

South Central Louisiana Human Services Authority (SCLHSA)

**158 Regal Row
Houma, LA 70360**

**SPECIFICATIONS FOR CRISIS TRANSPORTATION SERVICES
INSTRUCTIONS, CONDITIONS, AND REQUIREMENTS**

BID DELIVERY INSTRUCTIONS:

BIDS MAY BE MAILED THROUGH THE U.S. POSTAL SERVICE, DELIVERED BY HAND OR COURIER SERVICE TO OUR LOCATION AS FOLLOWS:

SCLHSA – FISCAL DEPT
158 REGAL ROW
HOUMA, LA 70360

BIDDER IS SOLELY RESPONSIBLE FOR ENSURING THAT IT'S COURIER SERVICE MEETS DEADLINE. SCLHSA IS NOT RESPONSIBLE FOR ANY DELAYS CAUSED BY THE BIDDER'S CHOSEN MEANS OF BID DELIVERY.

FAILURE TO MEET THE BID OPENING DATE TIME SHALL RESULT IN REJECTION

TERMS AND CONDITIONS:

THIS SOLICITATION CONTAINS ALL TERMS AND CONDITIONS WITH RESPECT TO THE SERVICE HEREIN. BID MUST BE SUBMITTED ON THE STATE FORM. ANY CONTRACTOR CONTRACTS, FORMS, TERMS OR OTHER MATERIALS SUBMITTED WITH THE BID MAY CAUSE BID TO BE REJECTED.

THE PURCHASE/RELEASE ORDER(S) SHALL BE THE ONLY BINDING DOCUMENT TO BE ISSUED AGAINST THIS CONTRACT. SIGNING OF CONTRACTOR'S FORMS IS NOT ALLOWED.

ACCEPTANCE:

BIDS ON THIS CONTRACT WILL BE ASSUMED TO BE FIRM FOR ACCEPTANCE FOR MINIMUM OF 60 DAYS. IF ACCEPTED, PRICES MUST BE FIRM FOR THE SPECIFIED CONTRACT PERIOD.

CANCELLATION:

THE STATE OF LA AND/OR AGENCY RESERVES THE RIGHT TO CANCEL THIS CONTRACT WITH THIRTY (30) DAYS WRITTEN NOTICE.

CERTIFICATION OF NO SUSPENSION OR DEBARMENT:

BY SIGNING AND SUBMITTING ANY BID FOR \$30,000 OR MORE, THE BIDDER CERTIFIES THAT THEIR COMPANY, ANY SUBCONTRACTORS, OR PRINCIPALS ARE NOT SUSPENDED OR DEBARRED BY THE GENERAL SERVICES ADMINISTRATION (GSA) IN ACCORDANCE WITH THE REQUIREMENTS IN OMB CIRCULAR A-133 VIA THE INTERNET AT WWW.SAM.GOV.

INSURANCE REQUIREMENTS:

Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the contractor, his agents, representatives, employees or subcontractors. The contractor shall maintain limits no less than:

- i. Worker's compensation insurance: As required by Louisiana State Statute, exception; Employers Liability is included with a minimum limit of \$1,000,000 per accident/per disease/per employee.
- ii. Commercial General Liability: Shall provide limits not less than \$1,000,000 Combined Single Limit per Occurrence for bodily injury and property damage and a minimum general aggregate of \$2,000,000.
- iii. Comprehensive Automobile liability: Bodily injury liability \$250,000 each person; \$500,000 each occurrence. Property Damage Liability \$250,000 each occurrence.

The Agency, its officers, agents, employees and volunteers shall be named as an additional insured as regards negligence by the contractor. The coverage shall contain no special limitations on the scope of protection afforded to the Agency. Insurance shall be placed with insurers with an A.M. Best's rating of A-VI or higher. This rating requirement may be waived for workers compensation coverage only. Contractor shall furnish the Agency with Certificates of Insurance reflecting proof of required coverage. The Certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. The Certificates are to be received and approved by the Agency before work commences and upon any contract renewal or insurance policy renewal thereafter.

WORKERS COMPENSATION INDEMNITY:

In the event, the Contractor is not required to provide or elects not to provide workers compensation coverage, the parties hereby agree that Contractor, its owners, agents and employees will have no cause of action against, and will not assert a claim against, SCLHSA or the State of Louisiana, its departments, agencies, agents and employees as an employer, whether pursuant to the Louisiana Workers Compensation Act or otherwise, under any circumstance. The parties also hereby agree that the State of Louisiana, its departments, agencies, agents and employees shall in no circumstance be, or considered as, the employer or statutory employer of Contractor, its owners, agents and employees. The parties further agree that Contractor is a wholly independent contractor and is exclusively responsible for its employees, owners, and agents. Contractor hereby agrees to protect, defend, indemnify and hold the State of Louisiana, its departments, agencies, agents and employees harmless from any such assertion or claim that may arise from the performance of this contract.

