

Montgomery County

APPLICATION FORM

Open Solicitation # 1171472 Medicaid Transportation Services

The County will enter into a contract with all applicants who meet the pre-established minimum qualifications approved by the Department of Transportation, submit a copy of a valid and conforming Certificate of Insurance, and return the Pre-Approved Form Contract signed as written. If approved, the County will execute the contract and provide a fully executed copy to the successful applicant (hereinafter referred to as the 'Contractor'). This completed Application Form, the Notice to Vendors, the Requirements of Applicants (set forth below), and the Pre-Approved Form Contract with attachments, including the General Conditions of Contract Between County and Contractor, constitute the entire Contract.

SECTION I.

Montgomery County, Maryland, Department of Transportation is seeking applications from qualified entities under the Montgomery County Procurement Regulations, **Section 4.1.6, et.seq., titled, "Open Solicitation,"** COMAR 10.09.19.04(a)(5), State Department of Health and Mental Hygiene, Human Service Agreement, Section 2251.04, et seq., to provide one or more of the following services for the Division of Transit Services transportation programs:

_____ MEDICAID TRANSPORTATION PROGRAM - TAXICAB

_____ MEDICAID TRANSPORTATION PROGRAM - WHEELCHAIR VAN

_____ MEDICAID TRANSPORTATION PROGRAM - WHEELCHAIR VAN/GERI-CHAIR

_____ MEDICAID TRANSPORTATION PROGRAM – NON-EMERGENCY AMBULANCE

Please indicate the Program Service(s) in which you wish to participate by checking the appropriate line, above.

SECTION II

APPLICATION

Date of Application: _____

Company Name: _____

Company Address: _____

City & State _____ Zip: _____

Phone Number: _____ Fax: _____ Fed ID #: _____

The criminal background and motor vehicle records information must be current at the time of application submission. Copies must be made available upon request at any time.

Ambulance Type: Primary ALS___ Primary BLS___ Reserve___

Vehicle Identification Number (V.I.N.): _____

(Tag No.): _____

Registered with the State of _____ as an emergency vehicle: YES___ NO___

Vehicle #: _____ Year: _____ Make: _____ Model: _____ 4 Wheel Drive (Y/N): _____

List all previous experience providing similar transportation services for the Program Service you wish to participate in:

Type of vehicles which will provide services described in this Open Solicitation:

Number of Vehicles providing services described in this Open Solicitation:

List area coverage descriptions based on capacity based on capacity:

Written acceptance of the rate for each transportation service you are applying for:

I HEREBY CERTIFY THAT I AM AUTHORIZED TO SUBMIT THE FORGOING APPLICATION AND THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION. IN ADDITION, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE PROVISIONS AND REQUIREMENTS OF SOLCITATIONS # 1171472 ADMITTANCE TO BEEN ISSUED BASED ON FALSE INFORMATION CONSTITUTES GROUNDS FOR REVOCATION AND POSSIBLE CRIMINAL PROSECUTION.

Signature of Applicant

Title

Date

SECTION III

The COUNTY will evaluate and confirm the CONTRACTOR'S available capacity for transportation on the basis of total vehicles in the fleet, base location, response time, dispatch capability and service quality. Contractors providing taxicab service must be a taxicab fleet or association, as defined by Montgomery County Code, Chapter 53. Wheelchair participants must have at least one year of continuous experience providing non-ambulatory transportation service and two or more Wheelchair van vehicles; Wheelchair van Geri chair participants must own and operate at least two or more vehicles and own at least one or more Geri chairs; Taxicab trips will be allocated on an equitable rotating basis among all contractors participating in the taxicab program, based upon the stated available capacity of each Contractor. All other types of transportation are initiated by the end user. The County reserves the right to assign trips if necessary. The County does not guarantee a minimum number of clients or trips for any mode of transportation program.

