



**HUMAN
SERVICES
COUNCIL**

“The Human Services Council’s mission is to improve people’s lives by connecting them to opportunities, information and services that respond to their individual and family needs.”

**REQUEST for QUALIFICATIONS and APPLICATION
to Provide Transportation Services**

**February 2017
Issued by:**

**Human Services Council
120 NE 136th Avenue, Suite 215
Vancouver, WA 98684**

Serving Clark, Cowlitz, Wahkiakum, Skamania, and Klickitat Counties

Request for Qualifications Overview

Project Title: Providers of the Human Services Council's Transportation Services for multiple transportation programs, including but not limited to Non-Emergency Medical Transportation (NEMT) and Reserve-A-Ride Transportation (RART), Sponsor-A-Ride (SAR).

Estimated Contract Period: July 1, 2017 through December 31, 2018, dependent on provider's ongoing satisfactory performance in service delivery.

Proposal Due Date: All proposals must be mailed or hand delivered and must arrive by 3:00pm, PST Monday, April 3, 2017.

Proposals that are not received in the form specified in the instructions and/or late proposals may not be accepted. Proposers should allow sufficient time to ensure timely receipt by the RFQ Coordinator. Proposers assume the risk for the method of delivery and for any delay in the mailing or delivery of proposals. HSC Reserves the right to disqualify any proposal and withdraw it from consideration if it is received after the due date and time. Faxed or E-mailed proposals are NOT considered a response and will be disqualified.

Submit Proposal To: Debbie Hale, Transportation RFQ Coordinator
Human Services Council
120 NE 136th Avenue, Suite 215
Vancouver, WA 98684

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I. INTRODUCTION

A. Background

The Human Services Council (HSC) is a non-profit corporation established in 1957. The agency is under the guidance of a volunteer Board of Directors. Throughout its existence, the agency has worked to coordinate the effective delivery of community services in Southwest Washington. Among other programs and services, HSC currently provides four types of transportation services: Non-Emergency Medical Transportation (NEMT), Employment Transportation, Reserve-A-Ride Transportation and Sponsor-A-Ride Transportation.

The Washington State Health Care Authority contracts with HSC to administer the provision of NEMT for Medicaid clients of all ages in Clark, Cowlitz, Klickitat, Skamania and Wahkiakum Counties. The Transportation Services Brokerage (TSB) coordinates transportation that assists Washington State Medicaid clients to travel to and from Medicaid covered medical services. This service is available to Medicaid eligible individuals who have no other means of transportation or who are unable to use existing transportation resources.

The Washington State Department of Transportation provides state and federal grant funding through a contract with HSC to administer Employment Transportation to assist low-income Clark County residents to access employment and employment-related activities, including training, job interviews, and work-related child care. This service is available to eligible individuals who have no other means of transportation or who are unable to use existing transportation resources.

The Washington State Department of Transportation provides state and federal grant funding through a contract with HSC to administer the Reserve-A-Ride Transportation to assist Clark, Cowlitz and Wahkiakum County residents to travel to and from medical appointments and other eligible appointments. This service is available to individuals who are not eligible for Medicaid transportation and who have no other means of transportation or who are unable to use existing transportation resources.

Sponsor-A-Ride Transportation is funded by local donations or an individual sponsorship fund. This service offers transportation options for older adults, people with disabilities and veterans, who are not eligible for any other program, while providing friends, family, and the community an easy way to contribute to ride costs.

HSC Customer Service Agents respond to requests for rides to medical, employment and basic services. The Customer Service Agent or "Screener" determines eligibility and the most appropriate, least costly type of transportation to meet the individual's needs, and then authorizes the provision of the transportation through a contracted transportation provider. The provider dispatches the trip request, provides the transportation as authorized, and submits monthly service and billing reports to HSC for payment according to the contracted rate. Clients may be authorized for one or more of the following types of non-ambulance transportation depending upon availability and client need:

Public fixed route bus, Public American with Disabilities Act (ADA) paratransit, Cabulance, Taxi, Volunteer service, Gas voucher, or Direct reimbursement for self-transport.

B. Service Areas

The total service area for which HSC is currently contracting for transportation services shall include all of Clark, Cowlitz, Wahkiakum, Skamania and Klickitat counties and contiguous areas. Transportation may be authorized to services outside these counties if the necessary services are not available in these counties, or if services in the contiguous area are closer than those that are within the county itself.

