

Medicaid Transportation RFP for FY 2026-2027

ABOUT

The Bladen County Department of Social Services (DSS) currently requests over 400 non-emergency trips per month with roughly 2.5% requiring wheelchair transportation.

This serves as official notice the County of Bladen, through its Department of Social Services, is soliciting and will receive proposals for non-emergency transportation services as outlined in the following specifications. The request for proposals (RFP) process is the means by which Bladen County DSS (referenced as “the County” or “DSS”) will determine which service provider is most qualified to meet the transportation needs of DSS passengers as defined below. Bladen County Department of Social Services will review the contracted bid dollar amount within the first 6 months of the contract, to determine a need for a renegotiation of the bid amount.

PURPOSE

The main reason this RFP will be helpful to you as a potential vendor is to provide you with an opportunity to become a DSS contracted vendor for non-emergency transportation services, which will give vendors priority in receiving County trip requests.

The county uses three DSS contracted transportation vendors for its non-emergency transportation needs, with no single vendor providing more than 40% of the county’s needs based on expenditure.

Bladen County is currently identifying suppliers with advantaged cost structures to enter into agreements and to provide optimal price and service levels to meet our needs.

INSTRUCTIONS

Bladen County procures non-emergency transportation for the Department of Social Services (DSS). You will be bidding on such services for DSS. Please bid on all the specified rates. The purpose of this RFP is to award the contract for March 23, 2026 through April 23, 2026.

Bladen County Single Point of Contact for the RFP

Please note that ALL RFP-related communications should be directed to Mary Orr, whose email contact information is: morr@bladenco.org

All questions and answers submitted, regardless of vendor, may be provided to all participating vendors in order to ensure fairness and consistent County-to-vendor information flow.

Time Table

April 23, 2026 – The posting for bids will end at 5:00PM EST and no bids or proposals will be accepted after that time or if they are postmarked for a date later than that day.

Submit one (1) hard copy of your original proposal postmarked by Thursday April 23, 2026 to:

Mary Orr, NEMT Supervisor
Bladen County DSS
PO Box 369
Elizabethtown NC 28337

Selection Process

The Bladen County Board of Commissioners reserve the right to approve or reject any offer at their discretion. The County may in its discretion require one or more Service Providers to make presentations or appear before DSS and/or its representatives for an interview. During such interviews, the Service Provider may be required to present its proposal and to respond in detail to any questions posed. Additional meetings may be held to clarify issues or to address comments, as deemed appropriate. Service providers will be notified in advance of the time and format of such meeting. Since Bladen County may choose to award a contract without engaging in discussions or negotiations, the proposals submitted should define the Service Provider's best offer for performing the services described in this RFP. The commencement of such discussions, however, does not signify a commitment by DSS to execute a contract or to continue discussions. DSS can terminate discussions at any time and for any reason. The County will have a period up to thirty (30) days, unless otherwise stated, to decide which proposal best meets the criteria outlined in the RFP. Conditional proposals, or those which take exception to the Request for Proposals, will be considered non responsive and will be rejected. All addenda to this information package will be publically emailed out to all potential vendors. Should a Service Provider find discrepancies or omissions in this RFP or any other documents provided by Bladen County, the Service provider should immediately notify the County of the potential discrepancies in writing via email as noted above, and a written addendum will be made available to each Service Provider, via email, if the County determines clarification is necessary. Bladen County has an equal opportunity purchasing policy. The County seeks to ensure that all segments of the business communities have access to supplying the goods and services needed by County programs. The County affirmatively works to encourage utilization of minority business enterprise in our procurement activities. The County provides equal opportunity for all businesses and does not discriminate against any Service provider regardless of race, color, religion, age, sex and national origin or disability. The Service Provider shall comply with the County's purchasing policy. Bladen County reserves the right to reject any and/or all proposals in connection with this project, and to waive formalities in a proposal. The County reserves the right to award the bid to one or more Service providers to insure that the citizens of Bladen County have adequate opportunity for Medicaid Transportation Services. The contract will be for the term of One (1) year, unless earlier terminated pursuant to the terms and conditions of this RFP. The proposed cost shall remain in effect for the duration of the contract unless there is no funding.

Criteria for Evaluation

1. **Evaluation:** Proposals will be evaluated based on the Service Provider's ability to meet the performance requirements of this RFP. Failure to submit information requested may result in the elimination of the proposal from further evaluation. Proposals will be assessed to determine the most comprehensive, competitive and best value solution for DSS based on, but not limited to, the criteria below. DSS reserves the right to modify the evaluation criteria or waive portions thereof.

