



Sierra Sacramento Valley EMS Agency

**535 Menlo Drive, Suite A
Rocklin, CA 95675**

REQUEST FOR PROPOSAL (RFP) NUMBER 2026-01

FOR

**EXCLUSIVE OPERATOR
FOR EMERGENCY GROUND AMBULANCE SERVICE
FOR PLACER COUNTY ZONE3**

**Issue Date: 11/10/26
Due Date: 02/09/27**

The governing version of this RFP document and related addenda are located at 535 Menlo Drive, Suite A, Rocklin, CA 95675. It is the Bidder's responsibility to ensure that the entire RFP package, in its latest version, and any addenda are reviewed before submitting a proposal.

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Section 1: Background / General Information

1.1 Overview

The Sierra – Sacramento Valley Emergency Medical Services Agency (S-SV EMS) invites proposals from qualified organizations to bid on emergency ground ambulance services for a competitively bid exclusive operating area (EOA). S-SV EMS is the designated local EMS agency (LEMSA) for Placer County, authorized to plan and implement EOAs as provided for under California Health and Safety Code (H&SC), Section 1797.224. Placer County is one of 58 counties in California and covers an area of approximately 1,502 square miles. The West Placer County area is characterized by a diverse landscape that includes rolling foothills, open grasslands, and fertile valleys. The area is part of the Sierra Nevada foothills, gradually transitioning from low-lying plains in the west to higher elevations in the east. Several creeks and rivers, such as Dry Creek and the Auburn Ravine, traverse the region, providing important water sources and supporting local ecosystems. The western portion of Placer County borders the Sacramento Valley, featuring rich agricultural land and suburban communities. The climate is typically Mediterranean, with hot, dry summers and mild, wet winters. Native oak woodlands, riparian corridors, and scattered wetlands contribute to the County's natural beauty and ecological diversity. Placer County has a total population of 421,446 residents¹, most of which are covered under this RFP and the resulting EOA contract. The Placer County seat is Auburn.

West Placer County has a varied economic landscape. The region benefits from its proximity to Sacramento, which supports growth in sectors such as retail, healthcare, education, and technology. Agriculture remains a foundational industry, with local farms producing crops like rice, fruit, and nuts. Additionally, residential and commercial development has expanded in recent years, contributing to increased job opportunities and a rising population. The area is also known for its business-friendly environment, attracting new investments and supporting small businesses.

California law permits each county to establish a local EMS system and designate a LEMSA pursuant to H&SC Section 1797.200. California LEMSAs exercise the most direct authority over EMS systems through planning, implementing, and evaluating, including granting EOA contracts with EMS provider organizations. The EMS system is a coordinated network of providers and hospitals responsible for ensuring timely and effective care and transport for individuals experiencing medical or traumatic emergencies. It relies on the coordination of well-trained first responders, emergency medical technicians (EMTs), advanced emergency medical technicians (AEMTs), paramedics, ambulance services, medical facilities, and communication centers. The LEMSA shall ensure medical control of all EMS providers to demonstrate high standards of clinical performance, quality improvement with transparent performance measures and reporting, collaboration between organizations, financial responsibility, innovative strategies and solutions, and a solid regulatory framework to provide comprehensive emergency medical care to the residents of the LEMSA's jurisdictional area.

This RFP invites proposals for all emergency ground ambulance services within an EOA, known as Placer County Zone 3, which includes the cities of Auburn, Roseville, Rocklin, and Lincoln and other unincorporated areas of West Placer County as shown in [Exhibit 2: EOA Zone Map](#). This region is known for its growing suburban communities and proximity to the Sacramento metropolitan area.

¹https://www.census.gov/quickfacts/fact/table/placercountycalifornia/PST045225?utm_source=copilot.com

The initial contract period will be five (5) years. S-SV EMS may extend the contract for one (1) additional five (5) year period based on performance as evaluated by S-SV EMS. Any extension will be to the mutual agreement of S-SV EMS and the contracted EOA provider, with the approval of the S-SV EMS JPA Governing Board. Contract performance and clinical compliance will be monitored by S-SV EMS utilizing multiple evaluation tools including the FirstWatch online compliance utility (OCU). This is a performance and clinical-based contract. Details regarding the scope of work requested, performance standards, and contract provisions are described in this RFP. Bidders should note that the West Placer County area is diverse in population and geography. All residents and visitors deserve access to high-quality EMS care. A comprehensive proposal from a bidder will require orientation and familiarity with S-SV EMS's unique service requirements.

1.2 Background

Existing EMS System and Services

Placer County EOA Zone 3 includes the cities of Auburn, Roseville, Rocklin and Lincoln and other unincorporated areas of West Placer County as shown in [Exhibit 2: EOA Zone Map](#).

There are three receiving hospitals for ambulance traffic in West Placer County, including:

- A. Kaiser Roseville Medical Center.
- B. Sutter Roseville Medical Center.
- C. Sutter Auburn Faith Hospital.

General Requirements

California H&SC, Section 1797.224, authorizes LEMSAs to establish EOAs. In addition, the LEMSA may establish certain rules, policies, protocols, and procedures that are compliant with the H&SC and other applicable laws and regulations to govern the operation of emergency ambulance services within the contractual jurisdiction.

Once executed, the contract may be modified by mutual consent of S-SV EMS and the Contractor. Acceptable modifications may include changes to improve the efficiency of the EMS system, reduce costs, or improve clinical care. This includes but may not be limited to (1) modifying response time standards, response patterns, levels of service, time standards, and geographic subzones within the EOA, which are based upon clinical evidence; and (2) implementing innovative services, non-ambulance transport, and treat and refer programs.

Exclusive Operating Areas

This RFP is for 911 emergency ground ambulance services within the Placer County Zone 3 EOA, and includes the cities of Auburn, Roseville, Rocklin, and Lincoln and other unincorporated areas of West Placer County as shown in [Exhibit 2: EOA Zone Map](#).

1.3 Term of Operation

Unless initiated earlier by mutual agreement, the EOA contract resulting from this RFP process shall commence at 12:01 am on December 1, 2027, and terminate at 11:59 p.m. on, November 30, 2032, unless extended or terminated as provided or herein. The S-SV EMS JPA Governing Board shall decide on the renewal of said contract or any extension thereof. Such decision shall be made at least 18 months before the scheduled termination date so that if no extension is approved, a new proposal process can be conducted.

1.4 Action Dates

To the extent achievable, the following schedule shall govern the proposal review, evaluation, award, and contracting stages of the RFP process. S-SV EMS reserves the right to modify the dates below in accordance with its review process.

RFP Timeline

Event	Date
EMSA Approved RFP Released	10/26/2026
Deadline for Written Questions About the RFP (by 4:00 p.m.)	11/10/2026
Pre-Proposal Conference	11/16/2026
Email Notice of Intent to Bid Due (by 4:00 p.m.)	12/16/2026
Proposals Due (by 4:00 p.m.)	2/9/2027
Evaluation of Proposals Completed	3/5/2027
Notice of Intent to Award (by 4:00 p.m.)	3/12/2027
Last Day to Protest (by 4:00 p.m.)	3/19/2027
EOA Agreement Negotiation Completed	5/26/2027
Approval of EOA Agreement by S-SV EMS JPA Governing Board	6/11/2027
Service Implementation	12/1/2027

Table 1

The purpose of the extended implementation period takes into account the current EOA agreements expiration date and allowing reasonable time for both outgoing and incoming contractors (if needed) to plan and execute an orderly transition, allow S-SV EMS and its new Contractor to orient and integrate with EMS system stakeholders, and review the new service contracts, mutual-aid agreements, and other contracts previously serviced by the outgoing Contractor.

A contract with the highest total scoring Bidder will only be executed upon final approval by the S-SV EMS JPA Governing Board.

1.5 Questions Regarding RFP

All questions regarding this RFP shall be submitted to the S-SV EMS Agency Regional Executive Director. The deadline for questions or clarifications regarding this RFP is provided in Table 1 above.

The issuance of this RFP does not commit S-SV EMS to accept proposals, complete the selection process, award a contract, or pay any costs incurred in the preparation of a proposal responding to this RFP. S-SV EMS reserves the right to uniformly reject any proposal that does not meet the requirements of the RFP, or reject all proposals received, restructure any system design element, or cancel the RFP in whole or part if S-SV EMS, in its sole discretion, so determines. Proposals which contain false or misleading statements, or which provide references which do not support an attribute or condition claimed by the proposer, may be rejected. If, in the opinion of S-SV EMS, such information was intended to mislead the Evaluation Committee in its evaluation of the proposal, and the attribute, condition, or capability is a requirement of this proposal, it will be the basis for rejection of the proposal.

Section 2: Scope of Work

2.1 Scope

This RFP and its provisions, addendums, and exhibits constitute a solicitation for selecting a single emergency ground ambulance provider for the Placer County Zone 3 EOA, as described herein. Once determined and contracted, the ongoing operation of such emergency ground ambulance services shall be consistent with the provisions of this RFP, including staffing, performance, Mutual Aid, and Zone Assist to other Placer County Emergency Ground Ambulance Zones. This RFP includes provisions for all emergency ground ambulance responses and transports.

All the following requests for emergency ground ambulance service and transports originating in the Placer County Zone 3 EOA shall be referred to the holder of the EOA contract resulting from this RFP process, who shall be responsible for all ground ambulance responses and transports as follows:

- A. Made in response to 9-1-1/public safety answering point (PSAP) requests.
- B. Any request for emergent advanced life support (ALS) ground ambulance interfacility transport from an acute care hospital facility.
- C. Any request for emergency ground ambulance service received by means other than 9-1-1 shall be relayed/transferred by the receiving entity to the Contractor's designated emergency ground ambulance dispatch center.

S-SV EMS Functional Responsibilities:

S-SV EMS seeks to ensure that reliable, high quality prehospital emergency medical care and transport services are provided on an uninterrupted basis. To accomplish this purpose, S-SV EMS shall:

- A. Oversee and ensure the Contractor's rights as the sole provider of emergency ground ambulance services within the respective EOA as set forth herein.
- B. Plan, oversee, monitor, collect fees, and evaluate contract operational and clinical performance and compliance,
- C. Provide medical direction, accountability, and control of the EMS system, including EMS dispatch of emergency ambulances.
- D. S-SV EMS will incur costs associated with oversight of the Contractor's operational and clinical performance under the contract resulting from this RFP process. The Contractor shall pay S-SV EMS for such oversight costs in the amount of \$350,000 annually. S-SV EMS warrants and represents that the payments made by the Contractor to S-SV EMS shall be less than or equal to S-SV EMS's actual costs to provide such oversight services. In addition to covering the oversight costs, Contractors will be required to cover the costs of the West Placer County EMS Assessment as well as the development and implementation of the RFP in the amount of \$175,500. No funds shall be used by S-SV EMS in a manner that may violate 42 U.S.C. Section 1320a-7b, the federal Anti-Kickback Statute.

- E. S-SV EMS Agency has established a Placer County EMS Improvement Fund (Fund) to improve prehospital EMS and patient care. Bidders must demonstrate compliance with the fund guidelines. Proposals should clearly outline how the project will align with and support the objectives of the EMS Improvement Fund, including details on fund utilization and reporting mechanisms. The Contractor must reserve \$37,500 each quarter (totaling \$150,000 annually) for the Placer County EMS Improvement Fund. The Fund, administered by the Agency, is used solely for EMS system improvements within the Contractor's EOA and not for Agency expenses. Expenditures are requested by the Agency, with input from the Placer County Ambulance Advisory Committee, and must be remitted by the Contractor within 15 calendar days. The entire Fund must be spent by the Agreement's expiration date. The Agency will maintain detailed expenditure records and provide them upon request.

Contractor's Functional Responsibilities:

During the term of the contract resulting from this RFP process, the Contractor shall:

- A. Provide prehospital emergency medical care and ground ambulance transport services in response to emergency medical calls received within its respective EOA 24 hours each day, seven days a week, without regard to the patient's financial status.
- B. Emergency ground ambulance response times must meet the response time standards set forth herein, and every ground ambulance unit provided by the Contractor for emergency response must, at all times, except as authorized by S-SV EMS policy, be equipped and staffed to operate at the appropriate service level on all ground ambulance responses, including emergency ALS interfacility transport requests and emergency ambulance standby events. Clinical performance must be consistent with S-SV EMS standards, policies, protocols and procedures. The conduct and appearance of the Contractor's personnel must always be professional and courteous, and personnel must act in the patient's and EMS system's best interests. Patient transportation and disposition will be according to S-SV EMS policies, protocols and procedures as are now or may be established.
- C. Services and care delivered must be evaluated by the Contractor's internal quality improvement program and, as necessary, through S-SV EMS's quality improvement program, to improve and maintain effective clinical and service performance. The Contractor must make every reasonable effort to detect and correct performance deficiencies and continuously upgrade their performance and reliability. Clinical, customer service, and response-time performance must be reliable through constant attention to policies, procedures, processes, auditing, and prompt and definitive corrective action when necessary. The contract resulting from this RFP process will require the highest levels of performance and reliability, and mere demonstration of effort, even diligent and well-intentioned effort, shall not substitute for performance results. If the Contractor fails to perform to the contract standards, the Contractor may be found to be in breach of its contract and replaced in accordance with the Emergency Takeover provisions of this RFP and resulting contract, to protect the public health and safety.
- D. Develop system status management and deployment plans specific to meeting EMS performance requirements within the Placer County Zone 3 EOA, continuously monitor the implementation of these plans, and secure necessary ground ambulance posting locations at the Contractor's expense.

- E. Keep a current deployment plan on file with S-SV EMS and a plan to redeploy or add ground ambulance hours if the required response time performance standards or optimum response UHU are not met.
- F. Provide all ground ambulances, as well as other vehicles and equipment that are necessary for the provision of services required under the Contract resulting from this RFP process. This includes fully stocked and maintained back-up ground ambulances.
- G. Furnish supplies and replacements for those used by the Contractor's personnel.
- H. Establish a recruitment, hiring, and retention system to ensure a quality workforce of clinically competent employees who are appropriately certified, licensed, and/or accredited.
- I. Comply with all training requirements established by applicable State of California statues/regulations and S-SV EMS policies and procedures.
- J. Assure S-SV EMS policies, protocols and procedures are followed at all times.
- K. Submit timely reports, which are supported by documentation or other verifiable information, as required by S-SV EMS.
- L. Respond to S-SV EMS inquiries about service and complaints within three business days of notification.
- M. Notify S-SV EMS within 24 hours of discovery/notification of any incident in which the Contractor's personnel fail to comply with S-SV EMS policies, protocols, and/or contractual requirements.

2.2 Coordination within the EOA

The local fire departments/districts currently provide first responder EMS services within the EOA, and S-SV EMS considers them an essential partner in this effort. All bidders shall clearly state their plans to coordinate with existing public safety service agencies.

2.3 EMS Response Data

See [Exhibit 1: EMS Data](#) for a summary of EMS response data for the period of 2022-2025. There has been no independent validation of this data. Bidders are encouraged to use their own experience and resources to analyze the information to determine response and transport volumes. There is no guaranteed number of future responses or transports.

2.4 Level of Service

The EOA Contract holder will provide appropriately staffed and equipped ambulances for all requests for emergency ground ambulance services, emergency ALS interfacility transport requests, and emergency ambulance standby events originating within its applicable EOA. Specialty care transport services, air ambulance response and transport, non-emergent interfacility transports at the basic life support (BLS), ALS, and critical care level of service are not included in the scope of this RFP.

Response Time Standards

A. General

It is the bidder's sole responsibility to be familiar with the geographic considerations and response time standards comprising this solicitation. Response times shall be calculated from the time, in minutes and seconds, of receipt of all necessary emergency response caller data by the Contractor's dispatch center until the Contractor arrives on the scene with an appropriately staffed and equipped ground ambulance.

S-SV EMS is interested in providing the consumer with rapid, effective emergency ground ambulance services at a reasonable cost. Any enhanced services above the standard of this RFP must include a separate cost and revenue estimate. However, clinical performance will not be sacrificed for the economy.

The service proposed to the EOA must be at or above the level of service defined in this RFP. It must include primary response, backup, and system status management plans that clearly define timely emergency ground ambulance coverage. S-SV EMS will provide oversight and monitor this requirement using computer-aided dispatch (CAD) and other data management programs.

Response time requirements vary depending upon the time standard to which the Contractor must respond in each ground ambulance response subzone (see [Exhibit 3](#)). Each response time standard in each subzone is defined by ground ambulance call volume, the frequency in which calls for service historically occur, and the level of services being provided by the first responder fire departments.

B. Emergency Code 3 Response (Lights and Sirens)

Contractor shall provide Emergency Code 3 ground ambulance service in accordance with this RFP and subsequent contract 24 hours a day, 365 days per year during the term of the contract. The Contractor shall comply with the minimum Emergency Code 3 response time performance standards specified in Table 2 below.

Emergency Code 3 Response Time Performance Standards		
Ground Ambulance Response Subzone	Compliance Requirement	Response Time Requirement
Auburn/North Auburn	90%	08:00
Roseville City Limits	90%	10:00
Rocklin City Limits	90%	10:00
Lincoln City Limits	90%	08:00
Placer County Semi-Rural	90%	15:00
Placer County Rural	90%	20:00
Placer County Wilderness	N/A	ASAP

Table 2

C. Emergency Code 2 Response (No Lights and Siren)

Contractor shall provide Emergency Code 2 ground ambulance service in accordance with this RFP and subsequent contract 24 hours a day, 365 days per year during the term of the contract. The Contractor shall comply with the minimum Emergency Code 2 response time performance standards specified in Table 3 below.

Emergency Code 2 Response Time Performance Standards		
Ground Ambulance Response Subzone	Compliance Requirement	Response Time Requirement
Auburn/North Auburn	90%	16:00
Roseville City Limits	90%	16:00
Rocklin City Limits	90%	16:00
Lincoln City Limits	90%	16:00
Placer County Semi Rural	90%	30:00
Placer County Rural	90%	40:00
Placer County Wilderness	N/A	ASAP

Table 3

D. ALS Emergency Interfacility Transport Response

This RFP includes provisions for ALS emergency ground ambulance interfacility transports. The contractor shall respond to any West Placer County acute care hospital request for an ALS emergency ground ambulance interfacility transport originating from its emergency department (ED) as described in the RFP. Contractor is not prohibited from providing interfacility transports outside the scope of the RFP.

An emergency interfacility transport for the purpose of this RFP and resulting EOA contract is defined as an immediate request for an ALS ground ambulance to transport a patient from an acute care hospital ED within the Contractor’s EOA to a higher level of care, which may be outside the Contractor’s EOA, and when any delay could jeopardize the patient’s health as determined by the transferring physician. Response-time requirements for emergency interfacility transport requests apply just as they would for any emergency 9-1-1 request to the facility’s location based on the applicable Ground Ambulance Subzone. As these transfers will immediately remove an emergency ALS ground ambulance unit from the 9-1-1 system, facilities are expected only to request an emergency interfacility transport when the patient’s condition warrants such a response and the patient is ready for immediate transport. S-SV EMS will enforce and adjudicate this requirement.

2.5 Emergency Ambulance Dispatch Services

Bidders for the Placer County Zone 3 EOA are required to include a detailed plan in their proposals that guarantee all emergency ground ambulance dispatch services and functions will be consistently upheld and carried out. This plan shall include the following minimum requirements:

- A. Meet all minimum requirements for a 9-1-1 ground ambulance dispatch center as required by S-SV EMS Policy #414.

- B. Within 18 months of Contract start date, obtain and maintain for the duration of the resulting EOA contract, and any extensions thereof, medical Accredited Center of Excellence (ACE) accreditation by the International Academies of Emergency Dispatch (IAED).
- C. Provide Medical Priority Dispatch System (MPDS) and call processing services as applicable.
- D. Provide digital recordings of all emergency and non-emergency phone lines and all radio frequencies/channels.
- E. Participate in creating/maintaining interoperability links with PSAPs that receive 9-1-1 calls originating in the Placer County Zone 3 EOA, as is reasonable and appropriate.
- F. Provide EMS data interfaces to S-SV EMS data repositories.
- G. Provide reports and other information as requested by S-SV EMS.
- H. Provide supervisory or management representatives to meetings and planning sessions as requested by S-SV EMS.

