers (MDCs), and GPS mapping technology is required. The AVL system must interface with the Authorized EMS Dispatch Center CAD system. The Contractor is responsible for all fees associated with the purchase and monthly operations of the AVL system.
- (7) Meet or exceed Federal and State standards at the time of the vehicles' original manufacture, except where such standards conflict, in which case the State standards shall prevail.
- (8) Meet or exceed the recommendations for ambulances by the Ambulance Manufacturers Division of the National Truck Equipment Association.
- (9) Meet or exceed the equipment standards of the State of California.

- (10) Ambulances shall be limited to a maximum mileage of 300,000. Any ambulance not new at the start of this agreement must include a list of brand name, model, age, and maintenance records. No more than 25% of the ambulance fleet shall have over 100,000 miles at the start of the contract.
- (11) Ambulance signage must be approved by the CVEMSA before deployment.
- (12) The proposer will describe how they can provide ambulance transport to accommodate a patient weighing up to 1,000 lbs.
- (13) Contractor's personnel shall have training for the safe movement and transport of morbidly obese patients.

**B. Support Vehicles Requirement**

This section evaluates the Proposers ability to comply with the support vehicles requirements identified below. Please consider the following information in your response and provide requested information that supports this evaluation.

- (1) Provide specifications for any vehicle to be utilized by Proposer for use under this contract.
- (2) Be able to carry all items contained in the CVEMSA Supplies and Medications Policy.
- (3) Vehicles must not exceed 200,000 miles.
- (4) Meet the Department of Transportation and/or National Fire Protection Association standards for Code 3 response.

**C. Vehicle Maintenance Program**

- (1) Provide a copy of the vehicle maintenance program. The vehicle maintenance program must be designed and conducted to achieve the highest standards of reliability appropriate to a modern emergency service.
- (2) Submit a copy of vehicle maintenance records for any vehicles that are not new at the start of the agreement. Submit the qualifications of maintenance personnel to be utilized.
- (3) Describe locations of maintenance services.
- (4) Describe the proposed automated or manual maintenance program record-keeping system. The system should track both scheduled and unscheduled maintenance (by vehicle and by fleet) and shall track equipment failures during ambulance responses.
- (5) Document your vehicle failure rate including units in route, at scene, or with a patient on board for the past three years.

**D. Vehicle Safety Program**

This section evaluates the Proposers ability to comply with the vehicles safety program requirements identified below. Please consider the following information in your response and provide requested information that supports this evaluation.

- (1) The proposer must verify that it will have an emergency vehicle operator's course (EVOC) for all its field employees including on-going driver-training for ambulance personnel to promote safe driving and prevent vehicular crashes/incidents.

- (2) Describe any other mechanism you use to promote safe ambulance driving and prevention of crashes/traffic incidents reduced environmental impact.
- (3) Describe how you will provide ambulance configurations that address workforce ergonomic issues.

#### **4.5 MEDICAL SUPPLIES AND EQUIPMENT**

This section evaluates the Proposers ability to comply with the medical supplies and equipment requirements identified below. Please consider the following information in your response and provide requested information that supports this evaluation.

Each ambulance must carry standardized equipment and supplies that meet federal, state, and CVEMSA requirements, policies, and procedures. Such equipment and supplies will be stored in the same location in all ambulances. Durable equipment does not need to be new at the beginning of the contract but will be required to meet all specifications and periodic maintenance as approved by the CVEMSA.

Describe how equipment is selected for use and the procedures that ensure such equipment is properly maintained. Describe how upgrades to equipment will be handled and funded, during the duration of the contract including items such as biomedical devices or other equipment as deemed appropriate by the CVEMSA.

All medical equipment shall always be in good repair and safe working order. Each ambulance will be fully stocked and there will be sufficient medical equipment and expendable supplies to accommodate replacement during repair and for times of excessive demand in the system.

- (1) Provide a detailed list of durable medical equipment, communications equipment, and medical supplies that will be carried on ambulances, including brand name, age (biomedical equipment only), and specifications of such equipment.
- (2) Provide your supply/equipment inventory tracking and resupply process.

#### **4.6 PERSONNEL**

##### **A. Workforce and Diversity**

This section evaluates the Proposers ability to comply with the workforce and diversity requirements identified below. Please consider the following information in your response and provide requested information that supports this evaluation.

- (1) The proposer shall establish a recruitment, hiring, and retention system consistent with ensuring a quality workforce of clinically competent employees that are appropriately certified; licensed, and/or accredited. Field personnel with bilingual skills reflecting the diversity of languages spoken in Sonoma County are highly valued. The proposer is encouraged to describe its organization's practice ensuring diversity in the workforce and success addressing diversity alignment with its communities served.

##### **B. Ambulance Work Schedules and Conditions**

This section evaluates the Proposers ability to comply with the ambulance work schedules and conditions requirements identified below. Please consider the following information in your response and provide requested information that supports this evaluation.



Proposers must describe the policies and procedures used to monitor employee fatigue and impairment. Patient care must not be hampered by impaired motor skills of personnel working extended shifts, part-time jobs, voluntary overtime, or mandatory overtime without adequate rest. To mitigate fatigue and safety concerns, Contractor's paramedics and EMTs working on an ambulance or as field supervisors should work reasonable schedules to ensure that potential fatigue and the resulting safety issues are reduced.

- (1) Provide proposed work schedules and assignments to demonstrate reasonable working conditions for ambulance personnel.
- (2) At least 51% of the employers' proposed schedule shall be Proposer's full-time employees.
- (3) Indicate how ambulance personnel will have sufficient rest periods to ensure that they remain alert and well-rested during work periods.
- (4) The maximum unit hour utilization for 24-hour ambulance units shall not exceed 0.40 without prior approval by the CVEMSA.
- (5) Provide examples of work schedules, shift assignments, policies including those related to workload protection, and any audit criteria related to work schedules and working conditions.
- (6) Provide methods that will be used to minimize the turnover rate among the Proposer's personnel.
- (7) Provide how you measure workload and fatigue for ambulance crews.
- (8) Provide your personnel recruitment and screening processes.
- (9) Provide your employee retention program.
- (10) Provide your organization's programs, policies, and procedures for occupational health and safety and communicable disease control, including communicable disease prevention.
- (11) Provide your pre-employment and on-going physical and mental health ability evaluation processes.

C. Field Sub-stations

This section evaluates the Proposers ability to comply with the field sub-stations requirements identified below. Please consider the following information in your response and provide requested information that supports this evaluation.

The Contractor is encouraged to provide "field sub-stations" located at strategic posts that are accessible to on-duty field-based personnel 24/7. At a minimum, these facilities shall:

- (1) Be climate controlled (air conditioning and heat)
- (2) Have adequate and comfortable seating to accommodate a complete on-duty crew
- (3) Have at least one operable toilet, sink, and microwave as well as a desk, task chair
- (4) Have data capability to enable patient care charting
- (5) Have adequate accommodations to meet the needs of nursing mothers.

D. Compensation/Fringe Benefits

This section evaluates the Proposers ability to comply with the compensation/fringe benefits priorities identified in with Sonoma County Code Chapter 28, sec. 17(h)(8). Please consider the following information in your response and provide requested information that supports this evaluation.

In order to attract and retain experienced and highly qualified ambulance personnel, the proposer should provide reasonable compensation and benefits equal to or greater than the current rates set in the collective bargaining agreement, included in Attachment 1. The proposer is encouraged to establish benefit programs that result in successful recruitment and retention of personnel.

- (1) Submit completed copies of your compensation package for ambulance paramedics, and EMTs using the forms found in Exhibit 7.

E. Treatment of the Incumbent Worker

This section evaluates the Proposers support of the County's intent to retain the expertise of the existing workforce consistent with Sonoma County Code Chapter 28, sec. 17(h)(8) and the requirements identified below. Please consider the following information in your response and provide requested information that supports this evaluation.

There are many dedicated, experienced, and highly proficient paramedics, EMTs, and non-supervisory, ancillary staff employed by the current emergency ambulance provider. The proposer will be encouraged to recruit from, and preferentially hire, the incumbent paramedic and EMT workforce. Subject to applicable federal and state laws, it is desirable a Proposer be willing and able to grant employment to qualified and experienced EMTs and EMT-Ps who are currently employed in Sonoma County and who seek employment with the Proposer. Proposals shall provide specific plans to this effort in their proposal. The Proposer will be expected to provide all incumbent paramedic and EMT personnel that are offered employment with the ability to retain their "seniority" status earned while working for the previous contractor for such purposes as shift bids.

F. Ambulance Staffing

This section evaluates the Proposers ability to comply with the ambulance staffing requirements identified below. Please consider the following information in your response and provide requested information that supports this evaluation.

- (1) Ambulances must be staffed with at least one paramedic. The second crew member may be another paramedic or a California state certified EMT.
- (2) Provide the process for ensuring that ambulance staffing standards are met.

G. Management and Supervision

This section evaluates the Proposers ability to comply with the management and supervision requirements identified below. Please consider the following information in your response and provide requested information that supports this evaluation.

- (1) The proposer must have dedicated in-county management and supervisory personnel to manage all aspects of emergency ambulance service including administration, operations, EMS training, clinical quality improvement, record keeping, and field supervision. Such supervision shall be provided continuously 24 hours a day.

- (2) The proposer must specifically explain their staffing model to show sufficient personnel that will monitor, evaluate, and improve clinical care provided by the Proposers personnel and ensure that on-duty employees are operating professionally and competently.
- (3) Identify your key management staff for the EOA. Include completed Investigative Authorization–Individual and Company forms (Exhibit 8 and 9).
- (4) Provide the qualifications, including resumes, and provide job descriptions for all management, clinical and supervisory personnel for the emergency ambulance service.

#### H. Employee Safety and Wellness

This section evaluates the Proposers ability to comply with the employee safety and wellness requirements identified below. Please consider the following information in your response and provide requested information that supports this evaluation.

- (1) The Proposer will have a CVEMSA approved Communicable Disease Policy that complies with all Occupational Safety and Health Administration (Cal-OSHA) requirements and other regulations related to prevention, reporting of exposure, and disposal of medical waste. All prehospital personnel shall be trained in prevention, personal protective equipment, and universal precautions.
- (2) Provide your organization’s communicable disease control and safety policies and procedures.
- (3) Identify personal protective equipment provided to ambulance crews.
- (4) Proposers shall address the ergonomic needs of employees when selecting ambulances for their response to this RFP and shall include a process that includes employee input in major equipment purchases.
- (5) Proposers will identify the process they will use in determining ambulance design to include the ergonomic comfort and safety of employees.
- (6) The Proposer will have an employee wellness program and health screenings that are designed to help employees improve their overall physical health.
- (7) Proposer shall develop an infection prevention program that emphasizes aggressive hygiene practices and proactive personal protective equipment donning (e.g., eye protection, gloves, etc.). The Proposer shall maintain and strictly enforce policies for infection control, cross-contamination, and soiled materials disposal to decrease the chance of communicable disease exposure and transmission.

#### I. Critical Incident Stress Management and Employee Resilience Program

This section evaluates the Proposers ability to comply with the Critical Incident Stress Management and Employee Resilience Program requirements identified below. Please consider the following information in your response and provide requested information that supports this evaluation.

- (1) Proposer shall establish a stress management and employee resilience program for its employees to include an on-going stress reduction program, a critical incident stress action plan, and reliable access to trained and experienced professional counselors through an employee assistance program.
- (2) Provide the Critical Incident Stress Management Program and Employee Assistance Program you plan to use in Sonoma County.

J. Training and Continuing Education Program

This section evaluates the Proposers ability to comply with the training and continuing education requirements identified below. Please consider the following information in your response and provide requested information that supports this evaluation.

(1) Core Training Requirements:

The proposer must provide a comprehensive training/education program for all paramedic and EMT personnel. Joint training sessions for ambulance and fire service first responders are expected. Such a program shall include, but not be limited to:

- a. Advanced training for EMT staffing ALS ambulances
- b. Orientation to the EMS System
- c. Customer service and cultural sensitivity
- d. Pre-accreditation field evaluation for paramedics
- e. Post-accreditation education, supervision, evaluation
- f. Continuing education that is linked to quality improvement activities, including skills, procedures protocols, issues, and other programs
- g. Other programs and activities to maintain uniform skill proficiency
- h. Provide your comprehensive training and education program for ambulance personnel and how you will meet all training standards established by CVEMSA policy
- i. Provide how you plan your integration of comprehensive training and education with fire service first responders
- j. Provide the orientation and other training and evaluation that is required for new paramedics.
- k. Provide the process to ensure timely, accurate, and accountable communications with EMS personnel regarding changes in EMS system policies, procedures, protocols, or precautions
- l. Provide the qualifications, job description, and resume for your clinical leadership personnel
- m. Provide the database system you will use for maintaining paramedic and ambulance EMT records including employment, certification/licensure, paramedic accreditation, required training programs, and on-going training.

(2) Paramedics must maintain current valid certifications for:

- a. Pediatric Advanced Life Support or Pediatric Emergencies for the Prehospital Provider
- b. Prehospital Trauma Life Support or Basic Trauma Life Support or equivalent as determined by CVEMSA
- c. Advanced Cardiac Life Support

(3) Continuing Education Provider (C.E. Provider)

The Contractor must be approved as a CVEMSA Continuing Education Provider. Staff responsible for clinical education and clinical quality improvement must be able to meet the qualifications for EMS CE clinical direction following the California Code of Regulations, Title 22, Division 9, Chapter 11, and CVEMSA policy.

(4) Training Records

The Contractor must maintain a single electronic database for all clinical personnel. CVEMSA shall have electronic access to this database. The database will be continually updated so that records are current. The database will include, but not be limited to:

- a. Employment status (e.g., currently employed by, previously employed by)
- b. Certification/licensure
- c. Paramedic accreditation
- d. Required certifications within the contract (e.g., ACLS, PALS, EVOC)
- e. Any on-going training required by CVEMSA Medical Director (e.g., quarterly training).

K. Supplemental Specialty Training

- (1) Area fire departments are currently providing all risk rescue services and possess the technical rescue skills required for these low-frequency high-risk events. Proposers may be interested in proposing additional all risk training for ambulance personnel in these highly technical all risk skills.
- (2) In addition, the County is interested in a proposer including specialized training for critical care, tactical paramedicine, community paramedicine and mental/behavioral health to evaluate and deescalate patients in crisis.

**4.7 HOSPITAL AND COMMUNITY REQUIREMENTS**

A. Hospital Interface

This section evaluates the Proposers ability to comply with the hospital interface requirements identified below. Please consider the following information in your response and provide requested information that supports this evaluation.

- (1) The Proposer will be able to have, and will describe what they propose for a user-friendly and effective system for hospitals to communicate with:
  - a. Ambulance management and quality improvement staff.
  - b. Ambulance paramedics and EMTs.
- (2) There will be an electronic transmission of 12-lead ECG for suspected STEMI to the hospital prior to patient arrival and this 12-lead ECG will be included in the electronic copy of the medical record. The current system utilized by Sonoma County receiving hospitals and ground ambulance providers is LIFENET.
- (3) Describe how you will make 12-lead ECG for suspected STEMI patients available to the hospital prior to patient arrival.

- (4) There will be early notification of incoming patients by the ambulance crew with all pertinent information presented in a concise and standardized format and according to CVEMSA Policy.
- (5) The ePCR will be available to hospital personnel according to CVEMSA policy.

**B. Community Involvement**

This section evaluates the Proposers ability to comply with the community involvement requirements identified below. Please consider the following information in your response and provide requested information that supports this evaluation.

- (1) It is anticipated that the Proposer will plan and implement definitive community education programs, which shall include identification of and presentations to key community groups which influence the public perception of the EMS system’s performance, conducting citizen CPR training events, participation in EMS week and other educational activities involving prevention, system awareness, system access, and appropriate utilization of the EMS system.
- (2) Provide your proposed community education and illness/injury program for Sonoma County. Include timeline and measures.
- (3) The Contractor will report on these activities to the CVEMSA periodically.
- (4) The Contractor will participate in community health initiatives as established through CVEMSA.
- (5) The Contractor will provide local EMS training programs priority placement for student field observation and field internships.

**C. Diversity Program**

This section evaluates the Proposers ability to comply with the diversity program requirements identified below. Please consider the following information in your response and provide requested information that supports this evaluation.

- (1) The County places a high priority on ensuring a culturally responsive patient care with emphasis on workforce diversity and ensuring equity in serving diverse populations. Proposers shall define your organizational values, policies, and structures that will enable your staff to work effectively cross-culturally and mirror the diverse nature of Sonoma County.
- (2) Describe any provisions you will make to address linguistic access for non-English speakers.

**4.8 DISASTER PREPAREDNESS**

**A. Multi-Hazard Disaster and Multi-Casualty Plans (mandate disaster communication and**

This section evaluates the Proposers ability to comply with the Multi-Hazard Disaster and Multi-Casualty Plans requirements identified below. Please consider the following information in your response and provide requested information that supports this evaluation.

- (1) The Contractor shall have an internal multi-hazard disaster plan which includes, but is not limited to, triggers for activation, notifications, communications, staffing, vehicles, equipment, and EMS surge supplies needed for at least 72 hours.

- (2) The Contractor shall participate with the CVEMSA in disaster planning. This includes identifying local staff having responsibility for multi/mass-casualty and disaster planning and providing field personnel and transport resources for participation in any CVEMSA approved disaster drill in which the disaster plan/multi-casualty incident plan is exercised.
- (3) Provide an example of how your organization has participated in disaster exercises or actual disasters. Include how the event was evaluated and corrective actions taken to improve future responses.
- (4) The proposer must agree to contract with Emergency Medical Services Authority (EMSA), house, maintain, manage, and staff the EMSA state-issued Disaster Medical Support Unit (DMSU). This includes deploying the DMSU when requested by the CVEMSA Director, or the MHOAC, via the MHOAC/RDMHS mutual assistance system. This vehicle shall not be used in routine, day-to-day operations, but shall be kept in good working order and available for an emergency response to a disaster site or designated location. This vehicle may be used to carry personnel and equipment to a disaster site.
- (5) The proposer will ensure field staff responding to an MCI, disaster, or other large-scale emergencies are fully trained in the EMS system.
- (6) Identify staff that will have primary responsibility for disaster preparedness, provide the job description, and any required specialized training.
- (7) The Contractor will participate in the Ambulance Strike Team (AST) program and must ensure that AST responders and AST Unit leaders have been appropriately trained and approved by the CVEMSA.
- (8) The Contractor may require that field and supervisory staff be familiar with and trained in, the California Tactical Casualty Care Training Guidelines to respond as a medical support service provider to law enforcement incidents and provide field tactical medical care to casualties, as necessary.

**B. Mutual Assistance**

This section evaluates the Proposers experience with providing mutual assistance requirements identified below. Please consider the following information in your response and provide requested information that supports this evaluation.

To the extent units are available and consistent with its primary responsibility to provide ambulance and emergency medical services, with CVEMSA and/or MHOAC approval, the Contractor will render “automatic aid” and “mutual assistance” to adjacent jurisdictions. The proposer will provide their process to render and receive “automatic aid” and “mutual assistance” to those providers of emergency medical services operating within adjacent areas in and out of Sonoma County.

CVEMSA will monitor mutual aid use in Sonoma County to ensure there is not an imbalance of use between ambulance providers that may impact response within EOA 1. If the EOA 1 ambulance provider or another ambulance provider receives mutual aid that exceeds 130% of the number of mutual aid responses it provides that provider in a calendar quarter, CVEMSA may require the provider overusing mutual aid to provide a corrective action plan.

#### 4.9 QUALITY MANAGEMENT

##### A. Quality Improvement Program and Ongoing QI Requirements

This section evaluates the Proposer's ability to comply with the quality improvement program and ongoing QI requirements identified below. Please consider the following information in your response and provide requested information that supports this evaluation.

- (1) The Proposer will have a comprehensive quality improvement program and performance measures program. This program will include all operations and services and not be limited to clinical care. Data shall be presented to CVEMSA as part of the required online compliance utility program in a format approved by the CVEMSA.
- (2) The quality improvement (QI) program must meet the requirements of the California Code of Regulations, Title 22, Chapter 12 (EMS System Quality Improvement), CVEMSA policies and related guidelines and documented utilizing the EMSA Approved EMS Quality Improvement (EQIP) Template.
- (3) The program must be an organized, coordinated, multidisciplinary approach to the assessment of prehospital emergency medical response and patient care to improve patient care service and outcome.
- (4) The program may not be limited to clinical functions alone. It must include methods to measure performance, identify areas needing improvement, development, and implementation of improvement plans, and then evaluate the results. The program shall describe customer service practices.
- (5) Review and submit an updated QI Plan every two years. The QI program shall be reviewed annually for appropriateness to the provider's operation and revised as needed in consultation with CVEMSA. The update shall include, but not be limited to, a summary of how the QI program addressed the indicators and performance measures.
- (6) Participate in CVEMSA's quality initiatives, including making available relevant records for program monitoring and evaluation.
- (7) Participate in CVEMSA clinical trials or pilot projects as approved by the CVEMSA Medical Director.
- (8) Develop, in cooperation with appropriate personnel/agencies, a performance improvement action plan when the QI program identifies a need for improvement. If the area identified as needing improvement includes system clinical issues, collaboration is required with CVEMSA Medical Director or his/her designee.
- (9) Submit all required reports to demonstrate how Proposer will be compliant to clinical standards and clinical benchmarks as determined through the clinical standards-setting process.
- (10) Submit all data that would allow the county to participate in the California EMS System Core Quality Core Measures Project, CARES, NEMSQA, and Mission: Lifeline.
- (11) Additional reports may be required as part of local CQI programs for improvement including key performance indicators for STEMI, stroke, advanced airway, cardiac arrest, trauma, sepsis, choking, childbirth, pain, customer satisfaction, pediatric skills, medication errors, complaint satisfaction, employee satisfaction, paramedic skill retention, and safety.



B. Inquiries, Complaints, and Incident Reporting

This section evaluates the Proposers ability to comply with the inquiries, complaints and incident reporting requirements identified below. Please consider the following information in your response and provide requested information that supports this evaluation.

- (1) The Contractor will develop a mechanism for internal and external customers to comment on the care provided by Proposer and will provide access to comments to the CVEMSA.
- (2) The Contractor will provide prompt response and follow-up to inquiries and complaints at a minimum of three business days, and report findings to CVEMSA.
- (3) The Contractor will have an accountability system to account for patient belongings.
- (4) The Contractor will cooperate with the CVEMSA and/or the California EMS Authority in the investigation of an incident or unusual occurrence.
- (5) The Contractor will complete an incident or unusual occurrence report within 24 hours for personnel involved in an unusual occurrence. The Contractor will immediately notify the CVEMSA of potential violations of California.

C. Electronic Patient Care Report (ePCR)

This section evaluates the Proposers ability to comply with the Electronic Patient Care Reporting (ePCR) requirements identified below. Please consider the following information in your response and provide requested information that supports this evaluation.

