

## Request for Proposals (RFP) Addendum

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ADDENDUM DATE ADVERTISED:

ORIGINAL DATE ADVERTISED:

Title: **KING COUNTY EMS TELEPHONE REFERRAL PROGRAM**

Number: **2023EMS511RFP**

Due Date: No later than January 22, 2024

Contact: Kishan Scipio, cpres-EMS@kingcounty.gov

This Addendum provides the following clarifications and additional information about the referenced solicitation.

1. Q: What is the due date for this RFP?  
A: **The due date for responses is 01/22/2024 no later than 12:00PM.**
1. Q: Does triage have to operate 24/7 365?  
A: *24/7 365 coverage is required for these services.*
2. Q: Do you have a contracted Translation/Language services vendor our RN's can utilize? There may be cost savings associated with using your contracted service versus using ours (we pass through a per minute rate for translation services if using our solution, which is Stratus).  
A: *KC has various services that we utilize for translation services, however the proposal should include translation services as we will not be piggybacking off existing contracts.*
3. Q: Confirming that we will be documenting in our system and providing you with access to reporting, dashboards, patient specific encounter summaries post-triage, etc.?  
A: *This is correct. Proposals should include documentation on data dashboard including patient level event information to be made available to KCEMS to assess the nurse line program as part of its larger quality improvement efforts.*
4. Q: "F. Vendor shall integrate within existing call processing workflows from NORCOM and Valley Com 911." Will you be providing us these workflows, or will we develop them together?  
A: *Once a vendor is identified we will work together to ensure the systems are integrated.*  
Q: So then, this program will take more than one person to man the operations. Is that right? What is the operation strategy for this work?  
A: *The vendor needs to demonstrate that they can do the work. One vendor will be contracted to do this work.*
5. Q: What is the contract amount and how long is this contract valid for?  
A: *Contracts are awarded based on the EMS levy period. Contracts will be awarded and renewed in 2-year periods. The current levy ends December 2025 so no contract will be in place beyond that date. Contracts will be renewed based on the levy passing and services being met. Funding has been allocated but will be paid by invoice on a per call basis. If the calls do not meet or exceed the allocated amount that is fine.*
6. Q: What is the average handle time for calls today?  
A: *For calls transferred to the nurse line and triaged through final disposition; we do not have that information.*

***This Addendum will be provided in alternative formats upon request.***

7. Q: Please verify further the requirements being requested to fulfill, section 1, D: Vendor will offer alternative transportation services including support for the EMS Division Winter Weather Non-Emergent Transportation Plan and alternative transportation options (e.g., private ambulance, taxi, or ride-shares) for dispositions advising patients to seek same-day care for non-urgent, medically necessary treatment. This may include incorporating existing alternative transportation options provided by the EMS Division (e.g., Taxi Transport Voucher Program).
- A: *Proposals should include the incorporation of ambulance services into decision making and disposition of callers. Other transportation options such as usage of taxi and ride-shares may be included.*
8. For patients requiring a coordinated visit back to PCP or to community resources, are these referral mechanisms and contact numbers/processes for referral already built within the program?
- A: *Some resources are already existing such as taxi transport services. However, resources for PCP and other community resources are not built into this scope of work.*
9. Q: What is the expected volume? How much is the escalation over time?
- A: *The expected volume most recently is 10-14 calls per day, and we anticipate a 1% growth overtime matching the BLS growth.*
10. Q: What percentage of the overall EMS calls does TRP calls represent?
- A: *Currently 1-2% but we expect the volume to increase to 3-5% of calls.*
11. Q: Is the county willing to fund or subsidize the ambulance cost or will the provider need to identify and ambulance provider that is willing to accept the patient's payer status?
- A: *At this time, the county will not fund or subsidize the ambulance cost.*
12. Q: Is there a soft copy of the required excel document available or should the proposer duplicate this document?
- A: *The excel document is available on the King County website and can be found here: [King County EMS Telephone Referral Program - King County, Washington](#)*
13. Q: What are the proposed program improvements and can proposals identify recommendations that are being used in other areas to deliver these services?
- A: *The proposed program improvements can be found in the OBJECTIVE section of the Request for Proposal and states "enhance behavioral health/crisis intervention services; incorporate alternative transportation options (e.g., ride-share, taxi) for non-urgent, medically necessary, same-day treatment." Proposals can identify recommendations that are being used in other areas to deliver these services.*
14. Q: Are you open to using other providers to answer the calls? Is there interest in counter proposals utilizing providers other than RN's?
- A: *The scope of work indicates that services that utilize a mediator for intake between communication centers to RN will be given a lower priority for consideration.*
15. Q: What are the requirements for staffing? Are we required to staff the line 24/7 365? Will there be other agencies taking calls?
- A: *Vendor must demonstrate that they are able to staff the phone line 24/7 365. Vendor can staff the line in accordance with their business operations however, King County EMS expects that there will be someone to answer calls at all times as one vendor will be contracted for this work.*
16. Q: Why has this bid been released at this time?
- A: *The previous vendor terminated their contract 08/31/2023.*

