

ATTACHMENT C

RFx #3000024598

Contract Title: Emergency Surge Medical Transportation - LDH

Specifications

Line 1: Management of ALS and BLS Ambulances:

Staffing and Resources at the Emergency Medical Services - Tactical Operations Center (EMS-TOC): The Contractor will provide up to two contract representatives for each operational shift to provide oversight and ongoing management/operations of the Contractor's surge ambulances made available through the contract. The EMS-TOC will determine if the contract representatives are to report to the EMS-TOC or if they are to report to a designated region within the State. Based on the scope and scale of an event, LDH may seek additional representatives from the Contractor (if available).

Upon activation, the SHO or designee will determine the approved number of contract representatives that are to report to duty and the location of their activation, which could be at the EMS-TOC or to a designated region within the State. Only that approved number will be eligible to be paid under the contract.

- The contract representative(s) shall report to the EMS-TOC or designated region within 6 hours of activation and be continuously on site for the duration of the event until officially notified by the EMS-TOC or designee via written communication to demobilize.
- The contract representative(s) shall:
 - Report to the EMS-TOC as per NIMS Incident Command Structure. The EMS-TOC will be Incident Command to this Contractor for reporting purposes.
 - Actively manage the surge contracted assets/resources via the contract including:
 - ALS and BLS Ambulances.
 - Responding Support Personnel (All units will be staffed to operate 24 hours per day, 7 days a week (24/7)).
 - Serve as an assistant to EMS-TOC.
 - Provide copies of operational forms to the EMS-TOC.
 - Work with the EMS-TOC to maximize efficiency by monitoring units (on assignment, available for use, or out of service) and have designated authority to be able to command control of the Contractor's units.
 - Have operational command over surge units so they are able to solve issues that may arise.
 - Be knowledgeable of the POC's for the surge units and any of their direct wrap-around services.
 - Be responsive to the data needs of the EMS-TOC and/or Designated Regional Coordinator (DRC) when it comes to utilization of units, and problem solving related to the units.
 - Actively engage with the EMS-TOC to ensure mission requests align with needed resources to support on-going planning needs.
 - Provide guidance to subcontractors on the terms and conditions of any subcontracted units.
 - Work with other emergency services contractors to ensure maximum availability of contracted ambulances via the contract.
 - Assign activated units as requested by the EMS-TOC.
 - Be an EMS Practitioner as defined by La. R.S. 40:1131.
 - Shall have at least 2 years of experience in ambulance operations and have sufficient delegation to make budgetary and legal decisions as well as authority to direct sub-contractors to perform tasks as defined in Attachment B – Scope of Work/Deliverables.
 - Be familiar with Emergency Center Operations. Shall have had training or worked at an Emergency Center of Operations for at least one event.
 - Have completed NIMS Training ICS, 100, 200, 700, 800, 300, 400.
 - Have operational proficiency in Incident Command System/ National Incident Management System (ICS/NIMS).
 - Have working knowledge of Emergency Medical Services dispatching.

- Have working knowledge of the Emergency Surge Medical Transportation Contract.
- Logistics for Contract Representative(s) at EMS-TOC:
 - Communication equipment (i.e. 700 MHz radio, telephone, and fax) will be provided by the State for use in the EMS-TOC. Any Contractor-specific equipment must be provided by the Contractor (i.e. special-use electronics and programs).
 - Personnel will be paid on an hourly rate. Hourly rate is to be inclusive of all labor, materials, overhead expenses and travel to provide services as required in the contract.
 - Full quoted hourly rates will begin when the contract representative(s) arrives at the EMS-TOC or assigned region, and is signed in as active duty. The provided hourly rate will be paid for all hours of active duty.
 - If the Contractor charges for mobilization, the mobilization rate is up to one-half the hourly rate. Mobilization should not exceed 6 hours.
 - If available, meals will be provided by the State to the Contractor's staff assigned at the EMS-TOC or region during working operational shifts. If not available, it will be the Contractor's responsibility to provide the Contractor's staff with meals.
 - The Contractor shall be responsible for lodging and meals when staff are not on duty.
- Performance Measures for Contract Representative(s):
 - The Contractor will meet with the EMS-TOC and/or DRC, when requested, to provide updates and situational reports.
 - Minimum frequency of at least once per operational shift.
 - For each operational shift, the Contractor will submit:
 - Summary of reports for asset/resource utilization and mission assignments for all units dispatched by the Contractor.
 - The operational personnel roster for all contract personnel.
- Monitoring Plan for Contract Representative(s):
 - The EMS-TOC will hold at least one status meeting each operational shift with the contract representative(s).
 - The EMS-TOC will review and monitor the Operational Personnel Roster, including hours worked and services provided for payment services.
 - The EMS-TOC will review and maintain a copy of all logs and reports provided by the contract representative(s) and distribute them as directed.

