

STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH

Preparedness and Emergency Response

REQUEST FOR APPLICATIONS

RFA-16-0001

for

**Obtaining a designated Emergency Medical Services coordination
and transportation service for Ebola patients within Arkansas**

Date Issued:

August 18, 2015

Application Timeline

Event	Date
RFA Issued	August 18,2015
Final date for RFA Questions	3:00 PM August 31,2015
Due date for Applications	3:00 PM September 15, 2015
Completion of application reviews, recipients selection and preliminary award notices mailed.	September 30, 2015
Start date of sub grant	January 1, 2016

The maximum award amount **will** be \$ 200,000.00 from January 1, 2016 through May 17, 2020 and **will** depend on the complexity of the application and justification of the funding.

During this process, there **will** be no sharing of information regarding status of other applicants.

TABLE OF CONTENTS

Section I	Program Overview <ul style="list-style-type: none">A. PurposeB. BackgroundC. Available Funding
Section II	Application Requirements <ul style="list-style-type: none">A. Eligible ApplicantsB. Requirements for Funding
Section III	Scope of Work <ul style="list-style-type: none">A. General Scope of WorkB. Contractor DeliverablesC. Reporting and MonitoringD. Financial ReportsE. ErrorsF. Resources Available to ContractorG. Ongoing Contract MonitoringH. Corrective ActionsI. ReimbursementsJ. Proposal Submissions and Evaluations
Section IV	Instructions for Completing an Application <ul style="list-style-type: none">A. Application FormB. Application ContentC. Evaluation and ScoringE. Application Deadline and Application Submission
Section V	Review of Application and Award Notification <ul style="list-style-type: none">A. Review for Compliance with RFA RequirementsB. Award Notification
Section VI	General Information <ul style="list-style-type: none">A. Reimbursement GuidelinesC. Past Performance

APPENDIX

- I Arkansas Hospital Region Map
- II Identify, Isolate, Inform: Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients Who Present with Possible Ebola Virus Disease (Ebola) in the United States
- III Detailed Emergency Medical Services (EMS) Checklist for Ebola Preparedness

SECTION I. PROGRAM OVERVIEW

A. Purpose

The Arkansas Department of Health (ADH) Preparedness and Response Branch's purpose is to obtain appropriate medical transport resources and capabilities that are needed to safely and efficiently provide ambulance transportation as directed by the Arkansas Department of Health (ADH) of patients under investigation (PUI) or diagnosed with Ebola.

The likelihood of contracting Ebola virus disease (EVD) in the United States is extremely low unless a person has direct contact with the blood or body fluids (like urine, saliva, vomit, sweat, and diarrhea) of a person infected with EVD and showing symptoms. The majority of patients with fever and other non-specific signs and symptoms in the United States do not have EVD. The transmission risk posed to those in direct contact with patients with EVD and early symptoms is lower than the risk from a patient hospitalized with severe EVD. Nevertheless, because early EVD symptoms are similar to those seen with other febrile illnesses, providers should consider and assess patients for the possibility of EVD. The guidance provided in this document reflects lessons learned from the recent experience caring for patients with EVD in U.S. healthcare settings. Although inpatient hospital settings generally present a higher risk of Ebola virus transmission to healthcare personnel, transports by emergency medical services (EMS) present unique challenges because of the uncontrolled nature of the work, the potential for resuscitation procedures being needed, enclosed space during transport, and a varying range of patient acuity. When preparing for and responding to patients under investigation (PUIs) for EVD, close coordination and frequent

The funding provided through this grant is to have one designated ground ambulance transport provider ready to safely and successfully provide medical transportation (by ambulance) of patients between health care facilities, from an airport to a hospital, from a hospital to an airport, and from home-based active monitoring to hospitals.

The Preparedness and Response Branch is soliciting competitive applications in order to select an Arkansas licensed EMS agency/service to establish a process in which the safe and effective transportation of patients under investigation (PUI) or diagnosed with Ebola can be coordinated.

This approach to the transport of patients under investigation (PUI) or diagnosed with Ebola is a comprehensive approach—one that optimizes safety to both provider and patient, timely response, and efficiency of patient movement. The transportation of patient with highly infectious diseases is challenging and in order to be done effectively must be coordinated with local first responders, hospitals, and other healthcare providers.