C. Service Level and Funding

In order to meet current ridership needs, HSC may begin contracts with 3-4 providers in the late Spring/Summer of 2017. Preference will be given to providers who can provide 24/7 service for both ambulatory and non-ambulatory individuals in Clark, Klickitat and/or Cowlitz counties. Preference will also be given to transportation providers that are licensed by the City of Portland to pick up and drop off ambulatory and non-ambulatory individuals within city limits of Portland including commercial transportation hubs.

HSC cannot guarantee any particular volume of service authorizations to providers. Assignment of trips will depend primarily on the rate at which providers offer the service and the level of service that best meets the client's need. The provider may not, under any circumstance, provide more service than authorized, or deviate from the service as approved by HSC.

Providers may not charge a rate for HSC contracted transportation services that are higher than their customary rate charged to the public for transportation services. Providers will be paid by HSC for authorized and delivered services at the contracted unit rate.

D. Qualification Process

Organizations interested in responding to this RFQ should read the enclosed materials and submit the information requested, in the specified format, by the due date.

Following the application deadline, a committee will review application materials. At the option of HSC, an on-site visit to the proposer's organization may be required. HSC also reserves the right to request additional information from any applicant necessary to make an informed business decision on whether to contract with a specific proposer or not. Reference checks will be included as part of the review and decision making process.

Successful proposers may enter into negotiations with HSC. HSC anticipates new contracts to be executed on or around July 1, 2017 and to extend through December 31, 2018. Contract continuation is contingent upon successful performance in delivery of services, compliance with contract requirements, and demonstrated client satisfaction with services.

II. CONTRACT ADMINISTRATION

A. Compliance and Non-Compliance

Contractors must comply with all federal, state and local laws, rules, regulations, standards and contractual requirements applicable to operating the HSC Transportation program. Contractors are required to provide documentation and timely responses to HSC when a service standard is not met. This applies to the service standards and to licensure or certification by other authorized agencies that affect their ability to perform services under the Agreement. Contractors must notify HSC immediately in the event of a change in the status of any of the local, state or federal licenses, certifications or overall contract requirements.

B. Reimbursement

Billing forms and formats provided by HSC will serve as the basis for requesting reimbursement. Payment to Contractors will be based strictly on reimbursement for services authorized by HSC staff and delivered by the contracted provider. Only authorized services that have been delivered may be billed. Contractors will be liable for any overpayment resulting from unauthorized, unverifiable or inaccurate billings.

Each month Contractors will submit invoices and service reports electronically, with paper back-up for specific trips as required by HSC. Monthly service and billing reports must be submitted to HSC in an

approved format for the prior month's billing cycle. HSC staff will closely review and monitor records to verify billings are accurate, including regular Driver Log reviews for verification of proper billing.

Contractors must accept payment from HSC as full and final payment and may not under any circumstances charge a client for unauthorized or authorized transportation services.

C. Driver and Vehicle Requirements

Contractors must assure that all passenger comfort and safety requirements are met by regular cleaning and maintenance of all contracted vehicles, as outlined in the Sample Contract (Appendix A).

Contractors must assure that drivers are completely familiar with their jobs and able to use all associated equipment by maintaining a record or evidence that required trainings, licenses, background checks and certifications are current, as detailed in the Sample Contract (Appendix A). If HSC has determined that driver and/or vehicle requirements are not current and approved by HSC at the time of transport, billed trips may not be reimbursed.

D. Complaint/Accident/Incident Reporting

Contractor must submit a written report to HSC of all complaints received. Contractors must notify HSC of any accidents or passenger incidents related to the transportation of a client that resulted in client injury, risk of injury or vehicle damage in excess of \$2,000.

E. Web Portal Training

Prior to providing transportation services, the Contractor must submit all required contractor, vehicle and driver documentation, as well as attend a training class to learn how to use the required HSC software to receive trips, submit billing and track driver and vehicle qualifications. Trainings will be scheduled after the RFQ process is concluded.

III. MINIMUM QUALIFICATIONS

- A. Proposers must have a current Washington State Master business license and municipal business licenses from the communities in which the Proposer does business. Any Proposer will be disqualified if the Proposer has been barred from, mismanaged or defaulted on federal, state, HSC contracts, private business or companies, or if the Proposer is listed in the Medicaid Exclusions database.
- B. Proposers must be able to show compliance with appropriate local, state and federal licenses, certifications, laws and practices, including the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 as amended, as documented in the Technical Proposal Questionnaire section of this RFQ.
- C. Proposers must meet and maintain required insurance coverage for services provided under this contract, according to local, state, and federal liability insurance and HSC contract standards (see sample contract in Appendix A). Applicant must submit a list of current insurance policy holders and amount of coverage.
- D. Proposers must be able to show a minimum of one (1) year of demonstrated experience transporting persons for compensation. Preference is for providers with experience in medical and/or social service transportation.
- E. HSC uses an electronic information, authorization and billing system. Proposers must have reliable and secure dedicated phone and fax lines, and internet for communications with HSC regarding monthly service and billing.