Line 2: ALS Ambulances

- **Staffing Qualifications:** ALS Ambulances must be a Louisiana registered unit and staffed with a minimum of one Louisiana licensed First Responder in good standing and one Louisiana licensed Paramedic in good standing.
- **Unit Availability:** All activated ALS ambulances are to be available and in-service for 24 hours a day, 7 days a week (24/7).
- **Number of Potential Responding Units:** At the onset of an incident and upon activation, the Contractor will contact the EMS-TOC and identify the number of requested units that they can provide and when they are expected to arrive. The Contractor is to send unit and crew data to the Bureau of Emergency Medical Service (BEMS) for license verification. Once they are placarded they will provide a spreadsheet to EMS-TOC listing the units, crews and placard numbers.
- Those units identified by the Contractor that are activated by the SHO or designee must be at the assigned jobsite within 6 hours of activation and be available for assignments.
- **Deployment term:**
 - LDH will pay a minimum of 72 hours for units activated for deployment for surge requirements.
 - If the Contractor deploys a unit that is available for less than 72 hours, then that unit will only be subject to receive payment for actual hours mobilized.
 - If LDH, upon notification to the Contractor, requests a unit for a specific mission that will run less than 72

hours, and the Contractor agrees to supply the unit, then that unit will only be subject to receive payment for actual hours mobilized.

- Requirements:
 - Units shall be Louisiana registered and permitted ALS ambulances in accordance with La. R.S.40:1131 et seq. (except as noted in the below section “Out of State Ambulances” as a last resort.)
 - Upon arrival at the State-operated ambulance processing site, ambulances shall be fully stocked and supplied by the Contractor, so as to be self-sustaining for a 72 hour response period.
 - After 72 hours, resources such as medical supplies utilized and expended on patients, fuel, food, and lodging shall be provided by the Contractor. The State will not routinely pay for such supplies unless they are not commercially available as verified by local resources. If not commercially available, the State will assist the Contractor in securing needed resources such as medical supplies expended on patients, fuel, food, and lodging. The State reserves the right to bill appropriately for provided resources.
 - If needed resources are provided by the State, the Contractor must complete the appropriate supply request form as prescribed by the State.
 - Each ambulance must have a common radio communications system (the State of Louisiana 700 MHZ interoperable radio system) that will have 24 hours a day, 7 days a week (24/7) contact with the contract representative(s), the BEMS and the Louisiana Department of Health Emergency Operations Center (LDH-EOC).
- Medical Control: The Contractor shall provide on-line and off-line medical control to all of the contracted ambulances.
- Out of State Ambulances. The contract has Contractor(s) within the State to address local, regional or State disasters. Emergency Management Assistance Compact (EMAC) is the primary venue for out-of-state-ambulances. For the contract, out-of-state ambulances may be utilized in response to the contract as a last resort only when specifically approved by the SHO or designee. In the exception case(s) where out-of-state ambulances are approved, then the Contractor shall verify that all responding units are licensed and in good standing in the state of origin. The Contractor shall notify the responding state’s EMS Official that units are responding to an out of state request. The Contractor shall disclose to the state of origin’s State EMS Official the number, location and name of the ambulance service of any ambulances from that state that are used as a part of the contract. The Contractor shall provide the LA BEMS, evidence of this notification prior to the ambulances leaving the affected state and this documentation is also to be provided to the EMS-TOC.
- Participating Ambulances from Affected Areas. In-state ALS ambulances and associated staff are not to be pulled from the locally affected area unless the providers who enter into the contract continue to meet their agreements/obligations with local governments/facilities in times of surge. A locally affected area is defined as a parish or group of parishes that are evacuating, under the threat of an evacuation or who are in need of surge support from any declared disaster. Clarification should be sought from the EMS-TOC or designee.
- Maintaining Coverage of Operational Area. The Contractor must ensure that providers who enter into this contract maintain their “Daily Operational Base” within their operational area. “Daily Operational Base” is defined as the number of licensed ambulances assigned to cover their daily operations. For example, provider has 10 licensed ambulances and three are on duty at any time. The provider must maintain three ambulances on duty during emergency operations. If the daily operational base ambulance mix is one ALS and two BLS then that ratio must be maintained. Using the example, the provider has seven ambulances available to assign to the contract.
 - If a provider desires to breach the Daily Operational Base, the provider must contract with another provider to maintain their Daily Operational Base. This contract is a separate contract between individual providers (not LDH) and must be disclosed.
 - Providers may combine their resources to increase the number of available ambulances that can be obligated to the contract. Providers that use this approach are still required to maintain the Daily Operational Base and ratio of BLS / ALS ambulances.