B. Background

Ebola is a serious infectious disease and every individual having contact with a patient will need to have significant training on the appropriate use, and be provided with a sufficient supply, of personal protective equipment. Patient condition and distance will dictate the necessary complexity of the transport and the level of care (basic life support, advanced life support, or critical care transport) required by the patient. Arkansas has been allocated \$200,000 for this

Request for Application (RFA). The Arkansas Department of Health (ADH) Hospital Preparedness Program (HPP) is seeking information from entities interested in receiving funds

CDC Best Practice Areas

The Preparedness Branch's structure is based on the following CDC Best Practice Intervention Areas:

- **Personal protective equipment (PPE):** this refers to protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection. The hazards addressed by protective equipment include physical, electrical, heat, chemicals, biohazards, and airborne particulate matter.
- **Algorithm for Emergency Medical Services and 9-1-1 Public Safety Answering Points:** State and local EMS authorities should coordinate with state and local public health, PSAPs, and other emergency call centers to use modified caller queries about EVD, outlined below, when they consider the risk of EVD to be higher in their community. This should be decided from information provided by local, state, and federal public health authorities, including the city or county health department(s), state health department(s), and CDC.
- **Patient management:** promotes the safe and effective transport of patients under investigation (PUIs) for EVD or patients that have been diagnosed.
- **Prehospital care considerations:** Prehospital patient care is frequently provided in an uncontrolled environment with unique operational challenges. EMS systems must design their procedures to accommodate their local operational challenges while still following the principles of CDC PPE guidance.
- **EMS Transport of Patient to a Healthcare Facility:** People who may have an exposure history and signs and symptoms suggestive of EVD should be transported to a healthcare facility prepared to further evaluate and manage the patient as instructed by EMS medical direction and local/regional protocols. These should be consistent with the predefined transportation/destination plan developed by public health officials, hospital, medical and EMS personnel.
- **Cleaning EMS Transport Vehicles after Transporting a PUI for EVD:** Ebola is a Category A infectious substance regulated by the U.S. Department of Transportation's Hazardous Materials Regulations (HMR, 49 C.F.R., Parts 171-180). Any item transported for disposal that is contaminated or suspected of being contaminated with a Category A infectious substance must be packaged and transported in accordance with the HMR. This includes: disposable medical equipment; sharps; linens; and used health care products such as soiled absorbent pads or dressings, kidney-shaped emesis pans, portable toilets; used PPE such as, gowns or coveralls, masks, gloves, goggles, face shields, respirators, and booties; and byproducts of cleaning contaminated or suspected of being contaminated with a Category A infectious substance. EMS systems should work with designated receiving hospitals to dispose of waste from PUIs.
- **Follow-up and/or Reporting Measures by EMS Providers After Caring for a PUI for EVD:** EMS personnel should be evaluated per the CDC and ADH guidelines following the treatment and transport of any patient under investigation (PUI) or diagnosed with Ebola.

Preparedness goals are based on CDC's *Best Practices for a safe and effective transport for Ebola patients* and includes:

- 1) Preventing the spread of infectious diseases;
- 2) Eliminating exposure to infectious materials;
- 3) Promoting safe and effective transport;
- 4) Decontamination and Cleaning EMS Transport Vehicles in order to be returned to service
- 5) Follow-up and/or Reporting Measures by EMS Providers After Caring for a PUI for EVD

Each of the Best Practice Intervention Areas can be thought of as impacting across goal areas rather than merely being limited to a single goal. A list of CDC best practice guidelines can be located at <http://www.cdc.gov/vhf/ebola/healthcare-us/emergency-services/ems-systems.html>

C. Available Funding

Preparedness **will** award one contract to work within the constraints of this RFA. The proposed effective period **will** be January 1, 2016 through May 7, 2020.

Funding for this program is made available through the DHHS, Assistant Secretary for Preparedness and Response (ASPR).

NOTE: ADH/Preparedness reserves all rights regarding this RFA, including, without limitation, the right to:

- Amend or cancel this RFA without liability if it is in the best interest of the public to do so;
- Reject any and all applications received by reason of this RFA upon finding that it is in the best interest of the public to do so;
- Waive any minor informality;
- Seek clarification of applications;
- Reject any application that fails to comply with all prescribed solicitation procedures and requirements; and
- Negotiate the statement of work within the scope of work described in this RFA.

SECTION II: APPLICANT REQUIREMENTS

A. Eligible Applicants

The following are minimum qualifications for receiving funds through this grant award.

- Arkansas Licensed Advanced Life Support Service Providers.
- Service must be and remain in good standing with the Section of EMS upon application submission and throughout the award period. This includes any regulatory findings that place a service on probation or suspension.
- 24 Hour service availability, 365 days a year
- Ability to provide the required resources to a pick-up location within the seven (7) Arkansas Hospital Regions (See Map in Appendix) within 6 hours of transport request.
- Compliance with all program-specific audit requirements.

Applicants must address all aspects outlined in the RFA and submit an application describing an effective, comprehensive scope of activities that addresses **all** described goal areas as outlined.