17. Q: When is the anticipated contract start date? When is the anticipated award date?

A: The anticipated start date for this scope of work is Quarter 2 of 2024 pending successful contract negotiations. KC EMS reserves the right to start this work earlier. The estimated project schedule included with the RFP is listed below.

Item #	Activity	Estimated Schedule
1	Implementation review including identification of project leads from vendor, EMS Division, and communication centers	5 days post SOW effective date
2	Review of call processing/referral procedures (CBD guidelines and communication centers workflows)	14 days post SOW effective date
3	Clinical review of triaging guidelines/protocols used by vendor, virtual meetings with vendor and EMS Division	30 days post SOW effective date
4	EMS Division communicate policies and procedures for vendor. IT setup, direct phone line, queue setup, sample dashboards, test of IT infrastructure.	60 days post SOW effective date
5	Confirmation of services, designate go-live date. Review implementation review documents.	90 days post SOW effective date

18. Q: Can you please provide greater explanation of your expectations related to any required sub-contracting to minority-owned, women-owned, or other types or categories of small or disadvantaged businesses? For example, what is required with the proposal, and what is required to comply during the term of the contract?

A: *Proposals that meet the minimum standards as described in Section 3 of the RFP will be considered for scoring. Proposers should provide a response to the RFP questions. Proposals may not be considered if any questions are unanswered, or any required attachments are not provided.*

19. Q: Are bidders permitted to deviate in any way from any manner of quoting fees you may be expecting? For example, if there is a pricing page in the RFP, can bidders submit an alternate fee structure? If there is no pricing page in the RFP, do you have any preference for how bidders should quote fees or can bidders create their own pricing categories?

A: *The RFP has a budget spreadsheet that is available on the funding website.* Competitive proposals will include a budget that indicates a price per call.

20. Q: Has the current contract gone full term?

A: *No, The contract was terminated 08/31/2024 at the request of the vendor as they terminated all of their external contracts.*

21. Q: Have all options to extend the current contract been exercised?

A: *The contract was terminated 08/31/2024 at the request of the vendor.*

22. Q: To what extent will the location of the bidder's proposed location or headquarters have a bearing on any award?

A: *Proposals must demonstrate the ability to do the work as identified in the Scope of Work.*

23. Q: What percentage of inbound calls must be answered by a live operator?

A: *All calls must be answered by a live operator.*

24. Q: What are the required language options?

A: *Proposers must identify access to Language/Translation services for limited English proficient callers 24/7.*

25. Q: What is the required degree of dedication for the operators? (Can operators work on other contracts at the same time as this one)?

A: *Vendor shall maintain establishing dedicated phone queues for all calls transferred from NORCOM and Valley Comm 911.*

26. Q: Are callers required or allowed to connect with a message verification system or pre-recorded message before connecting to a live operator, or must a live operator be the initial contact?

A: *Calls are being transferred from 911 communication centers and must be answered by live operators.*

27. Q: How are fees currently being billed by any incumbent(s), by category, and at what rates?

*A: Invoices are submitted on a monthly basis.*

**\*\*\*An additional addendum will be posted on 01/08/2024.\*\*\***

**All other terms of Request for Proposals (RFP) 2023EMS511RFP remain unchanged.**