



Lori A. Shilbnette
Commissioner

Henry D. Lipman
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAID SERVICES

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9422 1-800-852-3345 Ext. 9422
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www.dhhs.nh.gov

May 5, 2020

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Medicaid Services, to amend an existing **Sole Source** agreement with Coordinated Transportation Solutions, Inc. (Vendor #271968), Trumbull, CT, to continue managing statewide non-emergency medical transportation for Medicaid Fee-for-Service members, by extending the completion date from June 30, 2020 to September 30, 2020 effective upon Governor and Council approval with no change to the price limitation of \$13,556,410. The original contract was approved by Governor and Council on March 28, 2017 (item A), and most recently amended (Amendment #3) with Governor and Council approval on December 18, 2019 (item #20).

Funds are available in the following account for State Fiscal Years 2020 and 2021, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-47-470010-3099 HEALTH AND SOCIAL SERVICES; HEALTH AND HUMAN SVCS DEPT OF HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, NHHPP Trust Fund

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2017	101-500729	Medical Payments to Providers	47004159	\$1,207,200	\$0	\$1,207,200
2018	101-500729	Medical Payments to Providers	47004159	\$6,208,574	\$0	\$6,208,574
2019	101-500729	Medical Payments to Providers	47004159	\$3,032,370	\$0	\$3,032,370
2020	101-500729	Medical Payments to Providers	47004159	\$0	\$0	\$0
2021	101-500729	Medical Payments to Providers	47004159	\$0	\$0	\$0
			<i>Subtotals</i>	\$10,448,144	\$0	\$10,448,144

05-95-47-470010-2358 HEALTH AND SOCIAL SERVICES; HEALTH AND HUMAN SVCS DEPT OF HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, NH Granite Advantage Health Care Trust Fund

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2017	101-500729	Medical Payments to Providers	47003332	\$0	\$0	\$0
2018	101-500729	Medical Payments to Providers	47003332	\$0	\$0	\$0
2019	101-500729	Medical Payments to Providers	47003332	\$19,297	\$0	\$19,297
2020	101-500729	Medical Payments to Providers	47003332	\$56,231	(\$12,415)	\$43,816
2021	101-500729	Medical Payments to Providers	47003332	\$0	\$12,415	\$12,415
			<i>Subtotals</i>	\$75,528	\$0	\$75,528

05-95-47-470010-7948 HEALTH AND SOCIAL SERVICES; HEALTH AND HUMAN SVCS DEPT OF HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, Medicaid Care Management

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2017	101-500729	Medical Payments to Providers	47004050	\$271,620	\$0	\$271,620
2018	101-500729	Medical Payments to Providers	47004050	\$1,510,247	\$0	\$1,510,247
2019	101-500729	Medical Payments to Providers	47004050	\$859,784	\$0	\$859,784
2020	101-500729	Medical Payments to Providers	47004050	\$384,297	(\$106,612)	\$277,685
2021	101-500729	Medical Payments to Providers	47004050	\$0	\$106,612	\$106,612
			<i>Subtotals</i>	\$3,025,948	\$0	\$3,025,948

05-95-47-470010-7051 HEALTH AND SOCIAL SERVICES; HEALTH AND HUMAN SVCS DEPT OF HHS: OFC OFC MEDICAID SERVICES: OFC OF MEDICAID SERVICES, CHILD HEALTH INSURANCE PROGRAM

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2017	101-500729	Medical Payments to Providers	47004050	\$0	\$0	\$0
2018	101-500729	Medical Payments to Providers	47004050	\$0	\$0	\$0
2019	101-500729	Medical Payments to Providers	47004050	\$0	\$0	\$0
2020	101-500729	Medical Payments to Providers	47004050	\$6,790	(\$973)	\$5,817
2021	101-500729	Medical Payments to Providers	47004050	\$0	\$973	\$973
			<i>Subtotals</i>	\$6,790	\$0	\$6,790
			Totals	\$13,556,410	\$0	\$13,556,410

EXPLANATION

This request is **Sole Source** because a previous amendment increased the total contract value by more than ten percent (10%). The Department requests an extension of this contract for an additional three (3) months to give the Department more time to complete the re-procurement process and to stand up a new non-emergency medical transportation contract. The re-procurement of a transportation broker is in process but has been delayed by the COVID-19 public health emergency. As previously stated, the original contract was approved by Governor and Council on March 28, 2017 (item A), as amended (Amendment #1) and approved by Governor and Council on February 21, 2018 (item #6); amended (Amendment #2) and approved by Governor and Council on December 19, 2018 (item #10); and amended (Amendment #3) and approved by Governor and Council on December 18, 2019 (item #20).

The purpose of this request is to ensure that up to 2,000 beneficiaries in the State's Medicaid Fee-for-Service delivery system continue to have access to non-emergency transportation to all Medicaid-covered services and/or receive mileage reimbursement to help with travel costs to appointments. State Medicaid programs are required to provide necessary and appropriate transportation, including the use of non-emergency ambulance and wheelchair van services, for beneficiaries to travel to and from their home or nursing facility to Medicaid-covered services.

The following groups of individuals receive services under this contract:

- Individuals in the Medicaid Spenddown Group;
- Individuals enrolled in the Health Insurance Premium Payment Program;
- Individuals who are eligible through Presumptive Eligibility; and

- Individuals receiving Veterans Administration benefits with Veterans Administration income.

Approximately up to 2,000 members will be eligible for transportation services in each of the three (3) months from July 1, 2020 through September 30, 2020.

The Contractor will continue to coordinate transportation for beneficiaries through their call center, dispatch appropriate methods of transportation and maintain their statewide transportation network. The Contractor will also process and pay mileage reimbursement requests.

The Department will monitor contracted services using the following performance measures:

- Non-Emergency Medical Transportation Scheduled Trip On-Time Provider Rate;
- Non-Emergency Medical Transportation Scheduled Trip Provider No Show Rate;
- Provider Site Visit Summaries, Provider Network and Provider Termination Reports;
- Utilization of Mileage Reimbursement Program; and
- Call Center Monitoring including the average speed to answer, average hold time, and number of abandoned calls.

As referenced in Exhibit C-1, Revisions to General Provisions of the original contract, the parties have the option to extend the agreement for up to five (5) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The agreement was extended for one (1) of the five (5) years through Amendment #2, approved by the Governor and Council on December 19, 2018 (item #10) and extended an additional six (6) months through amendment #3, approved by Governor and Council on December 18, 2019 (item #20). The Department is exercising its option to renew services for three (3) months of the three (3) years, six (6) months available.

Should the Governor and Council not authorize this request, New Hampshire Medicaid recipients in the Fee-for-Service delivery system may not have transportation to and from non-emergency Medicaid covered appointments and services. If non-emergency transportation services are not available to Fee-for-Service participants, the Department would be in violation of federal statute 42 CFR 431.53, assurance of transportation for Medicaid recipients to Medicaid covered services.

Area served: Statewide

In the event that the Federal or Other Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Lori A. Shibinette
Commissioner

**New Hampshire Department of Health and Human Services
Transportation Management for Medicaid Fee-for-Service Participants**



**State of New Hampshire
Department of Health and Human Services
Amendment #4 to the Transportation Management for
Medicaid Fee-for-Service Participants Contract**

This 4th Amendment to the Transportation Management for Medicaid Fee-for-Service Participants contract (hereinafter referred to as "Amendment #4") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Coordinated Transportation Solutions, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 35 Nutmeg Drive, Suite 120, Trumbull, CT, 06611.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on March 28, 2017 (Item A); as amended (Amendment #1), approved by the Governor and Executive Council on February 21, 2018 (Item #6); as amended (Amendment #2), approved by the Governor and Executive Council on December 19, 2018 (Item #10); and as amended (Amendment #3), approved by Governor and Council on December 18, 2019 (Item #20), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement to support continued delivery of these services; and

WHEREAS, all terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #4 remain in full force and effect; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, Block 1.7, Completion Date to read:

September 30, 2020.

**New Hampshire Department of Health and Human Services
Transportation Management for Medicaid Fee-for-Service Participants**



This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

5/15/2020
Date

[Signature]
Henry D. Lipman
Director
*Ann Landry
Associate Controller*

Coordinated Transportation Solutions, Inc.

Apr 30, 2020
Date

David L White
David L White (Apr 30, 2020)
Name: David L. White
Title: President & CEO

**New Hampshire Department of Health and Human Services
Transportation Management for Medicaid Fee-for-Service Participants**



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

5/5/20
Date

/s/ Christen Lavers
Name:
Title: Assistant Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting).

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:






1 Amendment #4 - CTS

Final Audit Report

2020-04-30

Created:	2020-04-30
By:	Peter Myzithras (PMyzithras@ctstransit.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAs7unGT4f7wkgIDmbcRGZ7WH6Wt89JIS

"1 Amendment #4 - CTS" History

-  Document created by Peter Myzithras (PMyzithras@ctstransit.com)
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-  Document emailed to David L White (dwhite@ctstransit.com) for signature
2020-04-30 - 8:53:18 PM GMT
-  Email viewed by David L White (dwhite@ctstransit.com)
2020-04-30 - 8:59:08 PM GMT- IP address: 73.149.190.57
-  Document e-signed by David L White (dwhite@ctstransit.com)
Signature Date: 2020-04-30 - 9:00:17 PM GMT - Time Source: server- IP address: 73.149.190.57
-  Signed document emailed to Kathleen Grassmann (kgrassmann@ctstransit.com), Peter Myzithras (PMyzithras@ctstransit.com) and David L White (dwhite@ctstransit.com)
2020-04-30 - 9:00:17 PM GMT

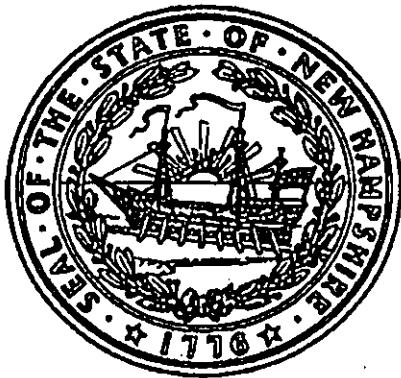
State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that COORDINATED TRANSPORTATION SOLUTIONS, INC. is a Connecticut Nonprofit Corporation registered to transact business in New Hampshire on August 02, 2005. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 542053

Certificate Number: 0004205601



IN TESTIMONY WHEREOF.