The applicant is responsible for implementing the work described in the RFA within the time periods outlined.

B. Requirements for Funding

Applicants must clearly describe how they **will** develop, implement and evaluate the transport of patients under investigation (PUI) or diagnosed with Ebola.

Applicants are required to develop work plan to include strategies and objectives as noted below:

- Service Area
- Ambulance Resources
- Waste Management
- Staffing
- Specialized Training
- Personal Protective Equipment
- Clinical Management & Transportation Plan
- Operations Coordination
- Contingency Plan
- Budgeting

In addition to incorporating the above framework, the applicant should look towards other strategies that are recommended by the CDC. Suggested resources are listed at:

<http://www.cdc.gov/vhf/ebola/healthcare-us/emergency-services/ems-systems.html>

SECTION III: Scope of Work

A. General Scope of Work

The funded applicant **will** implement the necessary processes to ensure that their service is ready to safely and successfully identify, isolate, assess, transport and treat patients with Ebola or patients under investigation for Ebola, and that it is well prepared for a future Ebola outbreak.

The RFA invites qualified applicants to provide the resources, expertise, and capabilities to safely and efficiently provide ambulance transportation and continuity of medical care for patients with Ebola. The Contractor must be able to safely manage highly infectious/hazmat waste generated from transportation of highly infectious patients.

The application must describe in detail how the contractor will ensure readiness and the ability to provide medical (ambulance) transportation resources and capabilities when requested by the Arkansas Department of Health.

B. Contractor Deliverables

The contractor shall demonstrate the following capabilities throughout the entire contract cycle:

1. Upon issuance of a transport request, the Contractor shall provide at least one ambulance stocked with the necessary medical equipment as outlines in the Arkansas Rules and Regulations (<http://www.healthy.arkansas.gov/aboutADH/RulesRegs/Ems.pdf>), bio-hazard containment supplies, and staffed with at least two Arkansas licensed Paramedics.
2. The Contractor shall provide all labor, supervision, equipment, and materials to provide medical transportation in compliance with all relevant CDC published guidelines. Guidelines can be located at the following address: <http://www.cdc.gov/vhf/ebola/healthcare-us/emergency-services/ems-systems.html>
3. It shall be the sole responsibility of the Contractor to properly staff all deployed resources for safe and effective operations for the duration of the transport. When resources are ordered to provide transport services, it is expected that the Contractor provide enough personnel and assets as necessary to perform the required duties within 6 hours of transport request, 24 hours a day, seven (7) days a week, 365 days per year.
4. The Contractor shall maintain the ability and resources to transport a patient up to 250 highway miles from the point of pick-up within the boundaries of Arkansas.
5. The Contractor shall provide access to their call center that may be accessed 24/7, 365 days per year to coordinate transport services of suspected or diagnosed Ebola patients.
6. The Contractor shall designate a coordinator to continually monitor and manage all deployed resources during the patient transport and return trip.
7. The Contractor is required to have a dedicated Dispatch System which can generate usage reports for deployed resources. The Contractor shall have the ability to track the deployment, patient transportation and return to service of the specialty ambulance(s) and crews that were deployed.

8. The Contractor shall establish communications with the ADH contract monitor, or designee, within one (1) hour of receiving a transport request. The Contractor shall communicate with ADH upon arrival at the sending facility to validate a 6 hour arrival time.
9. The Contractor shall establish communications with the ADH contract monitor, or designee, upon departure of the airport or receiving facility to validate either demobilization or beginning of next transport.
10. The contractor shall detail times of dispatch, arrival at sending facility, departure time from sending facility and total mileage for each transport.
11. The Contractor shall provide all invoices to the ADH within 30 days of receipt of goods or services.
12. The Contractor shall provide the resources for all personnel involved with direct or indirect patient care to participate in a 21-day epidemiologic monitoring program as directed by ADH.
13. The Contractor shall report to state and local health authorities any contract personnel that become ill during a transport or within the subsequent 21-day epidemiologic monitoring period after a transport.
14. The Contractor shall maintain and provide copies to the ADH of all potential Paramedics and medical responders to substantiate insurance, licenses, and training as required by the Arkansas Department of Health, the Arkansas Section of EMS, and other local authorities.
15. The Contractor shall also maintain records of participation by its employees in continuing education and training suitable for transport of Ebola. The Contractor is responsible for providing a validation report containing personnel names and any data required to verify credentials, upon request.
16. The Contractor shall provide requisite training appropriate to the care and transport of an Ebola or highly infectious disease patient (examples include, but are not limited to PPE, ambulance configuration and decontamination, medical treatment as per current standard of care, and epidemiologic monitoring protocols as dictated by the Arkansas Department of Health, local public health authorities, and protocols.)
17. The Contractor shall provide all supplies needed for deployed vehicles for safe and effective operation through the duration of the transport. These supplies should, at a minimum, satisfy any applicable Arkansas Section of EMS, CDC recommendations and local requirement(s).
18. The Contractor shall be responsible for obtaining fuel and consumable items for all Contractor deployed missions. The Arkansas Department of Health shall not provide medications, supplies, equipment nor other provisions or materials.
19. The Contractor is not required to designate a specific ambulance(s); however, the Contractor must ensure that an appropriately stocked and staffed ambulance be made ready and capable of reaching any sending facility, location, or airport in Arkansas within 6 hours of receiving a contractual request for transport.
20. The Contractor shall ensure all ambulances are registered pursuant to Arkansas laws and regulations and remain in good standing throughout the entire project period.