- Disclosure of Contractual Obligations of Participating Providers. The Contractor must ensure that all participating providers disclose contractual obligations that they have entered into to provide their ambulances and/or staff. These contracts include but are not limited to; nursinghome, home health, hospitals or other providers in support of a contract within Louisiana or out of state.
- Direction: The ambulances will be utilized by the EMS-TOC under the direction of the SHO or designee. All ambulance missions will be assigned and tracked through the LDH-designated system.
- Needed Units. The SHO or designee, after consultation with the EMS-TOC, shall establish the number of ambulances and associated staff needed upon activation. In the event a greater or lesser number is needed, the right is reserved by the State of Louisiana to increase or decrease the amount, at the unit price stated in the contract.
- Response Time: Staffed ambulances are to be available for missions in their assigned area of operations within 6 hours of the activation of the contract or shall report to a credentialing center within 6 hours. In the exception case(s) where the Contractor is given authorization to utilize out of state ambulances, the response time for these ambulances is 12 hours, in lieu of the 6 hour requirement for in-state surge ambulances.
- Payment: Contracted ambulances will be paid on an hourly basis for all hours that units and crews are active and available for response. Ambulances will be paid at one-half the hourly rates for all hours that the unit is unavailable for use, to allow for crew rest where no back-up crews were supported. Out of service or demobilized units are not available for payment. Hourly rates start when unit arrives at the designated reporting site. If the Contractor charges for mobilization, the mobilization rate is up to one-half the hourly rate. Mobilization should not exceed 6 hours. In order to maximize efficiency and ensure payment, the Contractor must document the status of each contracted unit dispatched: on assignment, staging, unavailable, out of service or demobilized.
- **Any time associated with a mission that was not assigned and documented within the LDH designated system will not be compensated.**
 - For each operational shift or as requested, the Contractor will submit:
 - Summary of reports for asset/resource utilization and mission assignments.
 - The operational personnel roster for all contract personnel.
 - Full quoted hourly rates start when the contracted ambulance arrives at the designated reporting site and are successfully placarded. It is the goal of the State to target each ambulance to report to a physical, designated State-operated ambulance processing site. However, if the circumstances of the disaster event warrant the ambulances be processed via other methods, placards will be issued accordingly.
 - Each ambulance will be paid for all approved mobilized hours.
 - Payment ends when the contracted ambulance is cleared for demobilization. The Contractor will record and report demobilization times for contracted ambulances to the EMS-TOC.
 - Payment will be withheld for ambulances not completing the demobilization process as required.
 - Ambulances will not be paid for “out of service” hours or demobilized units.
 - Hourly rate is to be inclusive of all labor, materials, overhead expenses and all travel expenses (including meals and lodging) to provide services as required in the contract.
- Reporting Locations: Ambulances should report to the designated State-operated ambulance processing sites, Primary processing sites are subject to activation. The processing sites are located at:
 - Lamar-Dixon Expo Center, 9039 S Saint Landry Ave, Gonzales, LA 70737-8044; or any other location designated by the LDH / EMS-TOC.