- F. Proposers must have designated staff available during their hours of operation to communicate road emergencies and respond to transportation requests, concerns or complaints.
- G. Proposers must comply with all pertinent federal and state regulations concerning fiscal management practices, including maintenance of all books, records, documents, and data in a manner consistent with Generally Accepted Accounting Principles.
- H. Successful applicants will be offered a contract containing the Special Terms & Conditions included with this packet. All terms contained therein will become part of the contract, and are non-negotiable. HSC reserves the right to amend contract language and contractor requirements at any time.

IV. STATEMENT OF WORK

The Statement of Work (Appendix A) describes the requirements of service provision under any contract issued as a result of this RFQ. Periodically there will be updates to the Statement of Work (SOW); some elements might be changed or other elements added in the SOW for contracts that will result from this RFQ. Nonetheless, this current Statement contains all the critical elements necessary to understand the requirements of service delivery under any contract issued, and should be reviewed carefully in responding to questions posed in this RFQ.

V. GENERAL INFORMATION

A. Procurement Contact Information

Upon release of this RFQ, all communications concerning this RFQ should be directed only to the Transportation RFQ Coordinator listed below. Any oral communications will be considered unofficial and non-binding to HSC. Proposers should rely only on written statements issued by the Transportation RFQ Coordinator. Proposers assume the risk for the method of delivery and for any delay in the mailing or delivery of questions or communications concerning this RFQ.

Early submission of questions is encouraged. HSC's response to questions will be shared with all proposers through e-mail or web communication.

HSC Transportation RFQ Coordinator

Contact: Debbie Hale
Address: 120 NE 136th Avenue, Suite 215
Vancouver, WA 98684
Phone: 360-735-5715
Fax: 360-694-6716
E-mail: debbieh@hsc-wa..org

B. Acceptance of RFQ Terms

A proposal submitted in response to this RFQ will be considered a binding offer. Acknowledgement of this condition shall be indicated by signature of an officer of the proposer legally authorized to execute contractual obligations on the attached Signature Cover Page (Appendix C). Proposers must clearly identify and thoroughly explain any variations between its Proposal and this RFQ. Failure to do so shall be deemed a waiver of any rights to subsequently modify the terms of performance, except as outlined or specified in the RFQ.

C. Procurement Schedule

The procurement timeline outlined below is the tentative schedule for important action dates and times. HSC reserves the right to revise this schedule. Proposers will be notified by e-mail of any changes.

Action	Date
RFQ Packets Released	February 15, 2017
Deadline for Questions Regarding RFQ	March 6, 2017
Deadline for HSC Responses to Questions	March 13, 2017
Deadline for Submission of Proposals	April 3, 2017
Notification to Proposers of Apparently Successful And Unsuccessful Applicants	May 15, 2017

D. Proprietary Information and Cost to Propose

Materials submitted in response to this RFQ will become the property of HSC and will not be returned. Submissions will be considered public information, unless specific sections are clearly labeled as “Proprietary” and a bona fide proprietary reason exists for the protection of that specific information. The entire application will not be considered proprietary as a whole. The Proposer acknowledges that HSC will not reimburse the Proposer for any costs incurred in the preparation of proposals.

E. RFQ Amendments

HSC reserves the right, at any time before execution of a contract, to amend all or a portion of this RFQ. Amendments, if any, will be posted on HSC’s website and notification of the amendment will be e-mailed to all Proposers. If there is any conflict between amendments or between an amendment and the RFQ, whichever document was last issued will be controlling.

F. Non-Responsive Proposals and Minor Irregularities

All proposals will be reviewed by HSC to determine compliance with the administrative requirements and instructions specified in this RFQ. HSC may reject or withdraw a proposal at any time as non-responsive for any of the following reasons:

- Incomplete Proposal
- Failure to comply with any part or exhibit of this RFQ
- Submission of incorrect, misleading, or false information

HSC may choose to waive minor irregularities related to any proposal submission.

G. Notification of Apparently Successful Proposers

HSC will separately notify both apparently successful proposers, and unsuccessful proposers, on or about the date specified in the Procurement Schedule, by e-mail and written mailed notice.