21. The Contractor must be prepared to address circumstances beyond those faced during a typical ambulance transport. For example, the standard, two-person ambulance crew configuration may not be sufficient in some circumstances. The patient's condition is one factor that may need to be addressed in consultation with the sending and receiving facilities.
22. The Contractor shall have contingency plans to address refueling; crew and patient nutrition and hydration; crew restroom breaks; communications capabilities; contingency plans for crew medical emergencies or a breach of PPE; contingency plans for patient condition changes (detailed treatment protocols and diversion locations); and contingency plans for vehicle malfunctions/traffic/weather delays or other unforeseeable conditions.
23. The Contractor shall establish and implement a biannual personal protective equipment (PPE) training program that is based on current guidance (for example, from the CDC and the IAB regarding the care and transportation of an Ebola patient) for all personnel designated as a resource for this contract.
24. The Contractor shall procure appropriate PPE in sufficient quantity to supply all front-line unit personnel in accordance with recommendations current at the time of contract activation. Examples may be referenced at:
 1. <http://www.cdc.gov/vhf/ebola/healthcare-us/emergency-services/ems-systems.html>
 2. <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>
 3. http://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/PAPRtables.html
 4. https://iab.gov/Uploads/IAB%20Ebola%20PPE%20Recommendations_10%2024%2014.pdf
25. The Contractor shall provide training regarding the management of Hazardous Material/ Infectious Waste produced by the care of patients with Ebola or a highly infectious disease. Reference below guidance from CDC and DOT:
 1. <http://www.phmsa.dot.gov>
 2. <http://www.cdc.gov/vhf/ebola/hcp/medical-waste-management.html>
26. Establishment and implementation of a public health reporting plan which details how contract staff that is exposed to an Ebola patient during a mission will be monitored and reported to the state and local health authorities. Such reporting shall be in compliance with state public health laws and regulations in the transport mission operational areas.
27. Annually complete and submit to the ADH project officer the "CDC Emergency Medical Services (EMS) Checklist for Ebola Preparedness" (See appendix iii) or <http://www.cdc.gov/vhf/ebola/pdf/ems-checklist-ebola-preparedness.pdf> Submission is due by March 31st of each grant year.
28. Implement the "Identify, Isolate, Inform: Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients Who Present with Possible Ebola Virus Disease (Ebola) in the United States" document. (See appendix iii) or <http://www.cdc.gov/vhf/ebola/pdf/ems-911-patients-with-possible-ebola.pdf>

C. Timeline for Reimbursement regarding Deliverables

The contractor shall within the first 6 months of the grant period meet, at a minimum, the following deliverables outlined in Section III. A:

1. Purchase appropriate PPE including Powered Air Purifying Respirators (PAPR)
2. Provide required initial training and documentation to include use of PPE, transport plans and communication staff
3. Have contingency plans in place.
4. Have medical and transport protocols in place as outlined.
5. Implement the “Identify, Isolate, Inform: Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients Who Present with Possible Ebola Virus Disease (Ebola) in the United States” document.
5. Purchase decontamination equipment that meets or exceeds CDC recommendations.
6. Have the ability to respond at the request for transport from the ADH, 24 hours a day, seven (7) days a week, 365 days per year.

D. Reporting and ADH Monitoring

The vendor will be required to provide accurate reporting of all training, purchases within 30 days of completion/receipt of good. All patient reports shall be submitted electronically in the timeframe specified and format as required by EMS Rules and Regulations.

(<http://www.healthy.arkansas.gov/aboutADH/RulesRegs/Ems.pdf>). The contractor shall be required to make any changes in the report form as specified by the ADH within thirty (30) days from request by the ADH. Final grant reporting requirements will be determined by ADH.