INDEMNIFICATION/HOLD HARMLESS AGREEMENT:

Contractor agrees to protect, defend, indemnify, save, and hold harmless, SCLHSA or the State of Louisiana, all State Departments, Agencies, Boards and Commissions, its officers, agents, servants, employees, and volunteers, from and against any and all claims, damages, expenses, and liability arising out of injury or death to any person or the damage, loss or destruction of any property which may occur, or in any way grow out of, any act or omission of Contractor, its agents, servants, and employees, or any and all costs, expenses and/or attorney fees incurred by Contractor as a result of any claims, demands, suits or causes of action, except those claims, demands, suits, or causes of action arising out of the negligence of the State of Louisiana, all State Departments, Agencies, Boards, Commissions, its officers, agents, servants, employees and volunteers.

Contractor agrees to investigate, handle, respond to, provide defense for and defend any such claims, demands, suits, or causes of action at its sole expense and agrees to bear all other costs and expenses related thereto, even if the claims, demands, suits, or causes of action are groundless, false or fraudulent.

RENEWAL OPTION:

AT THE OPTION OF SCLHSA OR THE STATE OF LOUISIANA AND ACCEPTANCE BY THE CONTRACTOR, THIS CONTRACT MAY BE EXTENDED FOR TWO ADDITIONAL TWELVE (12) MONTH PERIODS AT THE SAME PRICE, TERMS AND CONDITIONS. TOTAL CONTRACT TIME MAY NOT EXCEED THIRTY-SIX (36) MONTHS.

SCOPE OF SERVICES

Crisis Transportation

Contractor shall provide transportation services for the clients at any of the SCLHSA Behavioral Health & Assessment Centers who are in crisis and need of emergency transportation to a hospital or other medical facility. The clients in need of transportation may be a minor, elderly, physically handicapped, gravely disabled, suicidal, behaviorally impaired, etc.

Contractor agrees to follow up timely on insurance eligibility for transport coverage and process insurance claim reimbursement accordingly. If reimbursement for claim is approved, Contractor agrees to proceed with filing claim for transport prior to invoicing SCLHSA for the transport. The information on the requested reimbursement shall be provided to the SCLHSA's Accounts Payable for each transport with insurance coverage when submitting the monthly invoice.

If reimbursement for a transport claim is denied, Contractor agrees to provide documentation of denial when submitting a request for reimbursement from SCLHSA via invoice.

Transportation can be from any one of the following South Central LA Human Services Authority's Clinics:

Lafourche Behavioral Health Center	157 Twin Oaks Dr, Raceland 70394
River Parishes Assessment Center	232 Belle Terre Blvd, Ste B, LaPlace 70068
River Parishes Behavioral Health Center	1809 W Airline Highway, LaPlace 70068
St. Mary Behavioral Health Center	500 Roderick St, Ste B, Morgan City 70380
Terrebonne Behavioral Health Center	5599 Highway 311, Houma 70360

Possible receiving destinations include but are not limited to:

- (52) St. Anne Hospital, Raceland
- (53) Terrebonne General Medical Center, Houma
- (54) Chabert Medical Center, Houma
- (42) Ochsner St Mary Hospital, Morgan City
- (16) River Parish Hospital, Laplace
- (14) Fairview Treatment Center, Bayou Vista
- (4) Covington Behavioral Health, Covington
- (1) Teche Medical Center, Houma
- (18) River Oaks Hospital, Harrahan
- (8) Genesis Behavioral Hospital, Breaux Bridge
- (1) Ochsner Medical Center, Kenner
- (20) Perimeter BH, Kenner
- (4) Beacon Behavioral Hospital, Lutcher
- (1) Beacon Behavioral Hospital, New Orleans
- (1) Seaside Behavioral Hospital, Baton Rouge
- (2) Reliant Rehabilitation, Denham Springs
- (5) Children's Hospital, New Orleans
- (2) Compass Behavioral Health, Statewide
- (1) The Grove Recovery, Sorrento
- (4) Vermillion Behavioral Health, Lafayette
- (2) Ocean Hospital, Marrero
- (4) River Place Behavioral Health, Laplace
- (1) Joseph Henry Tyler Behavioral Health, Lafayette
- (2) Dry Runs

The number in () notes the number of times a person was transported to the locations in the last 24 months. This information provided to the contractor is an estimate of possible need; neither these destinations nor number of trips are a guarantee of need or restriction to destination—other destination may not be listed.