VI. EVALUATION

A. Evaluation Procedure

Responsive proposals will be evaluated strictly in accordance with the requirements stated in this RFQ and any issued amendments. The evaluation and scoring of proposals will be accomplished using an evaluation committee to be designated by HSC. HSC at its sole discretion will select one or more finalists for contract negotiation.

B. Proposal Evaluation

Each proposal will first be screened to determine compliance with submittal instructions. If any proposal does not meet all Administrative Requirements for the RFQ, HSC may consider that proposal non-responsive and withdraw it from consideration. The evaluation committee will score all responsive proposals and award points for each response.

C. Scoring of Proposals

The Administrative Requirements are evaluated on a Pass/Fail basis and are not included in scoring.

Administrative Requirements	Not included in scoring. (Failure to meet minimum Administrative Requirements may result in disqualification.)
Technical Proposal	60% of scoring value
References	20% of scoring value
<u>Required Documents & Rates</u>	<u>20% of scoring value</u>
TOTAL	100%

D. Final Determination of Apparently Successful Proposers

HSC shall make the final determination as to which applicant(s) shall be officially selected. In doing so, HSC shall be guided, but not bound, by the scores awarded by the evaluation committee. Applicants who are denied an Agreement with HSC have the right to an interview with HSC management staff to review the decision.

VII. PROPOSAL

A. Format

- Proposals must be submitted on standard letter size white paper
- A font size not less than 12 points must be used
- Overall margins should be 1”
- Proposals should contain a Table of Contents
- Signature Cover Page (Appendix C)
- Each of the four major sections should be separated and identified by tabs
- Proposer’s Company name should be on the front cover or Title Page of each copy of the proposal
- Identify each copy of your proposal by including the title page of this RFQ: “Qualifications and Application to Provide Transportation Services”

B. Contents

Submit one (1) “Original” proposal and three (3) copies. In addition to a Title Page and the Signature Cover Page, proposals shall contain the four major sections as noted and in the order below:

- Section 1: Administrative Profile
- Section 2: Documents Required to Accompany Proposal
 - Each Document should be clearly identified for what it is, according to the terminology used in this RFQ
- Section 3: Technical Proposal
- Section 4: Bidder’s Proposed Rates

All questions must be answered and all items must be included for a proposal to be considered responsive. Completion of the application does not obligate HSC to contract with your firm, but failure to complete and return the form will indicate that you do not wish to be considered for a contract to provide transportation services.

I. ADMINISTRATIVE PROFILE (Section 1 of the Proposal)

A. Legal Name of Transportation Provider:

B. Business Type (e.g. Non-Profit, Sole Proprietorship, Government Entity, etc.):

C. State Uniform Business Identifier (UBI) Number: _____

D. Are you a Woman- or Minority-Owned business registered with the State of Washington Office of Women and Minority Owned Business Enterprises? Yes No If Yes, provide #:_____

E. Has your agency been the defendant in any civil or criminal litigation in the past three (3) years? If yes attach explanation and the outcome. Yes No

F. Has your agency ever had a contract or private business terminated for default? Yes No

G. Can your agency provide night, weekend and holiday service? Yes No

H. Name, Title, and Contact Information for the principal person authorized to sign contracts:

Name:		Title:	
Mailing Address:			
City:		State:	Zip:
Phone:	Fax:		Email:

I. Name, Title and Contact Information for Fiscal Administrator/Chief Financial Officer:

Name:		Title:	
Mailing Address:			
City:		State:	Zip:
Phone:	Fax:		Email:

J. Name, Title and Contact Information for principal daily business manager/primary contact for HSC:

Name:		Title:	
Mailing Address:			
City:		State:	Zip:
Phone:	Fax:		Email:

K. HSC provides services to clients residing in Clark, Cowlitz, Klickitat, Skamania, and Wahkiakum Counties. Many of those clients travel to medical appointments in the contiguous Washington and Oregon State counties. Please list the counties you are willing to serve for both pick-up and destination:

Pick-Up

Destination

L. Indicate the type(s) of transportation your organization will provide under a vendor contract and how many of each vehicle type will be available for service to HSC clients:

_____ Van or Mini-Van

_____ Wheelchair Ramp-Equipped Van

_____ Taxi or Sedan Service

_____ Volunteer Transportation in Private Vehicle

_____ Wheelchair Lift-Equipped Vehicle

_____ Bus (15 or more passenger)

_____ Other (describe) _____

M. If you will be providing wheelchair-accessible vehicles, what is the largest capacity your vehicle can accommodate?

_____ Total pounds, client and wheelchair

_____ Total width, client and wheelchair

N. Do you provide wheelchairs for client use while in transit?

Yes No

Maximum width of wheelchairs for client use while in transit:

Do you provide reclining wheelchairs for client use while in transit?