E. Financial Reports

The successful applicant will be required to provide electronic quarterly, annual and contract year end reporting of expenses in accordance with the requirements set forth in the Agreement. The successful applicant must be able to satisfy the financial reporting requirements on the contract start date.

Annual reporting will include an annual audit report. This report will be delivered within 45 days after the close of the contractor’s fiscal year. The audit shall be performed in accordance with the applicable federal and state audit requirements.

F. Errors

The contractor agrees to prepare complete and accurate reports for submission to the ADH. If after preparation and submission, an error is discovered either by the contractor or the ADH; the contractor shall correct the error(s) and submit accurate reports within fifteen (15) calendar days from the date of discover by the contractor or date of written notification by the ADH (whichever is earlier). The ADH may at its discretion extend the due date if an acceptable corrective action plan has been submitted and the contractor can demonstrate to the ADH satisfaction the problem cannot be corrected within fifteen (15) calendar days.

G. Resources Available to Contractor

The ADH will have assigned staff who will be responsible for primary oversight of the contract. This individual(s) will schedule meetings to discuss progress of activities and problems identified.

H. Ongoing Contract Monitoring

The ADH will monitor the contractor's performance to assure the contractor is in compliance with the Contract provisions.

I. Corrective Action

When the ADH establishes that the contractor is out of compliance with any of the requirements outlined in this RFA or contract activities, the contractor will be required to provide and implement corrective action plans to ensure that the goals of the program will be met within 15 days of notification.

J. Reimbursement

a) Deliverables (Payments)

The contractor shall complete deliverables in accordance with established timelines and shall submit itemized invoices as defined in the contract terms. Payment of invoices is subject to approval of the ADH.

b) Eligible Costs will be determined in coordination with ADH

Examples of what the funds may be used for:

1. Developing a plan
2. Training of vendor staff
3. Conducting annual service Ebola exercises and participate in the hospital Ebola exercises
4. Purchasing PPE in accordance with CDC guidelines.
5. Completing minor alterations to provide for enhanced infection control (e.g., configuration of a specialized ambulance)
6. Purchasing equipment or supplies to support transportation of a patient.
7. Provide decontamination capabilities or supplies above CDC and industry standards

Funds may NOT be used for the purchase of vehicles

K. Proposal Submissions and Evaluations

a) Application Submission

All applications must be received by the 3:00 PM September 15, 2015. Applications received after the September 15, 2015 3:00PM will not be considered. It is the sole responsibility of each applicant to assure that its application is delivered at the specified location prior to the deadline. Applications which, for any reason, are not so delivered will not be considered.

Sealed applications must be received by the ADH Issuing Officer by 3:00 PM September 15, 2015. All sealed applications must include the RFA# in the address. Applications received after this date and time will not be reviewed and will be removed from consideration. Applicants must provide a signed original (marked ORIGINAL) and five (5) copies and one (1) electronic copy on either a CD or flash drive.

Applications must contain the following content (See application content, Section IV, B. for details)

1. Organizational Structure and Description
 - a. Legal name of the Arkansas licensed Ambulance Service.
 - b. Physical address, including City
 - c. Contact Person
 - d. State EMS Licensure Number
 - e. National Accreditation Organization (if applicable)
2. Detailed description of the ambulance services plan to address the following readiness domains:
 - a. Vehicle (ambulance) resources available to a patients with Ebola
 - b. Waste Management
 - c. Medical Staffing
 - d. Specialized Transport Training
 - e. Personal Protective Equipment
 - f. Clinical Management during transport (Medical Director Involvement)
 - g. Operations Coordination (Dispatch, response time)
 - h. Contingency Plan
 - i. Patient Transportation Plan
3. Letter from the service Medical Director that addresses active involvement as it related to the readiness domains listed in applicant content item number two (2).
4. Detail of how the ambulance service plans to address each deliverable as outlines in Section III. B.

b) Application Scoring

Accepted applications will be reviewed by an evaluation committee and scored against the stated criteria. An applicant may not contact any member of an evaluation committee except at the State's direction.

1. Application Criteria

The applications will be scored using the following criteria:

Domain	Up to Points
Applicant Information	10
Service Coverage Area / Base Locations	10
Ambulance resources to transport patients with highly infectious diseases	10
Waste Management	10
Medical Staffing	10
Specialized Training	10
Personal Protective Equipment (PPE)	10
Clinical Management & Transportation Plan	15
Operations Coordination	10
Contingency Plan(s)	10
National Accreditation	5
Estimated Budget	15
Total	125

2. Award and Final Offer

The State will compile the final scores for each application. The award will be granted to the highest scoring qualified applicants.

3. Announcement of Award

The ADH will recommend contract award to the proposal that is deemed to be in the best interest of the ADH. The ADH reserves the right to not award a contract from this Request for Applications.