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 29th day of October A.D. 2018.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner
Secretary of State

Business Inquiry

Business Details

Business Name: COORDINATED TRANSPORTATION SOLUTIONS, INC. Citizenship/State Inc: Domestic/CT

Business ID: 0572619 Last Report Filed Year: 2019

Business Address: 35 NUTMEG DRIVE, SUITE 120, TRUMBULL, CT, 06611, USA Business Type: Non-Stock

Mailing Address: 35 NUTMEG DRIVE, SUITE 120, TRUMBULL, CT, 06611, USA Business Status: Active

Date Inc/Registration: Sep 26, 1997

Annual Report Due Date: 09/25/2020

NAICS Code: Transportation and Warehousing (48) NAICS Sub Code: All Other Transit and Ground Passenger Transportation (485999)

Principals Details

Name/Title	Business Address	Residence Address
DAVID L. WHITE PRESIDENT	35 NUTMEG DRIVE, SUITE 120, TRUMBULL, CT, 06611	9 WHITE BIRCH DR, MILFORD, CT, 06460
RICHARD SCHREINER SECRETARY	35 NUTMEG LANE, SUITE 120, TRUMBULL, CT, 06611	62 FEDERAL ROAD, DANBURY, CT, 06810
REGINALD KNOWLTON TREASURER	104 HASTINGS PLACE, CINNAMINSON, NJ, 08077	104 HASTINGS PLACE, CINNAMINSON, NJ, 08077

Agent Summary

Agent Name NEUBERT, PEPE & MONTEITH, P.C.

Agent Business Address 195 CHURCH ST., 13TH FL., ATTN: JUDY K. WEINSTEIN, ESQ., NEW HAVEN, CT, 06510

Agent Residence Address NONE

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

COORDINATED TRANSPORTATION SOLUTIONS, INC.

a domestic NONSTOCK corporation, was filed in this office on September 26, 1997, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.



Secretary of the State

Date Issued: February 09, 2012

Business ID: 0572619

Express

Certificate Number: 2012041818001

Note: To verify this certificate, visit the web site <http://www.concord.sots.ct.gov>

Business Inquiry**Business Details**

Business Name: COORDINATED TRANSPORTATION SOLUTIONS, INC.	Citizenship/State Inc: Domestic/CT
Business ID: 0572819	Last Report Filed Year: 2018
Business Address: 35 NUTMEG DRIVE, SUITE 120, TRUMBULL, CT, 06811	Business Type: Non-Stock
Mailing Address: 35 NUTMEG DRIVE, SUITE 120, TRUMBULL, CT, 06811	Business Status: Active
Date Inc/Registration: Sep 28, 1997	
Annual Report Due Date: 09/25/2019	

Principals Details

Name/Title	Business Address	Residence Address
DAVID L. WHITE PRESIDENT	35 NUTMEG DRIVE, SUITE 120, TRUMBULL, CT, 06811	9 WHITE BIRCH DR. MILFORD, CT, 06460
MICHAEL KRAUSS VICE PRESIDENT	35 NUTMEG DRIVE, SUITE 120, TRUMBULL, CT, 06811	40 CHAPEL STREET, UNIT 214, MILFORD, CT, 06460
RICHARD SCHREINER SECRETARY	35 NUTMEG LANE, SUITE 120, TRUMBULL, CT, 06811	62 FEDERAL ROAD, DANBURY, CT, 06810

IMPORTANT: There are more principals for this business that are not shown here.

[View All Principals\(4\)](#)

Agent Summary

Agent Name NEUBERT, PEPE & MONTEITH, P.C.

Agent Business Address 195 CHURCH ST., 13TH FL., ATTN: JUDY K. WEINSTEIN, ESQ., NEW HAVEN, CT, 06510

Agent Residence Address NONE

Business Inquiry

Filing History

Business ID		Business Name						
0572618		COORDINATED TRANSPORTATION SOLUTIONS, INC.						
Filing Number	Filing Date/Time	Effective Date/Time	Filing Type	Volume Type	Volume	Start Page	Page #	Actions
0001782458	Sep 26, 1997 8:30 AM		INCORPORATION	B	00149	1237	6	
0001812087	Nov 04, 1998 8:30 AM	Nov 04, 1998 8:30 AM	ORG REPORT	B	00230	3438	2	
0002027429	Oct 01, 1999 8:30 AM	Oct 01, 1999 8:30 AM	REPORT (1999)	B	00293	2794	3	
0002182350	Sep 05, 2000 8:30 AM	Sep 05, 2000 8:30 AM	REPORT (2000)	B	00384	1525	3	
0002329393	Sep 14, 2001 8:30 AM	Sep 14, 2001 8:30 AM	REPORT (2001)	B	00446	2019	2	
0002523186	Oct 02, 2002 8:30 AM	Oct 02, 2002 8:30 AM	REPORT (2002)	B	00550	2795	3	
0002712985	Oct 23, 2003 8:30 AM	Oct 23, 2003 8:30 AM	REPORT (2003)	B	00647	0047	2	
0002853647	Sep 30, 2004 8:30 AM	Sep 30, 2004 8:30 AM	REPORT (2004)	B	00722	1399	2	
0003106281	Oct 19, 2005 8:30 AM		REPORT (2005)	B	00859	1898	2	
0003312642	Oct 10, 2006 8:30 AM		REPORT (2006)	B	00967	1643	2	
0003530749	Sep 05, 2007 8:30 AM		REPORT (2007)	B	01079	1477	2	
0003778632	Sep 09, 2008 8:30 AM		REPORT (2008)	B	01208	3593	2	
0004039437	Oct 08, 2009 8:30 AM		REPORT (2009)	B	01341	1194	3	
0004279203	Sep 27, 2010 8:30 AM		REPORT (2010)	B	01469	0655	3	
0004523169	Feb 09, 2012 9:23 AM		REPORT (2011)	B	01605	2499	2	View Html
0004849715	Apr 28, 2013 8:30 AM		REPORT (2012)	B	01785	0852	4	
0004986413	Oct 22, 2013 2:12 PM		REPORT (2013)	B	01860	3061	2	View Html
0005061184	Feb 27, 2014 12:00 PM	Feb 27, 2014 12:00 PM	AGENT	B	01913	1608	2	
0005165032	Aug 15, 2014 12:18 PM		REPORT (2014)	B	01971	3548	2	View Html
0005396976	Sep 16, 2015 4:07 PM		REPORT (2015)	B	02101	1406	2	View Html
0005685993	Nov 03, 2016 9:01 AM		REPORT (2016)	B	02262	2174	3	View Html
0005926544	Sep 18, 2017 12:24 PM		REPORT (2017)	B	02397	2458	3	View Html
0006250514	Sep 25, 2018 12:00 PM		REPORT (2018)	B	02578	0213	3	View Html

CERTIFICATE OF AUTHORITY.

I, Richard Schreiner, hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of Coordinated Transportation Solutions, Inc.

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on November 14, 2018, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That David L. White, President & CEO (may list more than one person) is duly authorized on behalf of Coordinated Transportation Solutions, Inc. to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority remains valid for thirty (30) days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: May 1, 2020

Richard A. Schreiner
Richard A. Schreiner (May 1, 2020)

Signature of Elected Officer

Name: Richard Schreiner

Title: Secretary






Certif.ofAuthorityforCorp.orLLC

Final Audit Report

2020-05-01

Created:	2020-05-01
By:	Kathleen Grassmann (kgrassmann@ctstransit.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAaWHPe_GO-UTPQky1zGp_-Mb0eApkargh7

"Certif.ofAuthorityforCorp.orLLC" History

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2020-05-01 - 2:34:51 PM GMT



Adobe Sign



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/24/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Shoff Darby Companies 100 Technology Drive Suite 200 Trumbull CT 06611	CONTACT NAME: Patricia McFarland PHONE (AC, Ho, Ext): (203) 445-2114 FAX (AC, No): (203) 268-0687 EMAIL ADDRESS: mcfarlandp@shoffdarby.com
INSURED Coordinated Transportation Solutions, Inc. 35 Nutmeg Drive Suite 120 Trumbull CT 06611	INSURER(S) AFFORDING COVERAGE INSURER A: Lloyds of London INSURER B: Ulca Mutual Insurance Company INSURER C: Travelers Casualty & Surety INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 19-20 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE	TYPE OF INSURANCE	ADDCSUBR (USED) (WOOD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		W1C290190401	07/24/2019	07/24/2020	EACH OCCURRENCE \$ 6,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/PROP AGG \$ Included \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> RENTED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS ONLY <input type="checkbox"/> NON-SCHEDULED AUTOS ONLY		W1C290190401	07/24/2019	07/24/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENT-ON \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	4777747	07/24/2019	07/24/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Errors & Omissions-Claims Made		W1C290190401	07/24/2019	07/24/2020	\$3,000,000/\$3,000,000 \$10,000 retention

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

D&OE/PLI 7/24/18-8/24/19 Travelers Casualty & Surety Pol #106956960 Claims Made \$1,000,000/\$1,000,000 Retention \$15,000 Retro Date 4/21/01. Sexual/Physical Misconduct incl In E&O-\$1,000,000/\$3,000,000-\$10,000 retention, Claims Made, Retro Date 8/8/11. E&O retro date 7/25/01 \$1,000,000/\$1,000,000 & 3/12/12 \$2,000,000/\$3,000,000 & 7/24/16 \$3,000,000/\$3,000,000. Cyber Liability Policy #MPL401527519, 8/1/19-8/1/20. Underwriters at Lloyds, \$3,000,000, \$25,000 ded. Cyber Liability Policy #G71529356001, 8/1/19-8/1/20, Hiscox Insurance, \$5,000,000, \$25,000 ded