- (1) The Contractor will be required to provide electronic patient care report (ePCR) data, in a form and timeframe prescribed by CVEMSA, according to California Health and Safety Code section 1797.227 and approved by EMS Medical Director, for patient documentation on all EMS system per CVEMSA patient documentation policies. The ePCR shall be accurately completed to include all information required by the CVEMSA and California Code of Regulations, Title 22, Division 9, Chapter 4, Section 100170, and 100171.
- (2) The County is interested in one ePCR software product for EOA 1 to improve efficiency and reduce documentation errors. It is highly encouraged the Proposer utilize the ImageTrend ePCR platform used by other first responders within the system and make it available at no cost to all first response agencies within the EOA.
- (3) The ePCR system must have the capability of mobile data entry in Contractor's ambulances and at the patient's bedside. The ePCR system shall comply with the current version of NEMSIS and CEMSIS. Compliant means a system that has been tested and certified "compliant" by NEMSIS. The ePCR System shall also comply with the current mapping standards and data dictionary, as promulgated by the California EMS Authority and CVEMSA. The ePCR system must be interoperable with other data systems, including the functionality to exchange electronic patient health information with other entities, such as the State EMS Authority and hospitals in an HL7 format. The ePCR system must have the capability to:
  - a. Link with the CAD to import all data for all calls.
  - b. Search a patient's health record for problems, medications, allergies, and end of life decisions to enhance clinical decision making in the field.
  - c. Alert the receiving hospital about the patient's status directly onto a dashboard in the emergency department to provide decision support.

- d. File the ePCR data directly into the patient's electronic health record for a better longitudinal patient record.
  - e. Reconcile the electronic health record information including diagnoses and disposition back into the EMS patient care report for use in improving the EMS system utilizing the FirstWatch FirstPass product or a similar superior product approved by CVEMSA.
- (4) A CVEMSA approved ePCR must be completed for all patients in a timely manner according to CVEMSA policy. The Contractor must provide access to patient care records at the receiving facilities in computer-readable format and suitable for statistical analysis for all 9-1-1 ambulance responses. Records shall contain all information documented on the ePCR for all EMS system responses including patient contacts, canceled calls, and non- transports. The Contractor will provide electronic ePCR data to CVEMSA, and EMS Authority, in a form prescribed by CVEMSA, according to California Health and Safety Code, Section 1797.227, within a reasonable timeframe specified by CVEMSA. The proposer must describe a process to demonstrate ePCR accountability through CAD reconciliation for every medical call.
  - (5) Proposer's ePCR must provide other data points that may be reasonably requested, including any needed modifications to support EMS system data collection.
  - (6) As health information systems evolve, the Contractor will agree to work with CVEMSA and local hospital(s) to establish, and/or participate in, a Health Information Exchange (HIE) with each receiving facility, with automated data sharing for purposes of enhancing EMS system-level treatment, payment, and operations through continuous quality improvement activities including analysis of outcome data associated with individual patients.
  - (7) Identify the individuals who will be responsible for developing and implementing the electronic patient care record and record warehouse and provide a description of their qualifications.
  - (8) Describe the structure of the electronic patient care record and the electronic record warehouse including the software, hardware, and general structure.
  - (9) Provide a description of computers (or equivalent), including their wireless communication capabilities, that will be provided to each ambulance and if applicable to each fire first response vehicle.
  - (10) Identify the unique patient identifier that will be used to link CAD data, ambulance data, first responder data, and hospital data.
  - (11) Describe the data transfer protocols.
  - (12) Describe how the patient care records will be made available to the receiving hospital at the time the patient is left at the hospital.
  - (13) Provide ePCR platform at no cost to current and future first responder agencies partnering with Contractor for the delivery of emergency medical patient care services.

#### 4.10 FINANCIAL AND ADMINISTRATIVE REQUIREMENTS

##### A. Patient Fees

This section evaluates the Proposers patient fee schedule consistent with the standards articulated below. Please consider the following information in your response and provide requested information that supports this evaluation.

- (1) Current maximum patient fees are included in Exhibit 11. Proposers are encouraged to maintain or decrease these fees. The patient fees must be fixed for at least one year from the beginning of the contract.
- (2) Submit the completed forms for "Proposed Ambulance Rates" including the two patient scenarios in Exhibit 12.
- (3) To ensure the CVEMSA has resources necessary for equipment upgrades for emergency responders, \$1.50 per mile will be added to patient billing to establish a Technology and Equipment Upgrade Fund. The EMCC or other appropriate committee in coordination with the CVEMSA Regional Administrator or designee will approve all expenditures from this fund.

##### B. Budget and Fiscal Sustainability

This section evaluates the Proposers submitted budget and other submitted financial documents. Please consider the following information in your response and provide requested information that supports this evaluation.

- (1) Provide budget on form attached and included in Exhibit 13.
- (2) Provide detailed information on the full costs of your proposed service including allocation of indirect costs.
- (3) Provide a statement of the method of financing, attach any endorsement documents necessary, of all start-up and operational costs including, but not limited to, the initial ambulance fleet and equipment and facility leases that are required to begin operations.
- (4) Provide a statement of the amount of funding that will be dedicated to "Reserve for Contingencies".
- (5) Proposer shall submit a financial statement of all financial, and/or in-kind corporate/parental entity support to show all sources of funding that will support the provision of 9-1-1 Ambulance Services within EOA 1.
- (6) If the Proposer's corporate/parental structure is larger than only the provision of 9-1-1 Ambulance service for CVEMSA, this statement shall include disclosing the full cost allocation of all shared overhead services charged to the Sonoma County 9-1-1 Ambulance Service EOA 1 (including rationale). Typical overhead services include but are not limited to risk management, insurance, purchasing, maintenance, legal and human resource, or other functions if those functions are not solely dedicated to 9-1-1 Ambulance Service in Sonoma County.
- (7) Proposers will disclose, if applicable, the interest or use rate at which the parent / corporate entity loans money or services to the subsidiary corporation providing 9-1-1 Ambulance Services to the EOA.
- (8) Using the forms provided in Exhibit 13, provide the above information for each year of the first three years of operation. Additionally, provide complete information on projected revenue from ambulance service billing for each of the first three years. If revenue from ambulance service billing does not cover expected costs of operations, document your projected source of revenue to offset the loss and provide a projected timeframe to recoup losses. "Full Cost" means all costs attributable to the provision of service.

C. Billing and Collection

This section evaluates the Proposers billing system and collection practice. Please consider the following information in your response and provide requested information that supports this evaluation.

- (1) The proposer will be responsible for humane billing and collection practices and must have a written Compassionate Care Policy. Proposer's collection practices shall be following all State collection laws and regulations. Proposer's accounts receivable management system will be capable of timely response to patient and third-party payer inquiries regarding submission of insurance claims, dates and types of payments made, itemized charges, and other inquiries.
- (2) The proposer will have staff available at the proposer's local headquarters, accessible via a toll-free phone number to provide an initial response to questions regarding patient bills. The proposer will provide interpreter service, relative to billing and collections, to parties having limited English proficiency.
- (3) The proposer will have a billing and collections system that is well-documented, easy to audit, customer-friendly, assists in obtaining reimbursement from third party sources, and is capable of electronically filing Medicare and Medi-Cal billing claims.
- (4) Direct patient billing statements will be itemized so that all charges are clearly explained. The accounts receivable management system will automatically generate Medicare and Medi-Cal billing forms electronically or on paper.
- (5) If a patient is initially billed directly, Proposer's first invoice will request third-party payment information and ask the patient to contact the billing office. A toll-free number and return envelope will be provided.
- (6) If a patient has no third-party coverage, Proposer will have a liberal installment plan policy for payment arrangements. If the payment arrangements are not adhered to, the account may be assigned for collection.

D. Financial Hardship Policy

This section evaluates the Proposers Financial Hardship Policy. Please consider the following information in your response and provide requested information that supports this evaluation.

- (1) Proposer shall provide a written Financial Hardship/Compassionate Care Policy which shall apply to patients who do not have medical insurance and who have limited financial capacity.
- (2) Proposer shall extend discounts to patients based upon such policy and such discounts will consider federal poverty level standards, ineligibility for Medi-Cal/Medicaid or other third-party coverage, as well as any extenuating circumstances.
- (3) The proposer will submit an annual customer satisfaction survey provided by an external agency approved by the CVEMSA.
- (4) Describe your billing and collection system, including Spanish or other language preferences.
- (5) Provide a copy of your financial hardship policy.
- (6) Provide a copy of a billing late notice.
- (7) Describe how your organization evaluates and improves the billing and collection system.
- (8) Give at least one example of system improvement in the past year.

#### 4.11 FUTURE OPTIONAL SYSTEM ENHANCEMENTS

Each of the four optional system enhancements described below will be scored based on Proposers innovative solutions that could provide added value to the community. When proposing the inclusion of programs described in this section, proposers should demonstrate how the following guiding principles are incorporated in the program in to ensure maximum value to the community is retained. Such programs should be goal-directed; meeting a defined need of specific patient population in a local community as articulated by local stakeholders and supported by formal health needs assessments. Proposed programs should also be team-based integrating multiple providers, both clinical and non-clinical, in meeting the holistic needs of patients served by the program.

Although these programs have not been finalized for implementation, it is the intent of the County that the Proposer will agree to meet with the County to determine the scope of the program and Proposer's cost and any available funding opportunities. If it is necessary to increase ambulance transportation rates to support cost recovery for a new program, revised ambulance rates will need to be approved by the Board of Supervisors.

- A. Sonoma County is interested in developing a mental health response and alternate transport service to provide assessment, management, transport, and referral as appropriate to individuals presenting with behavioral/mental health emergencies in the prehospital setting. The objective is to provide the care and services that will best meet the needs of the individual while reducing the cost associated with unnecessary ambulance transports contributing to overcrowded emergency departments. The County is interested in the proposer providing innovative solutions utilizing paramedics in response vehicles for these services. The proposer shall submit a plan and describe their experience, if any, with the provision of paramedic mental health field alternative response programs. Jurisdictions within the EOA are also considering several options for the delivery of alternate mental health responses.
- B. CVEMSA is interested in exploring during the terms of a contract resulting from this RFP the efficacy and financial viability of a tiered response system that may include a nurse triage process at dispatch with alternate destination procedures and or respond, treat, and refer protocols. The proposer shall submit a plan, as well as their experience, if any, with the program described in this section. Answer shall consider that any 9-1-1 emergency pilot programs must be based on priority dispatch through EMD protocols approved by the CVEMSA's Medical Director and must implement a strong evaluation process to assess patient outcomes to ensure patient safety.
- C. Community Paramedic Programs: As approved by state statute and regulations, Proposer, the County, and CVEMSA may work together to provide additional creative solutions to support the health and welfare of community members. This may be accomplished by the utilization of fire and ambulance personnel to conduct programs such as reduction of repeat hospital visits with at-home patient follow-up, transportation to alternate locations such as sobering center and mental health facilities. The proposer shall describe their experience as well as any proposed plan to offer Community Paramedic Programs.

## EXHIBITS & ATTACHMENTS

EXHIBIT 1 – Maps of EMS Exclusive Operating Areas and Population Areas

EXHIBIT 2 – Historical Call Data

EXHIBIT 3 – Proposer Scoring Sheet

EXHIBIT 4 – Professional Services Agreement Example

EXHIBIT 5 – Response Times, and Liquidated Damages

EXHIBIT 6 – Clinical Performance Standards, Exemptions, and Liquidated Damages

EXHIBIT 7 – Proposed Ambulance Employee Compensation and Benefits – Paramedic and EMT

EXHIBIT 8 – Investigative Authorization – Company

EXHIBIT 9 – Investigative Authorization – Individual

EXHIBIT 10 – EMS Dispatch Center and Communication Equipment Requirements

EXHIBIT 11 – Current Sonoma County Ambulance Rates for EOA 1

EXHIBIT 12 – Proposed Sonoma County Ambulance Rates

EXHIBIT 13 – Proposed Operating and Start-Up Budget

EXHIBIT 14 – Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973

EXHIBIT 15 – First Responder ALS

EXHIBIT 16 – Financial Reporting

EXHIBIT 17 – Insurance

EXHIBIT 18 – Attestation

EXHIBIT 19 – Definitions

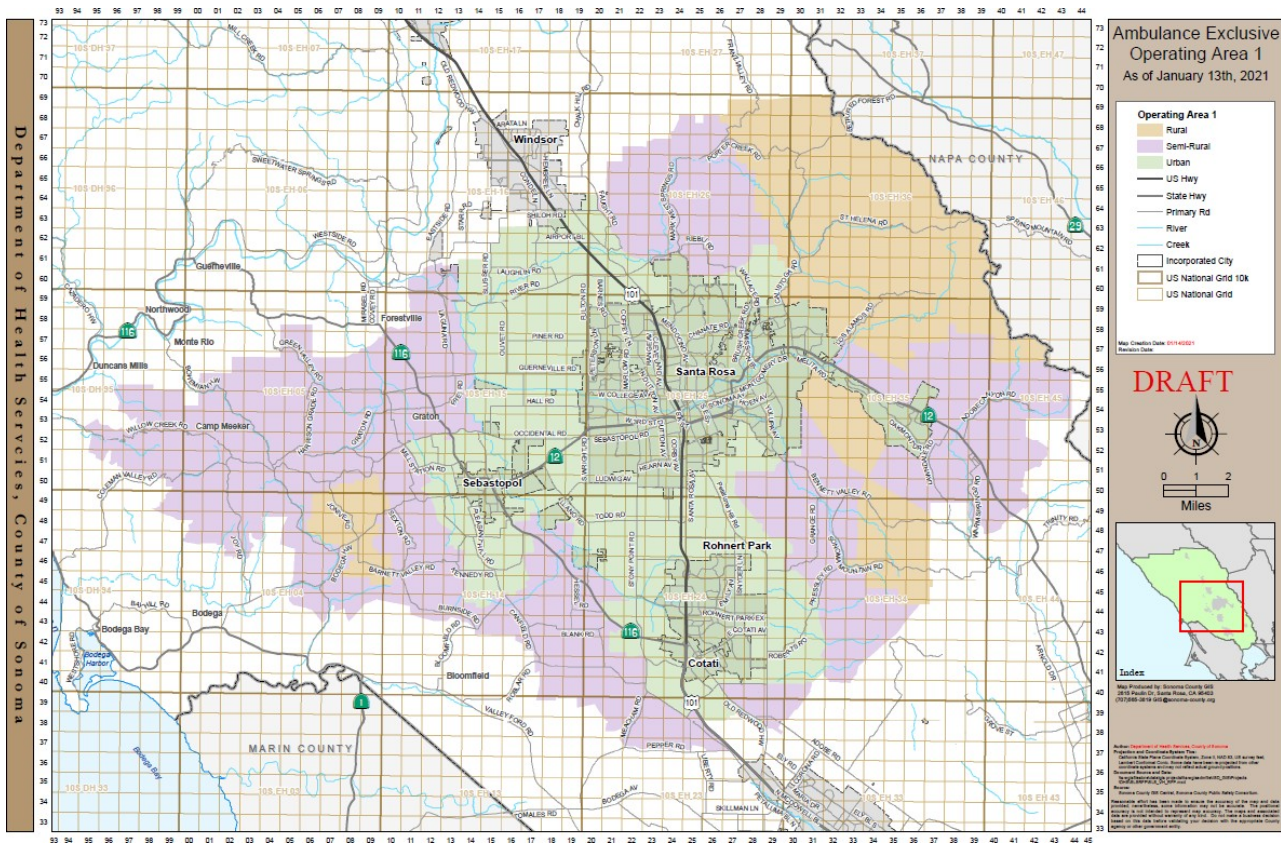
EXHIBIT 20 – References

ATTACHMENT 1 – Collective Bargaining Agreement

# EXHIBIT 1 – MAPS OF EMS EXCLUSIVE OPERATING AREAS AND POPULATION AREAS

## Definition of EMS System Standards:

- (1) Urban - all census places with a population density of 101 to 500 persons per square mile; or census tracts and enumeration districts without census tracts which have a population density of 101 to 500 persons or more per square mile.
- (2) Semi-Rural - All census places with a population density of 51 to 100 persons per square mile; or census tracts or enumeration districts without census tracts which have a population density of 51 to 100 persons per square mile.
- (3) Rural - all census places with a population density of seven to 50 persons per square mile; or census tracts or enumeration districts without census tracts which have a population density of seven to 50 persons per square mile.
- (4) Wilderness - census tracts or enumeration districts without census tracts have a population of less than seven persons per square mile.



## EXHIBIT 2 – HISTORICAL CALL DATA

Historical CAD call data will be provided to all qualified Proposers after receipt of a Letter of Intent to bid. The chart below illustrates the three-year call volume and ambulance response area.

| Calendar Year 2017 |             | Calendar Year 2018 |             | Calendar Year 2019 |             |
|--------------------|-------------|--------------------|-------------|--------------------|-------------|
| Area               | Total Calls | Area               | Total Calls | Area               | Total Calls |
| Oakmont            | 1,146       | Oakmont            | 1,228       | Oakmont            | 1,190       |
| Rohnert Park       | 5,207       | Rohnert Park       | 5,391       | Rohnert Park       | 5,380       |
| Santa Rosa         | 23,410      | Santa Rosa         | 23,746      | Santa Rosa         | 23,972      |
| Sebastopol         | 1,175       | Sebastopol         | 1,300       | Sebastopol         | 1,368       |
| Semi-Rural         | 1,342       | Semi-Rural         | 1,251       | Semi-Rural         | 1,363       |
| Rural              | 164         | Rural              | 176         | Rural              | 170         |
| IFT                | 1,482       | IFT                | 1,547       | IFT                | 1,510       |

Call Data for the Occidental zone is not available by response category but included below as total calls.

| Calendar Year 2017 |             | Calendar Year 2018 |             | Calendar Year 2019 |             |
|--------------------|-------------|--------------------|-------------|--------------------|-------------|
| Area               | Total Calls | Area               | Total Calls | Area               | Total Calls |
| Occidental         | N/A         | Occidental         | 251         | Occidental         | 233         |



## EXHIBIT 3 – PROPOSER SCORING SHEET

### Community-Focused EMS Practice; a Sonoma County Value

#### Note to Proposal Review Committee

The evaluation process in which you are participating is pivotal to the selection of the provider agency that will deliver care to the majority of Sonoma County residents for as long as the next ten years. The Sonoma County Department of Health Services, local EMS Agency staff and our consulting team have worked with the Sonoma County Board of Supervisors EMS Ad Hoc Committee to create a fair and equitable process compliant with state statutory requirements as well as local county code. The rating sheets have been balanced with as much care as possible to weight those things that will benefit the patients served by the selected provider.

The EMS Ad Hoc Committee feels strongly that a values statement should preface the evaluation process. Simply stated, the ideal contactor would not only deliver EMS response and transportation with efficiency and competence but would also work in coordination with the County to explore and deliver care to the community in innovative ways beyond the traditional EMS transport-based paradigm.

The traditional model of Emergency Medical Services response and transportation has been recognized as a system overdue for change by many system stakeholders. In short, a system that transports every patient to the hospital emergency department, regardless of complaint or underlying issue, is not a system that provides the best value for the community served. Patients with behavioral health issues, substance addiction disorders, or underlying social issues are common 911 system activators, yet the only traditional option that has been available is a medically focused evaluation and transport to an emergency department (ED) that is likely ill-equipped to provide the needed support. This is not a criticism of any provider organization's traditional service model; excellence in traditional EMS service delivery must be considered a prerequisite for any contractor, and the traditional transport to ED-only model has endured because insurers will only fund that service. EMS systems are dependent on insurance funding, and in California, statutory restrictions on EMS practice have historically limited the ability of providers to offer alternatives to ED transport.

Thankfully, insurers, state legislators and regulators are now recognizing the limitations of the traditional model and are supporting change. CMS has created a pilot program allowing reimbursement for transportation to alternative destinations, alternative dispatch of EMS resources and non-transport care options such as telehealth. The State of California has passed legislation expanding the ability of Local EMS Agencies to approve and oversee Community Paramedicine programs aimed at addressing some of the needs described earlier. It is reasonable to expect this trend may continue over the next ten years.

This puts the County of Sonoma in the position of seeing a potential groundswell in community-focused care options ahead at a time when we are preparing to award an exclusive agreement that must heavily rely upon traditional service models as a key basis of evaluation. To that end, the County is seeking a provider agency willing and able to develop and implement innovative, community-focused health care solutions beyond the traditional model as they become available. It is important that evaluators understand our desire to secure a provider with the ability and expertise to provide clinically sophisticated patient care both in the traditional sense and through innovative solutions that best serve the community.

Thank you for your service to our community by providing your time, expertise, and effort towards the selection of the best organization to partner with us in this effort.

## Proposal Review Committee (PRC) Instructions

The PRC will score each proposal based on the criteria described and on the written information provided by Proposer in response to the RFP.

An evaluation committee chosen by the County shall review, rate, and rank all proposals based on objective criteria identified in Sonoma Code Chapter 28 Emergency and Pre-hospital Medical Services System. Such committee shall, at a minimum have representation including in accordance with the EMS Ordinance:

1. Physician with experience in the acute Emergency Department setting and a working knowledge of prehospital emergency care,
2. Local EMS Agency Administrator,
3. Fire services officer from an agency that provides ALS transport services,
4. County-level administrative officer,
5. Certified Public Accountant with health systems knowledge.

The Proposal Review Committee members shall be selected from entities outside of Sonoma County.

In selecting an exclusive provider under Sonoma Code Chapter 28 Emergency and Pre-hospital Medical Services System, the PRC shall consider the comparative value of competing proposals, including the consideration of:

- a. The quality of the service to be provided
- b. The level of service to be provided
- c. The rates charged to the public for services provided
- d. The cost, if any, to the County, cities, or district
- e. Documented evidence of ability to work effectively with local agencies
- f. Evidence of expertise, capability, and capacity to provide for or arrange for ambulance services as described in the RFP
- g. The financial stability of service to be provided
- h. The effect proposers' wages, benefits, shift schedules and expected productivity will have on proposers' ability to attract and retain experienced personnel, especially the existing employed Paramedics and EMTs in Sonoma County. Wage and benefit packages should encourage personnel to remain with the system to reduce the turnover rate and increase the expertise and experience available through the incumbent workforce.

The PRC participant will receive a copy of all submitted proposals, along with a Proposer Scoring Sheet to rate each proposal based on the information provided to evaluate the response to the RFP criteria.

The PRC will review each proposal to confirm proposals are compliant. Any failure to meet a single minimum qualification will be considered a non-compliance proposal and will not be scored.

The Evaluator Rating Descriptions provide direction for scoring each of the Scope of Work items and Special Provisions within the RFP. The PRC participants should mark the column that best represents the rating for each section (Excellent, Good, Fair, Poor). Individual PRC members will remain confidential. It is likely the scores will be aggregated and shared in the final process.

## **Evaluation Guide**

1. Does Proposer provide complete responses? Proposals will be evaluated against the RFP specifications.
2. Does the Proposer demonstrate relevant experience to conduct the scope of work outlined in this RFP?
3. Does the Proposer demonstrate knowledge of state and local standards required for this procurement?
4. Does the Proposer adequately address all portions of the scope of work described in this RFP?
5. Does the proposal clearly explain the roles each person assigned to the project will have in connection with the RFP?
6. Do the individuals assigned to the project possess relevant education, training, and experience to perform their roles in the scope of work?
7. Does the proposal sufficiently describe Proposer's plan for meeting the reporting requirements described in this RFP?
8. Does the proposed ambulance rate accurately reflect the Proposer's effort to meet requirements and objectives?
9. Does the proposed Operating and Start-up Budget demonstrate an understanding of and adhere to the requirements described within this RFP?

