Amendment No. 1 January 21, 2026

This amendment is issued to answer questions for Bid No.51100-26B-009 **Emergency Services**. The information in this amendment answers the questions submitted during the questions/answer period.

Montgomery County ITB-51100-26B-009
Emergency Services
Amendment
Emergency Medical Treatment and Transportation Questions and Answers

1

Which coverage option will the County select for award (Option 1 vs. Option 2), or will you award multiple vendors by district? Option 1 vs. Option 2

2

Please confirm whether the service scope is primary 911 response only or includes IFT/non-emergency transports beyond what is listed on the bid form. Scope is 911 response

3

Can the County provide historical call volume by district (by month) for the last 12-24 months? As set forth in the invitation to bid (ITB), Montgomery County is seeking to establish emergency services in the unincorporated areas of Montgomery County. Unfortunately, Montgomery County is not able to obtain accurate data to respond to this question.

4

Can the County provide time-of-day call distribution and peak demand periods by district? As set forth in the invitation to bid (ITB), Montgomery County is seeking to establish emergency services in the unincorporated areas of Montgomery County. Unfortunately, Montgomery County is not able to obtain accurate data to respond to this question.

5

Are there response time standards by district/zone, and how will compliance be measured (dispatch-to-arrival vs. call-received-to-arrival)? Does your company allow "jump calls"? Response time standards must follow the regulations required by the State of Alabama. Measurements are the same standards as required by the state's office of EMS. Compliance is measured by call-received-to-dispatch and from dispatch-to-arrival.

6

Are special events/standby obligations included, or billed separately? The County does not anticipate needing any special event services. If this need occurs, they will be billed separately.

7

For the "1-3 Volunteer Fire Departments" posts, which specific stations/addresses are under consideration? The three sites under consideration are:

1. Snowdoun (Sprague Junction)
2. Rolling Hills
3. A third location has not been fully identified as of the date of this RFP

8

Will the County/VFDs provide space, utilities, security, restrooms, and sleeping quarters, or is the vendor responsible? The vendor is not responsible, the County Volunteer Fire Association will support the Volunteer Fire Department (VFD) designated as the primary response station. This support will include assistance with facility setup and payment of utility expenses for the fire department.

9

Are there posting requirements beyond the dedicated ALS unit(s) (e.g., move-ups, system status management)?

Yes, move-ups are expected because three units should be maintained at all times.

10

Is posting permitted outside the listed VFD locations if it improves coverage?

Although multiple locations have already been identified, the County does not Forsee a need for posting outside the permitted area. Should it be determined that need the arise after project implementation we can revisit this issue.

11

Please clarify whether the requirement is one 24/7 ALS unit total, or one 24/7 ALS unit per selected VFD location.

There is going to be one 24/7 unit per selected location (3).

12

If multiple dedicated units are required, will the County cap at three total (one per VFD) or could it expand?

In accordance with the ITB, there will one 24/7 unit per selected location (3)

13

Are the dedicated unit(s) restricted to 911 only, or may they also run non-emergency/IFT when system conditions allow?

This contract will be for the successful vendor to provide one 24/7 unit per selected location for 911 services only as outlined in the ITB.

14

The bid references one paramedic minimum per ambulance - does that apply to every responding unit, including BLS responses? Yes, every responding unit for 911 services should have a paramedic onboard to include BLS response.

15

Are EMT/Paramedic shift minimums required (e.g., 12s vs 24s), or is staffing left to the bidder if coverage is met? Staffing levels are left up to the bidder providing the contracted coverage as outlined in the ITB is met and that an EMT is assigned to each unit for the 24-hour shift.

16

Which medical direction/clinical protocols must be used (County/region/state protocols), and who is the Medical Director of record? Alabama is a one-protocol state. While Dr. William Crawford currently serves as the medical director, the winning bidder will be required to procure their own offline medical director for oversight and related responsibilities.

17

Are there any required capabilities (e.g., 12-lead transmission, CPAP, ventilator capability, Rapid Sequence Intubation (RSI), etc.)? Various medical capabilities are required, up to and including, e.g. 12-lead transmission, CPAP, ventilator capability, and RSI.

18

Are background checks/drug screening required beyond state licensing rules?

Yes

19

Who provides primary 911 call-taking and dispatch (County/Sheriff/PSAP vs vendor)?

Montgomery County Emergency Communications District

20

What CAD/dispatch systems are used, and is there an integration requirement (AVL, ePCR timestamps, unit status updates)? Currently, Guardian Dispatch, I am not aware of any integration requirements.

21

Is there a required radio system (frequencies/talk groups), and who supplies radios (County vs vendor)?

Montgomery County currently utilizes an 800 MHz radio system. The selected vendor will be responsible for supplying all required radios for their operations. Any P-25 compliant radio can be programmed to communicate on the designated mutual aid channel.

22

Are backup dispatch/contingency requirements specified (power outage, CAD failure)?