CERTIFICATE HOLDER

NH Department of Health and Human Services
129 Pleasant Street
Concord NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Patricia L. McFarland

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Effective date of this Endorsement: 24-Jul-2018

This Endorsement is attached to and forms a part of Policy Number: W1C280180301

Syndicate 2623/623 at Lloyd's. Referred to in this endorsement as either the "Insurer" or the "Underwriters"

BLANKET ADDITIONAL INSURED ENDORSEMENT – GENERAL LIABILITY COVERAGE ONLY

This endorsement modifies Insurance provided under the following:

Miscellaneous Medical Professional Liability, General Liability, Advertising Liability, Products/Completed Operations Liability and Employee Benefits Liability Insurance – Combination Claims Made and Reported/Occurrence Basis

In consideration of the premium charged for the Policy, it is hereby understood and agreed that solely in relation to coverage provided under INSURING AGREEMENTS, A. 2. General Liability, Clause II. PERSONS INSURED is amended to include any entity for which the Insured has assumed such entity's liability in a written contract or agreement (an "Additional Insured") solely for services rendered by or on behalf of the Named Insured and that is also named in a Claim if all of the following conditions are met:

1. The Claim against the Additional Insured seeks damages for which the Insured has assumed liability;
2. This Insurance applies to such liability assumed by the Insured;
3. The obligation to defend the Additional Insured has also been assumed by the Insured in the same contract or agreement;
4. The allegations in the Claim and the information known about the incident are such that no conflict appears to exist between the interests of the Insured and the interests of the Additional Insured;
5. The Additional Insured and the Insured ask Underwriters to conduct and control the defense of that Additional Insured against such Claim and agree that Underwriters can assign the same counsel to defend the Insured and the Additional Insured;
6. The Additional Insured agrees in writing to:
 - a. Cooperate with the Underwriters in the investigation, settlement or defense of the Claim;
 - b. Immediately send Underwriters copies of any demands, notices, summonses or legal papers received in connection with the Claim;
 - c. Notify any other insurer whose coverage is available to the Additional Insured; and
 - d. Cooperate with Underwriters with respect to coordinating other applicable insurance available to the Additional Insured; and
7. The Additional Insured provides Underwriters with written authorization to:
 - a. Obtain records and other information related to the Claim; and
 - b. Conduct and control the defense of the Additional Insured in such Claim. All other terms and conditions of this Policy remain unchanged.


Authorized Representative



CONNECTING PEOPLE
WITH CARE

Coordinated Transportation Solutions, Inc.	
MISSION	It is the mission of CTS to increase the availability of cost-effective and efficient transportation services to transportation disadvantaged individuals and communities.
VISION	With an empowered team of professionals, CTS adds value to the services provided to our customers and improves the lives of the people we serve.
VALUES	CUSTOMER FOCUS INTEGRITY RESPECT

**COORDINATED TRANSPORTATION
SOLUTIONS, INC.
FINANCIAL STATEMENTS
SEPTEMBER 30, 2019**

**TOGETHER WITH INDEPENDENT
AUDITOR'S REPORT**

COORDINATED TRANSPORTATION SOLUTIONS, INC.
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SEPTEMBER 30, 2019

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GS&B
GARVEY, STEELE & BANCROFT
Certified Public Accountants & Advisors

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Coordinated Transportation Solutions, Inc.
Trumbull, Connecticut

Report on financial statements

We have audited the accompanying financial statements of Coordinated Transportation Solutions, Inc. (a nonprofit organization) which comprise the statement of financial position as of September 30, 2019 and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Coordinated Transportation Solutions, Inc. as of September 30, 2019 and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Other matter

Our audit was conducted for the purposes of forming an opinion on the financial statements taken as a whole. The schedule of functional expenses is presented for the purpose of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion the information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Hawley, Steale & Benicoff, LLP

Mystic, Connecticut
January 10, 2020

COORDINATED TRANSPORTATION SOLUTIONS, INC.
STATEMENT OF FINANCIAL POSITION
SEPTEMBER 30, 2019

ASSETS

Current assets

Cash	\$ 145,952	
Cash - restricted	25,844	
Accounts receivable, net of allowance for doubtful accounts of \$3,655	5,857,399	
Other Receivables	120,000	
Prepaid expenses	<u>330,204</u>	
Total current assets		\$ 6,479,399

Property and equipment

Office furniture, fixtures and equipment	218,152	
Computer equipment	927,025	
Leasehold improvements	203,728	
Software	628,014	
Equipment under capital lease	<u>46,733</u>	
	2,023,652	
Less accumulated depreciation	<u>(1,359,404)</u>	
Total property and equipment		664,248

Other assets

Restricted cash - deferred compensation	19,578	
Deposits	<u>50,802</u>	
Total other assets		<u>70,380</u>
Total assets		<u>\$ 7,214,027</u>

See accompanying notes to financial statements

COORDINATED TRANSPORTATION SOLUTIONS, INC.
STATEMENT OF FINANCIAL POSITION
SEPTEMBER 30, 2019

LIABILITIES AND NET ASSETS

Current liabilities

Accounts payable and accrued expenses	\$ 2,907,528	
Line of credit payable	-	
Other current liabilities	<u>305,116</u>	
Total current liabilities		\$ 3,212,644

Long-term liabilities

Long-term debt, less current portion	<u>132,615</u>	
Total long-term liabilities		<u>132,615</u>
Total liabilities		3,345,259

Net assets

Unrestricted		<u>3,868,768</u>
Total liabilities and net assets		<u>\$ 7,214,027</u>

See accompanying notes to financial statements

COORDINATED TRANSPORTATION SOLUTIONS, INC.
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED SEPTEMBER 30, 2019

CHANGE IN UNRESTRICTED NET ASSETS

Revenue

Transportation brokerage	\$ 57,080,274
Grant income	-
Miscellaneous income	1,934
Investment income	<u>4,848</u>
Total revenue	<u>57,087,056</u>

Expenses

Program	56,359,118
General and administrative	<u>1,331,877</u>
Total expenses	<u>57,690,995</u>
Change in net assets	(603,939)
Unrestricted net assets - October 1, 2018	<u>4,472,707</u>
Unrestricted net assets - September 30, 2019	<u>\$ 3,868,768</u>

See accompanying notes to financial statements

COORDINATED TRANSPORTATION SOLUTIONS, INC.
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED SEPTEMBER 30, 2019

<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>	
Change in net assets	\$ (603,939)
Amounts to reconcile change in net assets to net cash provided by operating activities:	
Depreciation and amortization	394,625
Loss on disposition of assets	-
Bad debt expense	4,500
Change in cash -restricted	33,459
Change in accounts receivable, net	1,071,404
Change in other receivables	(118,500)
Change in prepaid expenses	(225,081)
Change in restricted cash - deferred compensation	-
Change in deposits	(44,644)
Change in accounts payable and accrued expenses	<u>143,848</u>
Net cash provided by operating activities	<u>655,672</u>
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>	
Purchase of property and equipment	<u>(137,275)</u>
Net cash used in investing activities	<u>(137,275)</u>
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>	
Borrowings on capital lease from prior year equipment purchase	-
Repayments on capital lease payable	-
Repayments on long-term debt	(409,450)
Borrowings on line of credit	9,500,000
Repayments on line of credit	<u>(11,200,000)</u>
Net cash used in financing activities	<u>(2,109,450)</u>
Net decrease in cash	(1,591,053)
Cash, beginning balance	<u>1,737,005</u>
Cash, ending balance	<u>\$ 145,952</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION	
Amounts paid during the year for:	
Interest	<u>\$ 88,402</u>

See accompanying notes to financial statements

COORDINATED TRANSPORTATION SOLUTIONS, INC.
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2019

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Organization

Coordinated Transportation Solutions, Inc. ("the Organization") was organized as a Connecticut not-for-profit corporation in September 1997. The Organization was formed to enhance the mobility of transportation for disadvantaged individuals and communities by offering a package of services designed to promote coordination of service and partnerships between Government, not-for-profit agencies and for-profit companies. The majority of the Organization's revenue was generated in New Hampshire and Massachusetts.

Basis of accounting

The accompanying financial statements have been prepared using the accrual basis of accounting and accordingly reflect all significant receivables, payables and other liabilities.

Basis of presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Accounting Standards Codification (ASC) 958-205, *Not-for-Profit Entities, Presentation of Financial Statements*. The Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

Cash and cash equivalents

The Organization considers all highly liquid instruments purchased with a maturity of three months or less to be cash equivalents.

Accounts receivable

Pursuant to an analysis of open receivables at September 30, 2019 the Organization has established an allowance for doubtful accounts totaling \$3,655.

Estimates

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

Expense allocation

The costs of providing various programs and other activities have been summarized on a functional basis in the Statement of Activities and in the Schedule of Functional Expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Income tax status

The Organization is exempt from federal income taxes pursuant to Section 501 (c)(3) of the Internal Revenue Code. In addition, the Organization qualifies for the charitable contribution deduction under Section 170 (b)(1)(A) and has been classified as an organization other than a private foundation under Section 509(a)(2). The State of Connecticut also recognizes the Organization's tax-exempt status, and therefore, there is no provision for income taxes in these financial statements.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Property and equipment

Property and equipment are recorded at cost. Depreciation is provided using the straight-line method over the estimated useful lives of the underlying asset. Those lives range from five to seven years.

Intangible assets

Intangible assets include organization costs, loan origination fees and software development costs. The costs related to these items have been capitalized and are being amortized over the estimated useful lives of the underlying intangible assets, which range from three to five years.

Advertising

The Organization uses advertising to promote its programs among the audience it serves. The cost of advertising is expensed as incurred. During the year ended September 30, 2019 the Organization incurred \$66,851 of advertising costs.

