

Capital Area Transportation Authority



AMENDMENT NO. 1 TO SOLICITATION

ADA PARATRANSIT ELIGIBILITY ASSESSMENT SERVICES

1. AMENDMENT NO: 1	2. SOLICITATION NO: RFP 2020-106	3. SOLICITATION NAME: ADA Paratransit Eligibility Assessment Services	4. AMENDMENT DATE: March 17, 2020
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5. ISSUED BY

Capital Area Transportation Authority
Purchasing and Contracts Department
4615 Tranter Street
Lansing, MI 48910

6. DESCRIPTION OF AMENDMENT:

The following documentation has been attached to this Amendment:

- a. Due Date for "Proposals Due" has been changed from April 2, 2020 to April 13, 2020, as shown on the attached cover sheet.
- b. CATA's Responses to Vendor Questions.
- c. Please note Attachment A: Pricing Form has changed. A "**REVISED**" Pricing Form, Attachment A is attached and must be submitted with your proposal.
- d. Attachment F is an example to CATA's response for question 10 d), "In-Person Assessment/Face-Face Checklist".
- e. All other terms and conditions remain unchanged.

PLEASE NOTE: Contractor is required to sign this document and return it with the bid/proposal/quote.

NAME / TITLE OF OFFEROR (Type or Print)

COMPANY NAME

(Signature of person authorized to sign)

(Date Signed)

Capital Area Transportation Authority

ADA PARATRANSIT ELIGIBILITY ASSESSMENT SERVICES

Request for Proposal – Project # 2020-106

SCHEDULE OF ACTIVITIES

RFP Released:	February 25, 2020
Written Questions Due to CATA:	March 12, 2020 @ 2:00 P.M. Eastern Time
CATA's Responses to Questions Released:	March 19, 2020
Number of Proposals and Due Date:	Submit six (6) proposal copies and (1) electronic ("PDF") copy on CD/DVD or flash drive by 2:00 P.M. Eastern Time on April 13, 2020
Anticipated Award Date:	June 2020

Released on: February 25, 2020



March 17, 2020

Capital Area Transportation Authority Request for Proposal 2020-106
ADA Paratransit Eligibility Assessment Services
CATA Response to Vendor Questions

VENDOR QUESTIONS AND ANSWERS:

1. A) Can we have a copy of the ID cards?

Yes.

Front of ID Card:



Capital Area Transportation Authority
4615 Tranter Street • Lansing, Michigan 48910
(517) 394-2282 • FAX (517) 394-3733 • www.cata.org

Certificate of Eligibility for ADA Paratransit Service

Name		
ID#	Date Issued	Expiration Date
Eligibility Category: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		Travel with PCA? <input type="checkbox"/> Y <input type="checkbox"/> N
Eligibility Conditions:		

Back of ID Card:

The person identified on this card has been determined to be "ADA Paratransit Eligible". This card entitles the cardholder access to ADA paratransit service from any transit agency, subject to the provisions of 49 CFR, Part 37.

This card is not negotiable or transferable. Violation of this condition will cause eligibility to be terminated.

The cardholder agrees to the conditions detailed above.

Cardholder Signature
Issuer Signature

B) Is there any software / hardware associated with ID card production?

No. CATA's Marketing department contracts with a third-party vendor for the production of ID cards.

2. Does CATA use the Trapeze Certification Module?

No

3. Will CATA provide a remote log-in (VPN) for the contractor to access the "CATA network and enter data into the certification program?"

Yes





4. A) What does the Disability Network Capital Area charge for eligibility services?

DESCRIPTION	2018-2019	2019-2020
Original permanent/temporary/emergency certification --Processed from submitted application and telephone conversations	\$23.50	\$24.00
Original permanent/temporary/emergency certification --Requiring a face-to-face interview	\$42.50	\$45.00
Mobility status change	\$12.00	\$12.00
Application not requiring 100% data entry	\$15.75	\$16.00
Appeal fee	\$100.00	\$100.00

B) Do they employ the same pricing structure as Attachment A "Pricing Form?"

Yes

C) If yes, may we see a copy of their rates for the last two years?

Please refer to Question #4 A for our response.