Upon activation, the Contractor will be notified as to where contracted ambulances should report for processing.

- Reporting: For all units dispatched by the Contractor, the Contractor shall provide a summary report of their missions to the EMS-TOC for each operational shift as prescribed by the EMS-TOC. The Contractor shall be provided a template for the daily summary report for distribution prior to the activation of the contract.
- Equipment. The Contractor is responsible for furnishing communication equipment(i.e. properly programmed 700 MHz radios) to contracted ambulances.
 - Should the EMS-TOC choose to employ specialized tracking or reporting equipment in the management of the State surge ambulances, said equipment will be provided and distributed to the contracting ambulance at the identified State processing sites.
 - LDH will conduct an implementation meeting with the Contractor 30 days after the execution of the contract to discuss forms, templates, training and specialized equipment necessary to perform the contract.
 - It will be the responsibility of the Contractor to ensure that all responding surge ambulance staff has received the necessary orientation and training needed to properly operate said equipment.
- Demobilization: Upon notification by the SHO or designee to the Contractor that a specific number of units are to be demobilized, the Contractor will make efficient and fair recommendations to the EMS-TOC as to which specific units are to be demobilized. After concurrence is received from the EMS-TOC and notification is given to the units by the Contractor, ambulances shall report to a designated demobilization center.
- Performance Measures for contracted ALS ambulances:
 - For each operational shift, the Contractor must submit summary reports for assets/resource utilization and mission assignments for units dispatched by the Contractor.
 - The Contractor will be provided a template of all required forms within 30 days after the execution of the contract.
 - Mission tracking forms and/or equipment prescribed by the EMS-TOC will be provided to the Contractor within 30 days after execution of the contract. LDH will conduct an implementation meeting with the Contractor 30 days after the execution of the contract to discuss forms, templates, training and specialized equipment necessary to perform the contract.
 - The ambulance processing site staff will provide pre-event and just-in-time training to the Contractor on all forms and/or equipment being utilized. It will be the responsibility of the Contractor to ensure that all responding surge ambulance staff have received the necessary orientation and training needed to properly utilize all forms and equipment.
- Monitoring Plan for Contracted ALS Ambulances:
 - For all units dispatched by the Contractor, the Contractor will provide the contract representative(s) with a copy of the summary report for asset/resource utilization and mission assignments for submission to the EMS-TOC for each operational shift.
 - The EMS-TOC will review and maintain a copy of all summary reports submitted by the contract representative(s) and distribute them as directed.

Line 3: BLS Ambulances:

- Staffing Qualifications: BLS ambulances must be a Louisiana registered unit and staffed with a minimum of one Louisiana licensed EMT Basic in good standing and one Louisiana licensed First Responder in good standing.
- Unit Availability: All activated BLS ambulances are to be available and in-service for 24 hours a day, 7 days a week (24/7).