Yes No

Do you provide a wheelchair with leg lifts?

Yes No

O. Do you have seatbelt extenders available to clients?

Yes No

P. What are your normal operating days and hours?

Q. What are your normal business/dispatch days and hour?

R. Describe in detail any exceptions regarding provision of transportation in your proposed service area.

S. Federal statutes and regulations clearly prohibit states from paying for services furnished, ordered, or prescribed by Medicaid-excluded parties. As a recipient of State funds, HSC is required to search the exclusions databases by the name of a provider entity seeking to participate in the program and also by the names of any owner, managing employee, or controlling interests including officers and members of a board of directors.

Have you, any of your employees, or any individual who has an ownership or controlling interest of your company ever been placed on the federal Office of the Inspector General, Health and Human Services exclusions list or on the System for Award Management (SAM), or otherwise been suspended or debarred from participation in Medicare, Medicaid, or Title XVIII, XIX, or XX service program? If yes, list each person below.

Yes No

II. DOCUMENTS REQUIRED (Section 2 of the Proposal)

One (1) copy of each of the following documents for your organization must be included with each copy of your submission or the entire submission may be considered non-responsive.

- A. **Three (3) Letters of Reference** from businesses not controlled by your organization that would confirm your ability to provide transportation services (specify the relationship with each reference, i.e., contractor, subcontractor, vendor, customer and contact information).
- B. **Certificates of Insurance** (Industrial, General Liability and Auto) to demonstrate your organization has the required coverage to legally operate in Washington State and meet HSC's vendor requirements (see Appendix A). If a contract is granted to the proposer, HSC will need to be listed as a certificate holder on the above liability policies with respect to performance under the HSC contract. Government agencies that are self-insuring must attach documentation or certification of self-insurance. The Human Services Council, the Washington State Health Care Authority and other funders of HSC's transportation programs must be listed as additional insured. A waiver of subrogation must be provided.
- C. **State of Washington Business License**
- D. **Municipal Business Licenses** for all communities requiring such licensure
- E. **Non-Discrimination Policy (HSC may request copies of other policies that are required by federal or state funding sources if applicable.)**
- F. **Driver Training & Orientation Program.** This should include, at a minimum:
 - 1. Ethics/Conflict of Interest Policy
 - 2. Customer Service Policy
 - 3. Drug and Alcohol Policy
 - 4. Confidentiality Policy
 - 5. Health Insurance Portability and Accountability Act (HIPAA) Training
 - 6. Roadside Emergency Procedures
 - 7. Client and Employee Safety Policy
 - 8. Employee Disciplinary and Grievance Policies
 - 9. Mandatory Reporting Requirements
 - 10. Lift/Ramp and Wheelchair Securement Training (if applicable)
 - 11. Investigation and Progressive Discipline Policy for client or broker complaints
- G. **Vehicle Maintenance Schedule**
- H. **Disaster Preparedness Policy** i.e. how your organization will ensure continuation of services in the event of a disaster or inclement weather
- I. **Customer Complaint Policy**
- J. **ADA Compliance and Title VI Policies** (if your company has one, if selected as a contracted provider this policy will be required to be completed and submitted to HSC)
- K. **Last Financial Audit** (if audit was completed and current Profit/Loss statement and Balance Sheet. If Organization is not required to have an audit, then submit previous year's tax returns.

III. TECHNICAL PROPOSAL QUESTIONS (Section 3 of the Proposal)

Include typed responses to the below questions in your proposal.

- A. Describe how your company intends to provide timely transportation to meet the needs of eligible clients of all ages in the proposed Service Area(s).

- B. Describe the procedure and timeline to provide substitute transportation if the originally scheduled transportation cannot take place.

- C. Describe your company's experience providing transportation services to disabled and/or disadvantaged clients. Include how many years you have been providing this type of transportation.

- D. List your company's criteria for selecting new drivers.

- E. Describe your organization's driver training and orientation program. Describe any training materials and policies you cover in orientation.

- F. As an HCA Contractor, HSC and its subcontractors are considered Mandatory Reporters of suspected abuse of children and vulnerable adults. (Refer to RCW 26.44.030 and 74.34.035) Describe how you will train your staff and drivers on this responsibility.

- G. Transportation vendors must have written Drug and Alcohol policies. Those policies must be provided to drivers before they can be permitted to transport HSC clients. The policies must contain, at a minimum:
 - a. A provision for reasonable-suspicion testing
 - b. A provision for post-accident testing
 - c. Clear statements that "Drug and Alcohol" use "includes marijuana"
 - d. A signature page for employee receipt of the Drug and Alcohol policy

Please provide the name of the company or entity you use to conduct pre-employment and random Drug and Alcohol testing. List all contact information.