The Contractor shall provide sufficient Emergency Medical Dispatch (EMD) staff to safely accomplish all the RFP's emergency ambulance dispatch operations requirements. All EMD staff tasked with emergency ground ambulance dispatch shall be certified in the MPDS. In addition, all EMD personnel shall receive training specific to local conditions, geography, applicable PSAPs, and first responder personnel in the Contractor's EOA. Contractor shall regularly cooperate, and participate in quality improvement committees, and communicate with each of the applicable PSAPs to ensure delivery of dispatch services that meet the RFP requirements.

The Contractor's CAD shall include security features preventing unauthorized access or modification of original production CAD data and time stamps. Any authorized modifications of original production CAD data and time stamps shall have full audit trail documentation. S-SV EMS will be provided access to all data maintained by the CAD systems as necessary to analyze demand and determine deployment procedures.

The following minimum standards form the objective performance data that will be measured and reported monthly to S-SV EMS for Contractor's Emergency Ambulance Dispatch operations:

- A. For each month, a minimum of 98 percent of calls for service through the 9-1-1 system shall be answered in 10 seconds or less as measured through the California Emergency Call Tracking System (ECaTS).
- B. For each month, provide reports to S-SV EMS on average and 90th percentile times for dispatch performance (measured from the time a call enters the queue to the time a ground ambulance is assigned/dispatched).
- C. For each month, provide reports to S-SV EMS as requested, which may include instances where the ambulance was sent Code 2 but transported Code 3, and other reports as requested.

2.6 Performance Standards – Response Times

S-SV EMS may adjust performance standards during the contract term consistent with modifications in EMS operational and medical control standards developed by S-SV EMS. The Contractor shall be notified 60 days before the effective date of the change and shall define the Contract impact within 30 days of initiation.

A. Liquidated Damages: Emergency Calls

Contractor shall not refer contract calls included in their scope of work to another provider agency unless it is part of S-SV EMS approved Zone Assist or pursuant to S-SV EMS policy. Appropriate requesting/utilization of air ambulance medical transport services in accordance with applicable S-SV EMS policies/protocols is not considered a referral. Mutual Aid from any source during multiple-casualty incidents (MCIs) or disaster responses is also exempt from this requirement.

For each month in which the Contractor fails to meet the 90 percent response time standard within any Ground Ambulance Response Subzone, the Contractor shall pay S-SV EMS \$500 in liquidated damages for each one-tenth (1/10) of a percentage point by which the response time performance falls short of the standard. For each reporting period in which the Contractor fails to meet the applicable response time requirements, the Contractor shall submit to S-SV EMS a corrective action plan including its system status plan (SSP), unit-hour utilization, and/or other identified factors to determine the causes of non-compliance and a plan for remediating the non-compliant performance.

For any monthly non-compliant response time performance standards in a Ground Ambulance Response Subzone, Contractor shall submit a corrective action plan to S-SV EMS within 15 calendar days of discovering the underperformance. Contractor may be found in breach of contract if they are non-compliant for three consecutive calendar months in any one Ground Ambulance Response Subzone or four of twelve consecutive calendar months in any Ground Ambulance Response Subzone within the EOA.

Contract calls included in the Contractor's scope that are referred to another provider agency due to Mutual Aid or Zone Assist shall incur liquidated damages of \$200 per incident for each monthly reporting period in which the Mutual Aid or Zone Assist volume exceeds two (2) percent of the Contractor's total volume for that Ground Ambulance Subzone.

B. Upgrades, Downgrades, Canceled, and Incorrect Addresses

Certain circumstances may cause changes in response "Codes." Response time calculations for determination of compliance will be as follows:

1. Upgrades

If an Emergency Code 2 Response assignment is properly upgraded to an Emergency Code 3 Response before the arrival of the ground ambulance (e.g., from an Emergency Code 2 Response to an Emergency Code 3 Response by MPDS or first responder on scene), the Contractor's response time compliance and liquidated damages for that call will be calculated based on the Emergency Code 3 Response time standard from the time when the call was upgraded, provided the call had not already exceeded the initial Emergency Code 2 Response time standard. If the initial response time exceeds the Emergency Code 2 Response standard before the time of upgrade, it will be considered late.

Example: While enroute to an Emergency Code 2 Response assignment, new information is received or the patient's condition changes, and the call priority is upgraded before the Emergency Code 2 Response time standard is exceeded. The Emergency Code 3 Response time standard will be reset at the time of the upgrade.

2. Downgrades

If an Emergency Code 3 Response assignment is appropriately downgraded before the arrival of the ground ambulance (e.g., from Emergency Code 3 Response to Emergency Code 2 Response by MPDS or the first responder on the scene), the Contractor's response time compliance and liquidated damages for that call will be calculated based upon the Emergency Code 2 Response time standard from the time the call was originally assigned.

Example: While enroute to an Emergency Code 3 Response assignment first responders on scene reduce the ground ambulance to an Emergency Code 2 Response; if the initial Emergency Code 3 Response time had not been exceeded at the time of downgrade, the Emergency Code 2 Response time standard would be used for response time calculation purposes.

3. Canceled Responses

If a call is canceled before the emergency ambulance arrives at the scene, the Contractor's compliance and liquidated damages will be calculated based on the elapsed time from call assignment to the time the call was properly canceled by dispatch.

4. Incorrect Addresses

When the address (or approximate location for the call on a roadway or open area) provided is substantially incorrect through no fault of the Contractor, the Contractor may request an exemption to the response time exceedance.

C. ALS Emergency Interfacility Transports

Requests for an ALS emergency interfacility transport shall be calculated as an Emergency Code 3 Response, as described in Section 2.4 (B).

D. Response Time and Other Call Information Correction Requests

S-SV EMS, in its sole discretion, may grant response time and other call information corrections to individual calls. These correction requests aim to ensure the EMS CAD and response data is accurate. The corrected information, if approved, will be included and used when calculating performance compliance. To be eligible for such corrections, the correct information must be noted in the CAD and supported by clear evidence (e.g., GPS, radio, phone recordings). All correction requests must be submitted for approval through the S-SV EMS-approved OCU no later than 15 calendar days after the prior month's end.

The Contractor may submit requests to S-SV EMS for a correction to call response information in the following situations:

1. Correction Requests:

- a. Any response time elements (e.g., dispatch, enroute, at scene times) are eligible for corrections.

- b. Location and Ground Ambulance Response Subzone locations are eligible for corrections.
- c. Other good cause case-by-case situations are eligible for corrections as requested.

E. Response Time Exemption Requests

S-SV EMS, in its sole discretion, may grant exemptions to individual response-time performance requirements stated herein for unforeseeable situations outside of the Contractor's control. Such calls will be included in overall occurrences but excluded when calculating performance compliance. To be eligible for such an exemption, the Contractor must submit to S-SV EMS for exemption approval no later than 15 calendar days after the end of the month prior.

The Contractor may apply to S-SV EMS for an exemption to response-time compliance calculations in the following situations:

1. Severe or inclement weather or fog documented at the time of the response.
2. Access issues documented at the time of the response, including traffic secondary to the incident, train crossings, road construction, or other unanticipated barriers.
3. Unforeseeable delays due to multi-casualty incidents (MCIs), California Medical Mutual Aid System requests, or officially declared disasters.
4. Incorrect or incomplete location information provided to the Contractor's dispatch center.
5. Unusual System Overload (USO): defined as 200 percent of the average demand for the day of the week and hour of day. The average demand for each day and hour is to be calculated on an annual basis using the prior calendar year's actual run volume.
6. Call Cluster: defined as when a second call is dispatched within 8 minutes of a call within the same ambulance post's area of coverage.
7. Other good cause that in the judgment of S-SV EMS reasonably warrants exemption from the applicable response time compliance standard.

F. Response Times – Miscellaneous

The Contractor will only be held responsible for response-time performance on a response to a location within their EOA. Responses to emergencies outside the Contractor's EOA will not be counted in the total calls to determine monthly Contract compliance.

For each response in which the Contractor's emergency ground ambulance personnel fail to report an at scene time, GPS or the following radio or electronic transmission will determine the at scene time. Responses in which the Contractor's emergency ground ambulance personnel fail to report an at scene time for which no independent verification can be made shall be considered late and subject to liquidated damages.

The Contractor will be provided with sufficient historical call data and ambulance patient offload delay (APOD) information to evaluate current and future EMS system needs properly. The Contractor shall provide the necessary staffing to avoid having no ambulances available for their EOA, known as "Level 0."

Table 4 summarizes the response time categories and liquidated damages listed in this RFP.

Summary of Response Time Liquidated Damages	
Category	Liquidated Damages
Compliance Below Standard	\$500/tenth of a percentage point
Extended response time (i.e., outlier)	\$1,500/call
Zone Assist Exceeds Two (2) Percent	\$200/call

Table 4

G. Liquidated Damage Fund

The funds generated through liquidated damages shall be used for EMS system enhancement as directed by S-SV EMS.

H. Online Compliance Utility

S-SV EMS uses an OCU, currently FirstWatch, to track performance automatically and objectively.

The Contractor will be required to supply all requested data to FirstWatch OCU as directed by the Agency. The Contractor agrees to reimburse the Agency for any First Watch OCU program costs, estimated at \$60,000 startup/first year and \$10,000 annually for subsequent years. The Agency warrants and represents that the payments made by the Contractor to the Agency shall be less than or equal to the Agency's actual costs to provide those Agency Services.

2.7 Performance Standards – Clinical

Clinical performance will be a significant component of proposal evaluation and, for the selected provider, ongoing system performance monitoring. S-SV EMS places a high value on the quality, consistency, and appropriateness of clinical care delivered by the 911 ambulance provider. Clinical performance includes not only treatment provided in the field, but also patient assessment, clinical decision-making, protocol compliance, documentation quality, data integrity, and participation in continuous quality improvement activities.

The proposal shall include a detailed description of the Bidder's proposed clinical quality management program and its ability to meet the Clinical Performance Standards identified in Exhibit 7.

The Bidder shall describe its overall approach to delivering safe, effective, evidence-informed, and patient-centered care in alignment with S-SV EMS policies, procedures, protocols, and performance expectations. The proposal shall demonstrate the Bidder's ability to monitor, measure, and improve performance across the clinical domains identified in [Exhibit 7 – Clinical Performance Standards](#), including documentation quality, refusal documentation, airway and respiratory care, patient assessment, cardiac arrest care, trauma care, pain management, pediatric medication safety, and stroke/STEMI performance.

At a minimum, the proposal shall include the following:

A. Clinical Performance Monitoring

The Bidder shall describe how it will monitor, measure, and improve performance related to the Clinical Performance Standards identified in Exhibit 7. This shall include the Bidder's process for identifying deficiencies, trends, and opportunities for improvement across required measures such as required PCR field completion, decision-making capacity documentation, 12-lead acquisition, defibrillation timing, ETCO₂ use, hemorrhage control, analgesia, pediatric dosing, and Mission Lifeline-related stroke and STEMI measures.

B. Data Collection and Validation

The Bidder shall describe the systems, tools, and processes it will use to collect, validate, and report the data necessary to measure the Clinical Performance Standards. This shall include, at a minimum, use of electronic patient care records, monitor and defibrillator data, 12-lead ECG data, medication documentation, and other clinical records necessary to validate performance.

C. Chart Review and Case Review

The Bidder shall describe its process for electronic patient care record review, including review of high-acuity, high-risk, unusual, or otherwise reviewable cases, as well as non-transport encounters such as refusals of care and against medical advice incidents. The proposal shall describe how chart review findings are tracked, trended, and used to improve performance in areas such as documentation compliance, assessment quality, airway management, resuscitation care, trauma care, and protocol adherence.

D. Quality Improvement Process

The Bidder shall describe its internal quality improvement structure and process, including how it identifies protocol variances, documentation deficiencies, patient safety concerns, and broader trends in care delivery. The proposal shall explain how findings are communicated to field personnel and supervisors, and how education, remediation, equipment or workflow changes, and other performance improvement actions are implemented and followed.

E. Clinical Oversight Staffing

The proposal shall include a description of the staffing model dedicated to clinical oversight, training and education, quality assurance/quality improvement, and data quality management. The Bidder shall identify the positions responsible for these functions and the level of staffing commitment proposed. S-SV EMS expects the Bidder to demonstrate sufficient clinical oversight resources to support routine performance measurement, case review, feedback, and corrective action.

F. Medical Director Involvement

The Bidder shall describe the role of its Medical Director in oversight of the clinical quality management program. This shall include how the Medical Director oversees or participates in chart review, protocol compliance monitoring, review of high-acuity and high-risk cases, quality improvement activities, remediation, focused education, and follow-up on identified clinical concerns. The proposal shall also describe the frequency and manner of the Medical Director's involvement in the Bidder's quality management process and how the Medical Director interacts with clinical leadership, field personnel, and S-SV EMS on quality issues.

G. Reporting Capability

The Bidder shall describe its ability to produce routine and ad hoc clinical performance reports for S-SV EMS. This shall include the Bidder’s ability to report performance by measure, eligible population, compliance rate, trend, and corrective action activity, and provide supporting documentation when requested.

H. Continuous Improvement Capacity

The Bidder shall describe how its organization uses chart review, case follow-up, clinical dashboards, education, remediation, leadership oversight, and other quality management tools to support continuous improvement in patient care and documentation quality. The proposal should also describe how the Bidder responds when performance falls below threshold, including investigation of contributing factors, implementation of corrective action, and remeasurement of performance.

I. Equitable and Patient-Centered Care

The Bidder shall describe how it will ensure care is delivered in a respectful, equitable, and patient-centered manner and how it will meet the needs of the community served, including patients who are vulnerable, underserved, under-resourced, medically fragile, culturally or linguistically diverse, or experiencing behavioral health or functional access needs.

S-SV EMS will evaluate the proposal based on Bidder’s demonstrated understanding of the Clinical Performance Standards in Exhibit 7, the strength of its proposed quality management infrastructure, its ability to measure and report required performance data, the degree of Medical Director involvement in clinical oversight, and the Bidder’s overall capacity to achieve and sustain high-quality clinical performance.

2.8 Performance Standards – Customer Service & Safety

S-SV EMS requires a patient satisfaction scoring mechanism that is independent and objective and measures the customer service provided by the EMS provider. The Bidders shall offer a third-party survey tool (e.g., EMS Survey Team) approved by S-SV EMS to poll patients about their experience. The Bidders shall follow the Health Insurance Portability and Accountability Act (HIPAA) requirements to protect patient privacy. Each month, the survey tool provider will send direct mail surveys to a representative group of transport and AMA/release at scene (RAS) ePCRs. The selected questions will be standardized to compare with other providers and approved by S-SV EMS. Survey results will be provided to S-SV EMS semi-annually. The Contractor will review and process negative feedback as a patient complaint.

2.9 Performance Standards – Employee Wellness

Ensuring the workforce is mentally and physically healthy is crucial to a high-performing EMS system. The Contractor shall support employee wellness through mental wellness programs, effective fatigue policies, and ensuring any 24-hour shift unit hour utilization (UHU) rate is safe and reasonable so that EMS personnel, patients, or the public are in jeopardy for an accident, injury, medication error, or other negative impact. The Bidders shall clearly describe the approach implemented locally and reference successful programs from other operations. Describe commitment to peer-to-peer support and critical incident stress management.

In addition to patient experience, S-SV EMS requires that EMS personnel have a productive and safe working environment. This is partially measured by employee turnover and workplace injuries. Employee turnover shall be defined as the number of full-time employees that resign, retire, transfer, are laid off, or change to part-time status divided by the average number of full-time employees over the same period. Involuntary separations, part-time employees, or job promotion changes (e.g., EMT to paramedic, paramedic to supervisor) shall not be included in employee turnover. Bidders are encouraged to share strategies for a positive working environment and reduction of workplace injuries.

2.10 Clinical Performance Standards Non-Compliance Liquidated Damages

The Contractor shall meet all Clinical Performance Standards identified in Exhibit 7 and shall be responsible for collecting, monitoring, reviewing, and corrective action tracking of all required Clinical Performance Standards data.

The Contractor shall measure all Clinical Performance Standards identified in Exhibit 7 and submit a Quarterly Clinical Performance Report to S-SV EMS no later than the 15th day of the month following the end of the applicable calendar quarter reporting period. The Quarterly Clinical Performance Report shall include, at a minimum:

- A. Reporting period and denominator definition (eligible encounters).
- B. Numerator definition (compliant encounters).
- C. Threshold comparison (met/not met).
- D. Narrative summary of trends, contributing factors, and any actions taken.

Supporting source documentation shall be made available to S-SV EMS upon request, including but not limited to de-identified case review summaries, monitor strips, training rosters, policy changes, and other relevant documentation.

Failure to meet the performance threshold for one (1) or more of the Clinical Performance Standards identified in Exhibit 7, or failure to comply with the reporting requirements listed in this section will result in corrective action and/or liquidated damages as set forth below.

Level I Finding

A Level I finding is defined as any occurrence where one (1) or more Clinical Performance Standards falls below the performance threshold during a single reporting period, and the finding does not involve a deviation indicating a threat to patient safety (as determined by the S-SV EMS Medical Director). In such instances, the Contractor shall:

- A. Identify the driver(s), including but not limited to training gaps, documentation workflow issues, equipment issues, or protocol knowledge deficiencies.
- B. Implement corrective action, including but not limited to targeted education, checklist or process changes, QA feedback loops, or equipment remediation.
- C. Re-measure performance during the next reporting period and document the improvement plan.

Level II Finding

A Level II finding is defined as any occurrence where one (1) or more of the same Clinical Performance Standards falls below the performance threshold for two (2) consecutive reporting periods, and the finding does not involve a deviation indicating a threat to patient safety (as determined by the S-SV EMS Medical Director).

Level III Finding

A Level III finding is defined as either of the following occurrences:

- A. Any occurrence where one (1) or more of the same Clinical Performance Standards falls below the performance threshold for three (3) or more consecutive reporting periods.
- B. A deviation from one (1) or more of the Clinical Performance Standards with a finding that indicates a threat to patient safety (as determined by the S-SV EMS Medical Director).

Liquidated damages will be assessed for each reporting period in which non-compliance continues. Liquidated damages under this section shall be in addition to any other remedy available to S-SV EMS under the resulting agreement, including but not limited to corrective action plans, focused audits, directed training, or other appropriate administrative action.

Clinical Performance Standards Non-Compliance Liquidated Damages Schedule		
Category/ Finding	Notes	Liquidated Damages
Quarterly Reporting Requirements	Failure to submit the Quarterly Clinical Performance Report by the 15th day of the month following the end of the applicable quarter reporting period	\$250 per calendar day past the applicable due date
Level I Finding	As defined above	No liquidated damages
Level II Finding	As defined above	\$2,000 per applicable Clinical Performance Standard non-compliance, per reporting period
Level III Finding	As defined above	\$5,000 per applicable Clinical Performance Standard non-compliance, per reporting period
Additional Reporting Requirements	Failure to provide addition requested data or documentation related to a Level II or Level III Finding by the deadline requested by S-SV EMS, which shall be a minimum of 10 calendar days from the request	\$500 per calendar day past the applicable due date

Table 5

A. Other Liquidated Damages

The Contractor shall be assessed other applicable non-compliance liquidated damages as identified in the following table.

Event/Occurrence	Liquidated Damages
Contractor’s in-service ambulance vehicle is found deficient of the minimum required equipment/supplies required by applicable S-SV EMS policy during an unannounced inspection	\$2,500 (Per Occurrence)
Failure to respond to an emergency request with the minimum required equipment/supplies required by applicable S-SV EMS policy	\$10,000 (Per Occurrence)
Unrecognized endotracheal tube misplacement	\$5,000 (Per Occurrence)
Failure to report death or serious adverse consequence to S-SV EMS within 24 hours of discovery/notification, including weekends and holidays, associated with any of the following: <ul style="list-style-type: none"> • Improper use or failure of a medical device or equipment • A policy/protocol deviation that directly contributed to a patient’s death or serious adverse consequence • Patient elopement from vehicle or custody 	\$10,000 (Per Occurrence)
Contractor’s employees are found to willfully and knowingly encourage or allow the false reporting to S-SV EMS of any time used to measure response time compliance or data used to measure Clinical Performance Standards compliance	\$5,000 (Per Occurrence)
Failure to provide PCR data in compliance with the agreement and/or applicable S-SV EMS policy	\$500 (Per calendar day after the required due date)
Failure to provide timely reports (excluding Clinical Performance Standards reports listed in Section 2.10)	\$100 (Per calendar day after the required due date)

Table 6

2.11 System Status Plan

A SSP and the proposed optimum response UHU shall be developed by the Bidders and submitted as part of this RFP and to S-SV EMS at least 21 days before service implementation for S-SV EMS review and adhered to by the Contractor. Bidders shall consider the effects of hospital offload delays experienced within Placer County when developing their SSP to ensure appropriate response times throughout the service area.