- Number of Potential Responding Units: At the onset of an incident and upon activation, the Contractor will contact the EMS-TOC and identify the number of requested units that they can provide and when they are expected to arrive. The Contractor is to send unit and crew data to BEMS for license verification. Once they are placarded they will provide a spreadsheet to EMS-TOC listing the units, crews and placard numbers.
- Those units identified by the Contractor that are activated by the SHO or designee must be at the assigned jobsite within 6 hours of activation and be available for assignments.
- Deployment term:
 - LDH will pay a minimum of 72 hours for units activated for deployment for surge requirements.
 - If the Contractor deploys a unit that is available for less than 72 hours, then that unit will only be subject to receive payment for actual hours mobilized.
 - If LDH, upon notification to the Contractor, requests a unit for a specific mission that will run less than 72 hours, and the Contractor agrees to supply the unit, then that unit will only be subject to receive payment for actual hours mobilized.
- Requirements:
 - Units shall be Louisiana registered and permitted BLS ambulances in accordance with La.R.S.40:1131et seq. (except as noted in the below section “Out of State Ambulances” as a last resort).
 - Upon arrival at the State-operated ambulance processing site, ambulances shall be fully stocked and supplied by the Contractor, so as to be self-sustaining for a 72 hour response period.
 - After 72 hours, resources such as medical supplies utilized and expended on patients, fuel, food, and lodging shall be provided by the Contractor. The State will not routinely pay for such supplies unless they are not commercially available as verified by local resources. The State will assist the Contractor in securing needed resources such as medical supplies expended on patients, fuel, food, and lodging. The State reserves the right to bill appropriately for provided resources.
 - If needed resources are provided by the State, the Contractor must complete the appropriate supply request form as prescribed by the State.
 - Each ambulance must have a common radio communications system (the State of Louisiana 700 MHZ interoperable radio system) that will have 24 hours a day, 7 days a week (24/7) contact with the contract representative(s), the EMS-TOC and the Louisiana Department of Health, Emergency Operations Center (LDH-EOC).
- Medical Control: The Contractor shall provide on-line and off-line medical control to all of the contracted ambulances.
- Out of State Ambulances. The primary means for receiving out-of-state ambulances to assist in a State response is through EMAC or federal contract. However, non-EMAC out-of-state ambulances may be utilized in response to the contract as a last resort and only when specifically approved by the SHO or designee. In the exception case(s) where out-of-state ambulances are approved, then the Contractor shall verify that all responding units are licensed and in good standing in the state of origin. The Contractor shall notify the responding state’s EMS Official that units are responding to an out of state request. The Contractor shall disclose to the state of origin’s State EMS Official the number, location and name of the ambulance service of any ambulances from that state that are used as a part of the contract. The Contractor shall provide the LA BEMS evidence of this notification prior to the ambulances leaving the affected state and this documentation is also to be provided to the EMS-TOC.
- Participating Ambulances from Affected Areas. In-state BLS ambulances and associated staff are not to be pulled from the locally affected area unless the providers who enter into the contract continue to meet their agreements/obligations with local governments/facilities in times of surge. A locally affected area is defined as a parish or a group of parishes that are evacuating, under the threat of an evacuation or who are in need of surge support from a declared disaster. Clarification should be sought from the EMS-TOC or designee.
- Maintaining Coverage of Operational Area. The Contractor must ensure that providers who enter into this agreement maintain their “Daily Operational Base” within their operational area. “Daily Operational Base” is defined as the number

of licensed ambulances assigned to cover their daily operations. For example, provider has 10 licensed ambulances and three are on duty at any time. The provider must maintain three ambulances on duty during emergency operations. If the daily operational base ambulance mix is one ALS and two BLS then that ratio must be maintained. Using the example, the provider has seven ambulances available to assign to the contract.