Subsequent events

Management has evaluated subsequent events through January 10, 2020, the date the financial statements were available to be issued.

NOTE 2 - REVOLVING LINE OF CREDIT

The Organization has a \$750,000 revolving line of credit available with a large commercial bank. Bank advances on the credit line are payable on demand and carry a variable interest rate, 5.00% at September 30, 2019. There were no amounts outstanding on the revolving line of credit at September 30, 2019.

NOTE 3 - COMMITMENTS

The Organization entered into an operating lease for office space in Trumbull, Connecticut during August 2015. At April 1, 2017, the Organization increased the square footage being leased by approximately 3,100 square feet. The amended lease calls for monthly base rent payments that increase at certain intervals during the lease term, which term expires in August 2026. In addition to the base rent payments, the Organization is responsible for their proportionate share of the common allocable expenses of operating the facility. The lease contains two options to extend the lease after the August 2026 expiration date. Each option is for five additional years.

On April 29, 2016, the Organization entered into an operating lease for office space in Concord, New Hampshire commencing May 1, 2016. The lease begins with a period of non-occupancy from May 1, 2016 until December 31, 2016, during which the Organization made uniform monthly payments of \$2,000. During the non-occupancy period, the Organization had the option to elect to begin a three-year lease commencing January 1, 2017 or 90 days after the election has been made, whichever was later. The Organization entered into a three-year lease agreement effective March 1, 2017, with said lease expiring at the end of February 2020.

NOTE 3 – COMMITMENTS (Continued)

Amount charged to rent expense for the year ended September 30, 2019 totaled \$213,330.

Future minimum lease payments as of September 30, 2019 are:

Year ending September 30, 2019	\$	175,903
2020		162,510
2021		163,864
2022		178,761
2023		180,115
Thereafter		<u>373,773</u>
Total future minimum lease payments	\$	<u>1,234,927</u>

NOTE 4 – FINANCIAL INSTRUMENTS

Financial instruments that potentially subject the Organization to concentration of credit risk consist principally of cash and accounts receivable. The Organization's cash balances are insured by the Federal Depositary Insurance Corporation up to \$250,000 (except for transaction accounts that are fully insured). The Organization's concentration of credit risk with respect to the accounts receivable is limited due to the large number of customers and their dispersion across geographic areas. At September 30, 2019 the Organization had approximately 174,000 of cash in excess of insurance coverage on deposits.

NOTE 5 – LONG-TERM DEBT

At September 30, 2019, long-term debt consisted of the following:

\$586,497 Equipment capital lease note payable to a large commercial bank. The note is payable in monthly installments of \$17,452, including interest at 4.52%, maturing in February 2020.	\$	86,281
\$66,878 Equipment capital lease note payable to a large commercial bank. The note is payable in monthly installments of \$18,139, including interest at 4.82%, maturing in March 2021.		314,382
\$250,000 Small Business Express Program loan from Connecticut Department of Economic and Community Development. The note is payable in monthly installments of \$1,034, including interest at 2.0%, maturing in October 2022.		<u>37,068</u>
Total long-term debt		437,731
Less amount reported as short-term		<u>(305,116)</u>
Amount reported as long-term	\$	<u>132,615</u>

NOTE 5 – LONG-TERM DEBT (Continued)

Future minimum payments under this note are as follows:

Year ended September 30,	
2020	\$ 305,116
2021	119,330
2022	12,253
2023	1,032
2024 and thereafter	
	<u>\$ 437,731</u>

The equipment notes are collateralized by the equipment purchased by the notes.

NOTE 6 – RETIREMENT PLANS

The Organization authorized a deferred compensation program pursuant to section 457 of the Internal Revenue Code. Under the plan, select employees are able to contribute a portion of their compensation to the plan. There were no contributions to the plan during the year ended September 30, 2019. Amounts held in the account are restricted for future benefit payments, but are subject to creditor risk. At September 30, 2019 there was approximately \$20,000 in the account.

The Organization also established a retirement plan in accordance with section 403(b) of the Internal Revenue Code. All employees are eligible to participate in elective salary deferrals upon becoming employed. However, employees must be of a minimum age of twenty-one and must complete one year of service to be eligible to receive Company matching contributions. The Organization made \$43,468 in matching contributions during the year ended September 30, 2019.

NOTE 7 – CONCENTRATIONS

Approximately 63% of the Organization's total revenue was related to three (3) contracts.

NOTE 8 – CASH – RESTRICTED

At September 30, 2019, the Organization had \$25,844 in restricted cash. The cash is restricted to fund future unemployment claims, as the Organization is self-funding their unemployment liabilities instead of paying into the State Unemployment Fund.

NOTE 9 – ACCOUNTING FOR UNCERTAIN TAX POSITIONS

The Organization has adopted the provisions of FASB, Accounting Standards Codification 740 - *Income Taxes*. ASC 740 requires that a tax position be recognized or derecognized based on a 'more-likely-than-not' threshold. This applies to positions taken or expected to be taken in a tax return. The Organization does not believe its financial statements include, or reflect, any uncertain tax positions. Tax years from September 30, 2016 through the current year remain open for examination by the Federal and state tax authorities.

COORDINATED TRANSPORTATION SOLUTIONS, INC.
SCHEDULE OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2019

	<u>Program</u>	<u>General and Administrative</u>	<u>Total Expenses</u>
Purchased transportation	\$ 48,669,921	\$ -	\$ 48,669,921
Salaries and wages	4,804,583	847,868	5,652,451
Payroll taxes	362,901	64,041	426,942
Employee benefits	455,590	80,398	535,988
Depreciation and amortization	335,431	59,194	394,625
Professional fees	96,020	16,945	112,965
Occupancy	324,990	57,351	382,341
Telephone and internet	303,153	53,498	356,650
Computer consultants	63,973	11,289	75,262
Temporary help	-	-	-
Office supplies and expense	45,084	7,956	53,040
Advertising and marketing	56,823	10,028	66,851
Insurance	105,743	18,660	124,403
Travel and entertainment	72,626	12,816	85,442
Postage	17,568	3,100	20,668
Repairs and maintenance	267,917	47,280	315,197
Dues and subscriptions	26,647	4,702	31,349
Donations and gifts	22,440	3,960	26,400
Equipment rental	37,385	6,597	43,982
Property taxes	15,355	2,710	18,065
Payroll service	15,066	2,659	17,725
Conferences and meetings	15,726	-	15,726
Printing	7,889	1,392	9,281
Interest expense	88,402	-	88,402
Interpreter services	37,768	-	37,768
Training and professional development	87,009	15,355	102,364
Bad Debt Expense	3,825	675	4,500
Bank charges	19,284	3,403	22,687
Total	\$ 56,359,118	\$ 1,331,877	\$ 57,690,995



CONNECTING PEOPLE
WITH CARE

Coordinated Transportation Solutions, Inc. Board of Directors	
Executive Committee & Board Members	President & Chairperson David L. White CEO, Coordinated Transportation Solutions, Inc.
	Vice Chairperson Diane Pivrotto
	Treasurer Reginald Knowlton
	Secretary Richard Schreiner
Board Members	William Hanson Douglas Holcomb William McDonald Stephen Martin Marla Pantano

Jeff DiGirolamo
35 Nutmeg Drive, Suite 120, Trumbull, CT 06611
Phone: (203)736-8810 – Fax: (203)375-0510 – Email: jdigirolamo@ctstransit.com

Coordinated Transportation Solutions- Trumbull, CT
Present

April 2019 to Present

Chief Financial Officer

April 2019 to Present

Chief of Staff, Finance & Administration, Contracts and Procurement, Transactional Quality and Human Resources.

Prospect Health Management - Manchester, CT
Operations and Finance Data Analytics

July 2018 to April 2019

Analyze performance of contracted physicians as compare to industry standards. Extract data from multiple source and run through self-built model that identifies outliers. Managed 300+ provider performance analytics in three regions for the Prospect Medical Holdings Physician Practices.

Travelers - Hartford, CT
Director of Finance IT

January 2014 to July 2018

Responsible for \$1B in budgeted expense for several IT organizations. Senior financial leader to five Sr. Executives with responsibility for eBusiness, Infrastructure, End-User Computing, Business Intelligence and the Digital Workforce. Accomplished the transformation to Office 365 under budget and negotiated several vendor contracts to contain cost upon renewal.

Access Health CT - Hartford, CT
Expense Director

December 2012 to February 2014

Responsibilities

Manage, monitor and develop \$153M budget that is in compliance with Federal and State Grant requirements

Accomplishments

Negotiation of cost transfer between state agencies

Negotiated and implemented NetSuite ERP complete with CRM and BI.

Skills Used

Analytical, Management

Prudential - Shelton, CT
Chief of Staff

December 2011 to December 2012

Responsibilities
COS to CIO

Accomplishments

Built Staff Retention Plan, Lead in Gartner Benchmark Analysis

Skills Used

Financial Management, Product Management

United Healthcare - Hartford, CT
Interim CFO

2007 to 2011

Responsibilities

Directed 2.1B budget for Operations. Managed a staff of 4 Directors overseeing 15 Financial Analyst. Capacity planning

for 26,000 FTEs

Accomplishments

Reduced forecasting process to 15 days.

Restructured financial group into segment support organizations Managed
COBRA unit and resolved assumed financial audit findings
Outsourced COBRA production to IRE.