Any modifications or changes to the existing SSP shall be provided to S-SV EMS for review. This SSP shall include all resources to be used in this Contract for emergency ambulance service. The SSP must have clearly identified backup ambulance plans, including arrangements in enough detail to demonstrate to S-SV EMS that backup ambulance coverage will be consistently available in a timely manner.

2.12 Mutual Aid/Zone Assists/Emergency Standbys

If requested by the Agency, the Contractor shall provide emergency ground ambulance services to any other Placer County ambulance zone(s). If such services are necessary for equal to or less than 90-days, the Contractor may request reasonable temporary EMS system/agreement modifications from the Agency. If such services are necessary for greater than 90 days, the Agency and Contractor shall negotiate in good faith the terms under which they will be provided (including but not be limited to; level of service, response time requirements, and potential rate adjustments).

Contractor agrees to provide Emergency Standby services in their EOA for working fires, hazardous materials incidents, law enforcement incidents, and other allied agency events with a high potential for injury. There will be no charge for Emergency Standby services for the first twenty-four (24) hours unless there is a third-party payor source (e.g., federally declared disaster); however, the Contractor may charge for special standby services at private events. These may include sporting events, fairs, concerts, and anything requiring an ambulance on-site. The special event standby services shall be based on a Contractor's written agreement for such services, subject to S-SV EMS's approval. Contractor is required to provide emergency ambulance mutual aid as requested through the California Medical Mutual Aid System through the Medical Health Operational Area Coordinator (MHOAC).

2.13 Radio Equipment

- A. The Contractor shall ensure that each ambulance has emergency communication and alerting devices consistent with S-SV EMS policies. Every ambulance shall be able to communicate with the Contractor's dispatch center, base hospitals, receiving hospitals, fire agencies, and other public health and safety agencies at all times.
- B. Each ambulance shall be equipped at a minimum with:
 1. VHF and UHF mobile radio in the driver's compartment allowing staff to communicate with dispatch, hospitals, and other responding units and agencies.
 2. UHF control head, microphone, and speaker are installed in the patient compartment, allowing the attending EMS personnel to communicate with the base and receiving hospitals.
 3. Alerting device(s) to notify ambulance personnel of the need for a response.
 4. Mobile data terminal linked to the Bidder's Emergency Ambulance Dispatch Center and compatible with Tablet Command (including sharing of AVL data with other emergency responders).
- C. VHF and UHF mobile radio communications equipment must have at least a 45-watt minimum power output and be sufficient to meet or exceed the requirements of S-SV EMS policies and procedures.
- D. All on-duty personnel shall be outfitted with portable radios with an alerting system.

- E. The Contractor shall provide technology that allows ambulance crews to immediately mark on-scene time using push-button technology or geofencing connected to the designated Emergency Ambulance Dispatch Center.

2.14 Vehicle and Equipment Requirements

All ambulances utilized by the Contractor shall meet the standards of Title 13, California Code of Regulations, and any S-SV EMS policies in effect at the time of original manufacture. Vehicles shall not exceed 300,000 miles. Equipment shall meet the minimum standards by S-V EMS Policy #701 and California Code of Regulations, Title 13 § 1103.2.

Bidders shall state and justify the minimum number of ambulances (both primary and reserve) vehicles necessary to fulfill this contract's scope and requirements, four of which must be four-wheel-drive due to the rural area terrain and winter weather conditions. The fully stocked and equipped ambulance fleet minimum shall always be 133 percent of the planned peak deployment level. Further, no less than 50 percent of the reserve fleet shall be unavailable at any point during the Contract term. Bidders shall describe their vehicle maintenance and replacement programs to ensure operational readiness and mitigate unplanned maintenance issues. All emergency ambulance vehicles used in the Placer County Zone 3 EOA shall display a consistent design theme including the words "Placer County" and wording that meets California Civil Code 3273 standards for identifying the service provider. S-SV EMS shall approve all vehicle designs and logos. Bidders shall maintain preventative fleet maintenance records and adhere to each vehicle's approved preventative fleet maintenance program. The maintenance program shall be submitted with the RFP response and reported on quarterly to S-SV EMS.

Bidders shall describe their plans to meet the needs of bariatric patients.

2.15 Data Collection and Evaluation Requirements

The Contractor shall complete and submit all forms and data reports required by S-SV EMS and in compliance with California H&SC, Section 1797.227, including ePCR forms, periodic reports, and data requests. Contractor shall cooperate and participate in field research as requested, including special medical and trauma studies. Bidders shall describe their reporting systems and confirm compatibility with the S-SV EMS data repository and OCU system. The ePCR shall be submitted electronically to the ED following S-SV EMS Policy #605 and California Code of Regulations, Title 22, Division 9, Section 100097.01. All ePCR submission standards may be audited by S-SV EMS.

The Contractor will provide operational dashboard reports as requested by S-SV EMS. These reports, in a format and period approved by S-SV EMS, will include quality improvement (monthly and annual), incidents of unit breakdowns, ePCR compliance, the volume of out-of-S-SV EMS mutual aid calls completed and received per month, and other KPI as requested by S-SV EMS used to determine performance and compliance.

2.16 Financial Requirements

Bidders shall establish, in their responses to the RFP, that Bidders have a firm commitment to maintain:

- A. Financial capacity to commence and sustain all services required in the RFP on or before the implementation date.

- B. Financial resources to maintain all services for at least the primary Contract period of five years.

It is incumbent upon the Bidders to submit a proposal package to allow independent reviewers and S-SV EMS staff to determine that the Bidder:

- A. Understands and accurately documents all costs associated with the Contract.
- B. Has accurately documented all revenue sources.
- C. Has fully described and documented all sponsoring organization's commitments to maintain financial support (if any) for the term of the Contract.

The Contractor shall provide independently audited financials for their organization specific to the EOA at least annually and include a Management Letter by a Certified Public Accountant within 180 days of the Contractor's fiscal year-end. The Contractor may be required to produce additional reports to S-SV EMS.

All Contractor costs shall be clearly defined and justified. Failure to justify these costs in detail and to meet the levels of independent verification of the financial information requested may result in disqualification or non-selection. Any action taken will be applied uniformly across all proposals.

In addition to the financial documentation discussed, S-SV EMS requires the submission of financial surety instruments (e.g., bonds, letters of credit) as described in Section 5.1 to act as non-liquidated damages for non-performance and assist S-SV EMS with the costs of the selection of a temporary or new permanent contractor. Any legal limitation or inability to fully meet this standard must be explored by potential Bidders and disclosed in the Bidder's proposal.

2.17 Fees for Service

The revenue premise for this RFP is a traditional fee-for-service system for ambulance calls. No subsidy is offered as part of this procurement. In response to this RFP, the Bidder must stipulate any existing contractual agreements or immediately anticipated arrangements, including membership programs. As future opportunities develop, the Contractor must ensure that all such arrangements are forwarded to S-SV EMS for evaluation as they propose them before implementation.

Each Contractor shall charge only the rates authorized under the Contract with S-SV EMS. Adjustments to the charges may be authorized annually based on changes in the Consumer Price Index (CPI) stipulated in this RFP. No rate adjustment will be considered for the first 12 months, except if S-SV EMS requires additional services. All other changes to the rate structure must be approved by S-SV EMS as stipulated in this RFP based on substantial documentation of need.

The current provider serving the EOA shared payer mix information, which is available in [Exhibit 1](#). Like the call volume data, the payer mix has not been independently validated, and S-SV EMS does not warrant any specific payer mix.

2.18 First Responder/PSAP Training and Coordination

The first response agencies in Placer County are fire-based, at the ALS or BLS level. First responder agencies are an integral part of a quality EMS system, and the Bidder will be expected to document in their proposal its experience and future efforts to coordinate with first responder agencies. Regular training programs the Bidder provides and scheduled coordination meetings with these agencies are highly recommended. S-SV EMS is interested in the Bidder's experience with joint training and co-location of training/education with first responder agencies and what may be proposed for this RFP. Contractor shall participate in critical incident stress management (CISM), peer support, mental wellness programs, and first responders and other agencies to support the mental health of EMS staff.

Contractor must adopt the National Incident Management System (NIMS)² and train all personnel, in accordance with the NIMS Training Program³ and Incident Command System (ICS).

All field personnel shall complete ICS 100, ICS 200, and IS 700 training.

All supervisors and management personnel shall complete ICS 100, ICS 200, ICS 300, ICS 400, IS 700, and IS 800 training.

2.19 Implementation Schedule and Requirements

The Bidders must be able to meet all minimum requirements of this RFP and do so within established deadlines with Section 1.4 Action Dates. The selected Bidder may implement it sooner if the current provider and S-SV EMS approve.

2.20 Safety and Risk Program

Bidders shall provide a safety and risk management program which shall include, at a minimum:

- A. A safety manual that ensures compliance with California Division of Occupational Safety and Health Agency (CAL/OSHA) requirements.
- B. An orientation program that instructs all new employees in safety practices and will prepare the employees to avoid risk, protect them from danger, and preserve them from loss.
- C. A training program for all managers and supervisors to properly instruct the employees in safety programs and investigate all safety incidents.
- D. The key personnel must be responsible for the safety and risk program and receive formal training on risk and loss issues.
- E. The safety and risk program starts in the employment application phase and must include the following:

² <https://www.fema.gov/emergency-managers/nims>

³ https://www.fema.gov/sites/default/files/documents/fema_nims-training-program-2020.pdf

1. An employment physical exam.
 2. Physical capacity evaluation that is fair, non-discriminatory, and commensurate with job requirements.
- F. An emergency vehicle operator safety program that meets or exceeds any state or local requirements.
- G. A continuing education program for all employees on safety and health issues that is scheduled no less than annually.
- H. Ongoing monitoring of the driver's license status of all personnel with follow-up as needed.

Section 3: Information for Bidders

3.1 Pre-Proposal Conference

A pre-proposal conference will be held to discuss the EMS system, share all relevant issues associated with the RFP, and permit potential Bidders to ask questions. Attendance is optional. Potential Bidders may attend either in person or virtually via Zoom. Each potential Bidder will be limited to no more than four (4) in person attendance, but there is no limit on the number of virtual attendees.

Potential Bidders should submit any questions about the RFP that need clarification at the pre-proposal conference no later than three (3) working days before the meeting to allow S-SV EMS time to develop a written response. This will allow for a more thorough response in collaboration with S-SV EMS and its EMS RFP consultant.

Informal oral answers may be provided during the pre-proposal conference; however, they will not be binding on S-SV EMS. Formal written responses will be developed and published in the addenda.

The location, date and time will be as follows and subject to change:

Date: 11/16/26

Time: 10:00 a.m.

Location: 535 Menlo Drive, Suite A, Rocklin CA

3.2 Interpretation, Corrections and Addenda

The Bidder must carefully examine the specifications, terms, and conditions expressed in the RFP and become fully informed of the requirements. If Bidders who are planning to submit a response discover any ambiguity, conflict, discrepancy, omission, or error in the proposal, have any questions in relationship to the "REQUIREMENTS," or any other related matters, Bidder shall immediately notify S-SV EMS in writing of such concern and request clarification, or modification of the document(s) no later than the deadline as set forth under Section 1.4.

No further requests for clarification or objections to the RFP will be accepted or considered after this date. Any change in the RFP will be made only by a written addendum approved by S-SV EMS and State EMS Authority and shall be incorporated into the proposal. The Bidder shall sign and date the amendment and submit it with the response.

The S-SV EMS Agency Regional Executive Director is the single point of contact for matters relating to this RFP. Communication regarding the RFP with other S-SV EMS employees or agents may result in disqualification. Contact with Placer County EMS system participants would not be considered inappropriate. Failure to comply with this request may be viewed as the cause of the disqualification of a bidder response.

3.3 Notice of Intent to Bid

The prospective Bidders must notify S-SV EMS via email of their Intent to Bid in writing by the deadline specified in Section 1.4. This expedites the review process of identifying Evaluation Committee members with no conflicts to evaluate and score the proposals

The discretion to request clarifications shall be applied consistently to all Bidders who submit responses having the potential of being selected for an award, for clarification to assure complete understanding of and responsiveness to the solicitation requirements. Such clarifications shall be applied uniformly and may be permitted after the submission of proposals and before the award to cure any deficiency resulting from a minor informality or irregularity in a proposal or waiving such deficiency, whichever is to the advantage of the awarding agency. In conducting discussions, there shall be no disclosure of information derived from responses submitted by competing Bidders to anyone outside the Evaluation Committee and S-SV EMS staff. The purpose of such discussions shall be to examine Bidders:

- A. Qualifications.
- B. Proposed method of performance.
- C. Proposed personnel and facilities.
- D. Compensation.

All Bidders submitting responses for consideration agree that their companies or organizations will be willing to enter a final Contract if awarded this RFP. S-SV EMS may finalize certain terms and conditions of such final Contract after identification of the apparent successful Bidders. However, Bidders shall not assume that any terms of this RFP are subject to later discussion and shall assume that all such terms and conditions are mandatory conditions of participation in this RFP process. Final changes, if there are any, will be non-substantive and will not adjust the scope of work.

3.4 Announcement of Intent to Award

Based on the qualifying and respective evaluations, the Evaluation Committee will recommend an award based on the highest total scoring proposal. A Notice of Intent to Award will be issued before contract discussions begin.

3.5 False or Misleading Statements

Responses that contain false or misleading statements or that provide references that do not support an attribute or condition claimed by the Bidder may be rejected. Such action shall be applied equitably across all proposals. If, in the opinion of S-SV EMS, such information was intended to mislead S-SV EMS in its evaluation of the response, and the attribute, condition, or capability is a requirement of this RFP, it may be the basis for the rejection of the response.

3.6 Investigation

S-SV EMS reserves the right to continue investigating responses after each Contract is awarded and throughout the contract's term. Furnishing false or misleading information during the proposal process may constitute a breach of Contract.

3.7 Rules for Withdrawal or Revision of Responses

A response submitted before the deadline may be withdrawn or revised any time before the deadline for receipt of responses. The withdrawal of a response shall not prejudice the right of a Bidder to submit a new response, provided the Bidder can submit the new response by the deadline stated in [Section 1.4](#).

3.8 Independent Contractor

It is expressly understood that in performing any services resulting from this RFP, Bidder is an Independent Contractor and is not an agent or employee of S-SV EMS and warrants that all persons assigned to the program/project are employees or subcontractors of the Bidder. Should the awarded Bidder employ others to complete or perform the services provided, the Bidder shall be solely responsible and hold S-SV EMS harmless from all matters relating to the payment of such person(s).

It is mutually understood and agreed that no employee-employer relationship will be created between S-SV EMS and Bidder or S-SV EMS and Bidder's employees and that the awarded Bidder shall hold S-SV EMS harmless and be solely responsible for withholding, reporting, and payment of any federal, state, or local taxes, contributions or premium imposed or required by workers' compensation, unemployment insurance, social security, income tax or other statutes or codes applying to Bidder, or its subcontractor(s) and employees, if any. It is mutually agreed and understood that the Bidder, its subcontractor(s), and employees, if any, shall have no claim under any Contract that may result from this proposal or otherwise against S-SV EMS for vacation pay, sick leave, retirement, or social security benefits, occupational or non-occupational injury, disability or illness, or loss of life or income, by whatever cause.

3.9 Explanation of Use of Subcontractors

Any Bidder using a subcontractor(s) must clearly explain the scope and use of the subcontractor(s) and list the name(s) of the subcontractor(s) organization providing work under this proposal. The selected Bidder will be fully responsible for all requirements and work performed under this proposal and will be considered the Prime Contractor. Any subcontracting or other legal arrangements made by the Bidder are the sole responsibility of the Bidder. Any contract that is entered into between the selected Bidder and the subcontractor(s) shall contain provisions for federal, state, and local access to the books, documents, records, and inspection of work. Bidder awarded a Contract because of this proposal shall obtain written approval of any subcontractor identified in Bidder submittal before execution of Contract. Any subcontractor must meet the minimum RFP qualifications. No Prime Contractor or subcontractor may be part of multiple proposals (e.g., a subcontractor cannot be part of a proposal and submit a proposal as the Prime Contractor).

3.10 Joint Ventures

If multiple organizations submit a response jointly, one legal entity must be designated as the Prime Contractor. All other participants shall be designated as subcontractors.

3.11 Confidentiality

The contents of all responses, correspondence, agenda, memoranda, or any other medium that discloses any aspect of a Bidder's response shall be held in the strictest confidence until the discussions for the Contract are completed. The contents of all working papers, trade secrets, proprietary data, and discussions relating to the Bidder's response must be marked confidential at the time of submission. S-SV EMS shall keep these documents confidential unless an item's disclosure best serves the public interest because of its direct pertinence to a decision agreement or an evaluation of the proposal or as its release may otherwise be required by law. If a Bidder contends that any submission contains trade secrets or proprietary data, please be advised that S-SV EMS cannot and does not give any assurances or guarantees that such information will not be released under the California Public Records Act.

The Bidder shall mark any of the information within its response as proprietary; however, the California Public Records Act will guide S-SV EMS and the definition of Trade Secrets under California Civil Code Section 3426.1, but in no case will the following be considered proprietary.

- A. the final cost of the bid or response.
- B. Information that is not marked as proprietary.
- C. Information that, though marked as proprietary, is not proprietary.
- D. Information that is otherwise generally available as information or technology within the subject trade, industry, or profession.

Financial statements may be marked CONFIDENTIAL on each page. S-SV EMS will only use financial statements to evaluate proposals and undertake all reasonable measures to keep them confidential, including the following: the financial statements will be segregated from the rest of the proposal and maintained in a file to which only S-SV EMS's Regional Executive Director and Deputy Director of Operations will have access. Copies of the financial statements will only be distributed to S-SV EMS employees or other impartial financial subject matter expert consultants who must review them to evaluate the proposal. They must return or destroy all copies immediately after completing their review. The financial statements will be destroyed two years after submission unless prohibited by law. The financial statements will not be disclosed to anyone outside S-SV EMS unless required by law. The financial statements are exempt from disclosure under the California Public Records Act, Government Code section 7920.000 et seq. If S-SV EMS believes disclosure is required by law, for example, in response to a subpoena or court order. In that case, S-SV EMS will provide the Contractor with a reasonable opportunity to object to such disclosure and other actions to prevent or limit any such disclosure.

BIDDER SHALL NOT DESIGNATE THE ENTIRE RESPONSE AS PROPRIETARY. SUCH ATTEMPTED DESIGNATION WILL NOT BE HONORED.

A bidder's submission of a response shall constitute an agreement to the provision for public announcement. Any agency requesting such information marked as proprietary must obtain written authorization directly from the Bidder and forward it to S-SV EMS.

S-SV EMS shall not be required to contact any Bidder for information on behalf of any requesting agency. S-SV EMS shall have the sole discretion and exclusive authority to determine if any other party has appropriately obtained the right to access proprietary information.