**Minimum Qualifications:**

**Proposers must comply with all minimum qualifications and submit documentations as requested.**

| Category  | Yes | No |
|---|-----|----|
| <b>Section 3.1 Minimum Qualifications - Page 23-24</b>  |     |    |
| A. Experience   |     |    |
| B. Financial Conditions   |     |    |
| C. Demonstration of Financial Hardship Policy   |     |    |
| D. Demonstration of Litigation History  |     |    |
| E. Evidence of Insurance or letter from Insurance company/underwriter of ability to obtain insurance. (See Exhibit 17)                    |     |    |
| F. Attestation that Proposer will work with the City of Santa Rosa and support Fire First Response ALS (FRALS) services. (See Exhibit 15) |     |    |

Proposer Name Scoring Sheet: \_\_\_\_\_

Evaluator Number: \_\_\_\_\_ Date: \_\_\_\_\_

| Rating                        | Description   | Points Awarded |
|-------------------------------|---|----------------|
| <b>Excellent</b>              | The proposal successfully addresses all relevant aspects of the element being evaluated and provides clear examples of how they will accomplish this requirement. Exceeds expectations, very innovative, clearly superior to that which is average or expected as the norm. Excellent probability of success and in achieving all objectives and meeting RFP specification. | <b>100%</b>    |
| <b>Very Good</b>              | The proposal addresses the element well; although there may be some inconsistency in the examples provided, all requirements are addressed. Good probability of success, better than that which is average or expected as the norm. Achieves all objectives per RFP requirements and expectations.  | <b>80%</b>     |
| <b>Minimally Satisfactory</b> | The proposal addresses the element adequately; although limited examples are provided, and certain requirements are not completely addressed. Average probability of success, however some objectives may be met in a minimally sufficient manner.  | <b>60%</b>     |
| <b>Fair</b>                   | The proposal broadly addresses the element; however, details are missing and there are significant weaknesses that would need additional clarification or justification concerning meeting the overall criterion. Has a reasonable probability of success, however, some objectives may not be met.   | <b>40%</b>     |
| <b>Poor</b>                   | The proposal has inherent weaknesses concerning the element being evaluated and does not materially support the criterion and falls short of expectations, is substandard to that which is the average or expected norm, has a low probability of success in achieving objectives per the RFP   | <b>20%</b>     |
| <b>No Response</b>            | The proposer did not provide information related to this scoring element.   | <b>0%</b>      |

| <b>SCORING RANGE TABLE</b>  |                               |                         |         |         |         |         |        |
|---|-------------------------------|-------------------------|---------|---------|---------|---------|--------|
| The numbers in the green bands represent the range of scores a rater may award based on their evaluation of the proposer response. – Use only whole numbers |                               |                         |         |         |         |         |        |
|   |                               | Maximum Possible Points |         |         |         |         |        |
|   |                               | 50 Pts.                 | 25 Pts. | 20 Pts. | 15 Pts. | 10 Pts. | 5 Pts. |
| Rating  | <b>Excellent</b>              | 41-50                   | 21-25   | 17-20   | 13-15   | 9-10    | 5      |
|   | <b>Very Good</b>              | 31-40                   | 16-20   | 13-16   | 10-12   | 7-8     | 4      |
|   | <b>Minimally Satisfactory</b> | 21-30                   | 11-15   | 9-12    | 7-9     | 5-6     | 3      |
|   | <b>Fair</b>                   | 11-20                   | 6-10    | 5-8     | 4-6     | 3-4     | 2      |
|   | <b>Poor</b>                   | 1-10                    | 1-5     | 1-4     | 1-3     | 1-2     | 1      |
|   | <b>No Response</b>            | 0                       | 0       | 0       | 0       | 0       | 0      |

|  | Evaluator Rating |           |                        |      |      |             | Total Points per Item | Total Points Possible per Category |
|--|------------------|-----------|------------------------|------|------|-------------|-----------------------|------------------------------------|
|  | Excellent        | Very Good | Minimally Satisfactory | Fair | Poor | No Response |                       |                                    |
| <b>SECTION IV – SCOPE OF WORK AND EVALUATION CRITERIA</b><br>Scope of Work and Special Provisions are outlined in the RFP. The sections and pages are provided as a guide. |                  |           |                        |      |      |             |                       |                                    |
| <b>4.1 Organizational Capacity and Experience - Page 25-27</b>   |                  |           |                        |      |      |             |                       | <b>25</b>                          |
| A. Organizational Capacity and Quality   |                  |           |                        |      |      |             | 10                    |                                    |
| B. Subcontracting  |                  |           |                        |      |      |             | 5                     |                                    |
| C. Experience and References   |                  |           |                        |      |      |             | 10                    |                                    |
| <b>4.2 Performance Requirements – Page 27-30</b>   |                  |           |                        |      |      |             |                       | <b>75</b>                          |
| A. Response Time Standards   |                  |           |                        |      |      |             | 20                    |                                    |
| B. Clinical Performance Standards  |                  |           |                        |      |      |             | 50                    |                                    |
| C. First Responder Supply Restocking   |                  |           |                        |      |      |             | 5                     |                                    |
| <b>4.3 Ambulance Deployment and System Status Plan – Page 30-31</b>  |                  |           |                        |      |      |             |                       | <b>30</b>                          |
| A. Requirements  |                  |           |                        |      |      |             | 25                    |                                    |
| B. Standby and Special Events  |                  |           |                        |      |      |             | 5                     |                                    |
| <b>4.4 Vehicles – Page 31-33</b>   |                  |           |                        |      |      |             |                       | <b>20</b>                          |
| A. Ambulance Requirements  |                  |           |                        |      |      |             | 5                     |                                    |
| B. Proposer Support Vehicles   |                  |           |                        |      |      |             | 5                     |                                    |
| C. Vehicle Maintenance Program   |                  |           |                        |      |      |             | 5                     |                                    |
| D. Vehicle Safety Program  |                  |           |                        |      |      |             | 5                     |                                    |
| <b>4.5 Medical Supplies and Equipment – Page 33</b>  |                  |           |                        |      |      |             |                       | <b>5</b>                           |
| A. Medical Supplies and Equipment  |                  |           |                        |      |      |             | 5                     |                                    |
| <b>4.6 Personnel – Page 33-38</b>  |                  |           |                        |      |      |             |                       | <b>75</b>                          |
| A. Workforce and Diversity   |                  |           |                        |      |      |             | 10                    |                                    |
| B. Ambulance Work Schedules and Conditions   |                  |           |                        |      |      |             | 5                     |                                    |
| C. Field Sub-Stations  |                  |           |                        |      |      |             | 5                     |                                    |
| D. Compensation/Benefits   |                  |           |                        |      |      |             | 15                    |                                    |
| E. Treatment of Incumbent Workforce  |                  |           |                        |      |      |             | 5                     |                                    |
| F. Ambulance Staffing  |                  |           |                        |      |      |             | 5                     |                                    |
| G. Management and Supervision  |                  |           |                        |      |      |             | 5                     |                                    |
| H. Employee Safety and Wellness  |                  |           |                        |      |      |             | 5                     |                                    |
| I. Critical Incident Stress Management and Employee Resilience Program   |                  |           |                        |      |      |             | 5                     |                                    |
| J. Overall Training and Continuing Education Program   |                  |           |                        |      |      |             | 10                    |                                    |

|  |  |  |  |  |  |  |    |            |
|--|--|--|--|--|--|--|----|------------|
| K. Supplemental Specialty Training   |  |  |  |  |  |  | 5  |            |
| <b>4.7 Hospital and Community Requirements – Page 38-39</b>                        |  |  |  |  |  |  |    | <b>15</b>  |
| A. Hospital  |  |  |  |  |  |  | 5  |            |
| B. Community Involvement   |  |  |  |  |  |  | 5  |            |
| C. Diversity Program   |  |  |  |  |  |  | 5  |            |
| <b>4.8 Disaster Preparedness and Response Page 40-41</b>                           |  |  |  |  |  |  |    | <b>20</b>  |
| A. Multi-Hazard Disaster and Multi-Casualty Plans                                  |  |  |  |  |  |  | 15 |            |
| B. Mutual Assistance   |  |  |  |  |  |  | 5  |            |
| <b>4.9 Quality Management Page 41-43</b>   |  |  |  |  |  |  |    | <b>50</b>  |
| A. Quality Management Program  |  |  |  |  |  |  | 25 |            |
| B. Ongoing QI Requirement  |  |  |  |  |  |  | 5  |            |
| C. Inquiries, Complaints, and Incident Report                                      |  |  |  |  |  |  | 5  |            |
| D. Electronic Patient Care Report (ePCR)   |  |  |  |  |  |  | 15 |            |
| <b>4.10 Financial and Administrative Requirements Page 44-45</b>                   |  |  |  |  |  |  |    | <b>50</b>  |
| A. Patient Fees  |  |  |  |  |  |  | 20 |            |
| B. Budget  |  |  |  |  |  |  | 20 |            |
| C. Billing and Collections System  |  |  |  |  |  |  | 10 |            |
| <b>4.11 Future Optional System Enhancements Page 46</b>                            |  |  |  |  |  |  |    | <b>30</b>  |
| A. Innovative Solutions to Mental Health Response and Alternate Transport Services |  |  |  |  |  |  | 10 |            |
| B. Tiered Response System  |  |  |  |  |  |  | 10 |            |
| C. Community Paramedic / Community Care Programs                                   |  |  |  |  |  |  | 10 |            |
| <b>Total Score</b>   |  |  |  |  |  |  |    | <b>395</b> |

# EXHIBIT 4 – PROFESSIONAL SERVICES AGREEMENT EXAMPLE

## DRAFT PROFESSIONAL SERVICES AGREEMENT TEMPLATE

### **GENERAL TERMS AND CONDITIONS AGREEMENT BETWEEN SONOMA COUNTY AND [Contractor name]**

This Agreement is entered into this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by and between, Sonoma County hereinafter called “COUNTY,” and [Insert contractor legal name here], hereinafter called “CONTRACTOR.”

Whereas the California Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, California Health and Safety Code Sections 1797, et seq. at Sections 1797.224 and Section 1797.85, allows the local EMS Agency to create Exclusive Operating Areas to restrict operations to one or more providers of emergency ambulance services and Advanced Life Support Services in the development of a local plan through a competitive bid process or without a competitive bid process if the area has been served in the same scope and manner without interruption since January 1, 1981; and

Whereas pursuant to California Health and Safety Code, Section 1797.200, the County of Sonoma designates Health and Human Services Agency to be the local EMS Agency and to develop a written agreement with any qualified Paramedic Ambulance Transport Provider that wishes to participate in the Advanced Life Support program in Sonoma County; and

Whereas Title 22 California Code of Regulations Section 100167(b) (4) requires both public and private Paramedic Service Providers to have a written agreement with the local EMS Agency to provide advanced life support; and

Whereas Section 8.70.020 of Sonoma County Ambulance Ordinance establishes a Certificate of Operation and Permits including Exclusive Operating Areas and/or Non-exclusive Operating Areas shall be designated, and Section 8.70.021 establishes that those providing ambulance services must hold a Certificate of Operation issued by the county, and Section 8.70.042 establishes that the Ambulance Provider Agreement shall address performance standards.

Now, therefore, it is agreed by the parties to this Agreement as follows:

#### **1. Term of the Agreement.**

- a. Term. The term of this Agreement shall commence on the date first written on page 1 and shall expire on the expiration date set forth on page 1 unless terminated earlier in accordance with Paragraphs 2.9 (Termination for Cause), 2.10 (Other Termination) or 2.23(a) (Covenant of No Undisclosed Conflict) of this Exhibit C.
- b. Extension of Agreement. County may extend the Contractor’s agreement for an additional five (5) year term. The extension will be based on Contractor's performance in meeting and or exceeding the performance standards outlined in the Agreement over the initial term.
- c. Obligations Extending Beyond Term. The obligations of the Parties under Paragraphs 2.7 (Insurance) and 2.8 (Hold Harmless/Defense/Indemnification) shall continue in full force and effect after the expiration date or early termination in relation to acts or omissions occurring prior to such dates during the term of the Agreement, and the obligations of CONTRACTOR to COUNTY shall also continue after the expiration date or early termination in relation to the obligations prescribed by Paragraphs 2.15 (Confidentiality), 2.20 (Taxes), 2.21 (Access to Records/Retention), 2.31 (Compliance with Federal Health Care Program Requirements, 2.32 (Compliance with State Medi-



Cal Specialty Mental Health Services Requirements), and 2.33 (Compliance with Mental Health Activities Requirements). To the extent the paragraphs referenced in this Paragraph 2.1 may be modified by Specific Terms and Conditions contained in SECTION 3 of this Agreement, the modifications shall also continue after the expiration date or early termination.

2. **Scope of Services.** CONTRACTOR shall provide COUNTY those services set forth in RFP, Section 1.3
3. **Pricing, Billing, and Collections.** The primary means of CONTRACTOR compensation is through fee-for-service reimbursement of patient charges. CONTRACTOR shall not receive a subsidy from the CVEMSA or Sonoma County for the performance of any services described within this Agreement.

CONTRACTOR shall be entitled to charge patients for the services rendered according to an approved Sonoma CVEMSA fee schedule in EXHIBIT 12. CONTRACTOR shall not discount its rates less than the rates set forth in EXHIBIT 12, except where required by law (e.g., Medicare or Medicaid, or where a patient meets CONTRACTOR's Compassionate Care Policy).

4. **Independent Contractor.** CONTRACTOR shall perform this Agreement as an independent contractor. CONTRACTOR and the officers, agents, and employees of CONTRACTOR are not, and shall not be deemed, COUNTY employees for any purpose, including workers' compensation and employee benefits. CONTRACTOR shall, at CONTRACTOR's own risk and expense, determine the method and manner by which duties imposed on CONTRACTOR by this Agreement shall be performed; provided, however, that COUNTY may monitor the work performed by CONTRACTOR. COUNTY shall not deduct or withhold any amounts whatsoever from the compensation paid to CONTRACTOR, including, but not limited to amounts required to be withheld for state and federal taxes. As between the Parties to this Agreement, CONTRACTOR shall be solely responsible for all such payments.
5. **Specific Performance.** It is agreed that CONTRACTOR, including the agents, employees, and authorized subcontractors of CONTRACTOR, shall be the sole providers of the services required by this Agreement. Because the services to be performed by CONTRACTOR under the terms of this Agreement are of a special, unique, unusual, extraordinary, and intellectual or time-sensitive character which gives them a peculiar value, the loss of which cannot be reasonably or adequately compensated in damages in an action of law, COUNTY, in addition to any other rights or remedies which COUNTY may possess, shall be entitled to injunctive and other equitable relief to prevent a breach of this Agreement by CONTRACTOR.
6. **Insurance.** CONTRACTOR shall obtain and maintain in full force and effect throughout the term of this Agreement, and thereafter as to matters occurring during the term of this Agreement, the following insurance coverage:
  - a. Workers' Compensation Insurance. To the extent required by law during the term of this Agreement, CONTRACTOR shall provide workers' compensation insurance for the performance of any of CONTRACTOR's duties under this Agreement, including but not limited to, coverage for workers' compensation and employer's liability and a waiver of subrogation, and shall provide COUNTY with the certification of all such coverages upon request by COUNTY's Risk Manager.
  - b. Liability Insurance. CONTRACTOR shall obtain and maintain in full force and effect during the term of this Agreement the following liability insurance coverages, issued by a company admitted to do business in California and having an A.M. Best rating of A:VII or better, or equivalent self-insurance:

- i. General Liability. Commercial general liability [CGL] insurance coverage (personal injury and property damage) of not less than FIVE MILLION DOLLARS (\$5,000,000) combined single limit per occurrence, covering liability or claims for any personal injury, including death, to any person and/or damage to the property of any person arising from the acts or omissions of CONTRACTOR or any officer, agent, or employee of CONTRACTOR under this Agreement. If the coverage includes an aggregate limit, the aggregate limit shall be no less than twice the per occurrence limit.
  - ii. Professional Liability/Errors and Omissions. Professional liability [or errors and omissions] insurance for all activities of CONTRACTOR arising out of or in connection with this Agreement in an amount not less than FIVE MILLION DOLLARS (\$5,000,000) per claim.
  - iii. Comprehensive Automobile Liability Insurance. Comprehensive automobile liability insurance (Bodily Injury and Property Damage) on owned, hired, leased, and non-owned vehicles used in conjunction with CONTRACTOR's business of not less than FIVE MILLION DOLLARS (\$5,000,000) combined single limit per occurrence and not less than TEN MILLION DOLLARS (\$10,000,000) aggregate. Coverage shall be business auto insurance coverage using Insurance Services Office (ISO) form number CA 0001 06 92 including symbol 1 (any Auto) or the exact equivalent. If CONTRACTOR owns no vehicles, this requirement may be satisfied by a non-owned auto endorsement to the General Liability Insurance described in subparagraph (b)(1) above. If CONTRACTOR or CONTRACTOR's employees, officers, or agents will use personal automobiles in any way in the performance of this Agreement, CONTRACTOR shall provide evidence of personal auto liability coverage for each such person upon request.
- c. Certificates of Coverage. All insurance coverages referenced in 2.7(b), above, shall be evidenced by one or more certificates of coverage or, with the consent of COUNTY's Risk Manager, demonstrated by other evidence of coverage acceptable to COUNTY's Risk Manager, which shall be filed by CONTRACTOR with the Health and Human Services Agency prior to commencement of performance of any of CONTRACTOR's duties.
- i. The certificate(s) or other evidence of coverage shall reference this Agreement by its COUNTY number or title and department; shall be kept current during the term of this Agreement; shall provide that COUNTY shall be given no less than thirty (30) days prior written notice of any non-renewal, cancellation, other termination, or material change, except that only ten (10) days prior written notice shall be required where the cause of non-renewal or cancellation is non-payment of premium; and shall provide that the inclusion of more than one insured shall not operate to impair the rights of one insured against another insured, the coverage afforded applying as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the company's liability.
  - ii. Waiver of Subrogation and Additional Insured Endorsements. For the commercial general liability insurance coverage referenced in 2.7(b)(1) and, for the comprehensive automobile liability insurance coverage referenced in 2.7(b)(3) where the vehicles are covered by a commercial policy rather than a personal policy, CONTRACTOR shall also file with the evidence of coverage an endorsement from the insurance provider naming COUNTY, its officers, employees, agents, and volunteers as additional insureds and waiving subrogation. For the Workers Compensation insurance coverage, CONTRACTOR shall file with the evidence of coverage an endorsement waiving subrogation.

- iii. The certificate or other evidence of coverage shall provide that if the same policy applies to activities of CONTRACTOR not covered by this Agreement, then the limits in the applicable certificate relating to the additional insured coverage of COUNTY shall pertain only to liability for activities of CONTRACTOR under this Agreement, and that the insurance provided is primary coverage to COUNTY with respect to any insurance or self-insurance programs maintained by COUNTY. The additional insured endorsements for the general liability coverage shall use Insurance Services Office (ISO) Form No. CG 20 09 11 85 or CG 20 10 11 85, or equivalent, including (if used together) CG 2010 10 01 and CG 2037 10 01; but shall not use the following forms: CG 20 10 10 93 or 03 94.
  - iv. Upon request by COUNTY's Risk Manager, CONTRACTOR shall provide or arrange for the insurer to provide within thirty (30) days of the request, certified copies of the actual insurance policies or relevant portions thereof.
- d. Deductibles/Retentions. Any deductibles or self-insured retentions shall be declared to, and be subject to approval by, COUNTY's Risk Manager, which approval shall not be denied unless the COUNTY's Risk Manager determines that the deductibles or self-insured retentions are unreasonably large in relation to compensation payable under this Agreement and the risks of liability associated with the activities required of CONTRACTOR by this Agreement. At the option of and upon request by COUNTY's Risk Manager, if the Risk Manager determines that such deductibles or retentions are unreasonably high, either the insurer shall reduce or eliminate such deductibles or self-insurance retentions as respects COUNTY, its officers, employees, agents, and volunteers or CONTRACTOR shall procure a bond guaranteeing payment of losses and related investigations claims administration and defense expenses.
  - e. Inclusion in Subcontracts. CONTRACTOR agrees to require all subcontractors and any other entity or person who is involved in providing services under this Agreement to comply with the Workers Compensation and General Liability insurance requirements set forth in this Paragraph 2.7.
  - f. Failure to demand evidence of full compliance with the insurance requirements set forth in this Agreement or failure to identify any insurance deficiency shall not relieve CONTRACTOR, nor be construed or deemed a waiver of, its obligation to maintain the required insurance at all times during the performance of this Agreement.

**7. Hold Harmless/Defense/Indemnification.**

- a. In General. To the full extent permitted by law, CONTRACTOR shall hold harmless, defend at its own expense, and indemnify COUNTY and the officers, agents, employees, and volunteers of COUNTY from any and all liability, claims, losses, damages or expenses, including reasonable attorney's fees, for personal injury (including death) or damage to property, arising from all acts or omissions to act of CONTRACTOR or its officers, agents, employees, volunteers, contractors and subcontractors in rendering services under this Agreement, excluding, however, such liability, claims, losses, damages or expenses arising from the sole negligence or willful acts of COUNTY or its officers, agents, employees or volunteers or other contractors or their subcontractors. Each Party shall notify the other Party immediately in writing of any claim or damage related to activities performed under this Agreement. The Parties shall cooperate with each other in the investigation and disposition of any claim arising out of the activities under this Agreement, providing that nothing shall require either Party to disclose any documents, records, or communications

that are protected under peer review privilege, attorney-client privilege, or attorney work-product privilege.

b. Obligations Relating to Criminal Background Checks.

- i. If CONTRACTOR's obligations under this Agreement involve contact with vulnerable populations such as children, elderly, mentally ill or disabled persons (hereafter in this paragraph referred to as "third persons"), then CONTRACTOR shall investigate by all lawful means, including but not limited to obtaining information from official government sources as the result of taking fingerprints, the criminal background of each and all of its officers, agents, employees, interns, and volunteers, however denominated (hereafter, "employees"), who will have direct personal contact with, or provide direct personal services to, third persons in the performance of this contract. Depending upon the information acquired by its investigation, CONTRACTOR shall not allow any of its employees to have personal contact with, or provide direct personal services to, third persons where it may reasonably be concluded as a result of its investigation that an employee should not have such contact or provide such service. Nothing herein requires CONTRACTOR to investigate the criminal background of an employee who is currently licensed by the State of California and whose license requires a criminal background investigation.
- ii. Notwithstanding anything to the contrary in (a) or (c), CONTRACTOR shall defend and indemnify COUNTY and its officers, agents, and employees from any and all claims, actions, settlements or judgments of whatever kind which may arise from the failure of CONTRACTOR to conduct the criminal background investigation described in this subparagraph (b) or from the failure of CONTRACTOR after the investigation to reasonably disallow an employee from having such personal contact or providing such direct personal service.
- iii. Employee Character and Fitness. CONTRACTOR accepts responsibility for determining and approving the character and fitness of its employees (including volunteers, agents, or representatives) to provide the services required of CONTRACTOR under this Agreement, including completion of a satisfactory criminal/background check and period rechecks to the extent permitted by law. Notwithstanding anything to the contrary in this Paragraph, CONTRACTOR shall hold COUNTY and its officers, agents, and employees harmless from any liability for injuries or damages resulting from a breach of this provision or CONTRACTOR's actions in this regard.