- A. **Qualification, Experience and Approach:** Service providers will be evaluated based upon their understanding, experience and qualifications in performing the same or substantially similar services, as reflected by its experience in performing such services. The evaluation will include references regarding work for organizations with needs similar to the DSS, and the feasibility of the Service provider's approach for the provision of the services.
- B. **Financial Qualifications:** The criterion includes an evaluation of the financial qualification. The evaluation will take into account the financial strength of the Service Provider and its ability to meet long term financial requirements of the Contract.
- C. **Cost Effectiveness and Value:** Under this criterion, proposals will be compared in terms of the most reasonable, and/or most effective pricing options.

- 2. **Acceptance of the Terms of the RFP:** Proposals will be evaluated for compliance with the terms, conditions, requirements and specifications stated in this RFP.
- 3. **Additional Requirements:** Final award of contract is contingent upon availability of funds from Federal and/or local governing bodies. DSS reserves the right to interview at its discretion, any and all interested proposers; and the right to reject any and all proposals or any part thereof.
- 4. **Financing:** Any costs incurred in the process of preparing and/or submitting a proposal shall be borne by the proposer.
- 5. **Background Check:** County will reserve the rights to conduct background check of the bidders' owner(s), management tea and all employees.

Terms and Conditions

Please review all areas of the attached contract and attachments for all requirements of Service providers.

Attachment B – Scope of Work specifically describes mandatory requirements for providing non-emergency Medicaid transportation to the citizens of Bladen County.

Please note:

- For each question or requirement below, Vendors will provide answers in the corresponding response box.
- Please be as concise and clear as possible in your response.
- Vendors should attach any additional materials necessary to provide further clarification responses or a more detailed description of services by submitting the materials either by mail or electronically along with the completed RFP.

Selection	Question/Description	Response
1. Vendor Information	This section is designed to gather general information about your company.	
1.1	Company Name	
1.2	Company Primary Contact Information	
	Primary Contact Name	
	Title	
	Phone Number	
	Address	
	Email Address	
1.3	Does your company currently provide services to Bladen County (or have in the past 5 years had a relationship with the county)?	

Selection	Question/Description	Response
1.4	If you answered "Yes" to the question above, please describe your current business relationship with the county including approximate yearly revenue.	
2. Organizational Information	This section is designed to gather information relating to your company's operations, organization and structure.	
2.1	Briefly describe the nature of your business operations (e.g. identify major business lines, major markets served, service history, etc) that relate to all non-emergency transportation services	
2.2	Please provide a summary of your management organization by identifying positions, names and the reporting structure.	
2.3	Please describe your total organizationk including any parent companies, subsidiaries, affiliates and other related entities.	
2.4	Is your company privately or publicly held? If privately held by a parenting/holding company, please describe.	
3. Financial Information	This section is designed to gather information relating to your company's financial state and history.	
3.1	Has your company or parent file Chapter 11 or 13 bankruptcy in the past five (5) years?	

Selection	Question/Description	Response
3.2	Please submit your credit ratings and credit reports (bank and vendor references will be used to evaluate the credit worthiness of each vendor) as an attachment in addition to the RFP, for review by the County.	
3.3	Within the response field, briefly describe all pending lawsuits or judgments greater than \$500K within the last 24 months.	
4. Conflicts of Interest	This section is designed to identify potential conflicts of interest in awarding the business.	
4.1	Would anyone from your company (i.e. management, key employees, large shareholders) enter into any conflicts of interest by participating in this RFP or conducting business with the County?	
4.2	Are there additional relationships the County should be made aware of that could lead to potential conflicts of interest?	
5. Experience	This section is designed to gather information relating to your company's experience with the County's needs.	
5.1	Please describe your company's experience providing transportation services for persons with special needs.	
5.2	Please describe the communications scheme that your organization will use to keep the County informed of developments.	

Selection	Question/Description	Response
5.3	Please describe the risks associated with this contract and what contingencies have been built in to mitigate those risks.	
5.4	What steps will your organization take to ensure that the transition/implementation of this program runs smoothly?	
6. Staffing Information	This section is designed to gather information relating to your company's hiring practices.	
6.1	Please describe your company's criteria for recruiting, hiring and evaluating drivers.	
6.2	Please describe your company's safety and security program, including accident and incident reporting. Provide data regarding accident frequency rates.	
7. Operations	This section is designed to gather information relating to your company's operational capability.	
7.1	Please describe the operating facility to be used as central operations site to meet the requirements of this contract (location, own/lease, accessibility,etc.)	
7.2	Please describe your company's mobile communications system, including equipment and procedures. What is the process from dispatcher to driver? What are after hour call procedures?	
7.3	Are you able to provide both ambulatory and non-ambulatory services? If not, which service can you provide?	