Section 4: General Provisions and Assurances

4.1 General Information

- A. S-SV EMS reserves the right, at its sole discretion, to reject any or all responses that are not compliant with the terms of this solicitation, to waive any informalities in the response and minor irregularities, technical defects, or clerical errors, to make an award based on the highest total scoring Bidder. Any proposal rejections or waivers of response informalities, minor irregularities, technical error defects, or clerical errors shall be applied consistently and objectively for all Bidders.
- B. S-SV EMS shall not be liable for any costs incurred by the Bidder concerning preparing and submitting the RFP.
- C. Each proposal must include the Bidder's name, address, and date and must be signed by an officer, partner, or agent authorized by the company, partnership, or organization.
- D. Each proposal must be submitted with forms provided ([Section 9: Signature Forms](#)).
- E. All responses and accompanying documentation submitted by the Bidders will become the property of S-SV EMS and will not be returned. Evaluation shall be based on the material contained in the response. Bidders are instructed to disregard any prospective oral representations they may have received before the solicitation of the proposal.
- F. The cost for developing and preparing the response is solely the responsibility of the Bidder whether any award results from this solicitation. Further, the cost of developing and preparing responses to the proposal will not be allowed as direct or indirect charges under any resulting Contract.
- G. No alteration in any of the terms, conditions, delivery, price, quality, quantities, or specifications will be effective without prior written consent of S-SV EMS.

4.2 Qualifications of Bidders

S-SV EMS may make such investigation as it deems necessary to determine the ability of the Bidders to provide the services requested herein, and the Bidders shall furnish S-SV EMS all information and data for this purpose as S-SV EMS may request. S-SV EMS reserves the right to reject any response should the evidence submitted by, or investigation of, the Bidder fails to satisfy S-SV EMS that such Bidder is properly qualified to carry out the obligations of the proposal and to complete the requirements contemplated therein. Any proposal rejection will be applied consistently and objectively across all Bidders. Examples include, but are not limited to, falsification/exaggeration of qualifications, lack of financial solvency, inability to fund startup costs, lack of insurance coverage.

4.3 Disqualification of Bidders

A Bidder may be disqualified, and the response rejected, in addition to any other cause for rejection as set forth elsewhere in this proposal, or for any, but not limited to, one of the following reasons (any disqualification shall be uniformly applied):

- A. Proof of collusion among Bidders, in which case all responses involved in the deceitful action will be rejected, and any participant in such collusion will be barred from future bidding until reinstated as a qualified Bidder.
- B. The Bidder or anyone acting on behalf of the Bidder has inappropriately influenced, attempted to influence, or done anything that might reasonably create the appearance of impropriety in S-SV EMS's selection process at any stage.
- C. Lack of responsibility, performance, or cooperation as discovered through reference checks and investigations.
- D. Being 90 days in arrears on existing contracts or defaulting on previous contracts.
- E. Deliver its response after the deadline specified in the proposal.
- F. Incomplete information or missing documents as required in the proposal.

4.4 Integrity of Expenditure

The Bidder assures that every reasonable course of action will be taken to maintain the integrity of public funds expenditures and to avoid favoritism or questionable or improper conduct.

4.5 Gratuities

Neither the Bidder nor any partner, officer, or manager of the Bidder shall give, directly or indirectly, to any S-SV EMS official any gift, money, or anything of value, or any promise, obligation, or contract for future reward or compensation, neither during the proposal process nor during the performance of any Contract period resulting from this proposal.

4.6 Conflict of Interest

The Bidder covenants that it presently has no interest and shall not acquire any direct or indirect interest that would conflict in any manner or degree with the performance of this proposal. The Bidder further covenants that if awarded a Contract resulting from this proposal, no person with any such interest is presently employed or shall be employed within the Contract term.

4.7 Federal, State, and Local Taxes

The awarded Bidder shall pay all taxes lawfully imposed upon it concerning this proposal or any product delivered with respect to the Contract. S-SV EMS makes no representation regarding the exemption from liability to any tax imposed by any government entity on the awarded Bidders.

4.8 Compliance with Applicable Laws

The successful Bidder shall otherwise perform all obligations under the resulting Contract in compliance with all applicable federal, state, and local laws, rules, regulations, and policies. The parties shall execute any amendments necessary to implement such laws.

4.9 OSHA Requirements

All material, equipment, or labor submitted under this proposal by Bidders shall meet the required standards of Occupational Safety and Health Agency (OSHA) 1970 and CAL/OSHA 1973 as last revised. Bidders warrant that the described material, equipment, or labor meets all appropriate OSHA safety and health requirements

Bidder awarded a Contract resulting from this RFP shall comply with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act (41 USC 1857(h)), Section 508 of the Clean Water Act (33 USC, 1368), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR, Part 15) which prohibits the use under nonexempt federal agreements, grants, and loans of facilities included on the EPA List of Violating Facilities. The Contractor shall report violations to the applicable federal agency and the US EPA Assistant Administrator for enforcement.

4.10 Drug Free Workplace

The awarded Bidder must certify that they will provide a drug-free workplace as set forth by the Federal Drug-Free Workplace Act of 1988.

4.11 Legal Considerations

Any Bidder, by submission of a response to this proposal, and any subsequent Contract that may be derived from this proposal, shall be deemed to have agreed to be bound by applicable sections of title 41, USC, and the laws of the State of California and the ordinances of S-SV EMS in all respects as to the interpretation, construction, operation, effect, and performance. Any legal proceedings against S-SV EMS or any state or federal agency regarding this proposal or any resultant Contract shall be brought in the California courts.

Section 5: Special Provisions

5.1 Performance Security Provisions

- A. Contractor shall furnish, within 14 days of Contract execution, performance security in the amount of five million dollars (\$5,000,000) The performance bond shall be considered liquidated damages in the event of Contract default. Performance security options are:
1. Performance Bond: A performance bond issued by a bonding company, appropriately licensed and acceptable to S-SV EMS, provided that the language of such performance bond shall recognize and accept the requirement of immediate release of funds to S-SV EMS upon determination by S-SV EMS that Contractor's performance is dangerous to public health or safety, and recognizing that any legal dispute by the Contractor or the bonding company shall be initiated and resolved only after release of funds to S-SV EMS.
 2. Irrevocable Letter of Credit: An irrevocable letter of credit issued pursuant to this provision in a form acceptable to S-SV EMS and from a bank or other financial institution acceptable to S-SV EMS.
 3. Deposit: Cash must be deposited with an escrow holder acceptable to S-SV EMS and subject to an escrow agreement approved by S-SV EMS. Any interest earned on the cash deposited as the performance security shall accrue to the Contractor's benefit.
 4. Combination of the Above: Any combination must be acceptable to S-SV EMS.
 5. If there is a legal limitation to furnishing performance security, for example, the S-SV EMS will waive the requirement. Bidders shall disclose the legal limitation in the Bidders proposal.
- B. Whatever form of performance security is selected by the Bidders, the proposal shall indicate the chosen form. It shall include full and detailed documentation of the Bidder's ability to provide such security. Any performance bond furnished by Contractor in fulfillment of the requirements for performance security shall provide that said bond shall not be canceled by the bonding company for any reason except upon thirty (30) days advance written notice to S-SV EMS. Not later than twenty (20) days following the commencement of the thirty (30) day notice period, Contractor shall provide to S-SV EMS replacement security acceptable to S-SV EMS in the form of a performance bond or one of the other forms or combination thereof, provided for. Failure to meet the bonding requirements after the cancellation of a bond may constitute a breach of the Contract. Failure of the successful Bidder to meet these performance security requirements after the successful Bidder has been selected and before the Contract start date shall result in forfeiture of the award.

5.2 Emergency Takeover

If Material Breach has been declared by the Contract Administrator and the Agreement terminates, because the Contractor fails to provide ambulance service as required in this Agreement or the Agency Medical Director has determined that the general health and safety of the public at-large would be endangered by allowing the Contractor to continue its operations, the Contractor shall cooperate fully with the Agency to affect an immediate takeover by the Agency of Contractor's equipment and vehicles as described in this Agreement.

All Contractor's vehicles and related property, including, but not limited to, dispatch and medical equipment, supplies and facilities necessary for the performance of services utilized in the performance of this Agreement, shall be deemed assigned to the Agency during the takeover period and leased to the Agency at the rate of \$1.00 per month. The Contractor shall promptly deliver to the Agency all vehicles and equipment utilized in the performance of this Agreement including, but not limited to, ambulances, quick response vehicles, supervisor vehicles, sites used to house equipment, vehicles and staff, maintenance facilities and communications equipment, including dispatch computer hardware and the right to utilize software. The Contractor's assignment to the Agency shall include the number of vehicles used by the Contractor's System Status Plan for the peak hour of the day, peak day of the week, for Emergency Ground Ambulance Services under the terms of this Agreement. Each vehicle shall be equipped at a level in accordance with its utilization in the Contractor's System Status Plan and in accordance with EMS Agency Policies, Procedures, and Protocols, including all supplies necessary for minimum stocking levels of such vehicles.

The Contractor shall be required to deliver the above delineated vehicles and equipment to the Agency in mitigation of any damages to Agency resulting from Contractor's breach. Except as otherwise set forth herein, the Contractor's delivery to the Agency of all items listed in this section shall be provided by the Contractor at no cost to the Agency. The Agency shall return all equipment listed in this section to the Contractor within ninety (90) calendar days of completion of the Takeover Period or the date on which such equipment is replaced or no longer needed by the Agency as being reasonable and necessary for the protection of the public health and safety, and any legal dispute concerning the finding that a Material Breach has occurred shall be initiated and shall take place only after the emergency takeover has been completed, and shall not under any circumstances, delay the process of the Agency's access to the performance security funds or to Contractor's equipment.

The Contractor's cooperation with and full support of such emergency takeover shall not be construed as acceptance by the Contractor of the finding of Material Breach and shall not in any way jeopardize Contractor's right to recovery should a court later find that declaration of Major Breach was made in error. Notwithstanding anything contrary, the Agency shall return Contractor's equipment and other instruments of production to Contractor no later than nine (9) months after the start of the emergency takeover.

Section 6: Submitting Proposal Responses

6.1 General Information

This section describes the required proposal response format. The proposal response shall contain the requested information organized by the prescribed section, subsection numbers, and titles. Any information provided beyond that required in the response shall be included in the "Optional Exhibits".

Each Bidder shall submit a complete proposal response providing all information requested and a full description of the functional operation of the project proposed. Failure to follow the prescribed format may result in rejection of the response when applied consistently and uniformly.

Proposal responses must be complete in all aspects. They may be rejected if they are conditional, incomplete, or contain any alteration of form or other irregularities. Any such defect or irregularity constitutes a material deviation from the requirements. The response must contain all costs required by the proposal.

Exhibits not included in the proposal narrative shall be clearly labeled according to the sections and titles provided therein. The proposal shall be clear, complete, and consistent with the proposal's content requirements.

Submission of Proposal

Proposal documents shall be submitted to S-SV EMS at the following address:

S-SV EMS Agency
Attention: Regional Executive Director
535 Menlo Drive, Suite A
Rocklin, CA 95765

The S-SV EMS Agency will provide bidders a written receipt of proposal submission at the time the proposal is received.

The deadline to submit proposals is 4:00 pm on the date provided in [Section 1.4](#). Late or incomplete proposals will not be accepted.

6.2 Number of Copies to be Submitted

Proposers must submit one (1) copy of their proposal electronically on a portable USB drive in Adobe Acrobat format (i.e., PDF), in addition to one (1) printed copy. The electronic and printed proposals shall include separate files for the (1) narrative, (2) appendices, (3) financial statements, and (4) budget.

6.3 Response Format

The response must be developed on the forms provided in this package and must follow the proposal requirements in the order in which they appear in the proposal. Responses that do not conform to this format may not be evaluated. Responses must be formatted using letter-size format. The text shall be legible in size and style (i.e., 10 point or larger) with one (1) inch margins.

Every part of the response must be readable and of sufficient print clarity to allow document printing. Each page must be clearly and consecutively numbered. All responses must be submitted by the legal entity or authorized organization. Responses must be signed by the officer or officers legally authorized to bind the company, partnership, or organization.

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Section 7: Proposal Content Requirements

To ensure that the comparison of proposals is as fair and complete as possible, all proposals shall employ the format described in this section. Proposals are limited to 200 pages, plus up to 200 pages for appendices. The page limit does not include the cover letter, executive summary, required forms, and signed amendments. All appendices shall be included in a separate PDF file. Proponents shall address all items identified in this section to be considered responsive.

A. Signature Page

Bidders must complete and return the enclosed Identification Sheet ([Form 1](#)). The Identification Sheet must be signed by the officer or officers legally authorized to bind the company, partnership, corporation, or organization.

B. Signed Amendment(s)

Bidders shall acknowledge the receipt and acceptance of any amendments to the RFP. This can be a signed Exhibit listing the number and date of each amendment.

C. Cover Letter

Each proposal shall have a cover letter (no more than two pages) signed by the authorized representative of the proposing firm or entity, legally authorized to bind the entity or firm contractually. This letter shall affirm the Bidders' complete understanding and acceptance of all terms outlined in the RFP, including the financial projections in the Bidder's proposal. This letter must certify the completeness and accuracy of all information supplied in the proposal. The letter must state that the firm or entity has not violated conflict-of-interest statutes or ordinances. The letter must state that the proposal is a firm and binding offer to perform the services stated under the conditions specified in the proposal. Include the number of years that the Bidder has been in business or providing services under the present business or entity organizational name and any related business or organization names, if applicable. Describe any financial interests in any other associated companies or organizations. Failure to provide this letter may cause the proposal to be considered non-responsive.

Bidders shall ensure the placement of all signature forms required by the RFP in a section titled "Signature Forms" to follow the cover letter immediately.

D. Table of Contents

Each proposal shall incorporate a table of contents indicating where each required section is located. Any information not fitting logically into one of these labeled sections shall be appended to the proposal. Items such as charts, policies, and plans are encouraged to be placed in an appendix. All proposals shall include page numbers.

E. Executive Summary

Each response shall have an executive summary that describes, in summary form, the essential elements described below. The executive summary shall not exceed ten (10) pages in length.

The following questions and/or requirements must be answered in the order and format given.

1. Name and address of organization.

2. Name of the organization's liaison for the RFP. All questions and correspondence will be directed to this person.
3. Type of organization or legal entity (e.g., sole proprietor, partnership, corporation, government agency) and the state whose laws the entity is formed.
4. List the names and addresses and share of ownership of all owners, shareholders, directors, officers, and the organization or entity. Include all DBAs. An organizational chart listing all entities and owners must be provided. If the Bidder is a corporation with thirty (30) or more shareholders, provide the title, names, and addresses of directors and officers only and indicate the share of ownership held by these individuals.
5. Provide names, affiliations, and all information noted in items 3 and 4 above of all other organizations proposed to provide subcontract services to this Contract.
6. List all organizations related to ground emergency ambulance transportation that any Bidder has currently or had any financial interest in for the past five (5) years.
7. A brief narrative description of the organization's financial holdings, proposed subcontractor's financial holdings if applicable, and an organizational chart depicting the organization's infrastructure, including multi-site operations. List all financial interests of the organization or parent organization in other related businesses above \$75,000.
8. Provide a detailed narrative description of the organization's current ambulance services or proposed subcontractor's ambulance service(s).
9. Describe the bidder's proposed local key personnel team, roles and responsibilities, and their backgrounds; include biographicals and attach resumes.
10. Describe emergency ambulance contracts entered by the organization, the organization's key personnel, or subcontractor if applicable, and/or the management team for this RFP with similar counties as Placer County during the past five (5) years for ALS pre-hospital delivery of emergency ambulance services showing year, type of services (e.g., 9-1-1, interfacility, combined), location, name and address of the contracting agency. This requirement can be met by providing key personnel or management team members who have had this same experience.
11. Provide details of any failure, default, breach, or refusal by the organization or the subcontractor, if applicable, to complete a contract.
12. Describe any litigation (pending or closed) involving the organization or any officers or proposed subcontractors concerning any contract or service performance during the last ten (10) years.
13. List the vehicle accident rate per 100,000 miles driven for the organization and subcontractor, if applicable, for the past three (3) years. Accidents are those reportable as defined by state law or insurance company policy.
14. List any commitments or potential commitments impacting assets, lines of credit, guarantor letters, or otherwise affecting the organization's or subcontractors' ability to perform the contract if awarded.

15. Using the following table below, document the number of ambulance responses/transport conducted by the organization, the organization's key personnel, or subcontractor, if applicable, in any contract or exclusive area with a similar performance expectation, population, geographical area, or transport volume during the past twelve (12) months. Identify each contract and exclusive area served on a separate chart (maximum of five jurisdictions).

Call Type	Responses	Transports
9-1-1 Non-Emergency		
9-1-1 Emergency		
9-1-1 Backup/Mutual Aid		

Table 7

16. Provide Bidders and subcontractors, if applicable, annual employee turnover rates by category of personnel, define "turnover," and explain how it is calculated.
17. Provide supporting documentation to demonstrate existing capabilities to furnish the scope of service like that required under this procurement.
18. List and state the status and/or outcomes of any current or pending criminal litigation or investigations against any officer or manager of the Bidder and subcontractor, if applicable.
19. List and state the status and/or outcomes of any criminal or civil litigation or investigations for Medicare/Medicaid statute or EMS provider emergency ambulance service contract violations involving the Bidder, and subcontractor if applicable, and its personnel for the past ten (10) years in all operations.

F. Detailed Description of Proposal Sections

The proposals will be evaluated based on the extent to which the Bidder describes and demonstrates in detail the experience and credentials described below. The proposals will also be assessed based on the extent that the Bidder describes key organization and local management personnel (which may include general partners, directors, officers, and principal management personnel) and demonstrates this experience or has participated in the Bidder's acquisition of this experience as management personnel. The criteria set forth below describe the minimum credentials and experience required to meet the minimum qualifications for the RFP. Each response must explain how and to what extent the organization and its key local management team meet or exceed these criteria.

Each of the sections in the table of contents is described below. This RFP requires Bidders to preserve or improve upon the current pre-hospital EMS system in every service category and to meet or, where possible, improve the quality of service. Thus, Bidders shall describe its capabilities and agree to meet or exceed minimum service requirements. Failure to accept the S-SV EMS minimum service requirements in any service category may be grounds for automatic disqualification. Such disqualification will be applied consistently and objectively across all Bidders. While additional commitments are not encouraged, all further obligations if offered, shall be separately stated within each section, and the costs and revenue associated therein shall be separately identified in the budget.

G. Bidder's Local Management Team, Credentials, and Experience

The Local Management Team, Credentials, and Experience Section allows the Bidders to submit information on their organization, management, and operational experience.

1. On-Site Key Personnel, Organization, and Local Management Team Description

Minimum: Bidders shall include job descriptions and resumes of the on-site and off-site management team that will oversee operations, clinical quality, training, vehicle maintenance, and management of administrative services (e.g., data processing, billing, and collections) involved in the provision of services to the EOA. Bidders shall specify which key personnel listed above will be full-time on-site (i.e., within Placer County Zone 3 EOA vs. off-site, if applicable). *There must be sufficient continuous quality improvement (CQI) staffing to administer all aspects of the clinical metrics and standards set by this RFP.* The qualifications of the key personnel are a significant consideration for the review of this section.

2. Field Supervision

Detail how Bidder shall provide a minimum of two prehospital field paramedic supervisors 24/7 and 1 40hr per week Administrative Supervisor. The job description shall require field supervisors to be in the prehospital setting communicating, supporting, educating, observing, providing outreach to first responders and hospitals, responding and participating in disasters and MCIs, and running calls with EMS crews at least 70 percent of the time. The field paramedic supervisors shall be strategically placed throughout the service area to ensure rapid response times and effective oversight of field operations. Their deployment locations should be continuously evaluated and adjusted as necessary to maintain optimal coverage and support for crews, thereby enhancing overall system performance and patient care. They shall be authorized to represent the Contractor. The field supervisors shall not be assigned an ambulance shift or provide minimum staff for an ambulance. Except for a limited period, such as an employee becoming injured or ill while on shift until a replacement arrives.

3. Credentials and Experience

Detail Bidders' credentials and experience or compliance with each of the following:

- a. Describe experience of the Bidder, key personnel, or subcontractor, as an ALS emergency ambulance service provider.
- b. Describe experience of the Bidder, key personnel, or subcontractor, providing 9-1-1 emergency ambulance service at the ALS and tiered ALS-BLS levels.
- c. Describe experience providing a high level of clinical performance as measured by past clinical performance measures/KPIs and expertise as required in this RFP.
- d. Describe financial strength, stability, and reputation.