**8. Termination for Cause.**

- a. If either Party shall fail to fulfill in a timely and proper manner that Party's obligations under this Agreement or otherwise breach this Agreement and fail to cure such failure or breach within ten (10) days of receipt of written notice from the other Party describing the nature of the breach, the non-defaulting Party may, in addition to any other remedies it may have, terminate this Agreement by giving five days written notice to the defaulting Party in the manner set forth in Paragraph 2.13 (Notices).
- b. The Department Regional Administrator is delegated the authority to terminate this Agreement in accordance with this Paragraph on behalf of COUNTY, but may exercise such authority only after consultation with, and concurrence of, the County Counsel and the County Executive Officer or their respective designees; however, nothing in this delegation

prevents the Department Director from requesting the Board of Supervisors to terminate this Agreement under this Paragraph.

**9. Other Termination.**

- a. This Agreement may be terminated by either Party for any reason and at any time by giving prior written notice of such termination to the other Party specifying the effective date thereof at least 30 days prior to the effective date; provided, however, that no such termination may be affected by COUNTY unless an opportunity for consultation is provided prior to the effective date of the termination.
- b. The Department Director is delegated the authority to terminate this Agreement in accordance with this Paragraph on behalf of COUNTY, but may exercise such authority only after consultation with, and concurrence of, the County Counsel and the County Executive Officer or their respective designees; however, nothing in this delegation prevents the Department Director from requesting the Board of Supervisors to terminate this Agreement under this Paragraph.

**10. Disposition of, Title to, and Payment for Work upon Expiration or Termination.**

- a. Upon expiration or termination of this Agreement, if and to the extent CONTRACTOR has provided services through Software and Applications materials licensed to COUNTY, COUNTY shall promptly return the Software and Application materials to CONTRACTOR. In addition, to the extent CONTRACTOR maintains COUNTY data on those portions of digital software hosted by CONTRACTOR and not controlled by COUNTY ("County data"), CONTRACTOR shall promptly return County data to COUNTY Information Technology Department (ITS) in a format designated by ITS and shall subsequently purge County data from CONTRACTOR's systems upon confirmation from COUNTY that the copy of the data provided to COUNTY is comprehensive of the data previously hosted by CONTRACTOR.
- b. Upon expiration or termination of this Agreement, all finished or unfinished documents and other materials, if any, and all rights therein shall become, at the option of COUNTY, the property of and shall be promptly returned to COUNTY, although CONTRACTOR may retain a copy of such work for its personal records only. Unless otherwise expressly provided in this Agreement, any copyrightable or patentable work created by CONTRACTOR under this Agreement shall be deemed a "work made for hire" for purposes of copyright or patent law, and only COUNTY shall be entitled to claim or apply for the copyright or patent thereof.
- c. Notwithstanding the provisions set forth in subparagraph (b) above, if the services involve development or improvement of previously patented inventions or previously copyrighted software, upon expiration or termination of this Agreement, title to, ownership of, and all applicable patents, copyrights, and trade secrets in the products developed or improved under this Agreement, shall remain with CONTRACTOR or any other person or entity if such person previously owned or held such patents, copyrights, and trade secrets, and such persons shall retain complete rights to market such product; provided, however, that COUNTY shall receive, at no additional cost, a perpetual license to use such products for its own use or the use of any consortium or joint powers agency to which COUNTY is a party. If the product involves a source code, CONTRACTOR shall either provide a copy of the source code to COUNTY or shall place the source code in an escrow account, at CONTRACTOR's expense, from which the source code may be withdrawn and used by COUNTY for the sole purpose of maintaining and updating the

system dependent upon such code when such use is necessary to prevent loss of service to COUNTY.

- d. CONTRACTOR shall be entitled to receive compensation for any satisfactory work completed prior to expiration or receipt of the notice of termination or commenced prior to receipt of notice of termination and completed satisfactorily prior to the effective date of the termination; except that CONTRACTOR shall not be relieved of liability to COUNTY for damages sustained by COUNTY by virtue of any breach of the Agreement by CONTRACTOR whether or not the Agreement expired or was otherwise terminated, and COUNTY may withhold any payments not yet made to CONTRACTOR for purpose of setoff until such time as the exact amount of damages due to COUNTY from CONTRACTOR is determined.

**11. No Waiver.** The waiver by either Party of any breach or violation of any requirement of this Agreement shall not be deemed to be a waiver of any such breach in the future or the breach of any other requirement of this Agreement.

**12. Notices.**

- a. In General. Except as set forth in subparagraph (b) below with respect to notice of automatically adopted provisions, all notices required or authorized by this Agreement shall be in writing and shall be delivered in person or by a deposit in the United States mail, by certified mail, postage prepaid, return receipt requested. Any notice sent by mail in the manner prescribed by this subparagraph shall be deemed to have been received on the date noted on the return receipt or five days following the date of deposit, whichever is earlier. Any mailed notice, demand, request, consent, approval, or communication that COUNTY desires to give to CONTRACTOR shall be addressed to CONTRACTOR's Contract Contact Person at the mailing address set forth in SECTION 1 of this Agreement. Any mailed notice, demand, request, consent, approval, or communication that CONTRACTOR desires to give to COUNTY shall be addressed to COUNTY's Contract Administrator at the mailing address set forth in SECTION 1 of this Agreement. Either Party may change its address by notifying the other Party of the change of address.
- b. Provisions Adopted Automatically. COUNTY reserves the right to provide notice to CONTRACTOR via facsimile of terms, which automatically become part of this Agreement upon approval by the Sonoma County Board of Supervisors. Notice delivered by facsimile shall be deemed to have been received on the date a successful delivery confirmation report is generated.
- c. Waiver of Notice by CONTRACTOR. If receipt of notice is refused by CONTRACTOR or if notice is undeliverable due to CONTRACTOR's failure to provide a change of address, notice shall be deemed waived and COUNTY may proceed as though notice were accomplished.

**13. Compliance with COUNTY Policies on Waste, Harassment, Drug/Alcohol-Free Workplace, and Computer Use.** CONTRACTOR hereby agrees to comply, and require its employees and subcontractors to comply, with the following policies, copies of which are on file with the Clerk of the Board of Supervisors and incorporated by reference herein. Future versions of the following policies shall automatically become part of this Agreement upon approval by the Sonoma County Board of Supervisors and notice to CONTRACTOR pursuant to Paragraph 2.13. CONTRACTOR also agrees that it shall not engage in any activities, or permit its officers, agents, and employees to do so, during the performance of any of the services required under this Agreement, which would interfere with compliance or induce violation of these policies by COUNTY employees or contractors.

- a. Waste Source Reduction and Recycled Product Content Procurement Policy.
- b. County of Sonoma "Policy for Maintaining a Harassment and Discrimination Free Work Environment."
- c. Drug and Alcohol Policy.
- d. Sonoma County Information Technology Use and Security Policy. To this end, all employees and subcontractors of CONTRACTOR whose performance of services under this Agreement requires access to any portion of the COUNTY computer network shall sign and have on file with COUNTY's ITS Department prior to receiving such access the certification attached to said Policy.
- e. Sonoma County Workplace Violence Policy, adopted by the BOS effective May 23, 1995, and subsequently revised effective November 2, 2004, which is located in the County of Sonoma Policy Manual Part I, Section 37U.

**14. Confidentiality.**

- a. Maintenance of Confidential Information. Confidential information is defined as all information disclosed to or created by CONTRACTOR which relates to COUNTY's past, present, and future activities, as well as activities under this Agreement. CONTRACTOR shall hold all such information as CONTRACTOR may receive or create, if any, in trust and confidence, except with the prior written approval of COUNTY, as expressed through the Department Director. Upon cancellation or expiration of this Agreement, to the extent permitted by law, CONTRACTOR shall return to COUNTY all written and descriptive matter which contains any such confidential information, except that CONTRACTOR may retain for its files a copy of CONTRACTOR's work product if such product has been made available to the public by COUNTY.
- b. Protection of Personally Identifiable Information and Protected Health Information.
  - i. To the extent CONTRACTOR is provided, creates, or has access to, Protected Health Information (PHI), Personally Identifiable Information (PII), or any other legally protected confidential information or data in any form or matter (collectively referred to as "Protected Information"), CONTRACTOR shall adhere to all federal, state and local laws, rules and regulations protecting the privacy of such information. CONTRACTOR shall adhere to all existing and future federal, state and local laws, rules and regulations regarding the privacy and security of Protected Information, including, but not limited to, laws and regulations requiring data encryption or policy and

awareness programs for the protection of COUNTY Protected Information provided to, or accessed or created by, CONTRACTOR.

- ii. CONTRACTOR agrees to adhere to the applicable terms regarding the privacy and security of Protected Information as set forth in the COUNTY-entity agreements identified in Paragraph 1.8 of Section 1 of this Agreement (Contract Administration). CONTRACTOR shall also observe and comply with those requirements set forth in “Addendum For Contracts Involving Protected Information Subject to Confidentiality or Security Provisions of County’s Agreements with Other Entities” which is incorporated by reference herein, is on file with the Clerk of the Board of Supervisors and the Department.
- iii. CONTRACTOR shall ensure that its staff is trained to its privacy and security policies and procedures and that appropriate physical, technological and administrative safeguards are in place to protect the confidentiality of COUNTY’s Protected Information, including, but not limited to, PHI and PII. Upon request, CONTRACTOR shall make available to COUNTY its policies and procedures, staff training records, and other documentation of compliance with this Paragraph 2.15.
- iv. CONTRACTOR agrees to notify COUNTY, by and through the Sonoma County Privacy Officer, immediately in the following instances:
  - A. Upon the discovery of a breach of PHI/PII/other Protected Information in electronic or other media;
  - B. Upon the discovery that PHI/PII/other Protected Information was, or is reasonably believed to have been accessed or acquired by an unauthorized person;
  - C. Upon the discovery of a suspected security incident that involves PHI/PII/other Protected Information; or
  - D. Upon the discovery of any breach, security incident, intrusion, or unauthorized access, use, or disclosure of PHI/PII/other Protected Information.
- i. CONTRACTOR will be responsible for all costs associated with CONTRACTOR’s breach of the security and privacy of PHI/PII/other Protected Information, or its unauthorized access to or disclosure of PHI/PII/or other Protected Information, including, but not limited to, mitigation of the breach, the cost to the County of any monetary sanctions resulting from a breach, notification of individuals affected by the breach, and any other action required by federal, state, or local laws, rules or regulations applicable at the time of the breach.
- c. To the extent CONTRACTOR creates, is provided, or has access to applications and records concerning any individual made or kept by COUNTY in connection with public social services (records) as defined in California Welfare & Institutions Code Section 10850, CONTRACTOR shall maintain the confidentiality of such records in accordance with Section 10850, except as otherwise permitted by COUNTY and as necessary for purposes of providing services under this Agreement.
- d. Protection of County Data. If CONTRACTOR will be processing and storing the COUNTY’s data in an offsite location, such as a cloud service site, cloud storage site, hosted application site, or hosted storage site, CONTRACTOR shall guarantee that such data is encrypted using an encryption algorithm that meets the current US Department of Defense minimum requirements in order to protect COUNTY data against a breach of protected data if lost or stolen. All offsite cloud applications and storage systems utilized by CONTRACTOR shall be located in the United States, which includes any backup and failover facilities. Application and storage solutions in any foreign location are prohibited.



All desktop and laptop computers, as well other similar type computer systems, used by CONTRACTOR shall be encrypted using the same encryption algorithm described above. All data in transit shall require the same encryption. Storage of COUNTY data on removable portable storage is prohibited.

Upon termination of this agreement, CONTRACTOR shall purge all COUNTY data from all CONTRACTOR systems using a forensic grade deletion that conforms to US Department of Defense DoD 5220.22-M (E) standards.

CONTRACTOR shall reimburse the COUNTY for all associated costs of a breach, including but not limited to reporting costs and associated penalties the COUNTY must bear.

- e. DHS Contractor Security Requirements. Whenever CONTRACTOR utilizes their own equipment to perform work under this Agreement, CONTRACTOR warrants that they have reviewed” DHS Contractor Security Requirements” and can adhere to the minimum standards at all times. A copy of “DHS Contractor Security Requirements” which is incorporated by reference herein, is on file with the Clerk of the Board of Supervisors and the Department and is also online at [www.countyofsonoma.org](http://www.countyofsonoma.org).

**15. Assignments or Subcontracts.** Contractor will be responsible for the performance of its obligations according to the provisions of this Agreement and a subcontract will not relieve Contractor of its responsibilities and obligations. Contractor's subcontract with its ambulance subcontractor shall be subject to all terms and provisions including the qualifications in this RFP and any subsequent contract. Nothing contained in the RFP or otherwise creates any contractual relationship between County and an ambulance subcontractor. Contractor agrees to be fully responsible to County for acts and omissions of its ambulance subcontractor.

The selected Proposer may subcontract ancillary services, such as billing; professional, legal, and advisory services; and fleet maintenance.

**16. Amendment/Modification.** Except as specifically provided herein, this Agreement may be modified or amended only in writing and with the prior written consent of both Parties.

**17. Interpretation; Venue.**

- a. Interpretation. The headings used herein are for reference only. The terms of the Agreement are set out in the text under the headings. This Agreement shall be governed by the laws of the State of California without regard to the choice of law or conflicts.
- b. Venue. This Agreement is made in Sonoma County, California. The venue for any legal action in state court filed by either Party to this Agreement for the purpose of interpreting or enforcing any provision of this Agreement shall be in the Superior Court of California, County of Sonoma, a unified court. The venue for any legal action in federal court filed by either Party to this Agreement for the purpose of interpreting or enforcing any provision of this Agreement lying within the jurisdiction of the federal courts shall be the Northern District of California. The appropriate venue for arbitration, mediation, or similar legal proceedings under this Agreement shall be Sonoma County, California; however, nothing in this sentence shall obligate either Party to submit to mediation or arbitration any dispute arising under this Agreement.

**18. Compliance with Laws.** CONTRACTOR shall observe and comply with all applicable Federal, State, and local laws, ordinances, and codes. CONTRACTOR acknowledges its independent duty to be and to remain informed of all changes in such laws without reliance on COUNTY to provide notice of such changes. Such laws shall include, but not be limited to, the following, except where prohibited by law:

- a. Non-Discrimination. During the performance of this Agreement, CONTRACTOR and its subcontractors shall not deny the benefits thereof to any person on the basis of race, color, ancestry, national origin or ethnic group identification, religion or religious creed, gender or self-identified gender, sexual orientation, marital status, age (over 40), mental disability, physical disability, genetic information, or medical condition (including cancer, HIV and AIDS), or political affiliation or belief nor shall they discriminate unlawfully against any employee or applicant for employment because of race, color, ancestry, national origin or ethnic group identification, religion or religious creed, gender or self-identified gender, sexual orientation, marital status, age (over 40), mental disability, physical disability, genetic information, or medical condition (including cancer, HIV and AIDS, use of family care leave, or political affiliation or belief. CONTRACTOR shall ensure that the evaluation and treatment of employees and applicants for employment are free of such discrimination or harassment. In addition to the foregoing general obligations, CONTRACTOR shall comply with the provisions of the Fair Employment and Housing Act (Government Code section 12900, et seq.), the regulations promulgated thereunder (Title 2, California Code of Regulations, section 7285.0, et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (sections 11135-11139.5) and any state or local regulations adopted to implement any of the foregoing, as such statutes and regulations may be amended from time to time. To the extent, this Agreement subcontracts to CONTRACTOR services or works required of COUNTY by the State of California pursuant to agreement between COUNTY and the State, the applicable regulations of the Fair Employment and Housing Commission implementing Government Code section 12990 (a) through (f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations are expressly incorporated into this Agreement by reference and made a part hereof as if set forth in full, and CONTRACTOR and any of its subcontractors shall give written notice of their obligations thereunder to labor organizations with which they have collective bargaining or other agreements.
- b. Documentation of Right to Work. CONTRACTOR agrees to abide by the requirements of the Immigration and Control Reform Act pertaining to assuring that all newly-hired employees of CONTRACTOR performing any services under this Agreement have a legal right to work in the United States of America, that all required documentation of such right to work is inspected, and that INS Form 1-9 (as it may be amended from time to time) is completed and on file for each employee. CONTRACTOR shall make the required documentation available upon request to COUNTY for inspection.
- c. Federal Grant Source. Notwithstanding anything to the contrary in this Agreement, if the funds for this Agreement are derived from a grant from a federal agency, pursuant to 29 CFR 97.36(i)(8) and (9), CONTRACTOR is hereby notified of and shall comply with the requirements and regulations imposed by the federal granting agency with respect to any discovery or invention which arises or is developed pursuant to this Agreement, and pertaining to any copyrights or rights in data created or otherwise developed when engaging in activities of CONTRACTOR under this Agreement. The requirements and regulations imposed by the federal granting agency are set forth in the original grant

agreement specified in Section 1 of the Agreement and are incorporated by reference herein. The original grant agreement is on file with the Clerk of the Board of Supervisors.

- d. Prevailing Wages. If the services to be provided relate to construction or pre-construction-related services, including but not limited to testing, surveying, and inspection, then this Agreement includes the following provisions:
- i. Affected work. CONTRACTOR shall comply with Labor Code sections 1774 and 1775 in relation to payment of prevailing wages for any portion of the required work performed under this Agreement on or after January 1, 2002, relating to construction design, testing, surveying and/inspection work, and construction if the State Director of Industrial Relations has established prevailing wage rates for the types of work involved.
  - ii. Prevailing wages rates. In accordance with the provisions of Section 1774 of the Labor Code of the State of California, to the extent the Director of Industrial Relations has established the general prevailing rate of wages (which rate includes employer payments for health and welfare, pension, vacation, and similar purposes) for the above-described portions of the work required under this Agreement, such rates of wages will be on file and available for inspection at the office of the County of Sonoma Department of Public Works, 1195 Third Street, Room 201, Sonoma, California.
  - iii. Payroll records. In accordance with Labor Code section 1776, a copy of all payrolls for work subject to this subparagraph shall be submitted weekly to COUNTY's Director of Public Works. Payrolls shall contain the full name, address, and social security number of each employee, his correct classification, rate of pay, daily and weekly number of hours worked, itemized deductions made, and actual wages paid. They shall also indicate apprentices and ratio of apprentices to journeymen. The employee's address and social security number need only appear on the first payroll on which his name appears. The payroll shall be accompanied by a "Statement of Compliance" signed by the employer or his agent indicating that the payrolls are correct and complete and that the wage rates contained therein are not less than those required by the contract. The "Statement of Compliance" shall be on forms furnished by the Director of Public Works or his designee or on any form with identical wording. CONTRACTOR shall be responsible for the submission of copies of payrolls of all subcontractors.
  - iv. Apprentices. CONTRACTOR shall be responsible for ensuring compliance with the provisions of Labor Code section 1777.5 relating to employment and payment of apprentices for work under this Agreement relating to land surveying and/or construction inspection if the total compensation to be paid CONTRACTOR for such work is \$30,000 or more.
- e. Inclusion in Subcontracts. To the extent any of the services required of CONTRACTOR under this Agreement are subcontracted to a third party, CONTRACTOR shall include all of the provisions of this Paragraph 2.19 in all such subcontracts as obligations of the subcontractor.
- f. Notwithstanding any other provisions of this contract, CONTRACTOR represents that it will comply with the applicable cost principles and administrative requirements including claims for payment or reimbursement by COUNTY as set forth in 2 C.F.R. 200 et. seq., as currently enacted or as may be amended throughout the term of this Agreement.

**19. Taxes.** CONTRACTOR agrees to file all applicable federal and state tax returns or applicable withholding documents and to pay all applicable taxes or to make all required withholdings on

amounts paid pursuant to this Agreement and shall be solely liable and responsible to make such withholdings and/or pay such taxes and other obligations including, without limitation, state and federal income and FICA taxes. CONTRACTOR agrees to indemnify and hold COUNTY harmless from any liability it may incur to the United States or the State of California as a consequence of CONTRACTOR's failure to pay or withhold, when due, all such taxes, and obligations. In the event that COUNTY is audited for compliance regarding any withholding or other applicable taxes or amounts, CONTRACTOR agrees to furnish COUNTY with proof of payment of taxes or withholdings on those earnings.

**20. Access to Records/Retention.** COUNTY, any federal or state grantor agency funding all or part of the compensation payable hereunder, the State Controller, the Comptroller General of the United States, or the duly authorized representatives of any of the above, shall have access to any books, documents, papers and records of CONTRACTOR which are directly pertinent to the subject matter of this Agreement for the purpose of making audit, examination, excerpts, and transcriptions. Except where longer retention is required by any federal or state law, CONTRACTOR shall maintain all required records, including clinical documentation, for at least ten (10) years after COUNTY makes final payment for any other work authorized hereunder and all pending matters are closed, whichever is later.

**21. Authority to Contract.** CONTRACTOR and COUNTY each warrant hereby that they are legally permitted and otherwise have the authority to enter into and perform this Agreement. The Parties further warrant that the signatories to this Agreement are authorized to execute this Agreement on behalf of their respective Parties and that any action necessary to bind each such Party has been taken by that Party prior to entering into this Agreement.

**22. Conflict of Interest.**

a. Covenant of No Undisclosed Conflict. The Parties to the Agreement acknowledge that they are aware of the provisions of Government Code section 1090, et seq., and section 87100, et seq., relating to conflict of interest of public officers and employees. CONTRACTOR hereby covenants that it presently has no interest not disclosed to COUNTY and shall not acquire any interest, direct or indirect, which would conflict in any material manner or degree with the performance of its services or confidentiality obligation hereunder, except as such as COUNTY may consent to in writing prior to the acquisition by CONTRACTOR of such conflict. CONTRACTOR further warrants that it is unaware of any financial or economic interest of any public officer or employee of County relating to this Agreement. CONTRACTOR agrees that if such financial interest does exist at the inception of this Agreement, COUNTY may terminate this Agreement immediately upon giving written notice without further obligation by COUNTY to CONTRACTOR under this Agreement. The Department Director is delegated the authority to terminate this Agreement in accordance with this Paragraph on behalf of COUNTY, but may exercise such authority only after consultation with, and concurrence of, the County Council and the County Executive Officer or their respective designees; however, nothing in this delegation prevents the Department Director from requesting the Board of Supervisors terminate this Agreement.

b. Statements of Economic Interest. CONTRACTOR acknowledges and understands that COUNTY has developed and approved a Conflict of Interest Code as required by state law which requires CONTRACTOR to file with the Elections Division of the Sonoma County Assessor-Clerk Recorder "assuming office", "annual", and "leaving office" Statements of Economic Interest as a "consultant", as defined in section 18701(a)(2) of Title 2 of the California Code of Regulations, unless COUNTY, through a person authorized to execute this Agreement on behalf of COUNTY, or the Department Director, has determined in writing that CONTRACTOR, although holding a

“designated” position as a consultant, has been hired to perform a range of duties so limited in scope as to not be required to fully comply with such disclosure obligation. CONTRACTOR agrees to timely comply with all filing obligations for a consultant under COUNTY’s Conflict of Interest Code unless such a determination is on file on the filing dates for each of the required Statements of Economic Interest.