A. Please provide the following information:

1. ORGANIZATIONAL CHART
2. LIST OF ALL EMPLOYEES
3. COMPLETED OWNERSHIP AND CONTROL DISCLOSURE FORM
4. DRIVER'S LICENSE NUMBERS, EXPIRATION DATES AND DRIVING RECORDS OF ALL OPERATORS
5. RECORDS OF DRUG TESTING FOR ALL VEHICLE OPERATORS
6. LIST OF VEHICLES, MVA REGISTRATIONS AND MAINTENANCE RECORDS
7. AFFIDAVITS OF WC VAN MOBILITY DEVICE SAFETY TRAINING
8. COPIES OF FIRST AID/AED AND CPR TRAINING CERTIFICATES
9. POLICIES AND PROCEDURES FOR COMPLAINT RESOLUTION
10. CURRENT AMBULANCE LICENSES (AMBO VENDORS ONLY)

B. Minimum Qualifications/Required Submissions.

Please submit the following listed documents for each program for which you are applying:

1. MEDICAID TAXICAB PROGRAM

- a. Verification of number of taxicabs and affiliate taxicabs at the time of application.
- b. Current Insurance Certificate proving minimum required insurance. Taxicab Companies that are self-insured must provide a self-insured certificate and copies of bonds, and/or other data that documents complaints with regulated taxi insurance requirements.

2. MEDICAID WHEELCHAIR VAN PROGRAM - FACILITY TO FACILITY

- a. Current Washington Metropolitan Area Transit Commission (WMATC) Certification
- b. Current Maryland Public Service Commission Certification
- c. Current First Aid Training Certification
- d. Current CPR Training Certification
- e. Current Insurance Certificate proving minimum required insurance
- f. Verification of number of wheelchair van vehicles and year(s) of continuous experience at the

time of application

3. **MEDICAID TRANSPORTATION PROGRAM – WHEELCHAIR
VAN/GERI CHAIR/STRETCHER**

- a. Current Washington Metropolitan Area Transit Commission (WMATC) Certification
- b. Current Maryland Public Service Commission Certification
- c. Current First Aid Training Certification
- d. Current CPR Training Certification
- e. Current Insurance Certificate proving minimum required insurance
- f. Verification of number of wheelchair vans and Geri chairs at the time of application

4. **MEDICAID NON-EMERGENCY AMBULANCE PROGRAM**

- a. Current Washington Metropolitan Area Transit Commission Certification
- b. Current Maryland Public Service Commission Certification
- c. Current EMT Certification.
- d. Current First Aid Training Certification
- e. CPR Training Certification
- f. Current Insurance Certificate proving required insurance

1. **Rate Schedule**

The rates the County will pay to a Contractor for taxicab program services are set by the current taxicab rates in accordance with Montgomery County Executive Regulation, plus an 8% administrative fee provided to the County by the State to pay the Contractor. *The rates for all other transportation services mentioned herein are set with the approval of the Maryland Department of Health and Mental Hygiene. (*Medicaid Transportation Rate Schedule attached, “APPENDIX A”, hereto, as part of this application.) All other rate adjustments are contingent upon State approval.

APPENDIX A
Medicaid Transportation Rate Schedule

Taxi Cabs/Ambulatory Van Service	Full Meter Rate \$4 Initial Charge \$ 0.50 Each succeeding one-fourth mile \$1.00 Additional Passenger \$28/hour - Waiting & Traffic Delay Time 8% Administrative Fee
Wheelchair Vans (WCV)	\$50.00 - One way (20 miles) \$100.00 - Round trip (40 miles) \$1.50 - Extra mileage per mile over 20 miles Includes crew + attendant if applicable * Prior Approval Required
Non – Emergency Wheelchair Van / Stretcher	\$61.25 - One way (20 miles) \$122.50 - Round trip (40 miles) \$1.50 -for each additional mile in excess of 40 miles (Twenty miles one way) Must include at least 2 crew members at all times (or 3rd if needed prior approval necessary) \$20.42 - 1 additional crew if applicable * Prior Approval Required
Wheelchair / Geri-chair	\$55.00 - One way \$110.00 - Round trip \$3.00 - Extra mileage per mile over 20 miles Includes crew, 2 technicians and attendant if applicable * Prior Approval Required
Non-Emergency Ambulance	Basic Life Support: \$361.00 One way (first 20 miles) \$9.00-Extra mileage per mile over 20 miles *Prior Approval Required
	Advance Life Support: \$412.00 One way (first 20 miles) \$9.00-Extra mileage per mile over 20 miles Includes full crew per MD State Requirement *Prior Approval Required
	Critical Care: \$1011.00 One way (first 20 miles) \$9.00-Extra mileage per mile over 20 miles one way Includes full crew per MD State Requirement *Prior Approval Required
	Bariatric Care: \$544.00 One way (first 20 miles) \$9.00-Extra mileage per mile *Prior Approval Required