Skills Used

Outsourcing

Reduction in Force

Anthem - North Haven, CT
IT Finance Director

2006 to 2007

Responsibilities

Directed virtual staff in building and managing 100M budget for all claim application

Accomplishments

Balanced eCommerce budget

Skills Used

IT Project Management

Aetna, CIGNA, MassMutual, Unicare - Various
Financial Management Director

1982 to 2006

Responsibilities

Operational Finance, SBU Finance, Regional Finance, Medical Expense Analysis

Accomplishments

Managed financial production staff of 70 FTEs to Financial Professional and Accounting staffs

EDUCATION

Bachelor's in Business
CCSU

SKILLS

- Vendor Management, eCommerce, Leadership, Board Room Experience (10+ years)
- Operation (10+ years)
- Logistics (2 years)
- Tax Preparation
- Financial Reporting (10+ years)
- Management (10+ years)
- Payroll (2 years)
- Strategic Planning (10+ years)
- Word (10+ years)
- Accounting (10+ years)
- Budgeting (10+ years)
- Cash Management (10+ years)
- Financial Modeling (10+ years)
- Microsoft Office (10+ years)
- Quickbooks (2 years)
- Finance (10+ years)
- Financial Analysis (10+ years)
- ADP

AWARDS

Friend of Glastonbury Youth Person of the Year

January 2014

Recipient of the 2014 FOGY (Friends of Glastonbury Youth) of the year for starting the Teen Action Group at St. Paul Church.

Jana Hunkler, M Ed, CCTM
35 Nutmeg Drive, Suite 120, Trumbull, CT 06611
Phone: (203)736 -8810 – Fax: (203)375-0510 – Email: jhunkler@ctstransit.com

**Coordinated Transportation Solutions (CTS)
Chief Customer Officer**

Jul 2017-Present

Leads the core Medicaid/Medicare non-emergency transportation Business Development efforts in multiple states, Public Relations and Marketing initiatives of CTS. Develop and implement public relations strategy for organization, as well as manage and maintain company website and social media presence; Collaborate with President & CEO to identify customers in new areas and implement cohesive marketing plan to reach potential leads; Drive the business development and growth plans in alignment with our strategic plans for CTS. Serves as member of the Executive Leadership Team.

Proposal Writer (CTS)

Oct 2016–Jul 2017

Develop proposals and presentations from conception to production and delivery; including research, communication with various business areas and levels of management and outside vendors; assist in Business Development and Marketing initiatives.

**Berkshire Community Action Council, Pittsfield, MA
Director of Transportation & Planning**

2015-2016

Management of daily operations of BCAC transportation and the BerkshireRides community and employment transportation project including: Service Design and Implementation; Community Outreach; Budget Monitoring; Identifying and Writing for Funding; Creating Data Collection and Analysis Systems; Preparation and Delivery of Reports to Elected Officials, Funders, BerkshireRides Board of Directors, and Community; Insuring Compliance with ADA and other State and Federal Transportation Standards; Transportation Related Education and Presentations; Staff Oversight; Participation in Agency Wide Initiatives and Management Team Meetings

**Community Transportation Assoc., Washington, D.C. & North Adams, MA
Project Manager, BerkshireRides, Inc.**

2004-2015

Oversight and management of a 501(C)(3) community transportation organization with a \$1.4M budget, located in North Adams, Massachusetts, including: Community Outreach; Budgeting; Marketing; Contracting; Program Review; Procedure Development and Implementation; ADA Policy; Grant Writing; Training; Technical Assistance.

**National Transit Institute, Rutgers University, New Brunswick, NJ
Faculty, Managing Community Mobility**

2008-2013

Lead national training seminars in mobility management for transportation and human services professionals and advocates. Keep course material current.

**Town of Florida, Florida, MA
Town Administrator**

2000-2004

Working under the direction of the Select Board to oversee and support all town departments and boards; Represent town and Select Board on county and state-wide committees; File reports with state departments; Liaison to Town Counsel.

Williams College, Williamstown, MA

1991-2000

Budget & Finance Director, Department of P.E., Athletics & Recreation

Develop and reconcile departmental budget; Purchasing; Oversee payment of all invoices; Coordinate post-season tournaments and represent college at both home and away tournament events.

University of New Hampshire, Durham, NH

1986-1991

Assistant Business Manager, Department of Athletics & Recreation

Collect, balance and report on all department receivables; Develop cash handling policies; Liaison to internal and external audit teams; Calculate and submit payroll documents for all part time employees; Schedule facilities for outside group use; Provide technical computer support for coaching staff; Recruit, train and supervise student employees.

Education

Massachusetts College of Liberal Arts, Master of Education, Supervision Concentration

University of New Hampshire, Bachelor of Arts, Anthropology

Community Service

Elected & Appointed Offices, Town of Florida, MA

Town Auditor, Gabriel Abbott Memorial School Committee, McCann Technical School Committee, Assessor, Council on Aging, Yankee Rowe Decommissioning Community Advisory Board

Other Volunteer and Committee Involvement

- Gubernatorial Appointment to the Massachusetts Statewide Council on Coordination and Community Transportation
- MPO-Transportation Advisory Committee and Nominating Committee, Berkshire Regional Planning Commission
- Northern Berkshire United Way Board Vice President for Community and Special Grants
- Berkshire Transitional Assistance Advisory Board Member
- Federation for Children with Special Needs Parent Educational Advocate
- Parent Liaison, Early Intervention of Northern Berkshire
- Patient Partner and Marathon Team, Children's Hospital Trust
- CARE Campaign, North Adams Regional Hospital
- EcuHealth Care Board of Directors
- School Governance Council Abbott Memorial School and McCann Technical School
- Berkshire Chamber of Commerce Leadership Program Graduate 2007
- Member of Berkshire Chamber of Commerce
- Member of Williamstown Chamber of Commerce
- Founding Member of S.T.A.R [Stand Together Act Responsibly]
- Treasurer of Small Town Administrator's Association
- MA Congressman John Olver's Northern Tier Economic Development Project and EcoTourism Subcommittee member
- Sweatshop Labor Committee, Williams College
- President's Grievance Council, Williams College
- Williams College Employee Credit Union Board of Directors
- Frog Lotus Yoga Reception Volunteer

- **Notary Public**

Robin Lynch
35 Nutmeg Drive, Suite 120, Trumbull, CT 06611
Phone: (203)736-8810 – Fax: (203)375-0510 – Email: rlynch@ctstransit.com

Coordinated Transportation Solutions Inc. 11/18/15-Present

Chief of Service Delivery 12/28/19- Present

Responsible for all strategic and executional provider relations functions including but not limited to maintaining and expanding the entire CTS transportation provider network and leading all Provider Relations services. (approximately 400 transportation providers projection for 2019). Serve as a member of the Executive Leadership Team (ELT).

Essential Duties and Responsibilities include the following:

- Maintains and ensures execution of all transportation provider contracts including contract and fee negotiations with providers. Ensures consistency between Medical Transportation Providers' contracts and CTS' contracts with corporate customers.
- Develops and maintains a contract monitoring system to measure provider and overall network performance.
- Monitors contract compliance with particular emphasis on requirements for insurance, DMV, State Medicaid program and Board of Education (for all lines of business).
- Responsible for (and the management of) all routine transportation provider performance checks and onsite inspections.
- Interfaces with Leaders of the Contact Centers, Compliance, and other key stakeholders regarding transportation provider network capacity and performance.
- Develops strategies to meet key performance targets and implement future enhancements that align with company goals and mission vision and values

Director of Provider Relations 12/1/17- 12/28/18

Manager of Provider Relations 11/18/15- 12/1/17

Personal Health Care Provider/ Caregiver 2011 to 2014

Senior Manager, Vendor Management, Provider Network Management 2004 to 2011
HealthNet of the Northeast

Leadership responsibility for the contractual and operational aspects of HealthNet's delegated medical vendor networks and IPAs. Oversaw all aspects of pre-contracting, implementation and operational performance and compliance. Managed service costs while ensuring that vendor arrangements were administratively sound and successfully operationalized.

- Ensured that vendor arrangements were compliant with all state and federal regulatory requirements and NCQA mandates in conjunction with the delegation oversight department, legal and other key constituents.
- Developed business cases analyses and specifications to remedy implementation of new and operational challenges with delegated vendor contracts following Product Development Lifecycle (PDLC) standards.
- Implemented internal audits to capture issues prior to any State or Federal audits.
- Provided sound, proactive, fact-based legal advice.
- Developed business case analyses and specifications to remedy implementation of new and operational challenges with delegated vendor contracts following Product Development Lifecycle (PDLC) standards.
- Staffing, succession planning, compensation and performance management of management teams.

Key Accomplishments

- De-delegated Connecticut Medicaid dental, vision and transportation vendors.
- De-delegated New York Medicare IPAs.
- Designed an ongoing educational program to ensure staff was trained on all State and Federal laws, rules and regulations.
- Worked directly with CMS on the respond to all Corrective Action Plans (CAPs) imposed by CMS.
- Responded to all HIPPA breaches occurring both internally and externally.

**Senior Buyer – Outlet Stores
Warnaco****1993 to 2003****Menswear, Intimate Apparel, Fragrance, Calvin Klein Sportswear and Bridge**

- Directed overall operation of 130+ stores.
- Prepared fiscal year budget and finance reports.
- Profitably managed \$160 million in sales.
- Determined item selection and sales plan.
- Managed Open to Buy and Markdowns.
- Worked with foreign plants and distribution centers.
- Negotiated contracts with outside vendors including real estate.
- Supervised staff of 20+.
- Analyzed business plans and strategies.
- Marketing.

Education**Business Administration – Sacred Heart University, Fairfield, CT****Core Competencies****Project Management Contract Negotiations Influencing Others
Committed to Results Regulator Experience Customer Satisfaction
Medical Vendor Management Implementation Proficiency Executive Interface**

Coordinated Transportation Solutions CHIEF INFORMATION OFFICER**2017 - Present**

Responsible for the management and development of CTS's technology infrastructure, Information Security, Telecommunications, Vendor Management, and the delivery of Information Technology. Serves as a Liaison with all Medicaid programs under contract, caseworkers, corporate customers and plan personnel regarding IT and Technology requirements.

- Drive root-level resolution to reoccurring and highly impactful services issues and concerns.
- Manages the development and maintenance of Information Security policies, procedures and compliance.
- Identify new technology solutions and work closely with internal business partners to forecast future needs and develop cost effective strategies aligned with business objectives.
- Hire and supervise a staff consisting of IT professionals.