- 23. Non-Solicitation of Employees.** Each Party agrees not to solicit for employment the employees of the other Party who were directly involved in the performance of the services hereunder for the term of this Agreement and a period of six (6) months after termination of this Agreement except with the written permission of the other Party, except that nothing in this Paragraph shall preclude either Party from publishing or otherwise distributing applications and information regarding that Party’s job openings where such publication or distribution is directed to the general public.
- 24. Third Party Beneficiaries.** Nothing contained in this Agreement shall be construed to create any rights in third parties and the Parties do not intend to create such rights.
- 25. Attorney's Fees.** In the event that either Party commences legal action of any kind or character to either enforce the provisions of this Agreement or to obtain damages for breach thereof, the prevailing Party in such litigation shall be entitled to all costs and reasonable attorney's fees incurred in connection with such action.
- 26. Severability.** If any provision of this Agreement, or any portion thereof, is found by any court of competent jurisdiction to be unenforceable or invalid for any reason, such provision shall be severable and shall not in any way impair the enforceability of any other provision of this Agreement.
- 27. Entirety of Contract.** This Agreement, including documents incorporated by reference and not attached hereto, constitutes the entire agreement between the Parties relating to the subject of this Agreement and supersedes all previous agreements, promises, representations, understandings and negotiations, whether written or oral, among the Parties with respect to the subject matter hereof.
- 28. Other Terms and Conditions [Reserved.]**
- 29. Compliance with Federal Health Insurance Portability and Accountability Act of 1996.** If CONTRACTOR shall perform services under this Agreement involving the receipt, use, or disclosure of protected health information, then:
  - a. Federal and other applicable law. CONTRACTOR shall observe and comply with all applicable requirements of the Federal Insurance Portability and Accountability Act of 1996 and regulations promulgated thereunder by the U.S. Department of Health and Human Services (collectively referred to as “HIPAA”), and other applicable laws.
  - b. HIPAA Business Associate Agreement. If applicable, CONTRACTOR shall comply with the terms and conditions of the HIPAA Business Associate Agreement previously entered into with COUNTY, which is incorporated by reference herein and on file with the Clerk of the Board of Supervisors.
  - c. Use or Disclosure of Protected Health Information. CONTRACTOR may use or disclose protected health information for the purpose of performing functions, activities for or on behalf of COUNTY, as specified in this Agreement, provided that such use or disclosure

would not violate HIPAA if done by COUNTY, or the provisions of any applicable HIPAA Business Associate Agreement.

- d. Subcontractors. To the extent any of the services required of CONTRACTOR under this Agreement are subcontracted to a third party, CONTRACTOR shall require compliance with all applicable HIPAA provisions, other applicable law, and any applicable HIPAA Business Associate Agreement(s) in such subcontracts as obligations of the subcontractor.

**30. Compliance with COUNTY's Obligations Under Contracts with Other Entities.** If CONTRACTOR under this Agreement shall perform services as a subcontractor under COUNTY's contract(s) with other entities, including, but not limited to State and Federal Agencies, and such services involve the use or disclosure of personally identifiable information, then:

- a. CONTRACTOR shall observe and comply with all applicable terms of COUNTY's contract(s) with other entities, including, but not limited to, those requirements set forth in "Addendum For Contracts Involving Personally Identifiable Information Subject to Confidentiality or Security Provisions of County's Agreements with Other Entities" which is incorporated by reference herein, is on file with the Clerk of the Board of Supervisors and the Department, and is also online at [www.countyofsonoma.org](http://www.countyofsonoma.org).
- b. CONTRACTOR shall pay any penalty or fine assessed against COUNTY arising from CONTRACTOR's failure to comply with the obligations imposed by the "Addendum for Contracts Involving Personally Identifiable Information Subject to Confidentiality or Security Provisions of County's Agreements with Other Entities".
- c. To the extent any of the services required of CONTRACTOR under this Agreement are subcontracted to a third party, CONTRACTOR shall include the provisions of the "Addendum for Contracts Involving Protected Information Subject to Confidentiality or Security Provisions of County's Agreements with Other Entities" in all such subcontracts as obligations of the subcontractor.

**31. RESERVED**

**32. Licensure Status.**

- a. License in Good Standing. If CONTRACTOR is providing services under this Agreement as a state-licensed professional, CONTRACTOR shall ensure that CONTRACTOR's professional license is in good standing with all applicable licensing boards. CONTRACTOR understands COUNTY may terminate the Agreement if CONTRACTOR fails to maintain a current professional license in good standing. For purposes of this Agreement, "license in good standing" means there is no suspension, revocation, or probation for any reason (including the failure to pay licensing fees), nor any restriction upon the provisions of the license: including, but not limited to, restrictions placed by a licensing agency upon CONTRACTOR's license pursuant to any consent or settlement agreement or to an administrative decision of the licensing agency.
- b. Expiration of License. In the event that CONTRACTOR's professional license is not renewed on or before its expiration, CONTRACTOR shall neither provide nor be reimbursed for services pursuant to this Agreement commencing the day after license expiration and until CONTRACTOR's professional license is renewed. For purposes of this Agreement, renewal

date is the date the licensing board issues a renewed license, and it is irrelevant whether the licensing board subsequently recognizes any lapse in licensure.

**33. Code of Ethics.** CONTRACTOR understands that Sonoma County Health and Human Services (DHS) has adopted a Code of Ethics. If the Department Director determines that the DHS Code of Ethics applies to CONTRACTOR's activities under this Agreement, CONTRACTOR shall read, understand, and abide by the Code of Ethics, and CONTRACTOR shall on an annual basis provide written certification to DHS that CONTRACTOR has received, read, understands, and will abide by DHS's Code of Ethics. The Code of Ethics may be found online at the County's website or may be obtained from DHS upon written request.

**34. Electronic Billing System.** CONTRACTOR understands that Sonoma County Health and Human Services (DHS) operates an electronic billing system program, which seeks reimbursement from the State of California for the delivery of alcohol, drug abuse, and mental health services. If CONTRACTOR provides any services related to alcohol, drug abuse or mental health services under the terms of CONTRACTOR's Agreement, CONTRACTOR agrees, upon request of the Director of DHS or the Director's designee, to implement the COUNTY's sponsored electronic health record system as part of CONTRACTOR's requirement for the delivery of these services.

**35. Audit Report Requirements.**

Retention of Records; Right to Monitor and Audit

- a. CONTRACTOR shall maintain all required records relating to services provided under this Agreement for three (3) years after Agency makes final payment and all other pending matters are closed, and CONTRACTOR shall be subject to the examination and/or audit by Agency, a Federal grantor agency, and the State of California.
- b. CONTRACTOR shall comply with all program and fiscal reporting requirements set forth by applicable Federal, State, and local agencies and as required by Agency.
- c. CONTRACTOR agrees upon reasonable notice to provide to Agency, to any Federal or State department having monitoring or review authority, to Agency's authorized representative, and/or to any of their respective audit agencies access to and the right to examine all records and documents necessary to determine compliance with relevant Federal, State, and local statutes, rules, and regulations, to determine compliance with this Agreement, and to evaluate the quality, appropriateness, and timeliness of services performed.

**36. Payment of Permits/Licenses.** CONTRACTOR bears responsibility to obtain any license, permit, or approval required from any agency for work/services to be performed under this Agreement at CONTRACTOR's own expense prior to commencement of said work/services. Failure to do so will result in forfeit of any right to compensation under this Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement the date first written above:

County of Sonoma

By: \_\_\_\_\_  
CVEMSA Regional Administrator

By: \_\_\_\_\_  
Chairman of the Board of Supervisors

CONTRACTOR

By: \_\_\_\_\_



## EXHIBIT 5 – RESPONSE TIMES, AND LIQUIDATED DAMAGE

The goal of the Coastal Valleys EMS Agency (CVEMSA) in contract oversight is the development of a system not reliant on liquidated damages but high performance. There is an expectation for this RFP that the successful Proposer will perform above standard and Liquidated Damages will rarely be assessed. CVEMSA will require the Contractor to audit all late responses for root cause and in the case of Extended Response, conduct a quality improvement review on the patient and ePCR to determine if any negative outcome may be attributed to the late response. This shall be reported to CVEMSA and any compliance committees. CVEMSA believes all attempts should be made to comply with Response Time standards such as system status plan adjustments or increased staffing of ambulances before assessing any liquidated damages. CVEMSA will address the issue of performance over liquidated damages in detail in subsequent contract negotiations with the successful proposer.

1. Emergency Response Zones - CVEMSA has recently conducted an update to their zones based on population changes in the County and 2010 US Population Census data. There are six (6) EMS response zones distinguished by response time performance requirements. Each zone is distributed over multiple areas of EOA 1. Response Time compliance will be measured monthly. Response zones are detailed on the maps outlined in Exhibit 1.

The seventh category for performance standard is emergency ALS IFT compliance. This category has a 20-minute response time standard 90% of the time.

Compliance zones:

- Four Urban areas approximating Oakmont, Rohnert Park, Santa Rosa, Sebastopol
- One combined area including all Semi-Rural zones
- One combined area including all Rural zones
- One Emergency ALS IFT compliance zone

Response Times are based on calls prioritization categories by the International Academy of Emergency Dispatch (IAED) Determinant Alpha, Bravo, Charlie, Delta, and Echo responses:

- ALPHA = No lights or siren response for an ALS ambulance
- BRAVO = Lights and siren response for an ALS ambulance
- CHARLIE = ALS ambulance response, no lights, and siren (depending)
- DELTA = ALS ambulance response, serious injury/medical
- ECHO = ALS ambulance response for life status questionable (cardiac arrest, traumatic arrest)

2. Response Time Standards - ALS ambulance transport is measured for each response compliance zone, as shown in Exhibit 1, and shall be as follows: The Proposer shall meet or exceed the relevant response times 90% of the time in each of the categories illustrated in the chart below.
3. Response Time Standards with FRALS or QRV - ALS ambulance transport Response Times may be extended and for each response compliance zone with an agreement for First Response ALS (FRALS) or the utilization of a Quick Response Vehicle (QRV), as illustrated in the chart below.

| Response Time Requirements<br>ALS Response: Ambulance, FRALS or QRV |                        |
|---|------------------------|
| <b>Urban Response 90 percent of calls each month</b>                |                        |
| Charlie, Delta, and Echo  | 6:59                   |
| Alpha & Bravo   | 11:59                  |
| <b>Semi-Rural Response 90 percent of calls each month</b>           |                        |
| Charlie, Delta, and Echo  | 13:59                  |
| Alpha & Bravo   | 17:59                  |
| <b>Rural Response 90 percent of calls each month</b>                |                        |
| Charlie, Delta, and Echo  | 28:59                  |
| Alpha & Bravo   | 32:59                  |
| <b>Wilderness Response</b>  |                        |
| Charlie, Delta, and Echo  | ASAP – audit each call |
| Alpha & Bravo   | ASAP – audit each call |

| Response Time Requirements<br>ALS Ambulance <u>with</u> QRV Response or FRALS Agreement |                        |
|---|------------------------|
| <b>Urban Response Transport unit 90 percent of calls each month</b>                     |                        |
| Delta, and Echo   | 10:59                  |
| Alpha, Bravo & Charlie  | 15:59                  |
| <b>Semi-Rural Response Transport unit 90 percent of calls each month</b>                |                        |
| Delta, and Echo   | 17:59                  |
| Alpha, Bravo & Charlie  | 21:59                  |
| <b>Rural Response Transport unit 90 percent of calls each month</b>                     |                        |
| Delta, and Echo   | 32:59                  |
| Alpha, Bravo & Charlie  | 37:59                  |
| <b>Wilderness Response</b>  |                        |
| Charlie, Delta, and Echo  | ASAP – audit each call |
| Alpha & Bravo   | ASAP – audit each call |

4. STAT Ambulance Transfer - Contractor shall respond to all requests for an emergency interfacility ALS transfer within 20:00 of the requested pickup time. In accordance, to CVEMSA policy (<https://www.coastalvalleysems.org/policies-plans/administrative-policies>).
5. Liquidated Damages - Liquidated damages may be assessed in the event a Response Time percentage falls below the 90% performance requirements for the categories in each EMS zone. The chart below illustrates the liquidated damages that may be assessed by the CVEMSA. In addition, the Contractor will be required to conduct a comprehensive performance improvement process anytime they fall below 90%. The Contractor will be required to submit this report to the CVEMSA within 15 days following the identification of underperformance. CVEMSA will review and provide further recommendations as necessary prior to the approval of any proposed corrective action, including adjustments to the system status plan or other measures to comply with the 90% requirement.

| EMD Priority Liquidated Damages in the Event any EMS Zone Falls Below the 90% in Each Zone |                    |
|--|--------------------|
| Compliance %   | Liquidated Damages |
| 89% to 89.99%  | \$1,000            |
| 88% to 88.99%  | \$2,000            |
| 87% to 87.99%  | \$3,000            |
| 86% to 86.99%  | \$5,000            |
| 85 to 85.99%   | \$6,000            |
| Less than 85%  | \$8,000            |

In the event, Contractor fails to meet minimum response times in the same zone for a second consecutive month, a \$50,000 Liquidated Damage assessment will be applied. The Contractor will be required to add additional ambulance unit hours until compliance has been achieved. If

the Contractor is not successful in meeting compliance following these measures, the Contractor will be considered in Breach of Contract.

In the event Contractor is out of compliance in multiple zones more than two times in a year, a \$50,000 Liquidated Damage assessment will be applied, and Contractor will be required to add additional ambulance unit hours until compliance has been achieved. If the Contractor is not successful in meeting compliance following these measures, the Contractor will be considered in Breach of Contract.

6. Minimum Call Requirement - Compliance will not be calculated until an emergency response zone achieves at least 100 calls at the end of the month. In the event there are not at least 100 calls in that zone, calls are added to the subsequent month, or months until the 100-call count has been reached or exceeded. Liquidated damages are only assessed if an emergency response zone is non-compliant, less than 90%, at the end of a month where the cumulative call volume meets or exceeds 100 calls.
  
7. Liquidated Damages Extended Response Time - The Contractor may be assessed liquidated damages if there is a single Extended Response greater than 10:00 minutes beyond the minimum response time for that Zone. Example: An Urban response requirement of 6:59 has an on-scene time greater than 16:59 (minutes and seconds), the provider will be assessed and pay liquidated damages in the amount of \$500.00 for being over ten minutes late on that one response. This applies to Contractor or Subcontractor response, in either case the Contractor will be held responsible. CVEMSA will require the Contractor to audit all Extended responses for root cause and conduct a quality improvement review on the patient and ePCR to determine if any negative outcome may be attributed to the Extended response. The chart below illustrates the liquidated damages that may be assessed by CVEMSA.

| Extended Response Times  |         |            |         |                    |
|--------------------------|---------|------------|---------|--------------------|
| Priority Level           | Urban   | Semi-Rural | Rural   | Liquidated Damages |
| Charlie, Delta, and Echo | > 16:59 | > 23:59    | > 38:59 | \$500              |
| Alpha & Bravo            | > 21:59 | > 27:59    | > 42:59 | \$500              |

8. Additional Liquidated Damage

| Additional Penalty Assessment (per incident)  |       |
|---|-------|
| A preventable mechanical failure with a patient on board ambulance (If the vehicle is out of compliance with county approved maintenance schedule, exceeds mileage or age limits, or empty fuel tank, etc.) | \$500 |
| Failure of the crew to report response times at-scene and the at-scene time is not verifiable by other pre-agreed reliable means such as GPS.   | \$250 |

9. Response Time Management

- A. Dispatch CAD data and the FirstWatch On-line Compliance Utility (“OCU”) is the program CVEMSA has anticipated utilizing to monitor this agreement. This program shall be used to calculate all Contractor Response Times. Ambulance Response Time measures are designed to provide the appropriate pre-hospital clinical care in a time frame that is appropriate to the patient situation. Response Time shall be measured in minutes and integer (whole) seconds and compliance determined on a fractile basis.
- B. Response Time specifications are for a performance-based approach involving defined Emergency Response Zones. The Proposer will be expected to commit to employing whatever effort is necessary to achieve the Response Time requirements for ambulance service requests located within EOA 1. The Contractor shall deploy ambulance resources and QRVs if utilized, in a manner consistent with this goal.
- C. Each incident is a separate response.
- D. Each incident will be counted as a single response regardless of the number of units that are utilized.
- E. The Response Time of the Contractor’s first arriving emergency ambulance will be used to compute the Contractor’s Response Time for that incident. This includes ambulance response from an entity requested to provide Mutual Aid for the Contractor.
- F. Mutual Aid responses will be monitored by CVEMSA. In the event an ambulance provider receives mutual aid from another ambulance provider that exceeds 130% of the number of mutual aid responses it provides that agency in a calendar quarter, CVEMSA, the ambulance provider and impacted parties will agree to engage in a discussion to evaluate such level of mutual aid service between the agencies. All impacted parties will be involved in developing solutions to discuss usage reduction if any are required.

10. Calculation of Response Times

- A. Calculation of Response Time shall begin at the time the following information, at a minimum, is transmitted to the assigned ambulance crew:
  - i. Call priority
  - ii. Exact address or descriptive location such as building or landmark  
If no ambulance is available at the time that the dispatcher is ready to dispatch an ambulance, the ambulance
- B. Calculation of Response Time shall stop when:
  - ii. The assigned ambulance notifies dispatch that it is “on scene,” which is defined as fully stopped (wheels not in motion) at the location where it shall be parked during the incident;  
or
  - iii. In the instance of a response to an apartment complex or mobile home park when the unit enters the complex; or

- iv. In the event, “staging” is necessary for personnel safety, at the time the assigned ambulance arrives at the staging area; or
  - v. At the time that dispatch notifies the assigned ambulance to cancel its response.
- C. In incidents when the assigned ambulance crew fails to report their arrival on scene, the time of the next radio communication from the crew or other at scene personnel to dispatch that indicates that the ambulance has already arrived at the scene shall be used as the arrival at scene time. The Contractor may also validate at scene time by MDC time stamp as documented in CAD or AVL playback.
- D. Calculating Response Times - Changes in Call Priority

Response Time calculations to determine compliance with Agreement standards and penalties for non-compliance shall be as follows:

- i. Downgrades – If a call is downgraded to a lower priority before the emergency ambulance arrives at the scene, the Contractor’s compliance and penalties will be calculated based on whether the higher priority Response Time standard has been exceeded at the time of the downgrade.
- i. Upgrades – If a call is upgraded or there is more than one priority change associated with a given incident before the emergency ambulance arrives at scene, the Contractor shall be deemed compliant and not subject to penalties, provided the upgrade or change in priority does not occur after the passage of the lower priority Response Time threshold.
- ii. Reassignment Enroute – If an emergency ambulance is reassigned enroute or turned around before arrival at scene (e.g., to respond to a higher priority request), compliance and penalties will be calculated based on the Response Time standard applicable to the assigned priority of the initial response. The Response Time clock will not stop until the arrival of an emergency ambulance at scene from which the ambulance was diverted.
- iii. Canceled Calls – If an assignment is canceled before the emergency ambulance arrives at scene, compliance and penalties will be calculated based on the elapsed time from dispatch to the time the call was canceled.

#### 11. Response Time Corrections and Exceptions

- A. Contractor may request Response Time Correction(s) of arrival at scene time(s). In incidents when the assigned ambulance crew fails to report their arrival at scene, the time of the next radio communication from the crew or other at scene personnel to dispatch that indicates that the ambulance has already arrived at the scene shall be used as the arrival at scene time. Alternatively, at scene time may be validated by CAD timestamp or Global Positioning System (GPS) based on Automatic Vehicle Location (AVL) playback.
- B. In some cases, certain specified responses will be excepted by CVEMSA and thereby deemed as compliant responses to be included in Response Time compliance

calculations. These Exceptions will be for good cause only, as reasonably determined by CVEMSA. The burden of proof that there is good cause for the Exception shall rest with the Contractor.

- C. The Contractor shall file a request for each desired Response Time correction or Exception every month with CVEMSA via the online compliance utility (OCU) within 15 days of the end of the previous month. Such request shall list the date, the time, and the specific circumstances causing the delayed response. The CVEMSA Regional Administrator or their designee shall grant or deny Exceptions to performance standards and shall so advise the Contractor. The CVEMSA Regional Administrator or their designee will respond to time correction requests utilizing the OCU. Examples of Exceptions include but are not limited to:
  - i. Automatic Appeals (*to be granted by CVEMSA*):
    - a. The call was downgraded at the scene by responders or by the dispatcher following County protocol and is Response Time compliant;
    - b. The call was upgraded and is Response Time complaint; and
    - c. Response canceled before the unit arrived at scene; must provide evidence that call was canceled within required Response Time.
  - i. Case-by-Case Appeals (to be considered by CVEMSA):
    - a. Off-road or off-paved road locations. The on-time performance will be measured from the time of dispatch to the time the ambulance arrived at the unpaved road.

## 12. Response Time Exemptions

- A. The Contractor shall maintain sufficient resources to achieve the specified Response Time standards. The Contractor shall be responsible for prudent and reasonable planning and action related to system deployment. This may include, but is not limited to, deploying additional unit hours of ambulance coverage for holidays, special events, and weather-related emergencies, including periods of excessive heat or cold, or other weather-related anomalies, to accommodate related additional workload.
- B. In the monthly calculation of Contractor's performance to determine compliance with Response Time Standards, every request for ambulance service from dispatch located within Contractor's assigned EOA 1 shall be included except in some cases, late and specified other responses will be excluded from Response Time compliance calculations and financial penalties. These Exemptions will be for good cause only, as reasonably determined by CVEMSA in its sole discretion. The burden of proof that there is good cause for the Exemption shall rest with the Contractor. The Contractor may request that a response be excluded from the calculation of Response Time standards if that call meets the criteria defined below. The Contractor shall file a request for each desired Response Time Exemption monthly with CVEMSA (until the OCU is operationally functioning in near real-time) within 15 days of the end of the previous month. Such request shall list the date, the time, and the specific circumstances causing the delayed response. CVEMSA Regional Administrator or their designee shall grant or deny exemptions to performance standards and shall so advise the Contractor. CVEMSA will respond to Exemption requests utilizing the OCU or other method.
- C. Examples of Exceptions include, but are not limited to:
  - i. Automatic Appeals (to be granted by CVEMSA):

- a. Additional ambulances responding to the same incident; the first unit must meet Response Time standard; and
  - b. Responding ambulance is involved in a traffic collision, and Contractor is determined to be not at fault by law enforcement.
- ii. Case-by-Case Appeals (to be considered by CVEMSA): inclement weather conditions that impair visibility or create other unsafe driving conditions
    - a. Incorrect address provided by the requesting party
    - b. An unavoidable delay caused by road construction
    - c. Restricted roadway access
    - d. Ambulance Patient Offload Time (APOT) delays in transferring care to a hospital emergency department. It will be the provider's responsibility to adequately document the facts surrounding the occurrence to include at minimum the facility, date, and all clock times (dispatch of the call through time unit available).
    - e. All other exemption requests shall be for good cause only, as determined by the CVEMSA. Exemptions shall be considered on a case-by-case basis. The burden of proof that there is good cause for an exemption shall rest with the Contractor, and the Contractor must have acted in good faith. The alleged good cause must have been a substantial factor in producing excessive response times.