- e. Describe experience of Bidder key personnel, or subcontractor in 9-1-1 emergency ambulance service system management, vehicle maintenance, and billing/accounts receivable management. If any of these services will be provided through an external contract, identify those vendors, detail history working with them, and confirm they have the capacity and capabilities to meet the needs of the services bid.
- f. Describe experience of the Bidder, key personnel or subcontractor, providing a high level of performance in emergency ambulance resource management.
- g. Describe experience and commitment to maintaining quality personnel.
- h. Describe any instances in the last five years where the Bidder or its subcontractor(s) has been found in breach of contracts with an oversight agency.
- i. Describe debts owed or encumbered related to any 9-1-1 emergency ambulance service contract in detail.

H. Bidders' Compensation Package and Working Conditions

All Bidders must comply with Health and Safety Code Section 1797.230 on Contracting for Emergency Ambulance Services. The purpose of the Bidders' Compensation and Working Conditions Section is to:

1. Compensation Package

Detail Bidders' compensation packages that are available to all personnel.

Minimum: Describe how Bidder's wages, benefits, shift schedules, and expected productivity will attract and retain experienced personnel, especially existing employed paramedics and EMTs. The Contractor shall devise a wage and benefit package to encourage personnel to remain within the local EMS system, reduce the turnover rate, and meet all applicable state and federal laws (e.g., Fair Labor Standards Act). Bidders must submit their employee turnover and vacancy rates for the past five years for all categories of personnel and the salary levels (current and proposed) for entry-level personnel, supervisors, middle management, and top-level local management for all personnel. Bidders shall provide a specific personnel plan that compensates personnel commensurate with area expectations and produces low attrition.

2. Incumbent Work Force

Detail Bidders plan to address the incumbent emergency ambulance workforce.

Minimum: Successful Bidders will give preference for currently employed EMTs, paramedics, and dispatchers in Placer County Zone 3 EOA. Bidders shall provide specific plans for this effort in their proposals. Bidders must make and document their best efforts to afford job opportunities to members of the incumbent workforce interested in employment in the new EMS system. Describe any employment consideration provided by existing supervisors or managers within the new organization and at what level to preserve the level of expertise within the County. The wages and benefits shall be comparable to those of the region or higher. Proposed staffing levels shall be, at minimum, equivalent to the existing

approach to staffing. As this subject is an essential aspect of the analysis of proposals, plans for a smooth transition of the workforce must be detailed. Bidders must meet with the incumbent workforce's recognized employee organization or official representative to review and discuss the collective bargaining agreement of the incumbent workforce. There should be a request and review of other collective bargaining agreements for emergency ambulance service employees in the region. To the extent allowed by law, Bidders shall provide for the recruitment and preservation of the seniority status of the incumbent workforce. Successful Bidders must certify compliance with these points before S-SV EMS Contract award.

3. Work Force Diversity

Detail Bidder's commitment and efforts toward Work Force Diversity.

Minimum: All Bidders must submit evidence that a plan is in place and consistent with currently applicable federal, state, and local laws and regulations to promote diversity of personnel in the organization, including methods for meeting this need and anticipated timelines.

4. Workload Management, Employee Wellness, and Scheduling Practices

Detail Bidders workload management, employee wellness programs, and effective scheduling practices. The Contractor shall support employee wellness through mental wellness programs, effective fatigue policies, and ensuring that shift schedules do not impair EMS personnel which could increase the rate of accidents, injuries, medication errors, or other negative impacts.

Minimum: The Bidders shall describe their approach to ensuring the mental wellness of their personnel, especially scheduling. This shall include workload management, mental health, and PTSD avoidance. The proposal may include examples of existing programs at other Bidder locations, locally proposed programs, maximum UHU and the planned expenditures in the budget file. Bidders shall describe their approach to avoiding fatigue and mandatory overtime, including using part-time employees, subcontracting, etc. The safety and wellness of the workforce and patients are crucial and are of utmost importance. Bidders are required to provide a comprehensive response for employee wellness. Bidders must share their approach to shift length, required rest periods between shifts, and any mandatory shift hold length. The Bidders must have a policy and monitoring system to prohibit staff from working more than 48 out of 60 hours (including outside employment). Bidders shall have and enforce an operational policy to ensure on-duty staff is always rested and response-ready, regardless of shift length and/or work schedule. The Bidder policy shall include a mechanism for on-duty staff to be relieved from response duties if fatigued.

I. Bidders Training Programs

Detail Bidder's internal training programs.

Minimum: The Bidder shall detail plans to furnish, in-house or by approved subcontract, an in-service training program plan that will allow field personnel to meet the State of California and S-SV EMS recertification or accrediting requirements This shall include leadership development, personnel management/life skills, etc. Bidders shall also detail an approach to cooperating with the current S-SV EMS continuing education program

J. Response-Time Commitment and Liquidated Damage Accountability

Detail the Bidder's plan and commitment to maintaining compliant response times, performance standards outlined in this RFP, and accountability for liquidated damages in accordance with the provisions outlined in this RFP.

Minimum: Bidder shall commit to the requirements for response time performance and all associated liquidated damage assessments on calls originating within the EOA, which are set forth herein. The Bidder shall submit its plan for the location(s) and housing of field staff and units to meet response time performance. Bidder shall submit a detailed SSP, including the number of units on duty by hour and day, the post locations used, the priority of post locations, move-up triggers, and the rationale for the SSP.

K. Fiscal Strength

Detail the Bidder and subcontractors' (if applicable) fiscal strength, highlighting features of the financial statements and documents provided as required and other aspects of the bidding entity that would allow evaluation of its fiscal viability to initiate, operate, and sustain the scope of this RFP and subsequent Contract.

1. Cost and Revenue Forecasts

Detail all of the Bidder and subcontractor (if applicable) costs and all revenue sources.

Minimum: All projected costs and revenue must be listed, and all assumptions must be documented for the initial five (5) year period of the Contract. Since cost and revenue projections will be compared among all Bidders, S-SV EMS requires that information be provided in a format with the level of completeness and detail specified herein.

The Bidder must describe and document all costs and cost estimates necessary for providing services required by the Contract, separating costs and charges for alternatives. S-SV EMS requires all Bidders to present detailed costs by budget category to demonstrate the costs and costing assumptions (by line item) to determine rates and rate assumptions. Actual costs must be provided by line item and then broken down on a per-call basis so that S-SV EMS may determine the cost impact per call on all costing assumptions. Costs and proposed charges for alternative performance standard plans and any other alternative plan shall be specified separately.

All revenue sources must likewise be fully described. S-SV EMS assumes that patient care fees will be a significant component of Contract financial stability and flexibility. All patient fee revenue projections must be based on the assumptions provided in this RFP and must be consistent with volume-related cost projections. Bidders must identify all other revenue sources supporting their proposed budgets and explain how they will change because of this commitment.

Bidders must describe all revenue sources (direct and in-kind) and document working capital needs and sources for the startup and any changes anticipated for this Contract, plus any sponsoring organization's commitment to Contract financing (if any) and the legal authority to continue this commitment throughout the term of the Contract.

2. Budget and Financial Statements
Bidders shall submit and detail the first year's budget and provide S-SV EMS with a complete set of financial statements.

Minimum: Bidder shall submit three (most recent) consecutive years of financial statements, of which the most recent year shall be a fully audited financial statement and shall include all required disclosures if provided with the original audit. The remaining two years of financial statements shall be reviewed, as defined by the American Institute of Certified Public Accounts (AICPA). If a Bidder does not have a fully audited financial statement conducted within the past three years, submit an independently reviewed statement in its place. Note: Reviewed statements, instead of an audited statement, shall be subject to the limited interpretation that the statements offer. All Bidders shall be aware that the documents requested will confirm the soundness of their current financial positions. S-SV EMS will only award the Contract to an organization demonstrating the financial capability to operate successfully. Bidders shall submit all required financial information in a separate PDF file. S-SV EMS shall have the right to audit the prospective Contractor's financial and other records.

FINANCIAL STATEMENTS SHALL BE PLACED IN A SEPARATE PDF FILE AND NAMED "[BIDDER'S] FINANCIAL STATEMENT." FAILURE TO SUBMIT FINANCIAL INFORMATION AND IN THIS MANNER WILL BE CONSIDERED "NONRESPONSIVE," RESULTING IN PROPOSAL REJECTION.

3. Financing
Detail Bidder's financing capability and sustainability.

- a. Capital Financing

Minimum: Bidder shall detail the source of capital to meet the initial investment and ongoing capital needs of the operations within the proposal. It is the Bidder's responsibility to conclusively document the source, the availability of the capital, and the firm commitment of the source or sponsoring agency, as appropriate.

- b. Rate Adjustment

Minimum: Bidder shall commit to the rate adjustment structure of this RFP. During the term of the Contract, the Contractor will be allowed annual opportunities for rate adjustments based on the average of 1) the San Francisco Area for All Urban CPI and 2) the U.S. for All Urban Medical Care Services CPI in the most recent 12 months. The CPI rate will be adjusted based on the most recent 12-month Contractor payor mix for Medi-Cal and private-pay/charity percentages. This approach compensates for these two payor sources' lack of new revenue. For approval of the new rates, the Contractor shall demonstrate that the increase will not exceed the net revenue cap outlined below. The table below is an example of rate adjustment.

Rate Adjustment Example	
San Francisco Bay Area CPI 12-month change	3.1%
Divided by (100% - Medi-Cal/Private Pay)	50.0%
Rate Increase	6.2%

Table 8

The Contractor may propose rate changes to S-SV EMS no more frequently than annually unless the Contractor can demonstrate to the satisfaction of S-SV EMS that, due to extraordinary changes in reimbursement or the cost structure of the Contractor's operations which were beyond the control of the Contractor, an undue financial hardship would be placed on the Contractor in the absence of an immediate rate consideration. No rate increase will be considered for the first year of the contract.

To ensure a fair and appropriate cost for residents and visitors to the County, the Contractor's reported revenue surplus will be considered before any rate change.

Contractor's annual pre-tax profit shall not exceed 10.0% of net revenue. If pre-tax profit per the Contractor's annual audited financial statements exceeds 10.0%, S-SV EMS will implement a review of ambulance rates to determine whether an adjustment on rates, costs, or wages may be necessary.

If a Contract extension is approved, the rate of reimbursement for additional terms left out of the Contract shall be finalized with the Contractor based on the following:

- i. Actual expenditures by the Contractor, as documented during the first Contract term and approved by the Contract Administrator.
 - ii. Changes in stated program requirements.
 - iii. Other reasonable costs or increases in price over which the Contractor has no control.
 - iv. S-SV EMS shall ensure, by audit, that all cost increases are reasonable and necessary to continue the Contract.
4. Insurance Documentation
Detail Bidder's insurance requirements.

Minimum: Bidder shall provide a copy of its Certificate of Insurance, including all waivers and endorsements. Bidder will provide its insurance policy with self-insured retention (SIR) documentation, if applicable. The limits shall meet or exceed the following amounts:

- a. Commercial General Liability: \$5,000,000 combined single limit/\$5,000,000 aggregate
- b. Commercial Automotive Liability: \$5,000,000 combined single limit

- c. Workers' Compensation: as required by state law
 - d. Professional Liability/Medical Malpractice: \$5,000,000 each occurrence/
\$5,000,000 aggregate
5. Other Financial Information
Bidders may submit any other financial information that the Bidders consider relevant.

L. Vehicle and Durable Equipment Maintenance and Management

Minimum: Bidder shall describe, in detail and with brand names, the major durable equipment items to be furnished and the scheduled replacement policies related to each equipment class. Bidders shall provide the internal policy, which shall govern, throughout the term of the Contract, vehicles fully stocked, equipped, and call-ready fleet size (including a minimum of four – four-wheel-drive ambulances) as a percentage of maximum scheduled peak-load unit coverage requirements for the EOA. This shall be at least 133% of the expected peak-load unit scheduling, and no more than 50% of the reserve fleet can be unavailable at any time. To ensure the greatest surge capacity, all units shall be appropriately fully stocked and ready for deployment, regardless of primary or reserve. The Bidder shall describe the overall vehicle fleet maintenance and management program and their plans to meet the needs of bariatric patients. Proposals shall include a sample ambulance wrapping or graphic design

M. Billing/Collection Program and Data Integration

Detail the Bidders proposed data processing, billing, collection, and accounts receivable management system.

Minimum:

1. The system shall generate and electronically bill Medicare and Medi-Cal statements.
2. The system shall be HIPAA compliant during the contract term and as required by law.
3. The system shall handle third-party payers, self-pay patients, special contracts, diagnostic-related group (DRG) transports, and other special arrangement language offered by the Bidders.
4. Itemized statements shall list all procedures and supplies employed unless included in the base rate.
5. The system must be capable of responding to patient and third-party payer inquiries within 48 hours regarding the submission of insurance claims, dates, types of payments made, and other inquiries.
6. The system must provide daily, monthly, and annual reports that furnish clear audit trails, including details of payments and adjustments experience.
7. The system shall provide regular reconciliation between "run" and other production and patient data. An audit trail shall exist linking reported transports and calls to billed transports and calls, with exceptions noted.

8. The system shall support monitoring employee accuracy and completeness in gathering required operations.
9. The system shall facilitate the updating of account types, addresses, and other pertinent patient and third-party payer data.
10. The system shall include procedures and reports to process accounts requiring special attention. These procedures shall cover at least the following:
 - a. Assignment of follow-up based on accounts receivable aging reports.
 - b. Reminder mailings.
 - c. Telephone collection methods.
 - d. Policy regarding the use of collection agents.
 - e. Policy regarding write-off of accounts receivable.
 - f. Identifying and pursuing alternative third-party payments and other reimbursements.
 - g. Policies for hardship cases, charity care, and write-offs.
11. Bidders shall prohibit on-scene collections.
12. Billing and collection data shall be tracked using a record identifier to dispatch data.
13. Bidders shall monitor their personnel for any exclusion as a provider of medical services under Medicare or Medi-Cal.
14. Bidders shall describe their approach to resolving claims before patients are sent to collections.

N. Initial System Status Plan (SSP)/Unit Hour Commitment

Detail the Bidders' initial ambulance coverage plan to be in effect during the first three months of the Contract term and unit-hour commitment.

Minimum: Bidders shall detail the initial ambulance SSP for the EOA and specify the minimum weekly unit-hour coverage to be initially deployed. Contractor must meet or exceed this plan during the first six months. The SSP may deploy more unit hours per week than Contractor projects, which will be needed later in the Contract.

O. Integration with Behavioral Health

Detail the Bidder's commitment and coordination with local Behavioral Health.

Minimum: Coordination with Placer County Behavioral Health Services is necessary to meet the community's mental health needs. Bidders shall describe existing relationships that support enhanced behavioral health with other clients. The Bidder shall specify how it coordinates with behavioral health public agencies and addresses frequent EMS system users. Include demonstrated experience within other EMS systems working with mental health caregivers.

P. Commitment to the EMS System, Community Education, and Training Programs

Detail Bidder's commitment and planned involvement in and support of first responder agencies, hospitals, and community education and service programs.

1. Commitment to the EMS System

Detail Bidder's Commitment to EMS System.

Minimum: Bidder shall detail a methodology for integrating its services with existing first responder public agencies, including fire departments, police agencies, 9-1-1/PSAPs, and hospitals. Specific plans must be submitted with prioritized objectives. These commitments must include specific procedures for personnel conflict problem resolution. A commitment and process for supporting first responder training needs and training schedules must also be described. These requirements would be subject to S-SV EMS approval. Commitments for ongoing liaison with the allied agencies must also be stated. Commitments to disposable EMS item re-supply as described in the First Responder Section shall be explained here.

2. Community Education

Detail Bidder's commitment to Community EMS education.

Minimum: Bidder shall detail plans involving the community in "pre-EMS" education. Bidders shall describe their commitment to time, resources, and programs to improve the care provided in the community before EMS arrival. The Contractor must complete at least 12 hours of community education monthly (reported annually). This minimum level shall be achieved without using on-duty ambulance crews or field supervisors to preserve EOA resources. Examples may include public events, school tours, MCI exercise participation, first responder in-service training, bystander and school-partnership cardiopulmonary resuscitation (CPR) classes, "Stop the Bleed" campaign, helmet safety, public access defibrillation (PAD), etc. Ideally, other EMS stakeholders will be offered the ability to participate in community events and utilize the Contractor's materials to provide more educational opportunities. S-SV EMS and its committees may also be involved in identifying essential topics that will most benefit the community. Ambulance standbys at events would not qualify unless they contain a formal education component. The Contractor must participate in CQI and other EMS committees.

Bidder shall detail MCI planning activities. The Contractor may be expected to continue and/or establish tactical EMS programs with local law enforcement. The Contractor will be required to maintain a supply cache in an orderly and complete fashion to serve its own needs for a minimum of 30 days in case of disasters or interruptions in the supply chain. The medication cache must last at least 15 days. The Contractor will be required to complete this requirement within six months of Contract execution with S-SV EMS. Within the first 12 months of Contract implementation, the Contractor shall develop an internal disaster response plan. Contractor shall maintain a cache of portable radios with summary of EMS system information to distribute to one Ambulance Task Force or Strike Team as needed (e.g., minimum six portable radios, system information, maps).

3. Training Programs

Detail Bidder's commitment and participation in Training Programs.

Minimum: Training the next-generation EMS personnel is vital to a healthy EMS system. As such, the Contractor is expected to work with all S-SV EMS approved training programs to train and educate their students to complete internships successfully. Bidders shall detail how it will ensure adequate preceptors, accreditation officers, and adjunct skills instructors for this demand. Bidders shall also detail their commitment to perform S-SV EMS paramedic orientation and skills review education.

Q. Proposed Patient Charges and Rates

Detail Bidders proposed patient charges and rates.

Minimum: S-SV EMS requires all Bidders to use the same assumptions for equitable proposal comparisons. The Bidders shall assume no subsidy for this RFP. This RFP encourages proposals that balance service, cost, and subsequent rate charges. This RFP requires a well-defined rate system that assures no "overcharging." Patient rates are an expected element of this proposal, subject to approval and incorporation in the Contract with S-SV EMS. The Bidder shall state the rates and charges it proposes to set for its services listed in Exhibit 5 and provide detailed information justifying those charges. The rates will include supplies and equipment utilized during patient care (see [Exhibit 6: Current Rates](#)). If the Bidder believes that any of these assumptions would lead to charges set by the Bidder that are too high or too low, the Bidder shall so state and explain what changes should be made to the assumptions or proposed rates to set the rates at a more appropriate level. The assumptions to be made by the Bidder and other considerations that shall enter the setting of charges are as follows:

- 1. Number of calls/transport:** The number of annual responses and transports for the calendar year 2025 provided in Table 8 for purposes of proposals and evaluation only. No guarantee of future call volume, revenues, or results is made.

Service Type	EOA	Responses	Transports
9-1-1	Zone 3	37,982	31,061

Table 9

Please see [Exhibit 1](#) for the current ambulance providers' historical response and transport data. The data are provided without guarantees or promises of accuracy.

- 2. Mileage:** An average of 10 transport miles will be assumed to evaluate the proposals.
- 3. Base Rate:** Assume that charges shall be consistent with the level of service provided to the patient, not the level of readiness offered by the Contractor. This will be a bundled base rate, including all supplies and equipment other than oxygen. For the sake of the required budget, assume 65 percent of all 9-1-1 transports are ALS and 35 percent are BLS.

4. **Treat No-Transport Rate:** Bidders must propose a treat non-transport fee for circumstances where services are requested and provided at the scene, but transportation is refused or unnecessary. Define when this is charged (e.g., when treatment is provided, but there is no transport – cardiac arrest, diabetic patient).
5. **Oxygen:** Estimate 10% of all calls require oxygen.
6. **Assignment:** All Bidders must agree to accept assignment from Medicare and Medi-Cal.
7. **Average charges:** The Bidder shall calculate the average charge per call if the charges set by this RFP and the charges proposed by the Bidder are implemented. The computation must use standard formulas and the above assumptions regarding call volumes and frequency of the various charges. The computations must be outlined in this section.

R. Commitment to Clinical Quality/Innovation

In this section, the Bidders shall demonstrate the level of clinical sophistication that their field and management staff will possess. S-SV EMS is placing a significant emphasis (and related proposal scoring weight) on the clinical sophistication of the provider. There is data-driven research justifying specific care paths in a timely manner for EMS patients. Contractor must demonstrate a significant commitment to field, supervisor, and manager resources to drive clinical excellence through training, education, proactive steps, retrospective chart reviews, etc. Specifically, detail the percentage of time budgeted for each supervisor and manager related to quality.