SECTION IV: INSTRUCTIONS FOR COMPLETING AN APPLICATION

A. Application Form

Interested applicants are required to submit the following information in the order that is listed below. All applications must be submitted to the following:

Arkansas Department of Health
Procurement Branch
Attention: Bob Broughton
RFA-16-0001
4815 W. Markham St. Slot 58
Little Rock, AR 72205-3867
501-280-4594
501-280-4474 (fax#)
bob.broughton@arkansas.gov

B. Application Content.

Applications **must** include the following sections:

Part 1. Applicant Information (10 points)

1. Legal name of the Arkansas licensed Ambulance Service.
2. Physical address, including City
3. Contact Person
4. State EMS Licensure Number
5. National Accreditation Organization (if applicable)

Part 2. Describe in detail the ambulance service's plan to address each of the following readiness domains.

a. Service Area (10 points)

Describe the ambulance service including geographic areas of operation, number of licensed ambulances (by type: ALS, BLS), and the service capability of transporting highly infectious disease patients. Provide documentation using the Arkansas Hospital Regions Map (Appendix 1) the regions the ambulance service is able to respond to within six hours of contract activation.

- The Contractor must demonstrate the ability to respond to all Hospital Regions.

b. Ambulance Resources (10 points)

Describe the medical transportation resources that will be made available to provide for the safe care and transportation of a highly infectious disease patient, including a suspected Ebola patient or an identified Person under Investigation (PUI). Include the following areas in your response:

- A physical description of identified ambulance(s);
- A description of the actual or proposed modifications to the ambulance.
- The make, model and year of manufacturing of the proposed ambulance.

c. Waste Management (10 points)

Describe the ambulance service's waste management procedures for compliant collection, storage and disposal of Ebola-contaminated waste. Include the following areas

- Detailed capability to provide on-site treatment to inactivate the Ebola virus to ensure it is not infectious
- Name of vendor that will be used for the disposal of Ebola infectious waste.
- Current vendor that is used for the disposal of highly infectious waste.
- Copies of Service protocols and/or policies that deal with the disposal of infectious waste.

d. Medical Staffing (10 points)

Describe the ambulance service's plan to ensure adequate staffing to transport a highly infectious patient. Include the following areas in your response:

- A detailed description of the staffing plan to ensure trained, competent staff are available to be at an identified patient pickup point within 6 hours of notification, 24 hours a day, seven (7) days a week, 365 days per year during the period of performance stipulated in the contract.
- A detailed description of a staff support plan for those workers assigned to care for a suspected patient or PUI, including implementation of a 21-day monitoring period.
- The Medical Director involvement in the services process for choosing staff that will transport patients under the agreement.

e. Specialized Training (10 points)

Describe the ambulance service's plan to provide personnel that have received specialized training related to the treatment and transportation of infectious disease patients. Include the following areas in your response:

- A description of training that has been or will be provided to support identification of patients suspected of having Ebola, and

- A description of training to be provided to ensure safe use of Personal Protective Equipment (PPE) when caring for a suspected Ebola patient or an identified Person under Investigation (PUI).
- Describe your plans as it applies to the continuing education and training for the use of these specialties trained providers.

f. Personal Protective Equipment (PPE) (10 points)

- A detailed description of type and quantity of available PPE available to transport Ebola patients. Provide a statement to indicate how many patient transports could be performed without the requirement to restock the inventory.

g. Clinical Management & Transportation Plan (15 points)

Describe in detail the plan to provide treatment and transportation of an patient under investigation (PUI) or diagnosed with Ebola. Include the following areas in your response:

- The service's plan on how to continue the treatment of a patient (adult and pediatric) without the degradation of patient care during transportation.
- A detailed plan for transportation of the patient (adult and pediatric) without exposing the public or health care professionals.
- Copies of protocols and/or policies that address the transport of a patient under investigation (PUI) or diagnosed with Ebola.
- Details as to access to online and off line Medical Direction.

h. Operations Coordination (10 points)

Describe in detail the services plan to provide 24-hour accessibility, dispatch, and response coordination services. Include the following:

- Description of dispatch services
- Description/procedure allowing for 24-hour activation of the contract via a single access (notification) point
- Description of available resources for monitoring resources and tracking times and location.
- A detailed description of how the ambulance service will communicate with the Arkansas Department of Health and Section of EMS.
- A detailed description of how the ambulance service will coordinate with external agencies related to the care of and transport of a patient under investigation (PUI) or diagnosed with Ebola

i. Contingency Plan(s) (10 points)

Describe the ambulance service's contingency plan(s) when transporting a highly infectious disease patient. Include the following areas in your response:

- Refueling; crew and patient nutrition and hydration; crew restroom breaks; communications capabilities;
- contingency plans for crew medical emergencies or a breach of PPE;

- contingency plans for patient condition changes (detailed treatment protocols and diversion locations);
- Contingency plans for vehicle malfunctions/traffic/weather delays or other unforeseeable conditions.