- If a provider desires to breach the Daily Operational Base, the provider must contract with another provider to maintain their Daily Operational Base. This contract is a separate contract between individual providers (not LDH) and must be disclosed.
- Providers may combine their resources to increase the number of available ambulances that can be obligated to the contract. Providers that use this approach are still required to maintain the Daily Operational Base and ratio of BLS / ALS ambulances.
- Disclosure of Contractual Obligations of Participating Providers. The Contractor must ensure that all participating providers disclose contractual obligations that they have entered into to provide their ambulances and/or staff. These contracts include but are not limited to; nursing home, home health, hospitals or other providers in support of a contract within Louisiana or out of state.
- Direction: The ambulances will be utilized by the EMS-TOC under the direction of the SHO or designee. All ambulance missions will be assigned and tracked through the LDH- designated system.
- Needed Units. The SHO or designee, after consultation with the EMS-TOC, shall establish the number of ambulances and associated staff needed upon activation. In the event a greater or lesser number is needed, the right is reserved by the State of Louisiana to increase or decrease the amount, at the unit price stated in the contract.
- Response Time: Staffed ambulances are to be available for missions in their assigned area of operations within 6 hours of the activation of the contract or shall report to a credentialing center within 6 hours. In the exception case(s), where the Contractor is given authorization to utilize out of state ambulances, the response time for these ambulances is 12 hours, in lieu of the 6 hour requirement for in-state surge ambulances.
- Payment: Contracted ambulances will be paid on an hourly basis for all hours that units and crews are active and available for response. Ambulances will be paid at one-half the hourly rates for all hours that the unit is unavailable for use, to allow for crew rest where no back-up crews were supported. Out of service or demobilized units are not available for payment. Hourly rates start when unit arrives at the designated reporting site. If the Contractor charges for mobilization, the mobilization rate is up to one-half the hourly rate. Mobilization should not exceed 6 hours. In order to maximize efficiency and ensure payment, the Contractor must document the status of each contracted unit dispatched: on assignment, staging, unavailable, out of service or demobilized.
- **Any time associated with a mission that was not assigned and documented within the LDH designated system will not be compensated.**
 - For each operational shift or as requested, the Contractor will submit:
 - Summary of reports for asset/resource utilization and mission assignments.
 - The operational personnel roster for all contract personnel.
 - Full quoted hourly rates start when the contracted ambulance arrives at the designated reporting site and are successfully placarded. It is the goal of the State to target each ambulance to report to a physical, designated State-operated ambulance processing site. However, if the circumstances of the disaster event warrant the ambulances be processed via other methods, placards will be issued accordingly.
 - Each ambulance will be paid for all approved mobilized hours.
 - Payment ends when the contracted ambulance is cleared for demobilization. The Contractor will record and report demobilization times for contracted ambulances to the EMS-TOC.
 - Payment will be withheld for ambulances not completing the demobilization process as required.
 - Ambulances will not be paid for “out of service” hours or demobilized units.
 - Hourly rate is to be inclusive of all labor, materials, overhead expenses and all travel expenses (including meals and lodging) to provide services as required in the contract.

- Reporting Locations: Ambulances should report to designated State-operated ambulance processing sites. Primary processing sites are subject to activation. The processing sites are located at:
 - Lamar-Dixon Expo Center, 9039 S Saint Landry Ave., Gonzales, LA 70737-8044; or any other location designated by the LDH/EMS-TOC.

Upon activation, the Contractor will be notified as to where contracted ambulances should report for processing.