MassMutual/CyberSN CYBER INTELLIGENCE UNIT & GLOBAL SECURITY MONITORING DELIVERY LEAD**2017 - 2018**

Serve as the delivery lead for the Global Security Monitoring projects that reside in a complex hybrid cloud environment.

- Ensure execution is aligned with best practices and standards as defined by the Center of Excellence and solutions deployed are secure as per Enterprise Information Risk Management standards.
- Accountable to drive delivery of quality solutions tied to clearly understood business requirements and goals.
- Collaborate within and across CIO channels to identify delivery efficiencies, leverage resources, reduce costs, improve support capabilities and ensure all teams are successful.
- Gauge the cultural impact of changes and develop mitigating approaches with SOC leadership to overcome challenges.

Tyrion LLC CHIEF INFORMATION SECURITY OFFICER & CTO**2016 - 2017**

Established the company's strategic and technical roadmap, ensuring the AWS cloud architecture/environment/development efforts were secure by following strict InfoSec frameworks, drove the deliverables and product development of the team to meet the tight timelines introduced by a fast-moving entrepreneurial environment.

- Combined thought-leadership and practicality to balance operational effectiveness and security controls.
- Designed, implemented, and maintained a secure, fault tolerant, highly scalable, sub-second latency cloud based live streaming media solution, collaborating closely with the DevOps and iOS engineers to ensure optimal integration and performance with strict information security controls.
- Helped build a productive, cohesive, collaborative engineering team by recruiting talented resources, providing guidance, fostering teamwork, promoting constant communication and leading by example.

TicketNetwork INFORMATION SECURITY OFFICER (ISO) & VP IT**2009 - 2016**

Developed highly skilled InfoSec and IT teams that enabled rapid business growth through adoption of continuous improvement, agile development methodologies, following OWASP secure development guidance, embracing innovation and continual collaboration with the business. Leveraged and secured hybrid cloud (PaaS, IaaS, SaaS) solutions that supported rapid business growth.

- Designed, implemented and maintained an Information Security framework/program based on COBIT/NIST and a Governance Risk & Compliance (GRC) program to maintain PCI Level 1 compliancy.
- Developed, implemented and continually improved security architectures for the hybrid cloud environment that included the end-to-end security for the in-house private cloud and public cloud (AWS & Azure).
- Planned and managed complete data center move between states no business interruptions or impact to release schedule. Negotiating over \$1M in one-time costs and \$200K in annual hosting costs.
- Scaled the eCommerce environment allowing the infrastructure to handle a 200% increase in traffic/sales volume.
- Defined and managed the IT operating and capital budget of \$4M and reduced operating costs by 7% over 2 years.

Lincoln Financial Group DIRECTOR, INFORMATION TECHNICAL & APPLICATION SECURITY**2008 - 2009**

Combined the Technical and Application Security teams into a single cohesive group that defined the security policies for the entire company and reviewed all Application Development efforts to ensure there were no security risks or vulnerabilities.

- Implemented Application Security Reviews for internally developed software ensuring that security requirements (OWASP Top 10) were met and all application vulnerabilities were eliminated/mitigated prior to release.
- Defined and updated all policy/standards and the architecture of the security infrastructure including enterprise architecture, web based (perimeter), remote access, network, server and desktop defenses/monitoring/alerting.
- Oversaw the capital and expense budget of \$3M and presented it to the CFO & CTO during annual planning.

SPX Precision Components DIRECTOR, INFORMATION TECHNOLOGY**2006 - 2008**

Transformed a total outsourced IT structure to an internal self-sufficient team. Spearheaded the standardization and implementation of a single ERP system between sites.

- Built an internal IT Team resulting in improved issue resolution metrics and cost savings of over 15% annually.
- Developed a detailed long term and short-term strategic IT roadmap and project plans for multiple locations, integrated infrastructures, and telecommunications.
- Led business process reengineering, including gathering/documenting requirements, workflows and developing specifications for current processes and future processes (AS-IS & TO-BE).

Victorinox Swiss Army DIRECTOR, INFORMATION TECHNOLOGY

2002 - 2006

Managed entire ERP upgrade efforts from JD Edwards to SAP, a two-year effort that included defining RFP's, handling vendor reviews, presenting to the parent company in Switzerland, and project management of the entire upgrade process.

- Managed annual IT budget (expense and capital) of \$3M and reduced costs by an average of 10% year-over-year.
- Led transformation of application development team from supporting JDE (RPG) to SAP (ABAP).
- Migrated from three separate PBX systems to a single unified, secure VoIP Cisco system.

Gorp.com CHIEF TECHNOLOGY OFFICER

2000 - 2002

Gobi, Inc. DIRECTOR, INFORMATION SYSTEMS

1999 - 2000

Lincoln Financial Group SENIOR NETWORK ENGINEER

1995 - 1999

MassMutual/Integrated Systems Resources IT NETWORK & SYSTEMS CONSULTANT

1993 - 1995

Aetna Life and Casualty SENIOR SYSTEMS ENGINEER

1990 - 1993

United States Marine Corps Reserve LANCE CORPORAL

1990 - 1994

DEDICATED TO CONTINUOUS EDUCATION

- MS, Computer Information Systems (Concentration in Security) – Boston University
- BS, Information Technology/Business Minor (Magna Cum Laude) – University of Massachusetts
- Certified Information Systems Security Professional (CISSP) – (ISC)²
- Lean Executive certificate – University of Tennessee
- Finance for the Technical Executive certificate – MIT Sloan School of Management
- Chief Range Safety Officer (CRSO) – NRA
- Certified Rifle Instructor – NRA

TECHNOLOGY AND INFOSEC LEADERSHIP SKILLS THAT BUILD VALUE AND DRIVE GROWTH

- Technology Alignment and Strategic Planning
- Enterprise Budget Management
- Internal Reporting, Metrics, KPI's, Analytics
- Project Life Cycle Management
- Business Continuity and Disaster Recovery
- Vendor Relations and Management
- Scalable IT Infrastructure Design and Support
- Business Impact Analysis
- eCommerce Solutions
- Data Center Design and Management
- Cross-functional Team Development, Leadership & Mentoring
- ERP Systems (SAP, JDE, Oracle)
- SDLC (Software Development Life Cycle) Improvement
 - Agile
 - Kanban
 - Waterfall
- Governance, Risk, and Compliance (GRC)
 - PCI
 - HIPAA
 - Sarbanes-Oxley
 - Gramm-Leach-Bliley
- Information Security Management Frameworks (COBIT, NIST, ITIL)
- Information Security Policy Development
- Information Security Awareness and Training

Edward E. Platt Jr.
35 Nutmeg Drive, Suite 120, Trumbull, CT 06611
Phone: (203)736-8810 – Fax: (203)375-0510 – Email: eplatt@ctstransit.com

Coordinated Transportation Solutions (CTS)
Chief Compliance Officer

Oct 2019-Present

Oversight and Accountability for the CTS Compliance Program and Department, New Client Implementations, Information Technology, Project Management, and Client Account Management

We Do Life Together – A Division of ICES, Inc.
Director of Shared Services

Sept 2018-Oct 2019

Oversight of Finance, Project Management Office, Digital Media/Marketing, and Operations for ICES, Inc. an Innovative Human Services Company, where WE DO LIFE TOGETHER...

Coordinated Transportation Solutions (CTS)
Vice President of Operations

Sept 2014-Sept 2018

Responsible for directing the corporation's transportation brokerage operation including Medicaid, Special Education and Worker's Compensation lines of business.

- Directs the overall operation of the Provider Relations team which includes developing and managing a relationship with over 250 transportation providers, involved in contract negotiations with the provider, and ensures the providers comply with policies and procedures and state regulations when transporting any Medicaid and Medicare members, special education children and workers compensation cases.
- Oversight of the organization's health plan members, transportation providers, and medical providers call center. Additionally, developed call center and quality assurance programs, company policies and procedures and corporate employment practices along with directing the staff needed to maintain service levels as required by contractual obligations.
- Hire and supervise a staff of management and non-management employees consisting of approximately 80 employees.

Coordinated Transportation Solutions (CTS)
Director of Compliance

2013 – Sept 2014

Oversight of CTS' Compliance Program and Compliance Team (Reporting, Quality Assurance, and Training). Ensure CTS remains compliant with all state, federal and contractual obligations.

- Chair CTS' Compliance Committee.
- Assist in the preparation, creation, editing and reviewing of all internal policies and procedures to ensure they meet customer expectations while meeting regulations.
- Oversight of reporting needs, ensuring compliance with our quality measurements and training of all our associates.
- Provide interpretive and technical support for all departments on regulatory matters.

**Am WINS Rx
Operations General Manager**

2012 to 2013

Oversight of Pharmacy Benefit Management (PBM) Operations Team (15 associates – IT, Enrollment, Plan Building and Clinical Team)

**Health Net Inc.
Contact Center Director**

2006 to 2011

Full responsibility for and oversight of the Medicare Contact Centers enterprise wide as well as the local CT and NJ Medicaid Contact Center (Team of three Managers, 13 Supervisors, and over 350 front-line call center staff).

- Accountable for (and achievement of) departments overall budgeting, forecasting, and financial adherence
- Experienced in audit preparation – State, Federal, and Commercial employer group driven
- Monitored State and Federal compliance/regulations
- Ensured all appropriate service standards were developed, enhanced, and maintained
- Exceeded industry standard customer retention measurements through preparation, attention to details related to quality and training needs, on-going feedback mechanisms that allowed for long term improvement initiatives

**Health Net Inc.
Operations Manager**

2003 to 2006

Direct oversight of the Northeast/Arizona Medicare and Medicaid claims and contact centers. Accountable for meeting timelines, productivity, statistical analysis, auditing, budget preparation and all other service goals.

Sr. Financial Analyst

2001 to 2003

Responsible for providing data reporting for the entire Operations department's performance trending, production and analysis, as well as development of standard and ad hoc reports as needed.