J. National Accreditation (5 points)

- Provide any documentation on current national accreditation.

K. Estimated Budget (15 Points)

The ADH intends to award funds to establish one designated ambulance transportation provider, in the amount of \$200,000. Please provide a budget proposal describing **estimated** expenses in the following categories:

- a. Developing a Plan
- b. Training and Exercises
- c. Personal Protective Equipment
- d. Equipment and Supplies

Non-expendable items and equipment are allowable, provided they are a reasonable expenditure relative to the work proposed. Sub-grantees must establish and maintain an effective property management system to track items with an acquisition cost of more than \$250. Refer to appendix X for additional information on property management. Single equipment purchases of \$2500 or greater **must** be approved by Preparedness prior to purchase.

C. Evaluation and Scoring

Scoring Legend

Score	Definition	Points		
		0-5	0-10	0-15
No Response	The applicant provided no response	0	0	0
Poor Response	The applicant's response is incomplete or does not address all of the required information.	1	1-3	1-4
Partial Response	The applicant's response is complete but minimally addresses all of the required information.	2	4-6	5-9
Adequate Response	The applicant's response is complete and moderately addresses all of the required information.	3-4	7-9	10-13
Thorough Response	The applicant's response is complete and fully addresses all of the required information.	5	10	14-15

Using the scale above, assess the applicant's response in each of the following readiness domains:	
a. Applicant Information (0-10 Points)	
b. Service Coverage Area / Base Locations (0-10 Points)	
c. Ambulance resources to transport patients with highly infectious diseases (0-10 Points)	
d. Waste Management (0-10 Points)	
e. Medical Staffing (0-10 Points)	
f. Specialized Training (0-10 Points)	
g. Personal Protective Equipment (PPE) (0-10 Points)	
h. Clinical Management & Transportation Plan (0-15 Points)	
i. Operations Coordination (0-10 Points)	
j. Contingency Plan(s) (0-10 Points)	
k. National Accreditation (0-5 Points)	
l. Estimated Budget (0-15 Points)	
	FINAL SCORE

D. Application Deadline and Application Submission

Sealed applications **must** be received by the ADH Issuing Officer by 3:00PM September 15, 2015. All sealed applications **must** include the RFA# in the address (See below). Applications received after this date and time **will not** be reviewed and **will** be removed from consideration. Applicants **must** provide a signed original (marked ORIGINAL) and five (5) copies and one (1) electronic copy on either a CD or flash drive.

Sealed applications **may be** mailed or hand delivered to the following address:

Mailing: Arkansas Department of Health
Procurement Branch
Attention: Bob Broughton
RFA-16-0001
4815 W. Markham St. Slot 58
Little Rock, AR 72205 -3867

Hand Delivering: Arkansas Department of Health
Procurement Branch
Attention: Bob Broughton
RFA-16-0001
4815 W. Markham St. Room - L156
Little Rock, AR 72205 -3867

All items outlined in Section IV must be submitted for a complete application, any item omitted **will** result in the applicant being removed from award consideration.

V. REVIEW OF APPLICATIONS AND AWARD NOTIFICATIONS

A. Review for Compliance with RFA Requirements

Applications **will** be date and time stamped upon receipt, and must be received by the ADH Issuing Officer on or before the deadline. Omission of any required document or form, or failure to respond to any requirement **will** lead to rejection of the application prior to the review process.

B. Award Notification:

It is anticipated that applicants **will** be notified of award by September 30, 2015

During this process, there **will** be no sharing of information regarding status of other applicants.