- Reporting: For all units dispatched by the Contractor, the Contractor shall provide a summary report of their missions to the EMS-TOC for each operational shift as prescribed by EMS-TOC. The Contractor shall be provided a template for the daily summary report for distribution prior to the activation of the contract.
- Equipment. The Contractor is responsible for furnishing communication equipment (i.e. properly programmed 700 MHz radios) to contracted ambulances.
 - Should the EMS-TOC choose to employ specialized tracking or reporting equipment in the management of the State surge ambulances, said equipment will be provided and distributed to the contracting ambulance at the identified State processing sites.
 - LDH will conduct an implementation meeting with the Contractor 30 days after the execution of the contract to discuss forms, templates, training and specialized equipment necessary to perform the contract.
- It will be the responsibility of the Contractor to ensure that all responding surge ambulance staff has received the necessary orientation and training needed to properly operate said equipment.
- Demobilization: Upon notification by the SHO or designee to the Contractor that a specific number of units are to be demobilized, the Contractor will make efficient and fair recommendations to the EMS-TOC as to which specific units are to be demobilized. After concurrence is received from the EMS-TOC and notification is given to the units by the Contractor, ambulances shall report to a designated demobilization center.
- Performance Measures for contracted BLS ambulances:
 - For each operational shift, the Contractor must submit summary reports for assets/resource utilization and mission assignments for units dispatched by the Contractor.
 - The Contractor shall be provided a template of all required forms within 30 days after the execution of the contract.
 - Mission tracking forms and/or equipment prescribed by the EMS-TOC will be provided to the Contractor within 30 days after execution of the contract. LDH will conduct an implementation meeting with the Contractor 30 days after the execution of the contract to discuss forms, templates, training and specialized equipment necessary to perform the contract.
 - The ambulance processing site staff will provide pre-event and just-in-time training to the Contractor on all forms and/or equipment being utilized. It will be the responsibility of the Contractor to ensure that all responding surge ambulance staff has received the necessary orientation and training needed to properly utilize all forms and equipment.
- Monitoring Plan for Contracted BLS Ambulances:
 - For all units dispatched by the Contractor, the Contractor will provide the contract representative(s) with a copy of the summary report for asset/resource utilization and mission assignments for submission to the EMS-TOC for each operational shift.
 - The EMS-TOC will review and maintain a copy of all summary reports submitted by the contract representative(s) and distribute them as directed.

Line 4: Management of Air Ambulances Fixed Wing

- Staffing and Resources at the EMS-TOC: The Contractor will provide one Air Ops contract representative to the EMS-TOC for each operational shift to provide oversight and ongoing management of air ambulances made available through the contract unless directed otherwise by the SHO or designee. The Air Ops contract representative shall report to the EMS-TOC within 6 hours of activation and be continuously on site for the duration of the event until officially notified by the SHO or designee via written communication.
- The Air Ops contract representative shall:
 - Report to the EMS-TOC as per NIMS Incident Command Structure.
 - Provide support and management of surge contracted assets/resources via the contract including:
 - Fixed wing aircraft.
 - Responding support personnel (All units will be staffed to operate safely 24 hours per day, 7 days a week (24/7)).
 - Serve as an assistant to EMS-TOC.
 - Provide copies of operational forms to the EMS-TOC.
 - Work with the EMS-TOC to maximize efficiency by monitoring units (on assignment, available for use, or out of service) and providing assistance as needed.
 - Monitor mission requests and align needed resources to support on-going planning needs.
 - Work with other emergency services contractors to ensure maximum availability of contracted air ambulances via the contract.
 - Be an EMS Practitioner as defined by La. RS 40:1131.
 - Have at least 2 years of experience in air ambulance operations and have sufficient delegation to make budgetary and legal decisions as well as authority to direct sub-contractors to perform tasks as defined in Attachment B - Scope of Work/Deliverables.
 - Be familiar with Emergency Center Operations.
 - Have completed NIMS Training ICS 100, 200, 700, 800.
 - Have operational proficiency in ICS/NIMS.
 - Have working knowledge of Emergency Medical Services dispatching.
- Logistics for Air Ops Contract Representative at EMS-TOC:
 - Communication equipment (i.e. 700 MHz radio, telephone, and fax) will be provided by the State for use in the EMS-TOC. Any contractor-specific equipment must be provided by the Contractor (i.e. special-use electronics and programs).
 - Personnel will be paid on an hourly rate. Hourly rate is to be inclusive of all labor, materials, overhead expenses and travel to provide services as required in the contract.
 - Full quoted hourly rates will begin when the Air Ops contract representative arrives at the EMS-TOC and is signed in as active duty. The provided hourly rate will be paid for all hours of active duty.
 - If the Contractor charges for mobilization, the mobilization rate is up to one-half the hourly rate. Mobilization should not exceed 6 hours.
 - Meals will be provided by the State to the Contractor staff assigned at the EMS-TOC during operational shifts.
 - The Contractor shall be responsible for lodging and meals when staff is not on duty.
- Performance Measures for Air Ops Contract Representative:
 - The Contractor will meet with the EMS-TOC, when requested, to provide updates and situational reports.
 - Minimum frequency of at least once per operational period.
 - For each operational shift, the Contractor will submit:
 - Summary of reports for asset/resource utilization and mission assignments for all units dispatched by the Contractor.