Scheduling and Forecasting Coordinator

2000 to 2001

Accountable for compiling, maintaining and managing the Call Center's Aspect eWorkforce Management Software Scheduling, Forecasting and trending tools.

Education

US Navy Electronics School

1989

Gateway Community Technical College/Sacred Heart University

1993 to 2003

Villanova University (Six Sigma Green Belt Certification Course)

2010

David L. White, CCTM
35 Nutmeg Drive, Suite 120, Trumbull, CT 06611
Phone: (203)736-8810 – Fax: (203)375-0510 – Email: dwhite@ctstransit.com

President and CEO, Coordinated Transportation Solutions Inc.

1997 to Present

Founded CTS in September 1997 as a not-for-profit corporation to enhance coordination of transit services for transportation disadvantaged individuals and communities. Efforts have been focused on Medicaid, Welfare to Work and Worker's Compensation transportation management services, general transit consulting projects and transit related software development activities. Clients include some of the largest insurance companies in America, as well as small rural transit providers. Manage network of over 100 providers throughout the northeastern United States providing Worker's Compensation, Special Education and Medicaid non-emergency transportation services.

CTS has been chosen by the Community Transportation Association of America as a modal for innovative approaches to Medicaid non-emergency transportation delivery solutions.

Specific planning efforts undertaken that are relevant to the proposed project include:

1. Welfare to Work Transportation Plan for Eastern Connecticut (under contract to Windham Regional Community Council) Plan Development 1998 – Implementation 1999- 2002
2. Welfare to Work Transportation Plan for Waterbury Region (under contract to Waterbury Transit District) 1998-1999.
3. State of Arkansas United We Ride State Action Plan (under contract to the Arkansas State Highway and Transportation Department) Plan Design 2005-2006. Selected for plan implementation in 2006 subject to available funding.

Executive Director, Human Service Transportation Consortium

1994 to 1997

Directed activities of regional transportation program headquartered in Bridgeport, CT for the elderly and persons with disabilities. Managed staff of 75 employees and 50 vehicles. Operation scheduled in excess of 1000 trips per day with an annual operating budget of nearly \$3,000,000. Led efforts to diversify service offerings of company that included special education, employment related and Medicaid non-emergency transportation services.

Director of Operations, Housatonic Area Regional Transit District

1991to 1994

Directed the activities of an operations department of 75 employees operating 50 vehicles serving an eight-town region in northwestern Connecticut with both fixed route and specialized transportation services. Managed all facets of departmental operations including maintenance, labor relations, facilities management and new business development.

Director of Special Projects, Housatonic Area Regional Transit District

1990 to 1991

Acted as contract compliance officer for contracted transit operations in eight-town region. Led the effort to transition the provision of transit services from a contracted operation to one managed and operated by Transit District staff. Identified and procured first ever Transit District Operations Facility and led effort to rehabilitate and expand facility.

Manager, Capital Projects Division, New York City Transit Authority

1989 to 1990

Assisted with the management of the Transit Authorities city, state and federal capital funding programs.

Deputy Administrator, Norwalk Transit District

1985 to 1989

Managed Transit district's specialized transportation services for the elderly and disabled. Participated in Labor negotiations and all other facets of general Transit District Administration.

Executive Director, Milford Transit District

1980 to 1985

Directed the activities of small urban transit system. Began first ever transportation service for persons with disabilities. Named government official of the year by Milford Independent Disabled Persons Committee in 1983. Doubled the size of the fixed route system serving the city. Led initial efforts to rehabilitate and expand city's train station and commuter parking areas.

Management Intern, United States Department of Transportation

1977 to 1979

Provided program oversight and administration for a number of USDOT Highway Safety and Urban Mass Transit funding programs.

Memberships

Board of Directors, Community Transportation Association of America	1996 to present
Vice President of the Board	2000 to 2002
President of the Board	2002 to 2004
Executive Committee, Connecticut Association of Community Transportation	1996 to 2004
Member, Northeast Passenger Transportation Association	1998 to present
Member, National Medical Transportation Committee – CTAA	1999 to present
Member, Valley Council for Health and Human Services	2005 to present
Past member, Executive Board Valley Council for Health and Human Services	2006 to 2008
Member, Valley Chamber of Commerce	2005 to present
Member, Milford Historical Society	2004 to present

Education

BA Political Science – Washington and Jefferson College	1976
MPA – Urban Affairs – The American University	1979
CCTM – Community Transportation Association of America	2001

Carol Iacopino
35 Nutmeg Drive, Suite 120, Trumbull, CT 06611
Phone: (203)736-8810 – Fax: (203)375-0510 – Email: ciacopino@ctstransit.com

Coordinated Transportation Solutions CTS **Current**
Account Manager

- Responsible for Account Management of Medicaid Health plans in NH
- Community outreach, expanding and strengthening relationships with medical providers, shelters, clinics, treatment facilities and human service agencies
- Point of contact for problem resolution

Well Sense Health Plan **2015 - 2019**
Director of Operations/Program Performance

- Well Sense Health Plan program performance oversight including contractual and regulatory compliance
- Troubleshoot all program concerns to achieve optimal performance, utilizing key performance indicators, member and provider feedback
- Initiate continuous improvement of program process and staff development
- Represent WSHP externally as necessary with and as a backup to the Executive Director
- Responsible for Member Advisory Board and Regional meetings
- Operational Lead on all file exchanges and implementations with the NH Department of Health and Human Services

New Hampshire Department of Health and Human Services **2014 -2015**
Administrator Client Services

- Official representative for the Division of Client Services in communications with the legislature, provider organizations, hospitals, and other internal and external stakeholders to increase collaboration, ensure access to services and resolve complex issues.
- Direct daily operations of the Client Service Center for all DHHS programs, the Medicaid transportation unit and the statewide document control unit
- Manage the NH Medicaid enrollment center vendor contract
- Supervise 75 staff members with overall responsibility for performance management
- Lead on implementation of Managed Care communications for NH Step 2 Populations and the New Hampshire Health Protection Program/Premium Assistance Program 2016

Meridian Health Plan New Hampshire **2012-2014**
Director of Operations/ Grievance Coordinator

- Responsible for the daily operations of Meridian Health Plan NH
- Ensured compliance with all contractual obligations
- Managed all contract reporting
- Supervision of staff and liaison between all departments
- Responsible for the MHP Grievance and Appeals process for NH Medicaid members
- Implementation of strategic goals and business plan including financial planning
- Oversight on communications, mailings to members and providers, member materials
- Responsible for brand awareness and outreach to key constituent groups

ACS / A Xerox Company
Sr. Field Representative

2011-2012

- Responsible for enrolling and educating medical providers to successfully navigate the claims process, eligibility determination, and business systems in the Medicaid environment.
- Creating and sustaining solid partnerships with health care providers, professional associations and state agencies. (*New Hampshire and Massachusetts provider hospitals*).
- Technical assistance with emphasis on growth and development of the provider community that serves Medicaid members.

New Hampshire Healthy Kids Corporation
Vice President of Program and Policy 2005 to 2010

1998-2010

- Managed 20 customer service representatives and 5 department supervisors. Responsible for all aspects of customer service and daily operations for the State of New Hampshire's Children's Health Insurance Programs, including engaging of external partners, application assistance, eligibility screening and enrollment, outreach and data tracking.
- Project management liaison on health insurance design and contract negotiation
- Managed workflow for a variety of processes in a multi-faceted environment utilizing process mapping to enhance overall operation.
- Implemented State and HMO provider contract deliverables with full reporting requirements
- Experience with health insurance benefit design, utilization and analysis.
- Worked collaboratively with the Department of Health and Human Services and the Center for Medicaid Services (CMS) and multiple business and human service organizations to secure comprehensive customer service for families and providers.
- Developed statewide outreach training program and electronic manual for 42 designated agencies (hospitals and community health centers) providing application assistance for uninsured families. Created customized in reach and outreach programs for human service, school and health care agencies.
- Hosted statewide trainings and presentations several times per year for over 100 participants, primarily representatives from hospitals and health care provider sites.
- Created tracking system for quality assurance purposes to enhance the training of community partners.
- Liaison for National Grant Project under Robert Wood Johnson for pilot sites in New Hampshire 1999 to 2006, 2008.
- Participated on a National level with other SCHIP (State Children's Health Insurance Programs) in presenting and researching best practices.
- Responsible for hiring, employee retention and yearly review process for staff

Community Relations Director (NHHK)

1998 – 2005

- Developed the organization's strategic plan for education and technical assistance in the field
- Implemented Presumptive Eligibility with pharmacy providers across the state
- Supervised five Field Coordinators and all statewide outreach activities and technical assistance.
- Responsible for developing and nurturing community relationships through community partners including schools, social service agencies, health care providers, childcare providers and others.
- Worked closely with the state SCHIP Director and the Division of Family Assistance to monitor policy and process issues concerning Medicaid and CHIP coverage.
- Co-chaired the workgroup responsible for developing a plan for the centralization of the application process for 42 agencies designated as qualified entities. Developed a resource manual for eligibility training for community partners.