5. A) Does a "mobility status change" require a face-to-face?

No

B) If not, please define the scope of work for "mobility status change?"

A doctor's certification is required to make the change. The Contractor is responsible for the determination.

6. Please further define the scope of work for the charge, "Application not requiring 100% data entry?"

Examples of client's application not requiring 100% data entry:

1. Applicant who has certification information already on file (could have been a temporary certification previously).
2. Applicant started the certification process, however it was not finalized.

Any application that has any data previously entered is considered "not requiring 100% data entry."





7. A) What is the proposed process for Appeals?

The Contractor defines the process for appeals which must be in compliance with ADA requirements.

B) Shall the bidders scope out conducting in-person Appeals?

Yes

C) If not, please define the scope of work for "Appeal Fee?"

Not Applicable

8. A) Are the charges progressive?

No

B) Could one client have multiple charges or is it envisioned that one client will only receive one charge?

Applicants are assessed one charge.

9. It is typical that approximately 20% of applicants' "no-show" for in-person assessments. This is a significant cost factor and therefore, we humbly request that "no-shows" be factored into the Pricing Form. Can Attachment A – Pricing Form, can contain a "no-show" cost per?

Approved. Please see Attachment A, revised pricing form.

10. Are in-person assessments being conducted now?

Yes

If yes:

a) How many in-person assessments were conducted in the last year?

Approximately twenty-four (24)

b) Where were the in-persons conducted?

Contractor facility

c) What are the credentials / professions of the person(s) conducted the in-persons?

Certifying agents must have knowledge of ADA laws and must meet the qualifications in the job description developed by the Contractor in accordance with ADA.





d) Can we see a copy of the current in-person assessment?

Please see Attachment F.

e) What are the ratios between in-person assessments versus paper / telephone interviews?

Of all assessments, the ratio of in-person represents approximately 2% of all certifications.

11. Can you share the results of last year's eligibility process (for example: 50% unrestricted, 25% denied, 25% temporary)?

Please refer to the chart in the RFP, Section 11-D, Scope work, Page 9.

12. What is the cost per paratransit trip to CATA, not fare, but total costs per paratransit trip?

Each ADA trip costs CATA approximately \$39.00.



ATTACHMENT A**“REVISED” PRICING FORM**

DESCRIPTION	COST Year 1 Per Application	COST Year 2 Per Application	COST Year 3 Per Application	COST Year 4 Per Application	COST Year 5 Per Application
Original permanent/temporary/emergency certification --Processed from submitted application and telephone conversations	\$	\$	\$	\$	\$
Original permanent/temporary/emergency certification --Requiring a face-to-face interview	\$	\$	\$	\$	\$
Mobility status change	\$	\$	\$	\$	\$
Application not requiring 100% data entry	\$	\$	\$	\$	\$
Appeal fee	\$	\$	\$	\$	\$
No-show	\$	\$	\$	\$	\$

This contract shall be a firm fixed price contract. The price shall be inclusive of all associated costs including administrative printing, office lease and all other Contractor costs such as staff time, postage, telephone expenses, etc.

Bidder: _____

Signature: _____

Printed Name: _____

Title: _____

Date: _____

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL.



Attachment F

901 E. Mt. Hope Ave. • Lansing, MI 48910
 (517) 999-2760 Voice • (517) 999-2767 Fax

Face-to-Face Meeting Checklist to Help Determine Paratransit Eligibility

Spec-Tran is a paratransit service intended for individuals with disabilities who meet the eligibility requirements. Below is a checklist that Disability Network Capital Area staff will complete during the face-to-face meeting. If you have any questions about this process, please contact Disability Network Capital Area at 517-999-2760.

	YES	NO
Are you a person with a documented disability?		
Has a medical professional completed and signed the medical verification page on the Spec-Tran application?		
With training could you ride the fixed route service?		
If yes, are you interested in learning more about travel training services offered by DNCAP?		
Are there other disabilities/conditions that you may not have listed on the application and would like to share?		
Are there other details that may impact your ability to ride fixed route service that you would like to share?		

DNCAP Staff Signature: _____

Name (printed): _____

Signature: _____ Date: _____