- The operational personnel roster for all contract personnel.
- Monitoring Plan for Air Ops Contract Representative:
 - The EMS-TOC will hold at least one status meeting each operational shift with the contract representative.
 - The EMS-TOC will review and monitor the Operational Personnel Roster, including hours worked and services provided for payment services.
 - The EMS-TOC will review and maintain a copy of all logs and reports provided by the contract representative and distribute them as directed.

Line 5: Fixed wing air ambulances

- Staffing Qualifications: Air ambulances must be staffed with personnel to both operate the aircraft in accordance with FAA guidelines and provide for medical care while a patient is being transported. At a minimum one medical flight attendant is to be provided to attend a patient in transport; however if a patient has more acuity needs or multiple patients are being transported, the Contractor must ensure that the transferring hospitals provide the additional staff to accompany the patient(s) in flight.
- Needed Units: The SHO or designee, after consultation with the EMS-TOC, shall establish the number of air ambulances and associated staff needed upon activation. In the event a greater or lesser number is needed, the right is reserved by the State of Louisiana to increase or decrease the amount, at the unit price stated in the contract.
- Requirements: The air ambulances shall be ALS, and licensed by the State of Louisiana. Air ambulances should have the ability to transport isolette units (transport of high-risk premature babies).
- Response Time: In the event that air support is required, the Contractor should be able to respond within 1 hour of contact. Arrival time to destination will be driven by federally mandated pre-check and flight plan requirements. These requirements may cause response to exceed 1 hour.
- Payment: Service will be paid at the quoted hourly rate upon activation of the contract for fixed wing ambulance units until the units are demobilized. The Contractor will provide detailed run records of each patient transfer or transport.
- Direction: All requests for air ambulance support will be requested through the EMS-TOC at the direction of the SHO or designee.
- Reporting: The Contractor shall provide a summary report of their missions to the EMS-TOC for each operational shift as prescribed by EMS-TOC. The Contractor shall be provided a template for the daily summary report for distribution prior to the activation of the contract.
- Demobilization Upon notification by the SHO or designee to the Contractor that a specific number of units are to be demobilized, the Contractor will make efficient and fair recommendations to the EMS-TOC as to which specific units are to be demobilized. After concurrence is received from the EMS-TOC and notification is given to the unit(s) by the Contractor, air ambulances shall be demobilized. Payment will be withheld for ambulances not completing demobilization.
- Performance Measures for contracted air ambulances:
 - For each operational shift, the Contractor must submit summary reports for assets/resource utilization and mission assignments for units dispatched by the Contractor.
 - The Contractor will be provided a template of all required forms within 30 days after the execution of the contract.
 - Mission tracking forms and/or equipment prescribed by the EMS-TOC shall be provided to the Contractor prior to the activation of the contract.
 - The EMS-TOC will provide pre-event and just-in-time training to the Contractor on all forms and/or equipment being utilized. It will be the responsibility of the Contractor to ensure that all responding surge

air ambulance staff have received the necessary orientation and training needed to properly utilize all forms and equipment.

- Monitoring Plan for Contracted air ambulances:

- For all units dispatched by the Contractor, the Contractor will provide the Air Ops contract representative or designee with a copy of the summary report for asset/resource utilization and mission assignments for submission to the EMS-TOC for each operational shift.
- The EMS-TOC will review and maintain a copy of all summary reports submitted by the Air Ops contract representative or designee and distribute them as directed.