1. Commitment to Clinical Quality

The Bidders shall prepare a CQI plan meeting the standards consistent with the California Code of Regulations Title 22, Chapter 10, and in addition, the plan shall describe:

- a. New hire training and orientation.
- b. A management philosophy and approach focused on achieving an environment of continuous improvement and innovation.
- c. Continuous learning and development of staff and management.
- d. Service to all internal and external EMS providers and customers.
- e. Commitment to participate in and contribute to S-SV EMS CQI process.
- f. Commitment to cooperate with system research.

The plan shall include internal mechanisms such as the Contractor CQI Manager, CQI committee structure and process, prospective training and education efforts, concurrent and retrospective review, establishment of performance indicators and development of personnel performance improvement plans, personnel development, problem identification, needs assessment, education/compliance remediation, problem resolution, and the documentation and tracking of implementation strategies and outcomes.

g. Required Liaison:

- i. S-SV EMS Agency.
- ii. Base Hospitals, Receiving Hospitals, and Specialty Care Centers.
- iii. First Responder Agencies.
- iv. Communications Center PSAPs.
- v. Public Health.
- vi. Law Enforcement Agencies.

Additionally, this plan shall include the following elements:

h. Patient Rights

The Bidder shall include a policy on the client/patient rights, which shall, at a minimum, provide the following:

- i. Fast, effective medical treatment and transportation to a facility of their choice (unless this conflicts with S-SV EMS policies), regardless of ability to pay.
- ii. Full information regarding the immediate treatment needed with the right to refuse any treatment or service.
- iii. Full explanations of bills about which the patient has questions.
- iv. Confidential treatment of medical records.
- v. Listening to patients during transport and answering all questions promptly.
- vi. Billing insurance or third-party payer as part of the service to the patient.
- vii. Charity care policies and thresholds (e.g., 300 percent of the Federal Poverty Level) for patient bill write-offs and discounts.
- viii. Retention of patient records and patient access to their records.

Copies of these policies shall be described in the Bidder's proposal.

2. Clinical Performance Measures

As part of the service delivery, S-SV EMS desires to improve patient outcomes by identifying, monitoring, and implementing clinical performance measures that are data-driven and clinically proven to be effective (see [Exhibit 7](#)). Describe Bidder's current efforts and results in implementing clinical quality improvements that have increased clinical performance measures.

The Contractor is vital in improving the overall EMS system clinical standards by meeting and exceeding the key performance indicators. The Bidder's selected Medical Director shall have the necessary local experience working with EMS crews to oversee a strong clinical program with excellent care review and field crew education.

3. Innovation

The EMS stakeholders are committed to constantly reviewing and improving EMS services for the community. Bidders shall describe their role in other operations, providing innovation and striving to meet the community's needs. Ultimately, the EMS system must do what is right for the patient, and the selected Bidder will be a critical partner in that endeavor.

Minimum: Bidder shall agree to partner with S-SV EMS and its EMS stakeholders to review and improve the EMS system. As other best practices are implemented locally, Bidder shall agree to share information and support these programs. This includes actively participating in any EMS innovation committees established by S-SV EMS and EMS stakeholders. If a program impacts expenses and revenue, such as a decrease in transports, the Contractor agrees to negotiate with S-SV EMS for a "net zero" change in profit margin.

S. Bidder's Qualifications

Bidder shall provide a concise statement demonstrating that Bidder's organization and subcontractor, if applicable, have the minimum qualifications, experience, and capability to perform the requirements of this proposal. The following sections must be included:

1. History

Provide a brief history of Bidder's organization, including years in business and experience in providing 911 EMS services. State whether the organization is an individual proprietorship, partnership, corporation, government entity, or other type, and the date it was formed or incorporated. Provide a statement on any judgment, litigations, licensing violations, or other violations, outstanding or resolved, against the organization in the past five (5) years in this service area. If the Bidder is not currently operating in this service area, Bidder is to provide the same information regarding a comparable location.

2. Background and Experience

A summary of relevant background information describing experience of the organization, key personnel, or subcontractor, of significant accomplishments and/or activities, like the requirements set forth under this proposal, demonstrates the organization's ability to provide the service described in the response.

3. References

Specifically related to the organization or subcontractor, if applicable, for its current and existing:

- a. Contracts.
- b. Clinical performance as an emergency ambulance provider.

- c. Quality assurance/improvement program effectiveness.
- d. Response-time performance.
- e. Vehicle maintenance and replacement program.
- f. Relationships with first responder agencies.
- g. Organization's local and/or national reputation as a provider of emergency ambulance services.
- h. Relationship with labor organizations.
- i. Relationship with EMS agencies.

Note: Letters of reference must include the following:

- a. Be signed and dated by the author.
- b. Fully disclose any direct or indirect business or financial relationship between the author or organization and the Bidder.
- c. Describe the extent to which the author/organization is familiar with the Bidder and the Bidder's work/performance.

Note: Letters of reference will not be supplied by S-SV EMS staff.

T. Performance Security Method

The Bidder shall describe its intended method of satisfying the performance security requirements identified in the RFP, as detailed in Section 5.1.

U. Contract Provisions

S-SV EMS reserves the right to make further, non-substantive refinements to the final Contract as necessary (e.g., required reports, frequency/format of reports, community education specifics, definitions, clarifications, clinical and performance standards).

Section 8: Award, Selection, and Evaluation Criteria

8.1 Basis of Award

The highest total scoring Bidder will be awarded. S-SV EMS is not obligated to accept the lowest-cost response.

S-SV EMS reserves the right to reject any or all responses that are not compliant with the terms of this solicitation, to waive any informalities in the proposal and minor irregularities, technical defects, or clerical errors, to make an award based on highest total scoring Bidder. Any proposal rejections or waivers of response informalities, minor irregularities, technical error defects, or clerical errors shall be applied consistently and objectively for all Bidders. False, incomplete, or non-responsive statements concerning the response may be deemed sufficient cause for rejection. S-SV EMS shall be the sole judge in making such a determination.

S-SV EMS reserves the right to cancel or discontinue the proposal process at any time and reject any or all responses.

8.2 Selection of Evaluation Committee

An Evaluation Committee consisting of five objective and experienced EMS system experts selected by S-SV EMS that include the following members will be established:

- A. Fire Service Officer.
- B. Hospital Administrator.
- C. Local EMS Medical Director.
- D. Local EMS Agency Administrator.
- E. Public Health Officer.

All Evaluation Committee members will be thoroughly screened for conflicts of interest. The Evaluation Committee will determine the successful Bidder based on the total overall score after the evaluation.

8.3 Evaluation Criteria

The Evaluation Committee will consider only those proposals that have been considered by S-SV EMS as responsive to the RFP. Responsiveness includes attention to detail in following the proposal content requirements. The Evaluation Committee may also contact and evaluate the Bidder's and the subcontractors' references; contact any Bidder to clarify any response; contact any current users of a Bidder's services; solicit information from any available source concerning any aspect of a proposal; and seek and review any other information deemed pertinent to the evaluation process. Any clarifications shall be applied consistently and objectively for all Bidders. The Bidder shall agree to provide any other information S-SV EMS determines is necessary to accurately determine the prospective Contractor's qualifications to perform services. S-SV EMS may ask, and Bidders shall respond to clarifying questions regarding any portion of their Proposal.

8.4 Proposal Evaluation Process

A. Conflict of Interest

All Evaluation Committee, advisory group members, subject matter experts, and other parties involved with evaluating proposals shall be carefully screened by S-SV EMS for potential conflicts of interest. Each evaluation participant must complete a disclosure statement on the issue of conflict of interest. S-SV EMS shall evaluate any identified potential source of conflict.

B. Evaluation of Proposals

All proposals must specify capabilities to meet or exceed the specified minimum standards identified in this RFP. Each proposal must provide enough information to demonstrate that the Bidder and its management team have the credentials, experience, scope of service, and financial capabilities for this Contract to complete an initial screening and evaluation process. Each member of the Evaluation Committee, except the non-evaluating subject matter experts, shall evaluate individual proposals.

Bidders will be required to provide an oral presentation. Every Bidder will be allowed thirty (30) minutes of presentation and up to thirty (30) minutes of questions and answers by Evaluation Committee members. The oral presentations will be used to update the written proposal scores to calculate the final scores.

Bidders may include up to eight (8) staff people; however, at a minimum, the chief executive officer or equivalent, chief financial officer, and anticipated manager of the EOA should be present. The order of presentations will be determined by random drawing.

Bidder presentations are not public meetings; attendance will be restricted to S-SV EMS staff, Bidder staff, subject matter experts, and the Evaluation Committee.

The Evaluation Committee will not allow public testimony or the introduction of any new materials or information. S-SV EMS reserves the right to obtain clarification of any point in a response or additional information necessary to evaluate a proposal properly. The Evaluation Committee shall make its determination to S-SV EMS, including rejecting any or all responses. Possible causes for rejection include not following instructions, omissions, inaccurate information, and misleading statements or implausible financials. Any rejection will be applied equitably across all proposals. The application of criteria and rejection will be applied consistently to all proposals.

C. Proposal Scoring Process

S-SV EMS will review all proposals for completeness and review credentials (i.e., pass or fail) before the Evaluation Committee reviews any response.

Each Evaluation Committee member shall evaluate and score proposal submissions in each scoring category. The proposals will be rated individually by each Evaluation Committee member.

Rounding of scores shall be uniformly applied to each category as needed. A decimal or fractional score may occur at S-SV EMS's discretion across all proposals. Each proposal category will receive the allocated percentage points based on the following score criteria:

Score	Percentage Awarded	Description
4	100%	Exceptional: The response thoroughly and successfully addresses every required element of the evaluated section. The elements contribute appropriately to meeting the requirements of the criterion.
3	75%	Superior: The response addresses every required element, although some responses are broad or not thoroughly addressed, or specific improvements can meet the overall criterion.
2	50%	Acceptable: The response addresses every required element. Some or many responses are too broad or vague to address the element appropriately, or significant weaknesses would need additional clarification or justification to meet the overall criteria.
1	25%	Weak: The response does not address every element, is overly broad or vague, has inherent weaknesses regarding the evaluated element, and does not materially support the criterion.
0	0%	Fail: The response fails to address the element in all aspects and its relationship to supporting the criterion.

Table 10

The score for the cost category will be determined following the formula provided below. The lowest cost will be awarded the maximum points for the category. All other cost proposals will receive a percentage of the maximum points equal to the difference between the Bidder's cost and the lowest cost proposed. For example, if the lowest cost is \$900 and the next lowest is \$1,000, then the latter Bidder would receive 90 percent of the points allocated to this category (i.e., $\$900/\$1,000 = 90\%$).

Item	Quantity	Proposed Rate	Subtotal
9-1-1 Volume			
Transport ALS Base Rate (65%)			
Transport BLS Base Rate (35%)			
Mileage (10 miles)			
Oxygen (10%)			
Total			
Cost Per Transport (total/transport volume)			

Table 11

If two or more bidders receive the same combined number of points from the Evaluation Committee, the Bidder with the lowest cost per transport will be considered the highest total scoring.

D. Scoring and Weighing of Proposals

S-SV EMS shall select a Bidder based on the highest total scoring proposal.

Category	Points
Local Management Team, Credentials, and Experience	80
Compensation Package and Working Conditions	30
Bidders Training Programs	30
Response-Time Commitment and Liquidated Damages Commitment	30
Fiscal Strength	20
Emergency Ambulance Dispatch Services	40
Vehicle and Durable Equipment Maintenance and Management	20
Billing/Collection Program and Data Integration	20
Initial System Status Plan/Unit Hour Commitment	70
Integration with Behavioral Health	40
Commitment to the EMS System, Community Education, and Training Programs	30
Proposed Patient Charges and Rates	20
Commitment to Clinical Quality/Innovation	70
Total	500

Table 12

E. Submission of Additional Information

Any Bidder may be asked to provide clarification and/or answer supplemental questions. S-SV EMS staff or its delegate may continue to undertake additional investigation during and after the proposal review process to verify claims made by a Bidder during the response evaluation process. Such additional investigation may involve site visits, reference checks, financial inquiries, or any other reasonable means of determining the accuracy and completeness of information supplied by a Bidder.

If the Bidder receiving the Notice of Intent of Award refuses or fails to accept the Contract, S-SV EMS may award the Contract to the Bidder with the next highest score. Alternatively, S-SV EMS may reject all the remaining proposals.

F. Rejection of Proposals

S-SV EMS reserves the right to reject any and all responses for cause or that do not meet the requirements of this solicitation.

G. Disposition of Proposals

All materials submitted in response to the RFP will become the property of S-SV EMS and may be subject to the State of California’s Public Records Act.

8.5 Notice of Intent to Award and Contract

Upon the Evaluation Committee's determination, a "Notice of Intent to Award" to the highest total scoring proposal, as defined by the highest total score, will be sent by S-SV EMS to all participating Bidders following which S-SV EMS will initiate contract discussions with the successful Bidder. The provider contract will go before S-SV EMS’s JPA Governing Board for final adoption/approval.

8.6 News Releases

News releases by the Bidder about the intent to award resulting from this proposal shall not be made without prior written approval of S-SV EMS.

8.7 Debriefing

A debriefing shall be conducted upon the timely request of an unsuccessful Bidder to receive information concerning the evaluation of the Bidder's proposal. The request must be in writing, dated, and signed either by the Bidder or a legally authorized individual on behalf of the Bidder and be received by the S-SV EMS within three (3) working days following S-SV EMS's release of the "Notice of Intent to Award." Each requesting Bidder will be allotted one hour for any debriefing conference. The information provided by S-SV EMS will be based on the Evaluation Committee's determinations of the organization's submitted proposal as it relates to the evaluation criteria stated above. At the discretion of S-SV EMS, the debriefing may be held by conference call. The debriefing is not the forum to challenge the proposal's specification, requirements, or selection criteria. The debriefing procedure provided herein to all requesting unsuccessful Bidders to S-SV EMS's RFP is the exclusive and sole remedy and means of receiving information upon the respective Bidder's evaluation and preliminarily challenging the award of the Contract.

8.8 Protest Procedures

To be considered, protests must be made in writing, signed by the Bidder's authorized representative, and delivered to S-SV EMS. The following conditions apply to the proposal protest:

- A. Before Proposal Submittal Deadline. Protests of specifications, terms, conditions, or any other aspects of the solicitation must be made before the Proposal Submittal Deadline.
- B. After Proposal Submittal Deadline. Protest of award must be made by the Offeror no later than seven (7) calendar days after the Notice of Intent to Award. All protests must include the following information:
 1. The name, address, and telephone number of the protestor.
 2. The signature of the protestor or protestor's authorized representative.
 3. The solicitation or contract number.
 4. A detailed statement of the legal and/or factual grounds for the protest.

S-SV EMS reserves the right to refuse to hear protestors who have not followed the above procedures.

Section 9: Signature Forms

FORM A – IDENTIFICATION SHEET

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Authorized Agent: _____

Title: _____

Email: _____ Telephone : _____ Fax: _____

Signed and completed W-9 dated within one year of the date of this proposal submission shall be included as Attachment A

**MY RFP IS ATTACHED AND IDENTIFIED AS: RFP # 2026-01 RFP
DEADLINE FOR SUBMISSION:**

Years in business: _____ # of employees: _____

General Liability Insurance: _____ Expires: _____

Professional Liability Insurance: _____ Expires: _____

Workers' Compensation Insurance: _____ Expires: _____

Auto Insurance: _____ Expires: _____

NOTE: Proof of current insurance meeting S-SV EMS's requirements shall be labelled and identified as Attachment B.

Is your firm incorporated or another entity? _____ YES _____ NO _____ OTHER

If yes, please give the state where the firm is incorporated. _____

If No or Other is checked, please state type of entity: _____

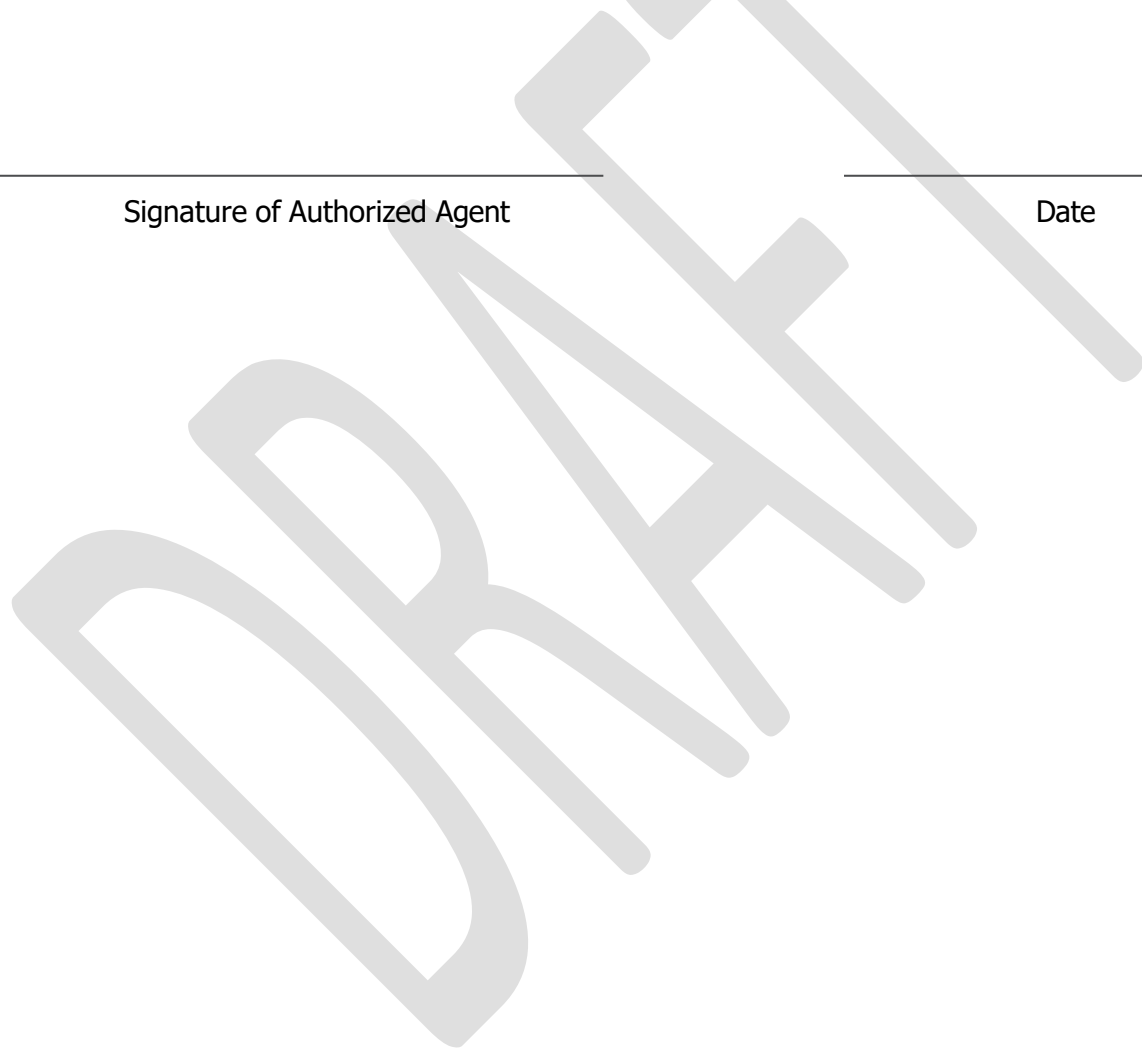
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FORM B – PROPOSAL AUTHORIZATION SIGNATURE PAGE

The undersigned, having carefully read and examined this RFP and being familiar with (1) all the conditions applicable to the work for which this proposal is submitted and (2) the availability of the required equipment, materials, and labor, hereby agrees to provide everything necessary to complete the work for which this proposal is submitted in accordance with the proposal documents for the amounts quoted herein and further agrees that if this proposal is accepted, within five (5) days after the contract is presented for acceptance, will execute, and mail a signed contract to the S-SV EMS.