Selection	Question/Description	Response
7.4	Please describe your company's days and hours of operation.	
7.5	At what points during a given week do you expect to have capacity constraints?	
7.6	Please describe your quality assurance procedures, expectations and measurements. (You may provide data pertaining to performance, customer complaints per passengers transported, miles between mechanical failure, etc.)	
8. Pricing	Please answer the questions below.	
8.1	If your key cost drivers begin to fall, will the county's prices decrease?	
8.2	Does your company have in place a continuous cost improvement program to ensure that the county's rates benefit from cost improvements?	
8.3	What additional pricing components should the County be aware of?	
9. Customer Service	This section is designed to gather information relating to your company's customer service policies and procedures.	
9.1	Please describe the company's overall customer service philosophy.	
9.2	Please describe the company's process for handling customer complaints.	

Selection	Question/Description	Response
9.3	Please identify your company's minimum standards on the following types of complaints: late drop off, late pick, ride time, driver no show, and driver/staff customer service.	
10. Fleet	This section is designed to gather information relating to your company's fleet capabilities.	
10.1	Please provide a description of the proposed fleet vehicles, including back up vehicles. (Year, Make, Model, etc.)	
10.2	Please identify how many of the vehicles will meet the ADA requirements of accessibility.	
10.3	Please identify the seating capacity of each vehicle type.	
10.4	Please identify what type of restraints and safety equipment are available.	
10.5	Please identify what is the paint and identification or decal scheme.	
11. Preventive Maintenance	This section is designed to understand your company's preventive maintenance plan as it relates to vehicles and other equipment.	
11.1	Please explain the company's preventive maintenance program and show it handles its overall maintenance program for equipment.	
11.2	Do you have copies of the forms used for documenting vehicle maintenance for the County to review?	
11.3	Please describe your company's vehicle cleaning standards.	

Selection	Question/Description	Response
12. Additional Information	This section is designed to capture other relevant information.	
12.1	Is there any other information, relevant to this RFP, which you would like to make the County aware of? Please provide any additional information you would like the County to review and submit as an attachment along with your responses to this RFP.	

**Please complete the following table to show your bid under the applicable field, either per passenger or per mile.
Please do not complete both passenger and mileage bids.**

Type of Customer/Expense Category	Expense Item	Rate Description	Unit of Measure	Bid Rate	Comments
<i>Example</i>	<i>Mileage</i>	<i>Cost per mile</i>	<i>Mile</i>	<i>\$ X.XX</i>	<i>Please fill in any additional information</i>
Ambulatory Social Services customers	Passenger	Refers to the standard cost per passenger	Passenger		
	Mile	Refers to the standard cost per passenger	Mile		
	Attendants	Refers to the cost of additional passengers who fall under the classification of medical attendants. These passengers will accompany the ambulatory passenger to the specified destination	Person		
	Group Transportation	Refers to a special rate attributed to group trips based on the number of passengers. All group trips will be organized well in advance of the trip date and will be approved by the service provider and county Social Services.	Passenger		

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<i>Example</i>	<i>Mileage</i>	<i>Cost per mile</i>	<i>Mile</i>	<i>\$ X.XX</i>	<i>Please fill in any additional information</i>
Non-Ambulatory Social Services Customers	Passenger	Refers to the standard cost per passenger for trips that require a lift equipped/accessible vehicle	Passenger		
	Mile	Refers to the standard cost per mile for trips that require a lift equipped/accessible vehicle	Mile		
Ambulatory and Non-Ambulatory Out of County Social Services Customers	Passenger	Refers to the cost per passenger for trips that the final destination is outside of Bladen County	Passenger		
	Mile	Refers to a special rate attributed to group trips based on the number of passengers. All group trips will be organized well in advance of the trip date and will be approved by the service provider and county Social Services	Mile		

By signing here, I acknowledge that I have read and answered all areas of this RFP and that I have read the included sample contract. I acknowledge that I have provided all supporting documentation to correspond with this RFP and I realize that failure to have fully completed this RFP and provide the necessary documentation could result in my bid not being considered. I realize that once the bidding process ends, the Service provider chosen will be given a completed contract to sign and include with this RFP.

Signature and Title

Date