- H. Drivers providing service under contract with HSC must receive formal training, either in a classroom or on-line setting, in the safe installation and use of child safety seats and restraints. Please provide the name of the entity you use to provide that training, and the certification that their trainer holds.

- I. Describe any other training that your drivers receive, and who provides that training.
- J. Describe how your company will protect sensitive client information and Protected Health Information that it receives in order to provide services to HSC clients. How do you handle and safeguard paper and electronic documents that you receive? How do you ensure that confidential client information is not transmitted electronically?
- K. Describe your procedures for providing assistance to your drivers who are experiencing roadside emergencies.
- L. Vendors must have policies regarding regular vehicle maintenance, including the maintenance of any auxiliary equipment, in order to ensure compliance with the requirements contained in the contract (Appendix A). List the names and contact information of mechanics or businesses providing your fleet maintenance service.
- M. If you will be providing non-ambulatory transportation, provide the contact information for the provider and manufacturer of your non-ambulatory vehicles.
- N. If your non-ambulatory vehicles are equipped with after-market securements, lifts, or ramps, provide the contact information for the entity providing the installation, inspection and certification of your vehicles.
- O. Indicate what type of computer hardware and software you are currently using for billing and tracking purposes. Please describe your communication systems as well (phone, two-way radio, fax, e-mail, internet, etc.)
- P. If your company does not have an ADA compliance and/or Title IV policy, outline briefly the steps your company will take to assure compliance with ADA prior to entering a contract with HSC. (Appendix B contains materials HSC found useful regarding ADA. HSC staff is available to provide technical assistance with ADA compliance, if needed.)
- R. Summarize your organization's procedures for resolving customer complaints regarding service, and describe how complaints are documented.
- S. HSC has received permission from the Health Care Authority (HCA) to transmit certain client information, such as Dispatch Logs, to our transportation contractors through a Secure File Transfer Protocol (sFTP) site. In order to comply with HCA requirements, any of your staff handling files

transmitted through the sFTP will be required to read and comply with HSC's Data Security Requirements and Procedures (Protection of Data) document in its entirety (see Appendix D).

T. Drivers and Vehicle Information:

- Yes No My company's drivers have passed a fingerprint-level WSP criminal background check.
- Yes No My company's drivers have passed an FBI fingerprint level criminal background check.
- Yes No My company's drivers have passed an Abstract of Driving Record check, in accordance with the lists in Appendix A.
- My company's drivers have completed an approved course in:
- Yes No • Cardio-pulmonary resuscitation techniques (CPR)
- Yes No • First aid training
- Yes No • Defensive driving
- Yes No • Passenger assistance techniques, including how to use specialized equipment, such as wheelchair lifts and ramps, to assist in loading and unloading passengers
- Yes No • Child safety seat use
- Yes No My company's drivers have passed a pre-employment drug and alcohol screen, including testing for marijuana.
- Yes No My company maintains evidence that each of the above noted documents have been completed and are updated on a regular basis.
- The vehicles my company uses are:
- Yes No • Adequate for passenger safety and comfort
- Yes No • ADA accessible, including Wheelchair loading and securing devices as required
- Yes No • Compliant with the federal motor vehicle safety standards

IV.A. PRICING PROPOSAL – MILEAGE RATES

(REVISED: 11/2/2016)

Provider: _____

Date: _____

1. Please indicate the type of transportation service(s) you would like to provide, and in which counties, by checking the appropriate boxes.
- Non-Emergency Medical Transportation Clark County Cowlitz County Klickitat County Skamania County Wahkiakum County
- Employment Transportation (Clark County Only)
- Reserve-A-Ride Transportation Clark County Cowlitz County Wahkiakum County
- Sponsor-A-Ride Senior Transportation (Clark County Only)

For the transportation services you have indicated above, please list your proposed transportation charges for each mode and type of trip. (Individual/Regular or Group/Shared). Please submit fiscal documentation that supports any "Per One-Way Trip" cost proposals. (IE: Your posted or published rates)