Signature of Authorized Agent

Date



FORM C – NON-COLLUSION AFFIDAVIT

(Title 23 United States Code Section 112 and Public Contract Code Section 7106)

In accordance with Title 23, United States Code Section 112, and Public Contract Code 7106, the proposer declares that the proposal is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the proposal is genuine and not collusive or sham; that the proposer has not directly or indirectly induced or solicited any other proposer to submit a false or sham proposal, and has not directly or indirectly colluded, conspired, connived, or agreed with any proposer or anyone else to put in a sham proposal, or that anyone shall refrain from proposing; that the proposer has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the proposal price of the proposer or any other proposer, or to fix any overhead, profit or cost element of the proposal price, or of that of any other proposer, or to secure any advantage against the public body awarding the contract of anyone interested in the proposed contract; that all statements contained in the proposal are true; and further, that the proposer has not, directly or indirectly, submitted his or her proposal price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company, association, organization, proposal depository, or to any member or agent thereof to effectuate a collusive or sham proposal.

NOTE: The above Non-Collusion Affidavit is part of the Proposal. Signing this Proposal on the signature portion thereof shall also constitute signature of this Non-Collusion Affidavit.

Submitting a false certification may subject the certifier to criminal prosecution.

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FORM D – PUBLIC CONTRACT CODE SECTION

In accordance with Public Contract Code Section 10162, the Proposer shall complete, under penalty of perjury, the following questionnaire.

Has the proposer, any officer of the proposer, or any employee of the proposer who has a proprietary interest in the proposer, ever been disqualified, removed, or otherwise prevented from proposing on, or completing a federal, state or local government project because of a violation of law or a safety regulation?

Yes _____ No _____

If the answer is yes, explain the circumstances in the following space.

PUBLIC CONTRACT SECTION 10232 STATEMENT

In accordance with Public Contract Code Section 10232, the Contractor hereby states under penalty of perjury, that no more than one final unappealable finding of contempt of court by a federal court has been issued against the Contractor within the immediately preceding two-year period because of the Contractor’s failure to comply with an order of a federal court, which orders the Contractor to comply with an order of the National Labor Relations Board.

BUSINESS AND PROFESSIONS CODE SECTION 7028.15 STATEMENT

In accordance with Business and Professions Code Section 7028.15, the Contractor hereby states that all representations made herein are made under penalty of perjury.

FORM E – REFERENCES

SIMILAR CONTRACTS/RFPS PERFORMED: List below the contracts under which the Proposer (including subcontractor) has provided similar services during the past three (3) years from the release date of this RFP.

Reference checking, which may include site visits and contact with other clients or vendors, may verify the proposer's financial stability and technical and support capabilities.

REFERENCE NAME #1: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE NUMBER: _____ EMAIL: _____

DATE OF CONTRACT: _____ through _____

DESCRIBE PROJECT/SERVICES

REFERENCE NAME #2: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE NUMBER: _____ EMAIL: _____

DATE OF CONTRACT: _____ through _____

DESCRIBE PROJECT/SERVICES

REFERENCE NAME #3: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE NUMBER: _____ EMAIL: _____

DATE OF CONTRACT: _____ through _____

DESCRIBE PROJECT/SERVICES

S-SV EMS reserves the right to tour any of the Proposer's referenced locations.

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DRAFT

Exhibit 1: EMS Data

EMS Transports

Contracted EOA provider performs all 9-1-1 transports for West Placer S-SV EMS Zone 3

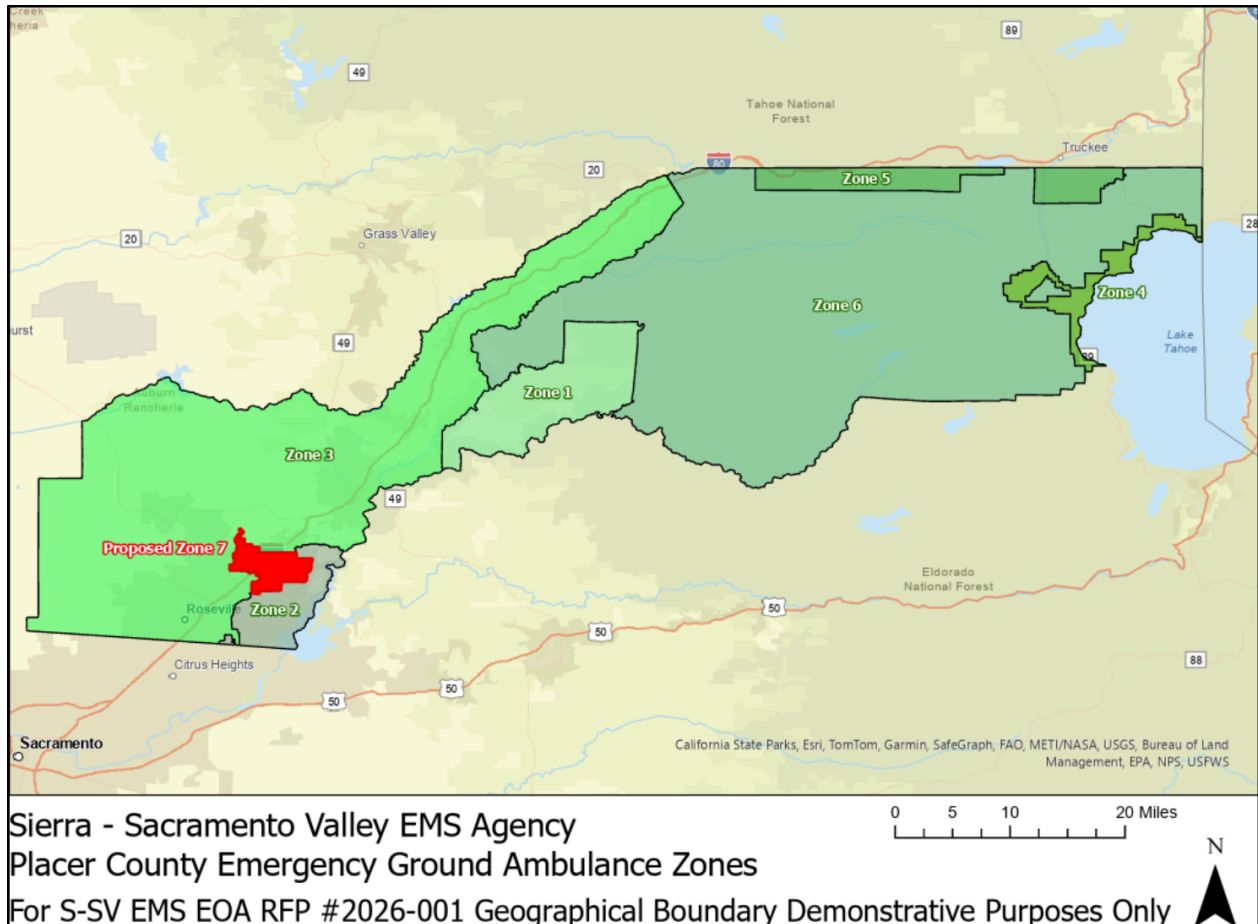
Year	All Emergency Responses (911 PSAP requests & direct calls to AMR Dispatch requesting an emergency ambulance response - excludes the Town of Loomis)	All Emergency Transports (911 PSAP requests & direct calls to AMR Dispatch requesting an emergency ambulance response - excludes the Town of Loomis)	Transport % - All Transports 911 and Private
2022	35,233	27,995	79.5%
2023	35,742	29,102	81.4%
2024	36,749	29,980	81.6%
2025	37,982	32,939	81.8%

Payor Mix

Reflects the 9-1-1 payor mix for the current Zone 3 EOA.

Payor	# of Claims	Payor Mix %
Medicare	20,273	61.5%
Medi-Cal	5,485	16.7%
Commercial Insurance	5,490	16.7%
Private Pay	1,532	4.7%
Contracts and Facilities	159	0.5%
Total	32,939	100%

Exhibit 2: EOA Zone Map



I-80 corridor from the Emigrant Gap area south/west to the Sacramento County Line (including the cities/towns/areas of Blue Canyon, Dutch Flat, Gold Run, Alta, Colfax, Meadow Vista, Applegate, Bowman, Auburn, North Auburn, Newcastle, Penryn, Rocklin and Roseville, and immediate surrounding areas outside the South Placer Fire Protection District boundaries), Hwy 49 corridor from the El Dorado County Line to the Nevada County Line (and immediate surrounding areas outside the Foresthill Fire Protection District boundaries), Hwy 65 corridor from the junction of I-80 to the Yuba County Line (including the cities/areas of Lincoln, Sheridan, and immediate surrounding areas).

Exhibit 3: EOA Sub-Zone Map

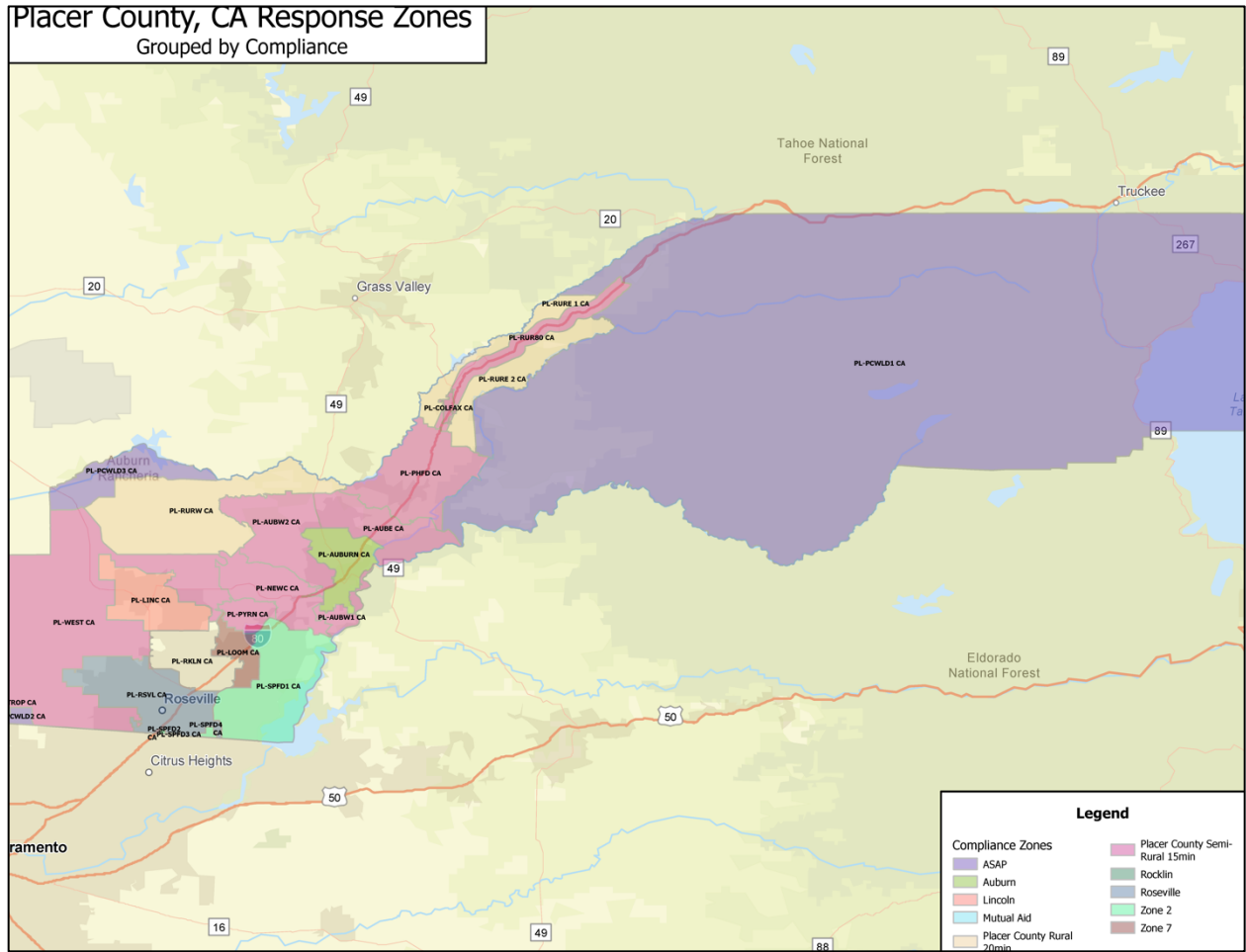


Exhibit 4: RFP Definitions

American Institute of Certified Public Accounts (AICPA) – Association representing the accounting profession that sets ethical standards and auditing standards.

Auditor-Controller's Office - Charged with the establishment and supervision of the accounting and financial operations of all activities under the control of Placer County.

Bidder – A person, partnership, firm, corporation, organization, or joint venture submitting a bid proposal for the purpose of obtaining a S-SV EMS Contract. Also, proposer, vendor, or respondent.

Bonds –

Fidelity Bond - Also referred to as a Dishonesty Bond. A fidelity bond is a form of protection that covers S-SV EMS for losses because of fraudulent acts by the Contractor.

Proposal Security Bond – Also referred to as Bid Security. A bond submitted with Bidder's response to compensate S-SV EMS for damages it might suffer if successful Bidder refuses to execute the Contract that may be derived from their response. Generally, it is 10% of the amount of Bidder's bid as bid security.

Performance Bond – A bond to ensure completion of the project as requested under the "Scope of Work." The Performance Bond is backed by a surety who guarantees the project will be completed in accordance with the specifications of the proposal.

Payment Bond—This bond protects subcontractors and suppliers. It ensures that the surety backing the bond will pay the subcontractors and suppliers if the general Contractor does not.

Closing Date/Time – The day and time by which S-SV EMS must receive the RFP.

Consumer Price Index (CPI) – Monthly data on changes in the prices paid by urban consumers as prepared by the U.S. Bureau of Labor Statistics.

Contract— This comprises the Request for Proposal (RFP), any amendments to it, the bid proposal, the finalized agreement, and the purchase order, if appropriate. The Contract constitutes the entire agreement between S-SV EMS and the awarded Bidder.

Contractor – The Bidder awarded the Contract derived from this RFP—the Bidder who is awarded the Contract and designated as the legal entity. The Prime Contractor will hereafter also be known as the Contractor. Any subcontracting, joint ventures, or other legal arrangements made by the Contractor during this project are the Contractor's sole responsibility.

Contract Administrator – S-SV EMS Regional Executive Director is the Contract Administrator and will be the single authority to act for S-SV EMS under the Contract.

Evaluation Committee – A committee established to review, evaluate, and score bid proposals so the S-SV EMS can recommend the Contract award.

Formal Date of Award – The effective date the S-SV EMS JPA Governing Board takes formal action to award the subject RFP to the most responsive Bidder.

Intent to Bid – Notice from a vendor of intent to participate in the RFP.

Joint Ventures – Two or more corporations or entities that form a temporary union for the purpose of the RFP and subsequent contract.

Material Breach – When the Contractor fails to meet the RFP requirements for 1) on-time response time compliance, 2) inadequately staffing or equipping units, 3) furnishing false or misleading information, 4) failure to meet bonding requirements, or 5) not producing required reports.

Notice of Intent to Award – Publicly posted notice from S-SV EMS to all participating Bidders advising them of the intended decision to award a Contract to the apparent successful Bidder as recommended by the Evaluation Committee.

Portable Document Format (PDF) – Commonly called Adobe Acrobat format.

Prime Contractor – The Bidder awarded the Contract and is designated as the legal entity. The Prime Contractor will hereafter also be known as the Contractor. Any subcontracting, joint ventures, or other legal arrangements made by the Contractor during this project are the Contractor's sole responsibility.

Proposal Deadline – The closing date associated with this proposal.

Proprietary – The information provided that is considered exempt from public disclosure is defined as Trade Secrets under Civil Code Section 3426.1, under the Public Records Act.

Request for Proposal (RFP) – This solicitation for emergency ground ambulance services.

Scope of Work – The mutually agreed document that describes tasks, dependencies, the sequence and timing of events, deliverables, and responsible parties associated with the various phases of the proposal.

Self-Insurance Retention (SIR) – Self-insured policy.

Subcontractor – Any person, entity, or organization to which the Contractor has delegated any obligations.

Vendor - A person, partnership, firm, corporation, or joint venture submitting a bid or response for the purpose of obtaining a S-SV EMS Contract.

Exhibit 5: EMS Definitions

Advanced Emergency Medical Technician (AEMT) – An EMT with additional training in limited advanced life support according to standards prescribed by the California Code of Regulations and with a valid certificate issued pursuant to that code.

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

Against Medical Advice (AMA) – Patients refusing treatment and transport even when the EMT or paramedic is recommending there is a need for care.

ALS Unit – An ambulance specially equipped to provide advanced life support services, staffed by at least one EMT-1 and one EMT-P.

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

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

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

At Scene – When a unit communicates to dispatch that it has arrived at the dispatched location or address of the call. Normally, this is when the vehicle is put into park.

Basic Life Support (BLS) – Special services designed to provide basic prehospital medical care as defined in Health and Safety Code Section 1797.60.

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

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

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

Computer-Aided Dispatch (CAD) – A system consisting of associated hardware and software to facilitate call taking, system status management, unit selection, ambulance coordination, resource dispatch and deployment, event time stamping, creation and accurate time maintenance of incident database, and providing management information.

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

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

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

Diagnostic Related Group (DRG) – A bundled collection of billing codes representing a specific injury or illness.

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

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

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

Emergency Code 3 Response – A real or self-perceived event in which the EMS system is accessed by the 9-1-1 emergency access number, a seven-digit emergency number, or an interfacility transfer in which the patient's health or well-being could be compromised if the patient is held at the originating facility.

Emergency Code 2 Response – Any request for service designated as non-life threatening by pre-established dispatch protocols, including the MPDS call type and S-SV EMS Medical Director guidance, requiring the immediate dispatch of an ambulance without using lights and sirens.

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

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

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

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

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

Emergency Standby Service – The dispatch of an emergency ambulance unit(s) by an S-SV EMS approved Dispatch Center or other PSAP at the specific request of a public safety agency to a position of immediate availability.

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

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

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

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

Interfacility Transports (IFT) – Ambulance transports between healthcare facilities, typically non-emergency.

LEMSA – Local EMS Agency, Authorized by California Health & Safety Code 1797.200.

Limited Advanced Life Support – means special service designed to provide prehospital emergency medical care limited to techniques and procedures that exceed basic life support but are less than advanced life support and are those procedures specified pursuant to Health and Safety Code Section 1797.171.

Medical Priority Dispatch System (MPDS) – A set of established protocols utilized by dispatchers to determine the level of response necessary and provide pre-arrival instructions to the caller.

Multi-Casualty Incident (MCI) - An event has occurred that results in more victims than are usually handled by the system. The event takes place within a discrete location and does not involve the entire community. The number of victims is expected to stress the system, including delays in treating patients with relatively minor injuries or illnesses. See S-SV EMS Protocol G-1 for a complete description.

Medical Director – shall mean the West Placer S-SV EMS Medical Director, contracted to oversee the medical control and quality assurance programs of the EMS System, and as required in Health and Safety Code Section 1797.202

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

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

Occupational Safety and Health Agency (OSHA) – Federal agency that protects and improves the health and safety of workers.

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

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

Paramedic Unit – An ambulance staffed and equipped to provide advanced life support at the scene of a medical emergency and during transport in an ambulance. The minimum standard for a paramedic unit in shall be one (1) EMT-P and one (1) EMT-1.

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

Priority Dispatching – A structured method of prioritizing requests for ambulance and first responder services, based upon highly structured telephone protocols and dispatch algorithms. Its primary purpose is to safely allocate available resources among competing demands for service.

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

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

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

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

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

Return of spontaneous circulation (ROSC) – Resumption of sustained perfusing cardiac activity associated with significant respiratory effort after cardiac arrest.

Revenue – Increases equity from any source. Ambulance revenues are usually reported as gross (billed) revenue amounts or in net terms that reflect adjustments for write-offs.

Sierra Sacramento Valley EMS Agency (S-SV EMS) – The local EMS agency (LEMSA) empowered by the Health & Safety Code to plan, implement, and evaluate the EMS system in accordance with state statutes and regulations, consisting of an organized pattern of readiness and response services based on public and private agreements and operational policies and procedures.