### 13. Response Time Reporting Requirements

- A. Response Time performance reporting requirements and documentation of incident time shall include, but is not limited to:
  - i. Time call received by dispatch from PSAP,
  - ii. Time call received by Contractor,
  - iii. Time location verified,
  - iv. Time ambulance crew assigned,
  - v. Time enroute to scene,
  - vi. Arrival at scene time,
  - vii. Arrival at patient's side,
  - viii. Total at scene time,
  - ix. Time enroute to transport destination,
  - x. Total time to transport to destination,
  - xi. Arrival time at the destination,
  - xii. Time of patient transfer to receiving hospital personnel (transfer of care); and,
  - xiii. Time available at the destination (i.e., return to in service status).
- B. These reporting requirements may change. CVEMSA agrees to meet and confer with Contractor over such changes. If reporting requirements are modified and Contractor demonstrates an associated financial impact, CVEMSA Regional Administrator agrees to meet and confer with Contractor over that impact and cost or revenue mitigation.
- C. The Contractor must synchronize its clocks with the Universal Time Coordinated ("UTC"). UTC is the basis for civil time. This 24-hour time standard is kept using highly precise atomic clocks combined with the earth's rotation.

#### 1. Phase-In Period (Discovery Period)

For the first three months after the agreement is implemented Response Time requirements specified herein shall be enforced but liquidated damages will be waived to allow for adjustments in system status management. For the remainder of the Agreement period, Response Time requirements must be met, and penalties will be assessed for non-compliance.

I. Other Repercussions

If CVEMSA, with recommendation of the Emergency Medical Care Committee (EMCC) or other oversight committee designated by the CVEMSA Regional Administrator, determines that Contractor for three consecutive months has failed to maintain Response Time compliance as required by this Agreement and/or more than 6 compliance periods in a single zone in any rolling 12-month period, the CVEMSA may determine that there is a breach. Additionally, if Contractor has Extended Response Time as defined on more than ten percent (10%) of all late calls in any Response Time Compliance Zone which have not been granted Exceptions and/or Exemptions, CVEMSA may determine that Contractor has breached this Agreement. CVEMSA and Contractor acknowledge that the purpose of the Extended Response Time compliance requirement is to ensure the quality of patient care and that invoking the breach provision relative to Extended Response Time compliance may be necessary only where Contractor is not using its best efforts to resolve issues affecting patient care. Therefore, before invoking a breach of contract for Extended Response Time non-compliance, CVEMSA shall provide Contractor an opportunity to cure any failure to comply with Extended Response Time requirements and agrees not to invoke the breach provision for Extended Response Time if Contractor demonstrates best efforts to resolve issues contributing to Contractor's failure to meet the Extended Response Time compliance requirements. Actions constituting best efforts include, but are not limited to the following:

- i. Contractor agrees to conduct and participate in a process review study to identify causes and opportunities to reduce the number of Extended Responses.
- ii. In consultation with CVEMSA, Contractor agrees it will utilize available resources and technology that do not unreasonably impact Contractor's cost or revenue to implement all process review study recommendations.
- iii. Contractor agrees to conduct 100% review (Clinical and Operations) on Extended Response calls.

Notwithstanding the foregoing, Contractor shall not be entitled to a cure opportunity under this Paragraph if it has previously been afforded two such cure opportunities during the preceding three years.

F. Payments and Use of Liquidated Damage Funds:

- i. CVEMSA will make the final penalty determination based on this section and will inform the Contractor of the incidents and penalties incurred monthly. Contractor shall pay CVEMSA all penalties within 30 days of receipt of the notification. A late payment charge of five percent (5%) will be assessed monthly on any payment made after the due date. The Contractor will pay all penalty assessments to the Sonoma County EMS System Enhancement Fund.

G. Penalties collected will be utilized following CVEMSA policy.



**Penalty assessment example until full implementation of FirstWatch Online Compliance Utility**

| Reporting Period August 2022 |                      |                          |
|------------------------------|----------------------|--------------------------|
| Zone                         | EMD Priority Level   | Response Time Compliance |
| Urban Zone 1-4               | Charlie, Delta, Echo | 89.60%                   |
|                              | Alpha, Bravo         | 97.83%                   |
| Semi-Rural                   | Charlie, Delta, Echo | 97.06%                   |
|                              | Alpha, Bravo         | 100.00%                  |
| Rural                        | Charlie, Delta, Echo | 96.00%                   |
|                              | Alpha, Bravo         | 100.00%                  |
| Extended Response            | 2                    |                          |

| <u>TYPE</u>               | <u>PENALTY</u> | <u>QT</u> | <u>TOTAL PENALTY</u> | <u>BREAKOUT</u>              |
|---------------------------|----------------|-----------|----------------------|------------------------------|
| <b>MONTHLY COMPLIANCE</b> |                |           |                      |                              |
| 89-89.99%                 | \$1,000.00     | 1         | \$1,000.00           | <b>PROPOSER</b>              |
| 88-88.99%                 | \$2,000.00     |           | \$0.00               | COMPLIANCE \$1,000.00        |
| 87-87.99%                 | \$3000.00      |           | \$0.00               | EXTENDED RESPONSE \$1,000.00 |
| 86-86.99%                 | \$5,000.00     |           | \$0.00               | OTHER \$750.00               |
| 85-85.99%                 | \$6,000.00     |           | \$0.00               |                              |
| <85%                      | \$8,000.00     |           | \$0.00               |                              |
| <b>EXTENDED RESPONSE</b>  |                |           |                      |                              |
| EXT RESP 200%             | \$500.00       | 2         | \$1,000.00           |                              |
| <b>OTHER</b>              |                |           |                      |                              |
| MECH FAILURE              | \$500.00       | 0         | \$0.00               |                              |
| FAIL RPT ON SCENE         | \$250.00       | 3         | \$750.00             | <b>TOTAL \$2,750.00</b>      |

This is an example only of a monthly penalty report, showing infractions in each category. FirstWatch Online Compliance Utility will look different when fully implemented.

**Monthly Compliance:**

In the monthly response compliance, the EOA 1 Contractor scored on-time compliance of 89.60% in the Charlie, Delta, Echo 2 zone, resulting in \$1,000 liquidated damages. Therefore \$1,000 damage is assessed.

**Extended Response:**

Contractor had 2 Extended Emergency responses resulting in \$1,000 in penalties.

**Other:**

On 3 occasions this month, Contractor ambulances failed to notify dispatch or indicate their arrival "on- scene" resulting in a \$750 penalty.

**Penalty Breakout:**

The total monthly liquidated damages for the Proposer are shown on the right-hand side and reflect the amount of payment that will be paid directly into CVEMSA Sonoma County EMS System Trust.

# EXHIBIT 6 – CLINICAL PERFORMANCE STANDARDS, EXEMPTIONS & LIQUIDATED DAMAGES

## **Clinical Performance Measures:**

### Participation in State and National Benchmarking

CVEMSA will require the submission of data that would allow the County to participate in the California EMS System Core Quality Core Measures Project, CARES, NEMSQA (formerly EMS Compass), and Mission: Lifeline.

### CVEMSA EMS Clinical Performance Measures

The CVEMSA requires the Proposer to describe Clinical Performance Standards based on the standards listed below. The proposal may contain additional Clinical Performance Standards. The agreed-upon Clinical Performance Standards will become part of any future agreement. It is understood, due to the nature of Clinical Performance Standards, a phase-in discovery period will be necessary, and standards may not be defined at the beginning of the agreement.

### Assessment

- Blood Glucose measurement for patients with altered neurological function,
- 12-lead ECG obtained in patients with chest pain of suspected cardiac etiology,
- Injured patients assessed for pain,
- Estimate weight for pediatric patients.

### Treatment

- Aspirin administered for chest pain of suspected cardiac etiology,
- Glucose or glucagon administered for hypoglycemia,
- Benzodiazepine administered for status epilepticus,
- Nitroglycerin administered for acute pulmonary edema,
- Albuterol administered for symptomatic asthma or COPD,
- Pain management (pharmacologic or non-pharmacologic) if pain scale >2,
- End-tidal CO2 measured on every successful endotracheal intubation.

### Communication and Transport:

- Prearrival hospital notification for stroke, STEMI, or major trauma,
- Direct transport of a patient with stroke, STEMI, or trauma meeting triage guidelines to appropriate designated specialty care center.

### Documentation:

- For refusal of care or transport, documentation that patient has decisional capacity,
- Documentation of stroke scale assessment and time last known well for patients with stroke.

## **Summary of CVEMSA EMS Clinical Performance Measures**

The chart below summarizes the background and derivation of the Clinical Performance Standards.

|  | CA Core Measures <sup>6</sup> | NEMSQA <sup>7</sup> | Mission: Lifeline <sup>8</sup> | GAMUT <sup>9</sup> | Meyers et al <sup>10</sup> | TQIP <sup>11</sup> |
|--|-------------------------------|---------------------|--------------------------------|--------------------|----------------------------|--------------------|
| <b>Assessment</b>  |                               |                     |                                |                    |                            |                    |
| Blood Glucose measured for AMS                                       | X                             | X                   |                                | X                  | X                          |                    |
| 12-lead ECG for chest pain   |                               |                     | X                              |                    |                            |                    |
| Injured patients assessed for pain                                   |                               | X                   |                                |                    |                            |                    |
| Pediatric weight estimation  |                               | X                   |                                |                    |                            |                    |
| <b>Treatment</b>   |                               |                     |                                |                    |                            |                    |
| Aspirin for chest pain   | X                             |                     | X                              |                    | X                          |                    |
| NTG for chest pain or pulmonary edema                                |                               |                     |                                |                    | X                          |                    |
| Glucose given for hypoglycemia                                       | X                             | X                   |                                |                    |                            |                    |
| Benzodiazepine for status epilepticus                                |                               | X                   |                                |                    | X                          |                    |
| Albuterol for asthma or COPD   | X                             |                     |                                |                    | X                          |                    |
| Treatment of pain if >2/10   |                               | X                   |                                |                    |                            |                    |
| End-tidal CO2 for ETI  |                               |                     |                                |                    |                            |                    |
| <b>Communication</b>   |                               |                     |                                |                    |                            |                    |
| Pre-arrival hospital notification for stroke, STEMI, or major trauma | X                             |                     | X                              |                    |                            |                    |
| <b>Transport</b>   |                               |                     |                                |                    |                            |                    |
| Stroke, STEMI, or major trauma to specialty care center              | X                             | X                   | X                              |                    | X                          | X                  |

**Additional Suggested Measures (for consideration by Proposer)**

- Medication Errors - total annual or rate
- Ambulance accidents – response or transport
- Mechanical issues delaying ambulance response or transport
- Near misses
- Patient complaints
- Patient satisfaction surveys
- EMS stakeholder and customer satisfaction surveys

**Measurement of Clinical Performance Standards**

Clinical Performance Standards are a performance-based approach rather than an undefined level of effort. The Contractor shall commit to employing whatever level of effort is necessary to achieve the agreed-upon Clinical Performance Standards. As identified in the RFP, there are specific timelines for these to be developed in collaboration with the CVEMSA. It is understood that adequate time is being

provided to determine a baseline measurement for each of the finalized performance standards. The Contractor shall ensure EMS personnel are trained to these standards in a manner consistent with this goal.

**Clinical Performance Standard Liquidated Damages**

It is the goal of the CVEMSA to ensure the delivery of quality clinical care that adequately addresses the medical condition of all patients. To adequately implement these measures, there is an extended period of eighteen months to identify, test, implement a process to measure specific clinical performance and evaluate performance improvement strategies.

The Contractor is expected to work with the CVEMSA to identify baseline compliance rates and set an anticipated increased growth toward higher compliance rates over a defined period. If Contractor underperforms, based on baseline compliance rates, the Contractor shall conduct a comprehensive performance improvement process that includes identification of root cause. The Contractor will be required to implement a corrective action plan. The CVEMSA Medical Director will work in consultation with the Contractor to make recommendations and have final approval of any corrective actions prior to implementation. If this process is not implemented and no measurable improvement has been made, liquidated damages shall be assessed.

The Contractor understands and agrees that the failure to comply with Clinical Performance Standards or other requirements in this Agreement will result in damage to the CVEMSA and the County. It will be impracticable to determine the actual amount of damage whether in the event of underperformance or nonperformance, failure to meet standards, or any other deviation. Therefore, the Contractor and CVEMSA agree to the process to establish liquidated damages specified in this Agreement. It is expressly understood and agreed that the liquidated damage amounts are not to be considered a penalty, but shall be deemed, taken, and treated as reasonable estimate of the damages to the County. If all corrective actions identified are implemented, no Liquidated Damages will be assessed.

The Contractor shall pay liquidated damages to CVEMSA every quarter that Contractor fails to attain Clinical Performance Standards agreed to and understand that these will be periodically updated to reflect current medical standards. Liquidated Damages paid by the Contractor for each Clinical Performance Standard in which the Contractor fails to maintain the requisite compliance after a comprehensive Performance Improvement Plan shall be established assessed. The chart below is only an example. Baseline metrics will be set for each Clinical Performance Standard established for compliance as part of the Contract. It is understood that these standards and baseline metrics will be established through a collaborative process and the standards and metrics will change and or be modified over the terms of the agreement.

| Clinical Performance Standard Examples                                    | Baseline Metric | Under-performance | Damage Assessed | Under-performance | Damages Assessed | Under-performance               | Considered Breach of Contract |
|---|-----------------|-------------------|-----------------|-------------------|------------------|---------------------------------|-------------------------------|
| Blood Glucose measurement for patients with altered neurological function | 80%             | 75%-79%           | \$1,500         | 65%-74%           | \$3,000          | Anything below 65% in a quarter | Notify of Contract Breach     |
| Albuterol administered for symptomatic asthma or COPD                     | 80%             | 75%-79%           | \$1,500         | 65%-74%           | \$3,000          | Anything below 65% in a quarter | Notify of Contract Breach     |

The Contractor shall pay liquidated damages to CVEMSA for the underperformance of Clinical Performance Standard as measured quarterly unless exempted by CVEMSA.

Exemptions include, but are not limited, to the following:

- (1) Verified equipment failure with appropriate documentation of reporting and resolution
- (2) Verified technical failure to upload 12-lead ECG
- (3) Communication failure for advance notice of trauma and stroke
- (4) Patient declines treatment and it is properly documented
- (5) Specialty care center unable to accept stroke, STEMI, or trauma patient.
- (6) Higher priority concerns take precedence (e.g., scene safety).

# EXHIBIT 7 – PROPOSED AMBULANCE EMPLOYEE COMPENSATION AND BENEFITS – PARAMEDIC AND EMT

## Paramedic compensation package

Proposer

| New Employee | After 2 Years | After 5 Years |
|--------------|---------------|---------------|
|--------------|---------------|---------------|

Hourly Wage (straight time):

|         |  |  |  |
|---------|--|--|--|
| Lowest  |  |  |  |
| Highest |  |  |  |
| Median  |  |  |  |

Year one average number of hours per week for full-time EMT-Ps:

|  |
|--|
|  |
|--|

Year one average gross earnings per week for full-time EMT-Ps:

|  |
|--|
|  |
|--|

Paid Vacation (days per year)

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Paid Holidays (days per year)

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Sick Leave (days per year)

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Paid Cont. Ed. (hours per year)

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Uniform Allowance (per year)

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Tuition Reimbursement (per year)

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

## Health Care

Medical

% Covered

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

\$ Deductible

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Dental

% Covered

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Optical

% Covered

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Describe any of the following that is provided:**

|  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Stock Options</li> <li>• Profit-sharing</li> <li>• Day Care Services</li> <li>• Career Development</li> <li>• Pension Plan</li> </ul> |  |
|--|--|

**EMT-I compensation package**

Proposer

| New Employee | After 2 Years | After 5 Years |
|--------------|---------------|---------------|
|--------------|---------------|---------------|

Hourly Wage (straight time):

|         |  |  |  |
|---------|--|--|--|
| Lowest  |  |  |  |
| Highest |  |  |  |
| Median  |  |  |  |

Year one average number of hours per week for full-time EMTs:

|  |
|--|
|  |
|  |

Year one average gross earnings per week for full-time EMTs:

Paid Vacation (days per year)

Paid Holidays (days per year)

Sick Leave (days per year)

Paid Cont. Ed. (hours per year)

Uniform Allowance (per year)

Tuition Reimbursement (per year)

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Health Care**

Medical

% Covered

\$ Deductible

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

Dental

% Covered

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Optical

% Covered

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**Describe any of the following that is provided:**

|  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Stock Options</li> <li>• Profit-sharing</li> <li>• Day Care Services</li> <li>• Career Development</li> <li>• Pension Plan</li> </ul> |  |
|--|--|



## EXHIBIT 8 – INVESTIGATIVE AUTHORIZATION - COMPANY

The undersigned organization, a prospective proposer to provide emergency advanced life support ambulance service for the County of Sonoma, recognizes that public health and safety requires assurance of safe, reliable, and cost-efficient ambulance service. That assurance will require an inquiry into aspects of company operations deemed relevant by the CVEMSA or its agents. The company specifically agrees that the CVEMSA or its agents may conduct an investigation into, but not limited to the following matters:

- (1) The financial stability of the company, including its owners and officers, any information regarding a potential conflict of interests, past problems in dealing with other clients or cities where the company has rendered service, or any other aspect of the company operations or its structure, ownership, or key personnel which might reasonably be expected to influence the CVEMSA's selection decision
- (2) The company's current business practices, including employee compensation and benefits arrangements, pricing practices, billing and collections practices, equipment replacement and maintenance practices, in-service training programs, means of competing with other companies, employee discipline practices, public relations efforts, current and potential obligations to other buyers, and general internal personnel relations
- (3) The attitude of current and previous customers of the company toward the company's services and general business practices, including patients or families of patients served by the company, physicians or other health care professionals knowledgeable of the company's past work, as well as other units of local government with which the company has dealt in the past
- (4) Other business in which company owners and/or other key personnel in the company currently have a business interest
- (5) The accuracy and truthfulness of any information submitted by the company in connection with such evaluation.

This authorization shall expire one year from the date of the signature.

AUTHORIZATION FOR SUCH INVESTIGATION IS HEREBY EXPRESSLY GIVEN BY THE COMPANY:

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Organization

\_\_\_\_\_ By: Signature (authorized representatives)

\_\_\_\_\_ Name(s) (printed)

\_\_\_\_\_ Title

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 2020 before me, the undersigned, a Notary Public in and for the said County and State, personally appears \_\_\_\_\_ to me known to be the person described herein and who executed the foregoing Affirmation Statement and acknowledged that s/he executed the same as her/his free act and deed.

Witness my hand and Notary Seal subscribed and affixed in said County and State, the day and year above written.

\_\_\_\_\_ Notary Public

(Seal)

My Commission Expires \_\_\_\_\_

## EXHIBIT 9 – INVESTIGATIVE AUTHORIZATION - INDIVIDUAL

The undersigned, being\_(title) for\_\_\_\_\_ (Company), which is a proposer to provide emergency and advanced life support ambulance service to the County of Sonoma, recognizes that public health and safety requires assurance of safe, reliable, and cost-efficient ambulance service. In order to judge this bid, it is necessary to require an inquiry into matters which are deemed relevant by the County of Sonoma, CVEMSA, or its agents, such as, but not limited to, the character, reputation, and competence of the company’s owners and key employees.

The undersigned specifically acknowledges that such inquiry may involve an investigation of his or her personal work experience, educational qualifications, moral character, financial stability, and general background, and specifically agrees that the County of Sonoma, CVEMSA, or its agents, may undertake a personal investigation of the undersigned for the purpose stated. This authorization shall expire twelve (12) months from the signature date.

*AUTHORIZATION FOR SUCH INVESTIGATION IS HEREBY EXPRESSLY GIVEN:*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Individual Name (typed)

State of \_\_\_\_\_

County of \_\_\_\_\_

On this\_\_\_\_\_ day of\_\_\_\_\_ 2020 before me, the undersigned, a Notary Public in and for the said County and State, personally appears\_\_\_\_\_ to me known to be the person described herein and who executed the foregoing Affirmation Statement and acknowledged that s/he executed the same has her/his free act and deed.

Witness my hand and Notary Seal subscribed and affixed in said County and State, the day and year above written.

\_\_\_\_\_  
Notary Public

(Seal)

My Commission Expires \_\_\_\_\_

# EXHIBIT 10 – EMS DISPATCH CENTER & COMMUNICATION EQUIPMENT REQUIREMENTS

## EMS DISPATCH CENTER

- A. The Proposer must utilize the CVEMSA authorized EMS dispatch center, REDCOM, as their dispatch center and compensate REDCOM for their services. REDCOM is accredited by the International Academy of Emergency Medical Dispatch and is utilized by most EMS responders in the County.
- B. Sonoma REDCOM will dispatch emergency ambulances in accordance with Proposer’s System Status Plan (SSP). The Proposer shall enter into a separate agreement with REDCOM and contribute its share of costs for services REDCOM provides under this system. The charges are allocated on a per-call basis, approximately \$44.00 per call. These costs are estimated to be \$1,757,838 annual with increases based on CPI. MDC and Aircard are a separate charge, approximately \$34,942 annually.
- C. REDCOM Dispatch Requirements
  - 1. Receive and process calls for emergency medical assistance from primary and/or secondary public safety answering points,
  - 2. Utilize MPDS and ProQA -AQUA for systemized caller interrogation,
  - 3. Adhere to the ambulance provider’s SSM deployment plan,
  - 4. Relay pertinent information to responding first responder and ambulance personnel,
  - 5. Monitor and track responding resources,
  - 6. Coordinate with public safety and EMS providers as needed,
  - 7. Provide “live” access to CAD and audio recorder systems, and will provide proposer with access to various reports agreed upon REDCOM, Proposer, and CVEMSA,
  - 8. Develop dispatch procedures cooperatively with the CVEMSA and the Provider including dispatch performance standards and compliance,
  - 9. Make timely operational changes when provider requests modified dispatch procedures for ambulance deployment. Changes requiring Vendor support may come at an additional negotiation and cost,
  - 10. Provide timely electronic reports that are designed jointly by REDCOM and provider following agreed-upon timelines,
  - 11. Implement Priority Dispatch protocols, and future alternate destination when established by CVEMSA,
  - 12. Serve as a 24-hour contact point for CVEMSA’s duty officer and Sonoma County Medical Health Operational Area Coordinator (MHOAC).
- D. Proposer Requirements:
  - 1. The Contractor will be required to obtain, install, and maintain in Proposer’s ambulances all such communications equipment as is determined through the CVEMSA to be necessary for the effective and efficient dispatch of ambulances. For ambulances responding to 9-1-1 calls, GPS Location Systems are required. GPS Location System equipment failures shall not result in an ambulance being “out of

service,” and Proposer shall make reasonable efforts to immediately seek repair of malfunctioning GPS Location System equipment.