SECTION VI. GENERAL INFORMATION

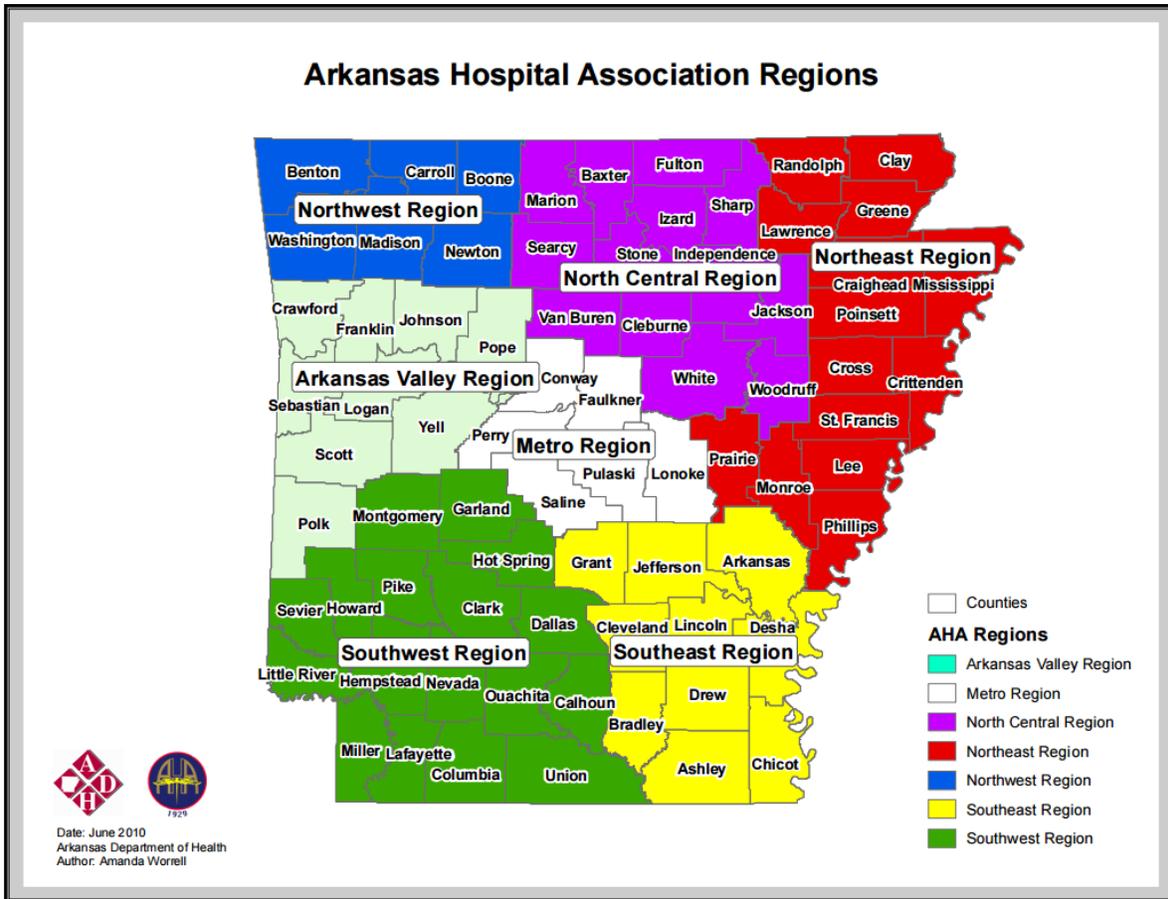
A. Reimbursement Guidelines

The awarded applicant **will** be reimbursed based on an “Actual Cost” incurred. Actual cost reimbursement is based on allowable program expenses. These expenses must be within the approved budget’s allowable program costs. Backup documentation is required when submitting invoices for payment. **No advance payments are allowed.** In addition, it is not necessary for an awardee to maximize their planned budget in an attempt to expend all possible funds.

B. Past Performance

In accordance with provisions of The State Procurement Law, R2:19-11-230 Competitive Sealed Proposals – Bid Evaluation paragraph (B): a vendor’s past performance with the state may be used in the evaluation of any offer made in response to this solicitation. The past performance should not be greater than three (3) years old and must be supported by written documentation on file in the Office of State Procurement or ADH Procurement Section at the time of the bid opening. Documentation may be in the form of a written or electronic report, Vendor Performance Report (VPR), memo, file or any other appropriate authenticated notation of performance to the vendor file. For previously funded sub-recipients, past performance as documented using quality measure including end of year self-evaluations.

Appendix 1



Quick Resources List

CDC has several resources and references to help agencies prepare for a patient with suspected or confirmed Ebola, and more resources are in development. Information and guidance may change as experts learn more about Ebola. You should frequently monitor [CDC's Ebola Homepage](#) and review CDC's [Information for Healthcare Workers and Settings](#). Stay informed! Visit the following sources to receive updates about Ebola (some may need subscription):

- [CDC Health Alert Network \(HAN\)](#)
- [CDC Clinician Outreach and Communication Activity \(COCA\)](#)
- [CDC National Institute for Occupational Safety and Health](#)
- U.S. Department of Labor's [Occupational Safety & Health Administration Newsletter](#)

Regularly check CDC's [CDC's website for healthcare workers and settings](#) for the most current information. State and local health departments with questions should contact the CDC Emergency Operations Center (770-488-7100 or eoc_report@cdc.gov).