ATTACHMENT A--STATEMENT OF AVAILABILITY
(To be completed by applicant)

Medicaid Transportation Program

Company Name: _____

Address: _____

Phone: _____

Prepared by: _____

Company official Signature

1. Available Trip Capacity _____

2. Number of Vehicle Available _____

3. Base Location Address _____

4. Percent of Trips by Zip Codes _____

5. Average Response Time _____

6. Other Information _____

ATTACHMENT B

MANDATORY MINIMUM INSURANCE REQUIREMENTS

Medicaid transportation services

Prior to the execution of the contract by the County, the proposed awardee/contractor must obtain, at their own cost and expense, the following *minimum* (not maximum) insurance coverage with an insurance company/companies licensed to conduct business in the State of Maryland and acceptable to the Division of Risk Management. This insurance must be kept in full force and effect during the term of this contract, including all extensions. The insurance must be evidenced by a certificate of insurance, and if requested by the County, the proposed awardee/contractor shall provide a copy of the insurance policies and additional insured endorsements. The minimum limits of coverage listed below shall not be construed as the maximum as required by contract or as a limitation of any potential liability on the part of the proposed awardee/contractor to the County nor shall failure to request evidence of this insurance in any way be construed as a waiver of proposed awardee / contractor's obligation to provide the insurance coverage specified. The Contractor's insurance shall be primary with the County's being non-contributory.

Commercial General Liability

A minimum limit of liability of **one million dollars (\$1,000,000), per occurrence, and two million (\$2,000,000) in the aggregate**, for bodily injury, personal injury and property damage coverage per occurrence including the following coverages:

- Contractual Liability
- Premises and Operations
- Independent Contractors & Subcontractors
- Products and Completed Operations

Business Automobile Liability

A minimum limit of liability of **one million dollars (\$ 1,000,000)**, combined single limit, for bodily injury and property damage coverage per occurrence including the following:

- Owned automobiles
- Hired automobiles
- Non-owned automobiles

Worker's Compensation/Employer's Liability

Meeting all statutory requirements of the State of Maryland Law and with the following minimum Employers' Liability limits:

- Bodily Injury by Accident - \$100,000 each accident**
- Bodily Injury by Disease - \$500,000 policy limits**
- Bodily Injury by Disease - \$100,000 each employee**

Professional Liability (Errors and Omissions Liability) – Required for Ambulance Services

The policy shall cover professional errors and omissions, negligent acts, misconduct or lack of ordinary skill during the period of contractual relationship and services rendered with the County with a limit of liability of at least:

- | | |
|-------------------------|--------------------|
| Each Claim | \$1,000,000 |
| Annual Aggregate | \$2,000,000 |

In the event that the professional liability insurance required by this Contract is written on a claims-made basis, Contractor warrants that any retroactive date under the policy shall precede the effective date of this Contract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of three (3) years beginning at the time work under this Contract is completed.

Subcontractor Requirements

Unless otherwise stated below the proposed awardee/contractor shall require all subcontractors to obtain, and maintain, insurance with limits equal to, or greater, than those limits required within the contract.

Additional Insured

Montgomery County, Maryland, its elected and appointed officials, officers, consultants, agents and employees, must be included as an additional insured on an endorsement to Contractor's **commercial general, automobile insurance**, and **contractor's excess/umbrella** insurance policies, if used to satisfy the Contractor's minimum insurance requirements under this contract, for liability arising out of contractor's products, goods and services provided under this contract. The stipulated limits of coverage above shall not be construed as a limitation of any potential liability of the contractor. Coverage pursuant to this Section shall not include any provision that would bar, restrict, or preclude coverage for claims by Montgomery County against Contractor, including but not limited to "cross-liability" or "insured vs insured" exclusion provisions.

Policy Cancellation

Should any of the above policies be cancelled before the expiration date thereof, written notice must be delivered to the County in accordance with the policy provisions.

Certificate Holder

Montgomery County, Maryland
Dept of Transportation / Sam Oji
101 Monroe St., 5th Floor
Rockville, MD 20850