The Montgomery County Sheriff's Office has a contingency plan for power outages, etc.

23

Are the bid rates intended to be billed to patients/insurance, paid by the County, or a combination?

Bill Patient

24

For mileage, is mileage calculated loaded only, or loaded + unloaded, and from what points (scene-to-destination vs base-to-scene)?

Mileage is calculated loaded from the scene to unloaded at the hospital. Points are from the scene to destination.

25

How should “ALS Level 2” be documented/validated for billing (specific interventions list vs paramedic judgment)?

ALS Level 2 should be documented for the service and equipment used.

26

Are there indigent/uninsured billing policies, write-off expectations, or County subsidy provisions?

The State requires all patients receiving medical treatment and transport (as requested) to be transported, regardless of ability to pay.

27

Are bidders allowed to propose membership/subscription programs, or is that prohibited?

This is not allowed with this project

28

What reports are required (monthly/quarterly), and what metrics (response time, unit hour utilization, turnaround time, clinical QA)? See the amendment

29

Does the County require ePCR data extracts in a specific format, and are there HIPAA/BAA requirements?

No, the County will follow all HIPAA requirements related to the extraction of ePCR data.

30

Will the County conduct random audits, ride-alongs, or chart reviews, and what is the process/cure period. The County does not conduct its own random audits, ride-a longs, or chart reviews but relies on the established state and regional oversight processes. The County will forward all investigations of concern to our regional EMS Office, Mr. Sean Gibson, at (334) 793-7789. Alabama is a one-protocol state, and oversight is primarily managed through the regional EMS

Office and the state. The State will conduct an inspection when the service first opens, and subsequent inspections occur less frequently than annually. If any findings are identified during an investigation, the State provides a 30-day period for the service to correct or cure the issues noted.

31

Please confirm the required insurance limits and whether the County needs to be listed as additional insured on all policies.

State Protocols should be followed regarding required insurance limits and yes, the county should always be listed as an additional insured where it is available.

32

For the performance bond, when is it due (at award vs before go-live), and what bond forms are acceptable? Performance bond is due before go-live date. See attachment A performance bond sample

33

Are subcontractors permitted (e.g., overflow), and if so, must they be pre-approved and meet the same requirements?

Thank you for your inquiry regarding the use of subcontractors. While the project specifications did not explicitly address subcontracting, the awarded vendor may subcontract services—such as coverage for overflow or missed runs—if necessary to ensure continuous service. However, any subcontractors utilized must meet all State EMT requirements as well as the contractor requirements outlined in the ITB. Pre-approval of subcontractors is not specified, but the primary responsibility for compliance remains with the awarded vendor, as long as the winning bidder maintains the coverage outlined in the ITB.

34

What is the expected transition/start date, and will there be an overlap period with an incumbent provider?

The exact start date for the project has not yet been determined. Additionally, there will be no overlap period, as there is no incumbent provider for this contract.

35

Is there an incumbent provider, and can the County share any transition constraints (equipment transfer, station access timing, dispatch cutover)? We do not currently have an incumbent provider.

Sample Minimum Reporting Requirement

The selected proposer shall provide, at a minimum, the following reports for the duration of the contract. These requirements are intended to establish baseline accountability and do not preclude the County from requesting reasonable supplemental information related to performance, compliance, or public safety.

******The County reserves the right to refine formats****

1. Monthly Operational Performance Report

Purpose: Verify service delivery and response reliability.

Minimum Content:

- Total call volume
- Call types (emergency / non-emergency)
- Dispatch Calls
- Average and fractal response times
- Number of delayed or missed calls
- Unit availability by shift

Frequency: Monthly
Format: Electronic (PDF or dashboard summary)

---

2. Monthly Financial Summary

Purpose: Ensure fiscal transparency for public funds.

Minimum Content:

- Operating costs (personnel)
- Overtime usage
- Insurance billing collections (if applicable)
- Budget vs. actual summary

Frequency: Monthly
Format: Electronic summary with supporting detail available upon request

---

3. Staffing & Workforce Status Report

Purpose: Monitor operational sustainability.

Minimum Content:

- Authorized vs. filled positions
- Vacancies
- Turnover during reporting period

Frequency: Quarterly
Format: Summary table

---

4. Regulatory & Contract Compliance Attestation

Purpose: Confirm legal and contractual compliance.

Minimum Content:

- State EMS licensure status
- Vehicle and equipment compliance
- Insurance coverage confirmation
- HIPAA compliance attestation
- Disclosure of any material violations

Frequency: Annually or upon request
Format: Signed certification

---

5. Incident & Risk Notification (As-Needed)

Purpose: Ensure timely County awareness of material risks.

Trigger Events:

- Serious patient injury or death

- Major service disruption
- Regulatory investigation
- Litigation or claim involving EMS operations

Timeline: Within 24 hours of occurrence or notice