2. The Contractor shall be financially responsible for installation, purchase, rental, and maintenance of communication equipment in the ambulance provided in this proposal.
  3. The Contractor shall establish policies that ensure that upon receipt of a private request for ambulance services, pertinent information including callback number, location, and nature of the incident is ascertained.
  4. The Contractor shall ensure that a record of calls, as defined in Title 13 of the California Code of Regulations, Chapter 5, Article 1, Section 1100.7 is maintained. In addition, the Contractor shall maintain a record of all requests for ambulance service.
- E. Provide in detail your organization's requirements from REDCOM to be able to deploy your ambulances most optimally and efficiently including but not limited to:
1. Describe the process for making changes to the ambulance deployment plan, or the third-party software and the turnaround time for such changes,
  2. Describe the required information needs to ensure ambulance performance to the ambulance deployment plan, or the third-party software and the turnaround time for such changes,
  3. Describe the type of reports and any timelines associated with these reports,
  4. Describe the anticipated dispatching performance standards and measurements,
  5. Describe the expected physical access to the REDCOM Dispatch center.

#### **COMMUNICATION EQUIPMENT REQUIREMENT**

- A. The Contractor will be responsible to install and maintain all telecommunications equipment on the appropriate frequencies necessary to complete the scope of work as identified in this RFP.
- B. The current system uses a VHF frequency as the primary emergency ambulance dispatch frequency and uses alphanumeric pagers or SMS messaging to mobile communication devices, Mobile Data Computers (MDCs), and Location Station Alerting Systems through the REDCOM CAD system.
- C. Fire service agencies operate on VHF radio frequencies. Proposers’ supervisors and ambulances can access this system via a separate fire channel.
- D. The Proposer must have AVL/GPS/MDC in place in ambulances, QRVs, and field supervisor vehicles. This equipment must be integrated with dispatch center CAD.
- E. The proposer must equip each ambulance with appropriate emergency communications and alerting devices capable of being used to notify ambulance personnel of response needs. Every ambulance and crew member must be able to communicate at all times and locations with the authorized dispatch center, other ambulances, and supervisor’s vehicles, receiving hospitals, and fire agencies.
- F. Each ambulance must have a mobile radio in the front cab with the capability for hospital communication in the rear patient compartment.
- G. Each ambulance must have two portable radios, one for each crew for medical communication, and one mobile or portable capable of interoperability with fire channels.

- H. Each ambulance shall have a mobile computer with MDC capability, CAD access, mapping software, and the ability to send electronic patient care records to the receiving hospital and a centralized server via wireless technology. Each ambulance will be equipped with AVL and GPS fully interfaced to the CAD system for unit recommendation and System Status deployment purposes.
- I. Identify all communications equipment (type, brand, number) that will be carried on ambulances and supervisors' vehicles including, but not limited to:
  - 1. Radios
  - 2. AVL/GPS/MDCs
  - 3. Telephones
  - 4. Alerting devices
  - 5. Laptop computers for ePCR.

# EXHIBIT 11 – CURRENT SONOMA COUNTY AMBULANCE RATES FOR EOA 1

2021 Sonoma County EOA 1 Ambulance Rates as approved by CVEMSA:

|   |            |
|---|------------|
| Advanced Life (ALS) Base/ALS Rendezvous | \$2,354.72 |
| Basic Life Support (BLS) Base           | \$1,837.85 |
| Oxygen                                  | \$194.07   |
| Mileage (ALS/BLS Transport)             | \$50.22    |
| Mileage (Non -Medical Transport)        | \$11.52    |

The Contractor may charge for additional medical supplies according to the following schedule:

| Procedure Code | Procedure Description         | Rate - Effective July 1, 2021 |
|----------------|-------------------------------|-------------------------------|
| 1150           | ALS BASE RATE                 | 2354.75                       |
| 1151           | ALS BASE RATE                 | 2354.75                       |
| 1152           | ALS BASE RATE                 | 2354.75                       |
| 1171           | ALS BASE RATE                 | 2354.75                       |
| 1250           | BLS BASE RATE                 | 1837.85                       |
| 15000          | NON-MEDICAL TRANSPORT         | 150.00                        |
| 2150           | ALS MILEAGE                   | 50.22                         |
| 2151           | ALS MILEAGE                   | 50.22                         |
| 2250           | BLS MILEAGE                   | 53.09                         |
| 2251           | BLS MILEAGE                   | 53.09                         |
| 25000          | NON-MEDICAL TRANSPORT MILEAGE | 5.00                          |
| 3001           | OXYGEN                        | 194.07                        |
| 3002           | AIRWAY/NASAL                  | 28.58                         |
| 3003           | AIRWAY /ORAL                  | 14.27                         |
| 3004           | COLD/HOT PACK                 | 27.96                         |
| 3005           | CRICO/CREST SUPPLIES          | 65.32                         |
| 3006           | DEFIB ELECTRODES              | 107.89                        |
| 3007           | DRESSING - MAJOR              | 14.27                         |
| 3009           | GLUCOMETER TEST SUPP          | 40.77                         |
| 3010           | INTUBATION SUPPLIES           | 21.44                         |
| 3016           | EKG ELECTRODES                | 42.60                         |
| 3017           | O2 SUPPLIES/NEBULIZER         | 28.00                         |
| 3018           | OB PACK                       | 86.53                         |
| 3022           | CERVICAL COLLAR               | 109.24                        |
| 3023           | SUCTION TUBE                  | 42.88                         |
| 3025           | CO2 DETECTION SUPPLY          | 42.61                         |
| 3027           | CERVICAL COLLAR PEDIATRIC     | 109.24                        |
| 3028           | BURN SHEET                    | 46.13                         |
| 3031           | CANNULA                       | 25.28                         |
| 3032           | STYLETTE, DISPOSABLE          | 16.80                         |
| 3034           | BLOOD SET                     | 28.58                         |
| 3037           | DEFIB/ELECTRODES ADULT        | 107.89                        |
| 3038           | DEFIB/ELECTRODES PEDIATRIC    | 107.89                        |
| 3041           | STA BLOCK HEAD IMMOBILIZER    | 21.58                         |
| 3046           | DISPOSABLE SYRINGE            | 4.26                          |
| 3055           | DISPOSABLE LINEN              | 3.36                          |
| 3061           | BAG VALVE MASK                | 108.31                        |
| 3062           | BANDAGES ROLLER               | 7.27                          |



|       |                                |        |
|-------|--------------------------------|--------|
| 3063  | BANDAGES TRIANGULAR            | 14.27  |
| 3064  | BLANKET, DISPOSABLE            | 28.58  |
| 3074  | I.V. START PAK                 | 87.78  |
| 3075  | INFUSION SET 3 WAY ADD A FLOW  | 10.14  |
| 3076  | INFUSION SET BLOOD SET WITH PU | 51.92  |
| 3077  | INFUSION SET MICRO             | 28.84  |
| 3080  | INTRAOSSEOUS NEEDLE            | 327.72 |
| 3083  | NASOPHARYNGEAL AIRWAY          | 28.58  |
| 3085  | NEEDLES, ALL                   | 11.19  |
| 3086  | NON-REBREATHER MASK            | 15.66  |
| 3090  | PETROLEUM GAUZE PADS           | 7.27   |
| 3092  | RESTRAINTS DISPOSABLE          | 29.23  |
| 3096  | SPLINT ARM                     | 20.02  |
| 3097  | SPLINT LEG                     | 20.02  |
| 3101  | SUCTION CATHETERS              | 54.65  |
| 3148  | NEBULIZER MASK                 | 28.00  |
| 3149  | NEBULIZER MASK-PEDI            | 28.00  |
| 3151  | SUCTION CATH BIG STICK SSCOR   | 54.65  |
| 3152  | ENDOTRACHEAL TUBE              | 21.44  |
| 3153  | ENDOTRACHEAL TUBE W/O CUFF     | 21.44  |
| 3157  | DEFIB PADS                     | 107.89 |
| 3171  | EXAM GLOVES                    | 12.78  |
| 3172  | EKG ELECTRODES                 | 42.60  |
| 3188  | MACRODRIP 10 GTT ABBOTT        | 10.22  |
| 3198  | KING AIRWAY/INTUBATION         | 218.38 |
| 3200  | ASPIRIN                        | 7.29   |
| 4001  | ALBUTEROL NEBULIZER            | 26.72  |
| 4003  | ATROPINE                       | 28.58  |
| 4007  | DEXTROSE 50%                   | 48.89  |
| 4009  | EPI 1:10,000                   | 42.88  |
| 4010  | GLUCAGON                       | 255.62 |
| 4011  | EPI 1 1000 1MG 1CC             | 42.88  |
| 4013  | LASIX                          | 42.88  |
| 4014  | LIDOCAINE 200                  | 50.01  |
| 4017  | MORPHINE                       | 28.58  |
| 4018  | NARCAN                         | 42.88  |
| 4019  | NITROSPRAY                     | 27.64  |
| 4030  | ADENOSINE                      | 118.70 |
| 40450 | DEXTROSE 10%                   | 62.68  |
| 4049  | INSTA GLUCOSE                  | 51.41  |
| 40610 | FENTANYL CITRATE/SUBLIMAZE     | 28.58  |

|       |                               |        |
|-------|-------------------------------|--------|
| 4066  | STERILE WATER                 | 29.80  |
| 4085  | DEXTROSE 25%                  | 31.21  |
| 4086  | DOPAMINE                      | 64.40  |
| 4093  | LIDOCAINE PRELOAD             | 50.01  |
| 4095  | NORMAL SALINE 1000CC          | 57.12  |
| 4096  | NORMAL SALINE 100CC           | 34.16  |
| 4104  | CETACAINE/HURRACAINE          | 118.70 |
| 4112  | ATROPINE SULFATE 1MG SYR      | 28.58  |
| 4113  | ATROPINE SULFATE 5MG SYR-PEDI | 28.58  |
| 4114  | BENADRYL PRELD 50MG/1CC       | 28.58  |
| 4118  | AMIODARONE                    | 49.68  |
| 4130  | ATROVENT                      | 28.58  |
| 4132  | ZOFTRAN/ONDANSETRON           | 42.88  |
| 4523  | NEOSYNEPHRINE                 | 22.08  |
| 4524  | VERSED 10MG                   | 41.96  |
| 4525  | VERSED 2MG                    | 41.96  |
| 5009  | GLUCOMETER USE                | 40.77  |
| 5027  | PULSE OXIMETRY                | 25.57  |
| 5029  | EKG MONITOR                   | 192.06 |
| 5029N | EKG MONITOR 12 LEAD           | 192.06 |
| 5030N | EKG MONITOR                   | 192.06 |
| 5042  | ISOL/DECONTAMINATION          | 376.13 |
| 5079  | CPAP PROCEDURE/SUPPLIES       | 312.11 |
| 6040  | EMERGENCY                     | 228.46 |
| 6060  | NIGHT CHARGE                  | 138.72 |
| 6060N | NIGHT CHARGE                  | 138.72 |

# EXHIBIT 12 – PROPOSED SONOMA COUNTY AMBULANCE RATES

|           |  |
|-----------|--|
| Proposer: |  |
|-----------|--|

**Proposed ambulance rates**

|  |                 |
|--|-----------------|
| Base Rate                              |                 |
| Oxygen                                 |                 |
| Mileage                                |                 |
| Medical Supplies                       |                 |
| Treat Non-Transport                    |                 |
| Technology and Equipment Upgrade Fund* | \$1.50 per mile |

***Attach a list of any other specific charges proposed.***

\*Proposer shall incorporate a \$1.50 per mile transport fee to ambulance rates to establish a technology fund that will support innovations within the system to improve patient care and overall system improvements.

**Typical Patient Charge Scenarios**

*Charges are to be based on the rate schedule submitted in this proposal. If an item is included in the base rate, or if there is no charge for an item, indicate this on the form. Identify additional specific charges (e.g., charges to perform any of the identified skills) or routine charges (e.g., infection control charge) in the blanks provided. The total shall reflect all specific and routine charges that a patient in this type of scenario would be billed.*

**SCENARIO #1:** A 66-year-old female is complaining of chest pain. This call occurs at 04:00 in the morning and the patient’s home is 22 miles from the receiving hospital.

|                                       |                 |
|---------------------------------------|-----------------|
| Total                                 | \$              |
| Base rate                             | \$              |
| 22 miles transport                    | \$              |
| Oxygen                                | \$              |
| Medical Supplies                      | \$              |
| Technology and Equipment Upgrade Fund | \$1.50 per mile |
|                                       |                 |
|                                       |                 |
|                                       |                 |
|                                       |                 |
|                                       |                 |

**SCENARIO #2:** An 18-year-old unconscious diabetic is treated with glucose and shortly thereafter refuses treatment signing out AMA. Field personnel spends 45 minutes on this call prior to clearing.

|                    |    |
|--------------------|----|
| Total              | \$ |
| Base rate          | \$ |
| Miles              | \$ |
| Oxygen             | \$ |
| Treat No-Transport | \$ |
| Medical Supplies   | \$ |
|                    |    |
|                    |    |
|                    |    |
|                    |    |

# EXHIBIT 13 – PROPOSED OPERATING AND START-UP BUDGET

|           |  |
|-----------|--|
| Proposer: |  |
|-----------|--|

|  | <i>Start-Up</i> | <i>Year 1</i> | <i>Year 2</i> | <i>Year 3</i> |
|--|-----------------|---------------|---------------|---------------|
| <b>REVENUES</b>                                |                 |               |               |               |
| Private payments                               |                 |               |               |               |
| Medicare                                       |                 |               |               |               |
| Other third-party payments                     |                 |               |               |               |
| Other (describe)                               |                 |               |               |               |
| <b>Total Revenues</b>                          |                 |               |               |               |
| <b>EXPENSES</b>                                |                 |               |               |               |
| <b><i>Personnel</i></b>                        |                 |               |               |               |
| Paramedic wages                                |                 |               |               |               |
| Paramedic benefits                             |                 |               |               |               |
| EMT wages                                      |                 |               |               |               |
| EMT benefits                                   |                 |               |               |               |
| Other personnel wages                          |                 |               |               |               |
| Other personnel benefits                       |                 |               |               |               |
| Other (describe)                               |                 |               |               |               |
| Subtotal personnel                             |                 |               |               |               |
| <b><i>Vehicles</i></b>                         |                 |               |               |               |
| Fuel   |                 |               |               |               |
| Repairs & maintenance                          |                 |               |               |               |
| Equipment lease                                |                 |               |               |               |
| Other (describe)                               |                 |               |               |               |
| Subtotal vehicles                              |                 |               |               |               |
| <b><i>Medical equipment &amp; supplies</i></b> |                 |               |               |               |
| Supplies                                       |                 |               |               |               |
| Equipment lease                                |                 |               |               |               |
| Repairs & maintenance                          |                 |               |               |               |
| Other (describe)                               |                 |               |               |               |
| Subtotal medical equipment & supplies          |                 |               |               |               |
| <b><i>Facilities</i></b>                       |                 |               |               |               |
| Rent/Lease                                     |                 |               |               |               |
| Property                                       |                 |               |               |               |
| Taxes  |                 |               |               |               |
| Insurance                                      |                 |               |               |               |
| Utilities                                      |                 |               |               |               |
| Other (describe)                               |                 |               |               |               |

|                          |  |  |  |  |
|--------------------------|--|--|--|--|
| Subtotal facilities      |  |  |  |  |
| <b>Total Expenses</b>    |  |  |  |  |
| <b>NET INCOME (LOSS)</b> |  |  |  |  |
| <hr/> <hr/>              |  |  |  |  |

**Basis for Revenue Projections**

|                    | <i>Annual # of<br/>Transports</i> | <i>%</i> | <i>Average<br/>Payment per<br/>Transport</i> | <i>Annual<br/>Revenue</i> |
|--------------------|-----------------------------------|----------|--|---------------------------|
| Source of Payment: |                                   |          |  |                           |
| Private            |                                   |          |  |                           |
| Medi-Cal           |                                   |          |  |                           |
| Medicare           |                                   |          |  |                           |
| Other (describe)   |                                   |          |  |                           |
| No payment         |                                   |          |  |                           |
| <b>Total</b>       |                                   | 100%     |  |                           |

# EXHIBIT 14 – ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE REHABILITATION ACT OF 1973

The undersigned (hereinafter called "Contractor(s)") hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS regulation, and all guidelines and interpretations issued pursuant thereto.

The Contractor(s) gives/give this assurance in consideration for the purpose of obtaining contracts after the date of this assurance. The Contractor(s) recognizes/recognize and agrees/agree that contracts will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Contractor(s), its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor(s).

The Contractor(s): (Check a or b)

- a. Employs fewer than 15 persons.
- b. Employs 15 or more persons and, pursuant to section 84.7 (a) of the regulation (45 C.F.R. 84.7 (a), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation.

**Name of 504 Person:**

**Name of Contractor(s):**

**Street Address or P.O. Box:**

**City, State, Zip Code:**

**I certify that the above information is complete and correct to the best of my knowledge**

**Signature:**

**Title of Authorized Official:**

**Date:**

\*Exception: DHHS regulations state that: "If a recipient with fewer than 15 employees find that, after consultation with a disabled person seeking its services, there is no method of complying with (the facility accessibility regulations) other than making a significant alteration in its existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible."



## EXHIBIT 15 – FIRST RESPONDER ALS

### First Response ALS

The County supports continuing the partnership with the City of Santa Rosa for Fire First Response ALS (FRALS) services. FRALS will extend Contractor's response time by up to four minutes for Charley, Delta and Echo calls in each respective response zone and meets the relevant Response Time Standards consistently (90% reliability). The Contractor and the City shall negotiate in good faith and enter into a separate agreement to reasonably compensate to the City for FRALS services based upon the estimated savings for reduced ambulance unit hours as a result of this partnership. Additionally, the participating FRALS agency shall agree to the following:

- (1) Assess all patients and begin treatments according to protocol,
- (2) Reduce incoming ALS ambulance to Priority 2 if Priority 1 response is unnecessary,
- (3) Complete an ePCR on all medical responses,
- (4) Participate in the CVEMSA quality improvement program,
- (5) Accountability via First Watch surveillance platform (FirstWatch and FirstPass) or similar superior program.

In the event additional fire services within EOA 1 desire to increase service to an ALS level during the term of the agreement, they may be eligible to participate in an agreement with the Contractor for FRALS services based on a need's assessment conducted in collaboration with the Contractor and with the approval of CVEMSA. The Contractor is encouraged to implement agreements with any interested first responder agencies that desire to upgrade to ALS and provide similar services to the Contractor. All such agreements will require the prior written approval of CVEMSA.

In the future, there may be additional opportunities to enter into agreements with BLS fire services for similar limited First Responder BLS (FRBLS) services. If local fire agencies provide Charley, Delta, and Echo BLS first response in the Urban, Semi-Rural, and Rural zones, and meet the relevant Response Time Standards consistently (90% reliability), the Contractor may extend response by four minutes of the relevant Priority and zone response time standard. The Contractor shall compensate fire for these services based upon the estimated savings for reduced ambulance unit hours as a result of any partnership. Additionally, Fire services participating in this arrangement shall agree to the following:

- (1) Assess all patients and begin treatments according to BLS protocol,
- (2) Reduce incoming ALS ambulance to Priority 2, if Priority 1 response is unnecessary,
- (3) Complete an ePCR on all medical responses,
- (4) Participate in the CVEMSA quality improvement program,
- (5) Accountability via First Watch surveillance platform (FirstWatch and FirstPass) or similar superior program.

It is understood that first responder agreements may not be in place before the implementation of this proposed ambulance EOA agreement. Until such time that a fire first responder agreement is in place Contractor must meet all response time requirements at 90% compliance, in all zones in accordance with response time requirements.

# EXHIBIT 16 – FINANCIAL REPORTING

## Financial Reporting

- (1) The Contractor shall make available quarterly system reports to include revenue and system expenses as compared to budget in a manner approved by the CVEMSA.
- (2) The Contractor shall make available a Year-end Financial Report to the CVEMSA Regional Administrator for review. This report shall include annual financial statements reviewed by an independent certified public accountant in accordance with generally accepted accounting procedures. Statements shall be available to CVEMSA on an annual basis within ninety (90) calendar days of the close of the Contractor’s fiscal year. If Proposer’s financial statements are prepared on a consolidated basis, then separate balance sheets and income statements for the Sonoma County operation shall be required and shall be subject to the independent auditor’s review. The Contractor shall make all financial records for Sonoma County contract services available to the CVEMSA to audits requested.
- (3) Proposer shall provide a statement agreeing to provide CVEMSA all financial reports identified above including an annual audited financial statement according to Generally Accepted Accounting Principles (GAAP).

## Payment and Charges

- (1) Fees to Operate - The successful Proposer shall pay a one-time fee equal to the remaining costs of conducting this RFP process estimated to be approximately \$200,000. The final fee will be disclosed at the Proposer’s conference.
- (2) Contractor shall also be required to pay a fee in accordance with the cost of contract compliance monitoring as set by the Board of Supervisors. This fee is intended to offset the EMS Agency’s cost of oversight of Contractor’s operations, in accordance with federal A-87 accounting standards. The contract compliance monitoring fee is estimated to be \$550,000, for the first year of the Contract, and will receive an annually CPI adjustment. Contractor shall also be required to pay all cost for the FirstWatch software product (or superior product) for compliance and clinical performance monitoring. The initial startup cost is estimated at \$140,000 with an annual maintenance cost estimated at \$55,000.

Contractor will pay the following service charges as estimated below annually:

| <b>Estimated Annual Services</b>                                     |             |
|--|-------------|
| EMS Agency Oversight & Monitoring Services                           | \$550,000   |
| ImageTrend, Annual estimate  | \$45,000    |
| FirstWatch, OCU, FirstPass Initial                                   | \$140,000   |
| FirstWatch, OCU, FirstPass Annual                                    | \$55,000    |
| REDCOM   | \$1,757,838 |
| MDC and Aircard are charged separately                               | \$34,942    |
| ALS First Responder Services with City of Santa Rosa (approximately) | \$550,740   |
| Selected Contractor Initial Charge                                   | \$200,000   |

### Ambulance Transport Rate Adjustments

- (1) Ambulance rates may be adjusted annually to compensate for inflation which shall be based on the Bay Area Consumer Price Index (CPI) and/or other appropriate indices reflecting increased costs of operations.
- (2) In the event that CPI-based rate adjustments do not compensate for the increased cost of operating the 9-1-1 ambulance service. Contractor may request an additional rate increase, which shall be subject to approval by the CVEMSA Administrator in order to ensure a fair and appropriate cost to residents and visitors to the EOA service area. The CVEMSA Administrator's decision will be informed by documentation submitted by the provider to substantiate the need for a rate increase. Such documentation may include but are not limited to system statements, audited financial report, collection rate and payer mix.
- (3) The Contractor may propose rate changes to CVEMSA no more frequently than annually unless the Contractor can demonstrate to the satisfaction of CVEMSA that, due to extraordinary changes in reimbursement or the cost structure of the Contractor's operations which were beyond the control of the Contractor, an undue financial hardship would be placed on the Contractor in the absence of an immediate rate consideration. No rate increase will be considered for the first year of the contract.
- (4) CVEMSA reserves the right, in its sole discretion, to conduct a local program audit in the event that the Contractor requests a fee increase in excess of ten percent (10%). Any increase of 10% or greater must be approved by the Sonoma County Board of Supervisors. CVEMSA will require a program audit to conclude whether the Contractor is complying with the financial and operational terms and conditions of the contract. CVEMSA will hire the auditor and the cost of the audit will be paid by the Contractor. The auditor will identify key agreement terms and conditions, and review the related documentation (e.g., invoices, agreement amendments, regulatory requirements, accounting records, financial reports, correspondence). The audit report will provide findings, conclusions and recommendations related to the Contractor's compliance. Failure of the Contractor to comply fully with the audit shall result in denial of the requested User Fee increase.
- (5) Any fees or service payment increases established due to first responder services or other existing contract requirements will not exceed the Bay Area CPI index unless otherwise stated in contractual agreements identified in Exhibit 15 and 16.

