



## STATE OF INDIANA

### Contract Negotiated Bid 385-25-79026

INDIANA DEPARTMENT OF ADMINISTRATION

On Behalf Of  
Indiana Department of Homeland Security

Clarification For:  
Interfacility Transfer Pilot Project: RAPID Teams

As part of the BAFO, IDOA will require respondents to confirm the following expectations of the respondent in order to deliver successful outcomes specific to the award. If any response(s) to this clarification has an impact on the BAFO previously submitted, respondents may submit an updated BAFO as part of the clarification response.

### Confirm Understanding of Purpose of the RAPID Teams

- Interfacility transfer **support**
- Community paramedicine
- Didactics in its rural areas

| Yes | No |
|-----|----|
| KQ  |    |

### Confirm Understanding of Summary Scope of Work

1. Confirm understanding that the Counties may have contracts for AMS services that will be given priority and that the Interfacility Transfer Pilot Project RAPID (Rural Access Paramedicine Interfacility Transfer and Didactics) Teams is designed to provide additional coverage during high volume periods.

| Yes | No |
|-----|----|
| KQ  |    |

2. Confirm understanding and ability to facilitate the expeditious transfer of patients with time-dependent medical/traumatic conditions from healthcare facilities within the designated coverage area.

| Yes | No |
|-----|----|
| KQ  |    |

3. Confirm understanding and ability to satisfy need should there be requests for intercept of critical patients from other EMS services to allow them to stay in-service for their required coverage areas.

| Yes | No |
|-----|----|
| KQ  |    |

4. Confirm understanding and ability that during periods where no active transport is needed, the respondent's proposed RAPID teams may then provide Community Paramedicine/Mobile Integrated Health coverage and didactic instruction to local EMS services and Emergency Departments as time allows.

| Yes | No |
|-----|----|
| KQ  |    |

5. Confirm that respondent will respond to interfacility transfer requests from the facilities within the required coverage area with an expected ETA of 120 minutes or less unless already engaged in transport at the time of call.

| Yes | No |
|-----|----|
| KQ  |    |

6. Confirm understanding that this program should function for 12 hours a day, Monday through Friday, with state-recognized holidays excluded. The 12-hour period should mirror the times of highest interfacility transfer volume of the agreed-upon coverage area

| Yes | No |
|-----|----|
| KQ  |    |

7. Confirm that in the case that the respondent is engaged in a response for interfacility transfer, the respondent will be expected to provide the time of initial contact, response time, and time of arrival at the destination facility.

| Yes | No |
|-----|----|
| KQ  |    |

8. Confirm understanding that additional basic demographic reporting will also be required, including nature of call, age, gender, and other mutually agree upon parameters, into the statewide Image trend system as is customary for EMS data.

| Yes | No |
|-----|----|
| KQ  |    |

9. Confirm understanding that billing information must also be provided with the initial patient bill, insurance reimbursement, adjustments, any balanced billing, as well as collections.

| Yes | No |
|-----|----|
| KQ  |    |

10. Confirm understanding that all billing and collections are the responsibility of the awardee and proceeds received from the interfacility transfers as part of the pilot program may be kept by the awardee.

| Yes | No |
|-----|----|
| KQ  |    |

11. Confirm that in situations where no transport requests are initiated, the awardee should coordinate with local EMS systems to engage in community paramedicine activities, specifically focusing on heavy 911 utilizers in the agreed upon service area.

| Yes | No |
|-----|----|
| KQ  |    |

12. Confirm understanding that due to the unknown utilization of this service for interfacility transfers, no minimum visit level will be set for community paramedicine, but **it is expected that when active transports are not taking place, a reasonable effort is made regarding community paramedicine activities.**

| Yes | No |
|-----|----|
| KQ  |    |

Confirm that in addition, the RAPID pilot awardees **must engage the health care community with a minimum of one educational activity a month.** Acceptable examples of such activities would be in-service lectures or cases reports, lunch and learns with local services/emergency departments, or participation in local forums/conferences.

| Yes | No |
|-----|----|
| KQ  |    |

Confirm understanding that RAPID teams are designed to be an extension of an already functioning EMS service and to operate outside of 911 response or the daily operation schedule. These units and/or workforce **may be utilized at the discretion of the service for additional activities** provided the stipulations of the grant are met and remain a priority.

| Yes | No |
|-----|----|
| KQ  |    |

Confirm understanding that Awardee will be expected to provide all the standard equipment as required by IDHS. All charting should be completed using an approved platform and consistent with charting used by the organization for regular operations.

| Yes | No |
|-----|----|
| KQ  |    |

Confirm that the respondent's platform can share information with Image trend as per Indiana guidelines.

| Yes | No |
|-----|----|
| KQ  |    |

Confirm understanding that all information regarding awardees Rapid team engagement must be provided to IDHS as well in a spreadsheet format that includes demographics, call location, destination, time of call received to dispatch, response time, time of arrival at destination facility, distance traveled, nature of medical issue, insurance status (private, Medicare/Medicaid, self-pay), amount billed, amount received, and other mutually agreed parameters.

| Yes | No |
|-----|----|
| RQ  |    |