In the event the contractor is requested to provide transportation for a minor under the age of 18, no more than two (2) parent(s)/guardian(s) will be permitted to accompany the minor and the transportation is to the receiving facility only. The accompanying parent(s)/guardian(s) are responsible for their return transportation arrangements.

The Contractor shall:

- Be required to be available seven (7) days per week, 365 days, 24 hours per day.
- Upon request for services, respond to South Central LA Human Services Authority staff with an estimated time of arrival for pick-up. Contractor's response time will be as soon as possible but not to exceed a wait time of one (1) hour.
- Have an established location in a Parish that SCLHSA has a behavioral health clinic, i.e. Lafourche, St. John, St. Mary or Terrebonne, or in a Parish adjacent to one of these.
- Provide vehicles for transportation that are **equipped** for safety and security – see below for definition.
- Provide vehicles with drivers wearing civilian clothing.
- Upon request, provide copies of licenses & proof of employees' training. Upon request, a detailed description of previous 5 years employment history of driver(s) shall be provided.
- Provide drivers who will not carry weapons on their person.
- Report on SCLHSA incident form, any occurrence in which the driver had to stop for safety reasons. (see Exhibit A)
- Assume full liability for client in transport and will carry liability insurance in accordance with the insurance requirements previously outlined.
- Provide a driver who understands they assume responsibility for the client until such time the proper authorities at the receiving facility accepts responsibility.
- Contractor agrees to accept the responsibility to file a claim with the client's insurance provider for payment. Insurance providers will be 1st Payor for transport.
- Provide a rate inclusive of all costs to be incurred by contractor, i.e. driver's salary and benefits, fuel, insurance, vehicle maintenance, etc.
- Dry Runs shall be quoted as a (%) percentage of reduction to the inclusive rate noted above.

Term Criteria defined:

Equipped vehicles are defined as vehicles equipped in such a manner to prevent injury or sudden exit while in motion. Vehicles are stocked with standard safety supplies and equipment prior to transport. The fleet must include a vehicle that is handicap accessible/ramp accessible if requested.

Dry Runs are defined as those circumstances when contractor reports to one of SCLHSA's facilities to pick up a client for transportation and client refuses to accept the transportation to the designated facility.

With submission of Bid, Contractor is required to include and:

- Provide the address of the domicile site(s) where the vehicles for this contract will be located
- Provide photos of vehicles demonstrating a 360 view of exterior and interior. Agency must be able to see driver, passenger, and back seating area for interior photos. Front, Rear, and sides for exterior photos.
- Provide statement attesting that drivers are licensed to transport passengers and familiar with transporting and providing security for emotionally disturbed individuals.
- Provide a list of medical insurance providers for which the Contractor is currently approved to bill for transportation services.
- Provide, at a minimum, three (3) references of other public sector facilities served or contracted with.
 - These references must be for comparable service.
 - The references must include the following:
 - Name of person, title, and telephone number to contact.
 - Type of facility.
 - Length of period employed or contracted with facility.
 - Types of services performed by contractor for this facility.

EXHIBIT A

Adverse Incident Reporting Form for Transportation Service

The provider **must** email this form and any necessary information **within 1 business day** of discovery of the incident to:
Kimri Miller at Kimri.Miller@la.gov

Client/Participant Name:	Date of Birth:
Incident Location:	Date and Time of Incident:
Date Incident Discovered:	Date Form Completed:

Select any of the following categories that were involved.

<input type="checkbox"/> Elopement	<input type="checkbox"/> Behavior/Actions distracted driver
<input type="checkbox"/> Accident	<input type="checkbox"/> Death

Description of Event: (including specifics on incident, using as many pages as necessary, numbering, dating, and signing each)

Action taken to ensure safety of all involved: (including debriefing efforts and steps to avoid similar future events)

Select the appropriate boxes that apply.

<input type="checkbox"/>	Parent/Guardian notified. Date/ & Name of Person notified:
<input type="checkbox"/>	Law enforcement/Protective Service Notified. If yes, agency name and contact information:
<input type="checkbox"/>	Member seen by psychiatrist, physician or nurse after incident. If yes, type of facility and name or credential of provider type:

Signature: _____

Print Name: _____

Phone Number: _____

Email Address: _____

Provider Name: _____

Date: _____