## EXHIBIT 17 – INSURANCE

The contractor shall provide proof of insurance or a letter from their insurance company/underwriter of their ability to obtain and maintain the minimum insurance coverage in full force and effect throughout the term of this agreement, and thereafter as to matters occurring during the term of this Agreement. If the Proposer is self-insured, the Proposer shall document its capability to provide similar coverage or assurance of coverage consistent with the insurance requirements.

Provide evidence of proof of ability to obtain insurance for each of the checked categories:

|                          |  |  |
|--------------------------|--|--|
| <input type="checkbox"/> | General Liability (Including operations, products, and completed operations, as applicable.) | <b>\$5,000,000</b> - per occurrence for bodily injury, personal injury, and property damage. If Commercial General Liability Insurance or another form with a general aggregate limit is used, the general aggregate limit either must apply separately to this service or must be twice the required occurrence limit.  |
| <input type="checkbox"/> | Automobile Liability   | <b>\$10,000,000</b> – Aggregate<br><b>\$5,000,000</b> Motor Vehicle Liability Insurance per accident for bodily injury and property damage.  |
| <input type="checkbox"/> | Workers' Compensation  | As required by the State of California   |
| <input type="checkbox"/> | Employers' Liability   | <b>\$1,000,000</b> - each accident, <b>\$1,000,000</b> policy limit bodily injury by disease, <b>\$1,000,000</b> each employee bodily injury by disease.   |
| <input type="checkbox"/> | Professional Liability (Errors and Omissions)  | <b>\$5,000,000</b> - per occurrence.   |
| <input type="checkbox"/> | Cyber Liability  | <b>\$5,000,000</b> per occurrence for Privacy and Network Security, <b>\$1,000,000</b> per occurrence for Technology Errors and Omissions<br>To be carried at all times during the term of the Contract and for three years thereafter.  |
| <input type="checkbox"/> | Performance Security   | The Proposer must be able to obtain and maintain in full force and effect, throughout the term of the Agreement a performance guarantee of two million dollars in the form of cash or letter of credit or performance security bond. Proposer shall describe how they meet this requirement if different from the option below.<br><br>A performance bond issued by a bonding company, which is an Admitted Surety Insurer under the provisions of Title 14, Chapter 2, Article 6 of the Code of Civil Procedure, commencing with Section 995.610 et seq., and licensed to conduct the business of insurance in the State of California. Such performance bond, including the bonding company issuing the bond, shall be acceptable in form and content to the County. |

## EXHIBIT 18 – ATTESTATION

The Proposer acknowledges and agrees that by submitting a proposal the Proposer attests that the Proposer has read the entire RFP and all Exhibits, and understood all of the requirements contained within, prior to submitting their proposal.

The Proposer also acknowledges and agrees that by submitting a proposal the Proposer is expressing that they will accept all of the following statements as true if their proposal is selected:

1. Proposer will comply with all elements of their proposal.
2. Proposer will comply with County Contract Standard Terms and Conditions.
3. Proposers will comply with all CVEMSA policies and procedures.
4. Proposer will pay Liquidated Damages as part of the agreement for under performance, and Proposer understands that Exhibit 5 and 6 of the RFP list the exemption considerations.
5. Proposer will purchase for licensure under CVEMSA the EMS System Monitoring, FirstWatch (FirstWatch OCU & First Pass) Surveillance Platform, pay for all connections, programming charges and agree to pay the ongoing maintenance charges.
6. Proposer will pay CVEMSA support charges for County Compliance management and regulatory activities.
7. Proposer will negotiate a new FRALS agreement between Proposer and the City of Santa Rosa Fire Department.
8. Proposer will utilize REDCOM as the CVEMSA designated EMS dispatch center and will comply with all communication requirements in Exhibit 10.

## EXHIBIT 19 – DEFINITIONS

**Advanced Life Support (ALS)** – Special services designed to provide definitive pre-hospital emergency medical care as defined in Health and Safety Code Section 1797.52, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital.

**Agreement** - The contract between CVEMSA, Sonoma County, and Contractor awarded according to this solicitation.

**All Risk Response** – All risk response references a wide spectrum of emergencies, including emergency medical response, mental/behavioral health, technical rescue, public assist calls, hazardous materials, house fires, commercial fires, vehicle accidents, and requires additional specialized training.

**ALS Unit** – An ambulance specially equipped to provide advanced life support services, staffed by at least one EMT and one EMT-P.

**Ambulance** – Any vehicle specially constructed, modified, or equipped and used for transporting sick, injured, infirmed, or otherwise incapacitated person and capable of supporting BLS or a higher level of care.

**Ambulance Ordinance** - The Sonoma County EMS Ordinance can be found by going to [Emergency Medical Services Ordinance Updated | Latest News | Health Services | County of Sonoma](#)

**Ambulance Unit** – An ambulance staffed with qualified personnel and equipped with appropriate medical equipment and supplies.

**Ambulance Zone** - A geographic area, defined as Urban, Suburban, Rural, and Wilderness that has been designated as an Exclusive Operating Area (EOA) 1 by the CVEMSA for all emergency ambulance services pursuant to a competitive bid process.

**Automated External Defibrillation (AED)** – A procedure to deliver electrical shock and convert specific heart rhythms back to normal; used by the public, public safety, and BLS providers.

**Ambulance Service** – The furnishing, operating, conducting, maintaining, advertising, or otherwise engaging in or professing to be engaged in the transportation of patients by ambulance. Taken in context, it also means the person so engaged or professing to be so engaged.

**Authorized EMS Dispatch Center** - The Authorized Emergency Medical Services (EMS) Dispatch Center, within Sonoma County, authorized for the dispatch of ambulance services by the CVEMSA. The REDCOM Dispatch Center is the current EOA Providers emergency ambulance dispatch center.

**AVL** – Automatic vehicle locator.

**Bariatric Ambulance** - A bariatric ambulance is an ambulance vehicle modified to carry the severely obese. They have extra-wide interiors and carry "bariatric stretchers" and specialized lifting gear that is capable of carrying very large patients.

**BLS Unit** – As defined in Health and Safety Code Section 1797.60. Emergency first aid and cardiopulmonary resuscitation procedures which, as a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation to maintain life without invasive techniques until the patient may be transported or until advanced life support is available.

**Business Day** - Monday through Friday except for holidays as observed per the California Government Code 6700 et seq.

**Basic Life Support (BLS)** – As defined in Health and Safety Code Section 1797.60.

**California Division of Occupational Safety and Health Agency (CAL/OSHA)** – State agency that protects and improves the health and safety of working men and women in California.

**Call Reception** – The process of answering the telephone and processing information for the caller in an

emergency dispatch center.

**Call Prioritization** – A process in which service requests are prioritized based on predefined and audited criteria.

**Cardio-Pulmonary Resuscitation (CPR)** – An emergency procedure that combines chest compressions often with artificial ventilation in an effort to manually preserve intact brain function.

**CARES** - The Cardiac Arrest Registry to Enhance Survival or CARES was initiated in 2004 as an agreement between the Center for Disease Control and Prevention and the Department of Emergency Medicine at Emory University. CARES was developed to help communities determine standard outcome measures for out-of-hospital cardiac arrest locally allowing for quality improvement efforts and benchmarking capability to improve care and increase survival.

**Computer-Aided Dispatch (CAD)** – A system consisting of but not limited to associated hardware and software to facilitate call taking, system status management, unit selection, ambulance coordination, resource dispatch and deployment, event time stamping, creation, and real-time maintenance of incident database, and providing management information.

**Continuous Quality Improvement (CQI)** – the approach to quality management that builds upon traditional quality assurance methods by emphasizing the organization and systems.

**Contract Materials** - Finished or unfinished documents, data, studies, maps, photographs, reports, specifications, lists, manuals, software, and other written or recorded materials produced or acquired by the Contractor pursuant to the Contract for or on behalf of the County, whether or not copyrighted.

**Contract** - The agreement between CVEMSA, Sonoma County, and Contractor awarded according to this solicitation.

**Contractor** - The person or other entity awarded a Contract in conformance with the terms of this solicitation and any subsequently agreed-upon terms.

**County Data** - All information, data, and other content, including Confidential Information and other information whether or not made available by CVEMSA, Sonoma County or Sonoma County's agents, representatives or users, to a Contractor or potential Contractor or their employees, agents, or representatives, and any information, data and content directly derived from the foregoing, including data reflecting user access or use.

**County Systems** - The information technology infrastructure of Sonoma County or any of its designees, including computers, software, databases, networks, and related electronic systems.

**County** - County of Sonoma

**Critical Incident Stress Management (CISM)** – Adaptive, short-term psychological helping-process that focuses solely on an immediate and identifiable problem.

**Deployment** – The procedures by which ambulances are distributed throughout the service area. The deployment includes the locations at which the ambulances are placed (or posted) and the number of ambulances placed in service for the particular time period.

**Dispatch Time** – Common unit of measurement from receipt of a call until a unit has been selected and notified it has an assignment.

**Electronic Patient Care Report (ePCR)** – A document that records patient information, assessment, care, treatment, and disposition by prehospital personnel.

**Emergency** – Any real or self-perceived event which threatens life, limb, or well-being of an individual in such a manner that a need for immediate medical care is created.

**Emergency Air Ambulance** – An aircraft with emergency medical transport capabilities.

**Emergency Ambulance** – Any vehicle meeting California regulatory standards that are equipped or staffed for emergency transportation.

**Emergency Call** – A real or self-perceived event where the EMS system is accessed by the 9-1-1 emergency access number or an interfacility transfer where the patient's health or well-being could be compromised if the patient is held at the originating facility.

**Emergency Department (ED)** – An approved receiving department within a licensed hospital.

**Emergency Medical Dispatch (EMD)** – Personnel trained to state and national standards on emergency medical dispatch techniques including call screening, call, and resource priority, and pre-arrival instruction.

**EMS Agency** – Coastal Valley Emergency Medical Services Agency (CVEMSA)

**Emergency Medical Services (EMS)** – This refers to the full spectrum of pre-hospital care and transportation (including interfacility transports), encompassing bystander action (e.g., CPR), priority dispatch and pre-arrival instructions, first response and rescue service, ambulance services, and on-line medical control.

**EMS Aircraft** - Includes air ambulances and all categories of rescue aircraft as defined in the California Code of Regulations, Title 22, Division 9, Chapter 8.

**EMS System** – The EMS System consists of those organizations, resources, and individuals from whom some action is required to ensure a timely and medically appropriate response to medical emergencies.

**Emergency Medical Technician (EMT)** – An individual trained in all facets of basic life support according to standards prescribed by the California Code of Regulations and who has a valid certificate issued according to that code.

**Emergency Medical Technician-Paramedic (EMT-P)** – Individuals whose scope of practice to provide advanced life support is according to the California Code of Regulations and who has a valid license issued according to the California Health and Safety Code.

**Enroute Time (Out of Chute)** – The elapsed time from unit alert to unit enroute. For emergency requests, an out-of-chute standard of 60 seconds maximum is not uncommon.

**Exclusive Operating Area (EOA)** – means an EMS area or subarea defined by the emergency medical services plan for which a local EMS Agency, upon the recommendation of a county, restricts operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support as defined in California Health and Safety Code Section 1797.85.

**Fire First Responder** – BLS and ALS Fire departments in Sonoma County.

**FRALS** - First Responder Advanced Life Support

**FRBLS** - First Responder Basic Life Support (FRBLS)

**First Responder** – An agency with equipment and staff (e.g., fire department, police, or non-transporting ambulance unit) with personnel capable of providing appropriate first responder pre-hospital care.

**Force Majeure** - An event or circumstance not caused by or under the control of a party, and beyond the reasonable anticipation of the affected party, which prevents the party from complying with any of its obligations under the Contract, including acts of God, fires, floods, explosions, riots, wars, hurricane, sabotage, terrorism, vandalism, accident, governmental acts, and other events.

**Fractile Response** – A method of measuring ambulance response times in which all-applicable response times are stacked in ascending length. Then, the total number of calls generating response within eight minutes (for example) is calculated as a percent of the total number of calls. A 90th percentile, or 90 percent, the standard is most commonly used. When a 90th percentile response time standard is employed, 90 percent of the applicable calls are arrived at in less than eight minutes, while only 10 percent take longer than eight minutes.

**Geographical Information Systems (GIS)** – A framework for gathering, managing, and analyzing data.

**Global Positioning System (GPS)** – A system that utilizes satellite data to determine location.

**Health Insurance Portability and Accountability Act (HIPAA)** – legislation that provides data privacy and security provisions for safeguarding medical information.

**Incident Command System (ICS)** – Standardized approach to the command, control, and coordination of emergency response providing a common hierarchy within which responders from multiple agencies can be effective.

**Inter-Facility Transports (IFT)** – Ambulance transports between healthcare facilities, typically non-emergency following CVEMSA Policy.



**Key Employee** - Employees of the Contractor jointly identified by the CVEMSA and the Contractor as possessing unique skill and experience that was a material consideration in CVEMSA's decision to award a contract.

**LEMSA** – Local EMS Agency

**LIFENET** - The LIFENET® System is a comprehensive cloud-based platform that helps teams work more efficiently. Share critical patient data to help care teams reduce time-to-treatment for STEMI patients. Request remote cardiology consult through the dedicated LIFENET Consult application. Rapidly distribute post-event review data to crews immediately after a code. Manage LIFEPAK device software and configuration fleet-wide from a single website. The LIFENET System provides innovative tools to help teams work as efficiently as possible.

**Medical Priority Dispatch System (MPDS)** – A set of established protocols utilized by dispatchers to determine the level of response necessary.

**MDC** – Mobile data computer (also known as MDT- Mobile Data Terminal)

**Multi-Casualty Incident (MCI)** – An event has taken place that results in more victims than are normally handled by the system. The event takes place within a discrete location and does not involve the entire community. It is expected that the number of victims would range from 6 to 50 and that the system would be overwhelmed, including delays in treatment of patients with relatively minor injuries or illnesses.

**Medical Base Hospital** – The source of direct medical communications with and supervision of the immediate field emergency care performance by EMTs or EMT-Paramedics.

**Medical Director** – shall mean the Coastal Valley Regional Medical Director, contracted to oversee the medical control and quality assurance programs of the EMS System.

**Medical Protocol** – Written standards for patient medical assessment and management.

**Mutual Aid/Mutual Assistance** – shall refer to 1) responses into the Sonoma County EOA 1 from a ground transport provider outside the EOA for the purpose of assisting the Contractor with emergency and/or non-emergency requests for service; 2) responses by the Contractor to service areas outside the Sonoma County EOA 1 for the purpose of assisting the ground transport provider in an adjacent service area.

**National Incident Management System (NIMS)** – A systematic, proactive approach to guide departments and agencies at all levels of government, non-governmental organizations, and the private sector to work together seamlessly.

**Occupational Safety and Health Agency (OSHA)** – Federal agency that protects and improves the health and safety of working men and women.

**Online Compliance Utility (OCU)** – Software that interprets real-time CAD and ePCR data to produce reports and online tools to track EMS system effectiveness and compliance.

**On Scene** – The time when a unit communicates to dispatch that it has arrived at the address of the call. Normally, this is when the vehicle is put into park. If staging is required for crew safety, at scene is determined when the unit reaches a safe distance from the call and waits for law to determine it is safe to enter. If off-road location, such as a park or private road with gated access, at scene is determined by reaching the end of a paved roadway or closed gate.

**Paramedic** – An individual trained and licensed to perform advanced life-support (ALS) procedures under the direction of a physician. Also, known as an EMT-P.

**Peak-Load Staffing** – The design of shift schedules and staffing plans so that coverage by crews matches the System Status Plan's requirements. (NOTE: peak-load demand will trigger peak-load staffing coverage.)

**Post** – A designated location for ambulance placement within the System Status Plan (SSP). Depending upon its frequency and type of use, a "post" maybe a facility with sleeping quarters or day rooms for crews, or simply a street-corner or parking lot location to which units are sometimes deployed.

**Priority Dispatching and EMD Determinant** – A structured method of prioritizing requests for an ambulance and first responder services, based upon highly structured telephone protocols and

dispatch algorithms. Its primary purpose is to safely allocate available resources among competing demands for service.

**ALPHA** = No lights or siren response for an ALS ambulance

**BRAVO** = Lights and siren response for an ALS ambulance

**CHARLIE** = ALS ambulance response, no lights, and siren (depending)

**DELTA** = ALS ambulance response, serious injury / medical

**ECHO** = ALS ambulance response for life status questionable (cardiac arrest, traumatic arrest)

**Productivity** – The measures of work used in the ambulance industry that compare the used resources (unit- hours) with the production of the work product (patient transports). Productivity is expressed and calculated by determining the number of transports per unit-hours.

**Proposal Review Committee (PRC)** – A committee consisting of professional subject matter experts with experience in healthcare delivery models and government procurement procedures, to evaluate responsive proposals based on the criteria specified in the solicitation. PRC members shall be bound by the terms of a conflict-of-interest statement and confidentiality agreement.

**PST** - Pacific Standard Time, including Pacific Daylight Time when in effect

**Public Access Defibrillation (PAD)** – A program that place automatic external defibrillators throughout communities.

**Public Safety Answering Point (PSAP)** – A government-operated facility that receives emergency calls for assistance through the E-9-1-1 system or over private telephone lines.

**ReddiNet** - A web-based program designed to address resource management needs providing users the ability to understand the operational status of a hospital or emergency department in order to make critical operational decisions.

**Release at Scene (RAS)** – Patients refusing treatment and/or transport when the paramedic agrees there is no need for care.

**Response Time** – The actual elapsed time between receipt by the Contractor of a call that an ambulance is needed and the arrival of the ambulance at the requested location.

**ST-Elevation Myocardial Infarction (STEMI)** – A heart attack caused by the complete blockage of a heart artery.

**Standardized Emergency Management System (SEMS)** – A structure for coordination between the government and local emergency response organizations.

**System Standard of Care** – The combined compilation of all priority-dispatching protocols, pre-arrival instruction protocols, medical protocols, protocols for selecting destination hospitals, standards for certification of pre-hospital personnel, as well as standards governing requirements for on-board medical equipment and supplies, and licensing of ambulance services and first responder agencies. The System Standard of Care simultaneously serves as both a regulatory and contractual standard.

**System Status Management** - A management tool to define the "unit hours" of production time, their positioning and allocation, by hour and day of week to best meet demand patterns.

**System Status Plan (SSP)** – A planned protocol or algorithm governing the deployment and event-driven redeployment of system resources, both geographically and by time of day/day of week. Every system has a system status plan. The plan may or may not be written, elaborate or simple, efficient or wasteful, effective or dangerous.

**Transport Volume** – The actual number of requests for service that result in patient transport.

**Unit Activation Time** – The time interval on an ambulance call measured from the time the ambulance crew is first notified to respond until it is enroute to the scene.

**Unit Hour** – One hour of service by fully equipped and staffed ambulance assigned to a call or available for dispatch.

**Unit Hour Utilization (UHU) Ratio** – A measurement of how hard and how effectively the system is working. It is calculated by dividing the number of responses initiated during a given period of time, by the number of unit hours (hours of service) produced during the same period of time.

Special event coverage and certain other classes of activity are excluded from these calculations.

**Utilization** – A measure of work that compares the available resources (unit-hours) with the actual time that those unit-hours are being consumed by productive activity. The measure is calculated to determine the percentage of unit-hours actually consumed in productivity with the total available unit-hours.

## EXHIBIT 20 – REFERENCES

1. Wikipedia: Sonoma County, California
2. U.S. Census Bureau. <https://www.census.gov/programs-surveys/acs/>
3. County of Sonoma, CA official website, <http://sonomacounty.ca.gov/>
4. Metropolitan Transportation Commission <https://mtc.ca.gov/about-mtc/what-mtc/nine-bay-area-counties>
5. Sonoma County Department of Health Services, Community Health Needs Assessment 2013  
<http://sonomacounty.ca.gov/Health/Public-Reports/Health-Need-Assessments/Leading-Health-Indicators/>
6. California EMS System Core Quality Measures Project – 2019 manual (rev. 8/20):  
[https://emsa.ca.gov/wp-content/uploads/sites/71/2020/08/2019\\_CM\\_Manual.pdf](https://emsa.ca.gov/wp-content/uploads/sites/71/2020/08/2019_CM_Manual.pdf)
7. National EMS Quality Alliance (NEMSQA) National EMS Quality Measure Set - 2019 Revised Measures: <https://www.nemsqa.org/completed-quality-measures/>
8. Mission: Lifeline - 2021 Criteria: <https://www.heart.org/-/media/files/professional/quality-improvement/mission-lifeline/ml-ems-recognition-criteria82620.pdf?la=en>
9. Ground Air Medical Quality Transport Quality Improvement Collaborative (GAMUT) Metrics:  
<http://gamutqi.org/metrics.html>
10. Myers JB, Slovis CM, Eckstein M, et al: Evidence-based performance measures for emergency medical services systems: a model for expanded EMS benchmarking. Prehospital Emergency Care. Apr-Jun 2008;12(2):141-51
11. American College of Surgeons Trauma Quality Improvement Plan (TQIP):  
<https://www.facs.org/quality-programs/trauma/tqip/best-practice>

# ATTACHMENT 1 – COLLECTIVE BARGAINING AGREEMENT

The complete Collective Bargaining Agreement can be found on the Sonoma County General Services Purchasing - Provider Portal

[https://esupplier.sonomacounty.ca.gov/psc/FN92PRD/SUPPLIER/ERP/c/NUI\\_FRAMEWORK.PT\\_LANDING\\_PAGE.GBL?&](https://esupplier.sonomacounty.ca.gov/psc/FN92PRD/SUPPLIER/ERP/c/NUI_FRAMEWORK.PT_LANDING_PAGE.GBL?&)

County website. It covers a large core of the current EOA Contractor (AMR NorCal) employees.

Of note:

- Paid Time Off schedule on page 27
- Medical/Dental and other benefits on page 36
- Sonoma EMT wage scale for 2022 on page 118
- Sonoma Paramedic wage scale for 2022 on page 120

Other compensation items related to working conditions are listed at various points in the document, including uniform allowance, safety equipment reimbursement, licensure reimbursement, training reimbursement, premium pay for holdover and call back, FTO pay, preceptor pay, bilingual differential, holiday pay differential, etc.