MODE OF TRANSPORTATION	INDIVIDUAL/REGULAR PICK-UP FEE	GROUP/SHARED RIDE PICK-UP FEE ⁵	PER MILE RATE	Optional Fees Added to Pick-Up Fee and Mileage			
				AUTHORIZED ATTENDANT ¹	EQUIPMENT FEE ²	BARIATRIC WHEELCHAIR FEE (WEIGHT > 600LBS) ³	AFTER-HOURS PICKUP FEE ⁴
Ambulatory	\$	\$	\$	\$	\$		\$
			>50 Miles:				
Non-Ambulatory (Wheelchair)	\$	\$	\$				\$
			>50 Miles:				
Volunteer Driver		\$	\$				

1. Authorized Attendant WILL NOT be assigned a separate authorization number. They will be listed as an "Attendant" on the daily Dispatch Log. You may only have one rate for an Attendant, whether the client is ambulatory or not.
2. Equipment Fee is a flat fee that gets ADDED to the Pickup Fee and Per Mile Rate. You may only charge one Equipment Fee per trip. No matter what the "Equipment" is (Lift Fee, Extra Tech (EMT), Stair Stepper, etc.), it must all be the same fee amount. "Lift Fee" may only be billed when a non-ambulatory attendant accompanies an ambulatory client. This requires pre-approval from HSC.
3. The Bariatric Wheelchair Fee is a flat fee that gets ADDED to the Pickup Fee and Per Mile Rate.
4. After-Hours charges may be billed only for trips picked up between the hours of 8:30pm – 4:30am. The After-Hours Fee is a flat fee that gets ADDED to the Pick-Up Fee and Per Mile Rate.
5. Group/Shared Rides will have separate authorization numbers. "Shared Ride" = Same Pick-up and Drop-off locations. "Group Ride" = either the pick-up addresses or the drop-off addresses differ per client. Please note that the Pick-up fee will be the same for both shared and grouped rides.
6. The Group/Shared pick up fee may not exceed the regular trip pick-up fee for the client's authorized mode of transport.

2. GENERAL PUBLIC (PRIVATE PAY) AND OTHER TRANSPORTATION CONTRACT SERVICES: Please list similar transportation services, units and rates offered by your business, either under contracts with other entities or to the general public (private pay). Remember that services offered under contract to other entities or to the public cannot be reimbursed at a lower rate than that reimbursed by HSC. Submit fiscal documentation that supports any “Per One-Way Trip” rates.

Contract Or Payor (Including “Public”):	MODE OF TRANSPORTATION:	UNITS	RATES
	Ambulatory (Passenger Car/Van/Taxi)	Per Pick-Up Rate	
		Per Mile Rate	
		Per Shared Ride (Same Address)	
		Per Authorized Attendant (Same Address)	
		Per One-Way Trip (County Governments)	
		Per Shared Ride (Different Address)	
		Per After Hours Pick-Up Rate (What time does this rate begin?)	
		Other:	
	Non-Ambulatory (Wheelchair Van/Cabulance)	Per Wheelchair Pick-Up	
		Per Mile Rate	
		Per Shared Ride (Same Address)	
		Per Authorized Additional Wheelchair Pick-Up (Same Address)	
		Per One-Way Trip (County Governments)	
		Per Shared Ride (Different Address)	
		Per After Hours Pick-Up Rate (What time does this rate begin?)	
		Life Fee (if any)	
	Public Transit – (Fixed Route/Paratransit)	Per Pick-Up Rate	
		Per Mile Rate	
		Per Authorized Attendant	
		Per One-Way Trip (County Governments)	
		Per Shared Ride (Different Address)	
		Cost: Bus tickets and/or Pass	
		Other:	
	Volunteer Agency	Per Pick-Up Rate	
		Per Mile Rate	
		Per Shared Ride (Same Address)	
		Per Shared Ride (Different Address)	
		Per Authorized Attendant	

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(INSERT SAMPLE CONTRACT HERE AS APPENDIX A
FOLLOWED BY ADA RESOURCES AS APPENDIX B)

APPENDIX C

SIGNATURE COVER PAGE

This signed Qualification Application instruction sheet is the cover sheet for submitting application materials to HSC and indicates that the Proposer accepts the terms and conditions of this RFQ.

I certify that to the best of my knowledge and belief the information contained in this application is complete and accurate, and includes:

- a. A complete Administrative Profile demonstrating that this agency is a legitimate business entity and in possession of all relevant business registrations; is up to date with appropriate local, state, and federal licenses; that this agency maintains the policies and procedures required by HSC and that supporting documentation is attached.
- b. Technical Proposal Responses.
- c. Three letters of reference from businesses/persons available to comment on this agency's ability and capacity to provide transportation services and contact information.

I understand that failure to answer any questions, complete any exhibit, or include any requested or referenced attachment may be considered grounds for finding my organization ineligible to provide transportation services. I also certify that I have legal authority to commit this organization to a contractual agreement.