Special Standby Service – A private or public event requiring an on-site ambulance or the organizers requesting an ambulance. Examples include sporting events, fairs, and concerts.

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

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

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

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

Transport Volume – The number of service requests resulting in patient transport.

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

Unit Hour Utilization (UHU) – A measurement of how hard and effectively the system works. It is calculated by dividing the number of responses initiated during a given period by the number of unit hours (hours of service) produced during the same period. Special event coverage and certain other activity classes are excluded from these calculations.

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

Workload – The measure of work performed by on-duty units during any given period.

Exhibit 6: Current Rates**Effective 12/1/25**

Item	Rate
ALS Emergency/Non-Emergency	\$2,652.97
BLS Emergency	\$2,652.97
BLS Non-Emergency	\$3,381.25
ALS / BLS Non-Emergency Mileage (per mile)	\$101.90
ALS / BLS Emergency Mileage (per mile)	\$63.34
Non-Medical Billing Fee	\$70.38
Non-Medical Transport Fee	\$418.13
Non-Medical Mileage (per mile)	\$13.93
Night Charge	\$455.16
1264 - NEONATAL RATE	\$13,866.52
13300 - SCT RATE	\$13,866.52
2152 - SCT AND NEONATAL MILEAGE (per mile)	\$63.34
299A - ALS NON COVERED EXCESS MILEAGE (per mile)	\$63.34
299B - BLS NON COVERED EXCESS MILEAGE (per mile)	\$101.90
3001 - OXYGEN	\$309.55
3002 - AIRWAY/NASAL	\$71.37
3003 - AIRWAY /ORAL	\$71.37
3004 - COLD/HOT PACK	\$37.55
3006 - DEFIB ELECTRODES	\$129.30
3007 - DRESSING - MAJOR	\$75.36
3008 - DRESSING - MINOR	\$36.69
3010 - INTUBATION SUPPLIES	\$241.14
3011 - IO SUPPLIES	\$648.29
3012 - IRRIGATION FLUID	\$37.55
3013 - IV DRIP SUPPLIES	\$142.53
3017 - O2 SUPPLIES/NEBULIZER	\$37.62
3018 - OB PACK	\$71.47
3021 - SPLINT EXT DISP	\$25.98
3025 - CO2 DETECTION SUPPLY	\$93.49
3028 - BURN SHEET	\$67.21
3047 - BED PAN	\$23.98
3048 - EMESIS BASIN	\$12.13
3049 - URINAL	\$23.98
3050 - PERSONAL CARE SUPPLIES	\$18.35
3055 - DISPOSABLE LINEN	\$38.37
3058 - ACE WRAP	\$37.55
3061 - BAG VALVE MASK	\$135.33
3062 - BANDAGES ROLLER	\$37.55
3063 - BANDAGES TRIANGULAR	\$37.55
3064 - BLANKET, DISPOSABLE	\$48.44
3076 - INFUSION SET BLOOD SET WITH PU	\$71.37
3080 - INTRAOSSEOUS NEEDLE	\$544.68
3081 - IV TUBING	\$71.37
3090 - PETROLEUM GAUZE PADS	\$37.55
3092 - RESTRAINTS DISPOSABLE	\$185.72

Item	Rate
3139 - CAPNOGRAPH	\$41.23
3197 - CHUX PAD	\$17.67
3200 - ASPIRIN	\$18.35
3217 - DISPOSABLE PULSE OX SENSOR	\$111.44
3506 - CATHETER FOLEY CCT	\$185.72
3509 - IV CASSETTES CCT	\$185.72
3510 - IV DIAL A FLOW CCT	\$37.55
3517 - TRANSDUCERS DISPOSABLE CCT	\$185.72
3519 - BURN DRESSING CCT	\$37.55
3521 - BI-PAP MASK CCT	\$185.72
3522 - MULTI FUNCTION PADS CCT	\$185.72
4001 - ALBUTEROL NEBULIZER	\$23.69
4003 - ATROPINE	\$30.95
4004 - BENADRYL	\$26.15
4006 - CALCIUM CHLORIDE	\$50.16
4007 - DEXTROSE 50%	\$71.37
4008 - DOPAMINE DRIP	\$100.49
4010 - GLUCAGON	\$471.28
40120 - ACETAMINOPHEN	\$255.40
4013 - LASIX	\$26.15
4015 - LIDOCAINE DRIP	\$37.55
4017 - MORPHINE	\$37.07
4018 - NARCAN	\$45.43
4524 - VERSED 10MG	\$93.53
4528 - FENTANYL CCT	\$71.37
4529 - HYDRALAZINE CCT	\$149.99
4530 - NIPRIDE CCT	\$71.37
4531 - NOREPINEPHRINE CCT	\$37.55
4532 - PROCAINAMIDE CCT	\$37.55
4533 - TRIDIL CCT	\$37.55
4534 - HEPERIN 10,000 U PER CC CCT	\$37.55
4536 - VECURONIUM CCT	\$341.77
4537 - PORTA WARMER CCT	\$149.99
4540 - MAGNESIUM SULFATE CCT	\$37.55
4541 - PITOCIN (OXYTOCIN) CCT	\$37.55
4542 - INAPSINE CCT	\$37.55
4543 - LOPRESSOR CCT	\$71.37
4544 - VERAPAMIL CCT	\$37.55
4545 - DILANTIN CCT	\$37.55
4546 - DIGOXIN CCT	\$37.55
4547 - MANNITOL CCT	\$37.55
4548 - LABETALOL	\$37.55
4549 - CALCIUM GLUCONATE	\$37.55
4550 - DILAUDID	\$37.55
5005 - CRICO/CREST PROC	\$619.10
5006 - DEFIBRILLATION	\$619.10
5009 - GLUCOMETER USE	\$186.98
5018 - OB DELIVERY	\$1,435.36
5021 - SPLINTING (EXTREM)	\$37.55

Item	Rate
5023 - SUCTIONING	\$57.24
5027 - PULSE OXIMETRY	\$122.82
5029 - EKG MONITOR 4 LEAD	\$309.55
5030 - EKG MONITOR 12 LEAD	\$203.28
5032 - NEEDLE CHEST DECOMP	\$251.60
5042 - ISOL/DECONTAMINATION	\$62.84
5044 - SPINAL IMMOBILIZATIO	\$107.54
5046 - BLOOD GLUCOSE TEST	\$185.72
5057 - NEONATAL TRANSPORT CHARGE	\$1,435.36
5079 - CPAP PROCEDURE/SUPPLIES	\$586.97
5502 - IABP TRANSPORT CCT	\$4,551.61
5507 - CHEST TUBE MONITORING CCT	\$185.72
5513 - ELECTRONIC BP CUFF CCT	\$136.55
5514 - EXTERNAL PACEMAKER CCT	\$1,857.26
5515 - HD DOPPLER CCT	\$309.55
5517 - HIGH LEVEL ACUITY NURSING CCT	\$9,467.34
5520 - INTUBATION CCT	\$1,435.36
5521 - INVASIVE MONITOR PER LINE CCT	\$371.47
5524 - IV START	\$273.10
5527 - PEDIATRIC CARE CCT	\$1,435.36
5529 - PULSE OXIMETER USE CCT	\$185.72
5533 - VENTALATOR CIRCUIT CCT	\$111.44
5535 - VENTILATOR USE CCT	\$1,435.36
5536 - WAIT TIME PER QUARTER HOUR CCT	\$619.10
5537 - HIGH RISK OB CCT	\$1,435.36
5538 - NG PLACEMENT CCT	\$273.10
6020 - ADDITIONAL ATTEND CCT	\$619.10
6025 - BRIDGE TOLL (AS CHARGED)	\$11.78
6029 - EXTRA ATTENDANT	\$619.10
6031 - WAIT TIME FOR TREAT/RELEASE	\$44.80
6036 - BARIATRIC	\$910.32
6060 - NIGHT CHARGE	\$455.16
6072 - ALS DRY RUN	\$140.45
6073 - BLS DRY RUN	\$140.45

Exhibit 7: Clinical Performance Standards

This Exhibit identifies the Clinical Performance Standards S-SV EMS expects the selected provider to monitor, measure, and meet as part of its clinical quality management program. These standards are intended to evaluate key aspects of patient care, clinical decision-making, protocol compliance, documentation quality, and system performance.

The selected provider will be expected to demonstrate the capability to collect, validate, and report the data necessary to measure these standards and to use those results as part of an internal quality improvement process. S-SV EMS will use these standards, together with other clinical quality information, as part of ongoing system performance monitoring.

Unless otherwise specified by S-SV EMS, performance shall be measured using the eligible encounters identified for each standard. Where a documented exception applies, the documented exception shall be clearly reflected in the patient care record. These standards are intended to be applied as provider-level system expectations, recognizing that individual case exceptions may occur when clinically appropriate and properly documented.

Service Level	Standard	Eligible Encounters	Performance Expectation	Performance Threshold	Measurement Method	Documented Exception
Documentation						
BLS/ALS	1. Required PCR Fields Completion	All patients	EMS personnel shall complete all mandatory NEMSIS- and LEMSA-required fields, including all required supplemental forms (e.g., airway form).	≥95%	Percentage of PCRs with all mandatory NEMSIS and LEMSA (S-SV EMS schematron) required fields completed, including applicable supplemental forms.	None.
ALS	2. Decision-Making Capacity Documentation	Patients who refuse evaluation, treatment, or transport	EMS personnel shall assess and document the patient's decision-making capacity at the time of refusal, sufficient to demonstrate the patient's ability to understand, appreciate, and communicate an informed decision.	≥95%	Percentage of refusal/AMA encounters in which the PCR documents whether the patient was determined to have decision-making capacity, including capacity assessment, discussion of risks and benefits, and the patient's refusal decision.	Exceptions must be documented and may include patient elopement, unsafe scene conditions, or inability to complete assessment.

Service Level	Standard	Eligible Encounters	Performance Expectation	Performance Threshold	Measurement Method	Documented Exception
Airway/Respiratory						
ALS	3. First-Pass Advanced Airway Success	Patients receiving advanced airway attempts	EMS personnel shall achieve successful placement of an advanced airway using the least number of attempts necessary, with emphasis on first-pass success when an advanced airway is attempted.	≥85%	Percentage of advanced airway encounters in which successful placement of an endotracheal tube (ETT) or supraglottic airway (SGA) is achieved on the first documented attempt. An attempt is defined as introducing an airway device (ETT, SGA) into the oropharynx with the intent to place the device. Successful placement is defined as advanced airway placement confirmed by waveform capnography and documented clinical findings.	Anatomical difficulty or emergent clinical deterioration must be documented as contributing factors to be considered for exception.
ALS	4. Waveform Capnography	Patients with an advanced airway in place (ETT/SGA)	EMS personnel shall apply and document continuous waveform capnography for all patients with an advanced airway in place unless a documented exception exists.	≥95%	ETCO2 documented before and after all advanced airway attempts and at a minimum q5m following advanced airway placement.	Patient factors preventing reliable waveform (e.g., copious secretions, severe bronchospasm), extremely short transport, or immediate life-threatening priorities must be documented to be considered for exception.
BLS/ALS	5. BVM Quality	Non-cardiac arrest patients receiving BVM ventilation	EMS personnel shall ventilate patients receiving BVM ventilation at a rate appropriate for patient age and clinical condition as evidenced by documented ventilation rate, SpO2, and ETCO2 (ETCO2 ALS only).	≥90%	Percentage of non-cardiac arrest patients receiving BVM ventilation with PCR documentation that includes, at a minimum: ventilation rate within the age-appropriate range for clinical condition; SpO2 ≥94%; ETCO2 35-45 mmHg (35-39 mmHg for suspected moderate/severe TBI) (ETCO2 ALS only); and capnography use, with continuous ETCO2 applied and documented at initiation of BVM ventilation and at a minimum five (5) minute interval thereafter while BVM ventilation continues (ALS only).	Absence of documented ventilation rate, or patient factors preventing reliable ETCO2 or SpO2 monitoring, shall be considered non-compliant.

Service Level	Standard	Eligible Encounters	Performance Expectation	Performance Threshold	Measurement Method	Documented Exception
Assessment						
BLS/ALS	6. Patient Assessment/Documentation	All patients	EMS personnel shall document patient assessment findings appropriate to the patient's chief complaint, mechanism of injury, or clinical presentation that demonstrate clinical reasoning, identification of life threats, and reassessment of patient response to care.	≥95%	Percentage of patient care reports in which documentation includes all required assessment elements applicable to the patient's clinical presentation, as defined in Exhibit A. Failure to document a required element without a documented exception shall be considered non-compliant.	Immediate life threats, patient refusal or inability to cooperate, altered mental status, unsafe scene conditions, or extremely short transport time must be documented to be considered for exception.
ALS	7. 12-Lead Acquisition	Patients with a primary impression consistent with indications in S-SV EMS Protocol PR-1	EMS personnel shall acquire and document a 12-lead ECG for patients who meet protocol-defined indications.	≥95%	12-lead ECG acquired within 10 minutes of patient contact and documented in the PCR, including time acquired, interpretation, and whether one or more STEMI criteria were met.	Patient refusal, immediate life-threatening condition, or extremely short transport time must be documented to be considered for exception.
Cardiac Arrest/Resuscitation						
BLS/ALS	8. Defibrillation Timing	Patients in cardiac arrest with CPR initiated by EMS and a shockable rhythm identified	EMS personnel shall deliver the first defibrillation shock within two (2) minutes of patient contact for patients with a shockable rhythm.	≥90%	Elapsed time between documented "At Patient" contact on the PCR and the time of first defibrillation shock recorded on the cardiac monitor printout.	Delayed patient access, scene safety concerns, or immediate life-saving interventions required prior to rhythm analysis must be documented.
ALS	9. ETCO2 Use During CPR	Patients in cardiac arrest with CPR initiated by EMS	EMS personnel shall apply and document continuous ETCO2 monitoring during CPR.	≥95%	ETCO2 documented at initiation of CPR and at a minimum of every five (5) minutes during resuscitation.	Short resuscitation duration or rapid ROSC must be documented.
Trauma Care/Pain Management						
BLS/ALS	10. Hemorrhage Control - Tourniquet	Patients with applied prehospital hemorrhage	EMS personnel shall utilize and assess tourniquets in accordance with S-SV EMS Protocol T-4.	≥95%	Documentation in the PCR of assessment of initial appropriateness and ongoing need for tourniquet use.	Patient anatomy or injury pattern preventing effective placement, patient refusal, or immediate life-threatening priorities must be documented.

Service Level	Standard	Eligible Encounters	Performance Expectation	Performance Threshold	Measurement Method	Documented Exception
		control utilizing a tourniquet				
ALS	11. Hemorrhage Control - TXA	Patients with prehospital hemorrhage meeting TXA criteria	EMS personnel shall administer TXA in accordance with S-SV EMS Protocol T-4 when inclusion criteria are met, no exclusion criteria exist, and a base/modified base hospital order has been approved.	≥95%	Documentation of TXA administered at the appropriate dose when indicated, with PCR documentation of physician name and time of order, or documented denial of request including physician name and time.	Failure to meet inclusion criteria, presence of exclusion criteria, physician denial, patient refusal, inability to obtain IV/IO access, or time-critical transport must be documented.
ALS	12. Analgesia When Indicated (Including Ongoing Pain Management)	Patients with an initial pain score ≥6 using numeric, FLACC, or Wong-Baker scale, with decision-making capacity, and pain management appropriate per S-SV EMS Protocol M-8	EMS personnel shall manage pain in accordance with S-SV EMS Protocol M-8 and reassess pain and vital signs within 10-15 minutes following analgesic administration when feasible.	≥90%	Percentage of eligible encounters in which analgesia was administered or a reason analgesia was not administered was documented (e.g., refusal, contraindication, clinical deferral).	Patient refusal, contraindication or allergy, hemodynamic instability or altered mental status, clinical deferral, or extremely short transport time must be documented.
Pediatric						
ALS	13. Pediatric Weight-Based Dosing	Pediatric patients (age 0-14 years) receiving any medication	EMS personnel shall calculate and administer pediatric medication doses based on patient weight in accordance with protocol-defined dosing ranges.	≥95%	Documentation in the PCR of the source of patient weight (measured, caregiver/patient-reported, length-based tape, provider estimate, approved app) and accurate calculation and administration of the weight-based medication dose.	None.
Mission Lifeline (Stroke/STEMI)						
ALS	14. AHAEMS4.1 Stroke Screen	Patients aged 18 years and older with a primary or secondary	EMS personnel shall perform and document the findings of a stroke screening.	≥95%	Documentation in the PCR that a stroke screen was performed and the score (severity) documented in eVitals.30 and eVitals.29.	Patient unable to complete or refusal must be documented.

Service Level	Standard Performed and Documented	Eligible Encounters	Performance Expectation	Performance Threshold	Measurement Method	Documented Exception
ALS	15. AHAEMS2.1 Documentation of Last Known Well for Patients with Positive Stroke Screen	Patients aged 18 years and older with a positive stroke screen	EMS personnel shall document the Last Known Well date/time.	≥95%	Documentation in the PCR that Last Known Well date/time is documented during the EMS encounter in eSituation.18.	Unable to complete or refusal must be documented.
ALS	16. AHAEMS3.1 Evaluation of Blood Glucose for Patient with Suspected Stroke	Patients aged 18 years and older with a primary or secondary impression of stroke	EMS personnel shall evaluate blood glucose during the EMS encounter.	≥95%	Documentation in the PCR of blood glucose evaluation and level in eVitals.18.	Unable to complete or refusal must be documented.
ALS	17. AHAEMS1.1 Pre-Arrival Notification for Positive Stroke Screen	Patients aged 18 years and older with a positive stroke screen and assessment occurring <24 hours since Last Known Well date/time	EMS personnel shall activate a pre-arrival alert for stroke patients with a positive stroke screen.	≥95%	Documentation in the PCR of pre-arrival alert for stroke in eDisposition.24.	Last Known Well ≥24 hours prior to assessment, or inability to complete, must be documented.
ALS	18. AHAEMS5.1 12-Lead EKG Performed within 10 Minutes	Patients aged 18 years and older with a primary or secondary impression related to cardiac chest pain or heart attack	EMS personnel shall perform a 12-Lead EKG within 10 minutes of ALS first medical contact.	≥95%	Documentation in the PCR of 12-Lead EKG performed in eVitals.04.	Cardiac arrest, need for advanced airway management, hemodynamic instability requiring stabilization prior to 12-Lead EKG, and patients who refuse care must be documented.
ALS	19. AHAEMS7.1 Pre-Arrival Notification of	Patients aged 18 years and older who meet S-SV	EMS personnel shall activate a pre-arrival alert for patients who meet STEMI criteria.	≥95%	Documentation in the PCR of pre-arrival alert for STEMI in eDisposition.24.	Cardiac arrest, need for advanced airway management, hemodynamic instability requiring stabilization prior to 12-Lead

Service Level	Standard	Eligible Encounters	Performance Expectation	Performance Threshold	Measurement Method	Documented Exception
	STEMI within 10 Minutes of Positive EKG	EMS Protocol C-6 STEMI criteria				EKG, patients who refuse care, or first EKG not STEMI-positive must be documented.
ALS	20. AHAEMS13.0 / 14.0 At-Patient Time to Departure within 15 Minutes for Stroke/STEMI	Patients aged 18 years and older with a primary or secondary impression related to cardiac chest pain, heart attack, or stroke	EMS personnel shall have a scene time for stroke/STEMI patients <15 minutes.	≥95%	Documentation in the PCR of eTimes.09 minus eTimes.07 <15 minutes.	Cardiac arrest, need for advanced airway management, hemodynamic instability requiring stabilization prior to 12-Lead EKG, patients who refuse care, first EKG not STEMI-positive, or other non-system reasons for delay such as extrication, language barrier, patient access, scene safety, or multiple-patient triage must be documented.

Note: S-SV EMS may revise measure definitions, reporting specifications, data elements, and documented exception criteria during implementation or ongoing system performance monitoring to align with protocol updates, regulatory changes, quality improvement priorities, and data system capabilities.

Exhibit 8: 5-Year Budget Template

Template provided as an Excel Spreadsheet