Applicant: _____
(Signature) (Date)

(Name and Title of Authorized Agency Official)

(Applicant Organization)

APPENDIX D

DATA SECURITY REQUIREMENTS AND PROCEDURES (PROTECTION OF DATA)

1. **Data Transport.** When transporting HCA/DSHS Confidential Information electronically, including via e-mail and HSC's sFTP site, the data will be protected by:
 - a. Transporting the data within the Contractor's internal network, or;
 - b. Encrypting any data that will be in transit outside the Contractor's internal network. This includes transit over the public internet.

Secure File Transfer Protocol (sFTP) allows HSC to upload confidential files to a secure online site, which Contractors may then log in to and download the files to their own computers. sFTP incorporates the strongest form of industry-endorsed encryption and thus is a HIPAA-compliant form of data transfer.

2. **Protection of Data.** The Contractor agrees to store data on one or more of the following media and protect the data as described:
 - a. **sFTP.** Contractors will be assigned a login ID and password by HSC's IT staff, which are to be kept CONFIDENTIAL. If a Contractor needs to have their password reset for any reason, they shall contact HSC's IT staff to do so.
 - b. **Local Workstations.** Each computer that is used to access DSHS/HSC data shall be restricted to authorized users by requiring logon to the local workstation using a unique user ID and complex password.
 - c. **Network Servers.** If DSHS/HSC data is stored on networked servers, and available through shared folders, then access to these folders will be restricted to authorized users through the use of access control lists which will grant access only after the authorized user has authenticated to the network using a unique user ID and complex password. Servers on which these files may be located must also be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.
 - d. **Optical Discs (CD or DVD).** If DSHS/HSC data is saved to CD or DVD, then those discs when not in use must be locked in a drawer, cabinet, or other container to which only authorized users have the key, combination or mechanism required to access the contents of the container. Workstations which access these files must be located in an area which is accessible only to authorized personnel, with access controlled through use of a key, card key, combination lock, or comparable mechanism.
 - e. **Paper Documents.** If DSHS/HSC data is printed, those paper records will be protected by storing them in a secure area which is only accessible to authorized personnel. When not in use, such records must be locked in a drawer, cabinet, or other container to which only authorized users have the key, combination or mechanism required to access the contents of the container.
 - f. **Data Storage on Portable Devices or Media (e.g. laptops, USB drives, CDs, etc.)**
 - (1) DSHS/HSC data shall not be transferred or stored on portable devices or media, or if so authorized by contract, they shall be given the following protections:
 - (a) Encrypt the data with a key length of at least 128 bits
 - (b) Control access to devices with a unique user ID and password

- (c) Manually lock devices whenever they are left unattended and set devices to lock automatically after a period of inactivity, if this feature is available. Maximum period of inactivity is 20 minutes.

Physically protect the portable device(s) and/or media by:

- (a) Keeping them in locked storage when not in use
- (b) Using check-in/check-out procedures when they are shared, and
- (c) Taking frequent inventories

- (2) When being transported outside of a secure area, portable devices and media with confidential DSHS/HSC data must be under the physical control of sub-contractor staff with authorization to access the data.

g. Data Segregation. DSHS/HSC data must be segregated or otherwise distinguishable from non-DSHS/HSC data. This is to ensure that when no longer needed by the Contractor, all DSHS data can be identified for return or destruction. It also aids in determining whether DSHS data has or may have been compromised in the event of a security breach.

h. Data Destruction. When the contracted work has been completed or when no longer needed, whichever is earlier, data shall be destroyed in accordance with DSHS IT Security Policy. Media on which data may be stored and associated acceptable methods of destruction are as follows:

Data Stored On:	Will Be Destroyed By:
Server or workstation hard drives, or magnetic disks (e.g. floppies)	Using a “wipe” utility which will overwrite the data at least three (3) times using either random or single character data, OR Degaussing sufficiently to ensure that the data cannot be reconstructed, OR Physically destroying the disk
Paper documents with sensitive data	Recycling through a contracted firm, provided the contract with the recycler assures that the confidentiality of data will be protected
Paper documents with confidential data (e.g. protected health information)	On-site shredding, pulping, or incineration
CD or DVD	Incineration, shredding, or completely defacing the readable surface with a course abrasive
Magnetic Tape	Degaussing, incinerating, or crosscut shredding

3. Notification of Compromise or Potential Compromise. The compromise or potential compromise of DSHS/HSC shared data must be reported to the HSC Contact designated on the vendor’s contract within one (1) business day of discovery.

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(INSERT W-9)