Education/Career Related Studies

- Disabilities – P.D.D., ADHD, LD, University Of New Hampshire 1998
- Strength-Based Practice with Children and Families – Solution Oriented Approach, University of New Hampshire Department of Social Work 1997
- Associate of Science, Chemical Dependency, Summa cum laude Keene State College 1992
- 2018 CHIE Certified Health Insurance Executive- America's Health Insurance Plans (AHIP) Leadership program

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
David White	President and CEO	\$200,000	1.0	\$2,000
Jana Hunkler	Chief Customer Officer	\$105,000	1.0	\$1,050
Robin Lynch	Chief of Service Delivery	\$110,000	1.0	\$1,100
Ed Platt	Chief Compliance Officer	\$132,000	1.0	\$1,320
Jeff Mathena	Chief Information Officer	\$132,000	1.0	\$1,320
Jeff DiGirolamo	Chief Financial Officer	\$110,000	1.0	\$1,100
Carol Iacopino	DHHS Account Manager	\$80,000	10	\$8,000

20 mac



Jeffrey A. Meyers
Commissioner

Henry D. Lipman
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAID SERVICES

129 PLEASANT STREET, CONCORD, NH 03301
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December 2, 2019

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Medicaid Services, to exercise a renewal option and amend an existing sole source agreement with Coordinated Transportation Solutions, Inc. (Vendor # 271968), 35 Nutmeg Drive, Suite 120, Trumbull, CT 06611, to continue managing statewide non-emergency medical transportation for Medicaid Fee-for-Service members, by increasing the price limitation by \$318,672 from \$13,237,738 to \$13,556,410 and by extending the completion date from December 31, 2019 to June 30, 2020, effective upon Governor and Executive Council approval. 55% Federal Funds, 44% General Funds and 1% Other Funds.

This agreement was originally approved by the Governor and Executive Council on March 28, 2017 (Item #A), as amended (Amendment #1) and approved by the Governor and Executive Council on February 21, 2018 (Item #6); and as amended (Amendment #2) and approved by the Governor and Executive Council on December 19, 2018, (Item #10).

Funds are available in the following accounts for State Fiscal Year 2020, with authority to adjust amounts within the price limitation through the Budget Office, if needed and justified.

05-95-47-470010-3099 HEALTH AND SOCIAL SERVICES; HEALTH AND HUMAN SVCS DEPT OF HHS: OFC OF MEDICAID & BUS POLCY, OFF. OF MEDICAID & BUS. POLICY, NHPP Trust Fund

SFY	Class/ Account	Class Title	Activity Code	Current Budget	Increase/ (Decrease)	Modified Budget
2017	101-500729	Medical Payments to Providers	47004159	\$1,207,200	\$0	\$1,207,200
2018	101-500729	Medical Payments to Providers	47004159	\$6,208,574	\$0	\$6,208,574
2019	101-500729	Medical Payments to Providers	47004159	\$3,032,370	\$0	\$3,032,370
2020	101-500729	Medical Payments to Providers	47004159	\$0	\$0	\$0
			<i>Subtotals</i>	<i>\$10,448,144</i>	<i>\$0</i>	<i>\$10,448,144</i>

05-95-47-470010-2358 HEALTH AND SOCIAL SERVICES; HEALTH AND HUMAN SVCS DEPT OF HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, NH Granite Advantage Health Care Trust Fund

SFY	Class/ Account	Class Title	Activity Code	Current Budget	Increase/ (Decrease)	Modified Budget
2017	101-500729	Medical Payments to Providers	47003332	\$0	\$0	\$0
2018	101-500729	Medical Payments to Providers	47003332	\$0	\$0	\$0
2019	101-500729	Medical Payments to Providers	47003332	\$19,297	\$0	\$19,297
2020	101-500729	Medical Payments to Providers	47004369	\$19,297	\$36,934	\$56,231
Subtotals				\$38,594	\$36,934	\$75,528

05-95-47-470010-7948 HEALTH AND SOCIAL SERVICES; HEALTH AND HUMAN SVCS DEPT OF HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, Medicaid Care Management

SFY	Class/ Account	Class Title	Activity Code	Current Budget	Increase/ (Decrease)	Modified Budget
2017	101-500729	Medical Payments to Providers	47004050	\$271,620	\$0	\$271,620
2018	101-500729	Medical Payments to Providers	47004050	\$1,510,247	\$0	\$1,510,247
2019	101-500729	Medical Payments to Providers	47004050	\$859,784	\$0	\$859,784
2020	101-500729	Medical Payments to Providers	47004050	\$109,349	\$274,948	\$384,297
Subtotals				\$2,751,000	\$274,948	\$3,025,948

05-95-47-470010-7051 HEALTH AND SOCIAL SERVICES; HEALTH AND HUMAN SVCS DEPT OF HHS: OFC OF MEDICAID SERVICES: OFC OF MEDICAID SERVICES, CHILD HEALTH INSURANCE PROGRAM

SFY	Class/ Account	Class Title	Activity Code	Current Budget	Increase/ (Decrease)	Modified Budget
2017	101-500729	Medical Payments to Providers	47004050	\$0	\$0	\$0
2018	101-500729	Medical Payments to Providers	47004050	\$0	\$0	\$0
2019	101-500729	Medical Payments to Providers	47004050	\$0	\$0	\$0
2020	101-500729	Medical Payments to Providers	47004058	\$0	\$6,790	\$6,790
Subtotals				\$0	\$6,790	\$6,790
TOTALS				\$13,237,738	\$318,672	\$13,556,410

EXPLANATION

This request is sole source because a previous amendment increased the total contract value by more than ten percent (10%). The Department is in agreement with renewing services again, for six (6) months of the remaining (4) years while the Department re-procures the same services through the competitive bidding process, with the possibility of the Department requesting another limited extension should the re-procurement of services not be completed by June 30, 2020.

The purpose of this request is to ensure up to 2,400 Medicaid members in the State's Fee-For-Service delivery system continue to have access to non-emergency transportation to all Medicaid-covered services and/or receive assistance with paying for travel costs to appointments. State Medicaid programs are required to provide necessary and appropriate transportation, including the provision of non-emergency ambulance and wheelchair van services, for beneficiaries to travel to and from their home or nursing facility to Medicaid-covered services

Outside of this contract, individuals in the Medicaid Care Management Program currently receive non-emergent medical transportation services through one (1) of the three (3) Medicaid Managed Care Organizations that administer benefits to most Medicaid members in New Hampshire. The Department must provide non-emergency medical transportation services to Medicaid members who remain in the Medicaid Fee-For-Service delivery system, as required by federal statute 42 CFR 431.53. Coordinated Transportation Solutions, Inc. manages Medicaid's non-emergency medical transportation program for all Fee-For-Service members. The transportation benefit offers non-emergency medical transportation to eligible members to attend Medicaid-covered services to medical, behavioral health and dental appointments. In addition, the contract covers pharmacy pick-ups, and non-emergency physical transfers from one facility to another.

Coordinated Transportation Solutions, Inc. manages the non-emergency medical transportation program through a variety of statewide transportation vendors, which includes taxi wheelchair vans, non-emergency ambulances, vans and stretcher vans. The network is sometimes required to take members to out-of-state facilities, as well.

In addition, Coordinated Transportation Solutions, Inc. maintains a Call Center in Concord, New Hampshire, to schedule transportation for members as well as answer member and provider questions. The Call Center has a bilingual staff who are fluent in English and Spanish and have access to interpreters for other languages as needed. Members who have a hearing and speech impairment can access transportation services through a special phone line.

Coordinated Transportation Solutions, Inc. also manages the Family and Friends Mileage Reimbursement program, which is a reimbursement program that allows members to request financial reimbursement for mileage to covered Medicaid services.

The following groups of individuals receive services under this contract:

- Individuals in the Medicaid Spenddown Group;
- Newly-eligible Medicaid recipients eligible for retroactive;
- Individuals enrolled in the Health Insurance Premium Program;
- Individuals who are eligible through Presumptive Eligibility; and
- Individuals receiving Veterans Administration benefits with Veterans Administration income.

The original agreement included language in Exhibit C-1, Revisions to General Provisions, that allows the Department to renew the contract for up to five (5) years, subject to the continued availability of funding, satisfactory performance of service, parties' written authorization and approval from the Governor and Executive Council.

The agreement was extended for one (1) of the five (5) years in Amendment #2, approved by the Governor and Executive Council on December 19, 2018 (Item #10).

The Contractor's effectiveness in delivering services will be measured through monitoring of the following performance measures:

- Non-Emergency Medical Transportation Scheduled Trip On-Time Provider Rate;
- Non-Emergency Medical Transportation Scheduled Trip Provider No Show Rate;
- Provider Site Visit Summaries, Provider Network and Provider Termination Reports;
- Utilization of Mileage Reimbursement Program; and
- Call Center Monitoring including the average speed to answer, average hold time, abandoned calls.

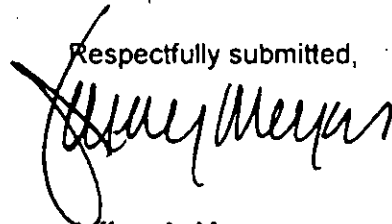
Should the Governor and Executive Council not authorize this request, New Hampshire Medicaid recipients in the Fee-For-Service delivery system may not have transportation to and from non-emergency Medicaid covered appointments and services. If non-emergency transportation services are not available to Fee-For-Service participants, the Department would be in violation of federal statute 42 CFR 431.53, assurance of transportation for Medicaid recipients to Medicaid covered services.

Area served: Statewide

Source of Funds: 55% Federal Funds from the US Department of Health & Human Services, Centers for Medicare and Medicaid Services, Medical Assistance Program, Medicaid; Title XIX, CFDA #93.779; Federal Award Identification Number (FAIN) 1905NH5MAP; 44% General Funds and 1% Other Funds (Medicaid Expansion).

In the event that the Federal and Other Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Jeffrey A. Meyers
Commissioner



— STATE OF NEW HAMPSHIRE
DEPARTMENT OF INFORMATION TECHNOLOGY
27 Hazen Dr., Concord, NH 03301
Fax: 603-271-1516 TDD Access: 1-800-735-2964
www.nh.gov/doi

Denis Goulet
Commissioner

December 4, 2019

Jeffrey A. Meyers, Commissioner
Department of Health and Human Services
State of New Hampshire
129 Pleasant Street
Concord, NH 03301

Dear Commissioner Meyers:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into a sole source contract amendment with Coordinated Transportation, Inc. (Vendor# 271968) Trumbull, CT as described below and referenced as DoIT No. 2017-041C.

The purpose of this request is a sole source contract amendment with Coordinated Transportation, Inc. to continue to provide Medicaid fee-for-service participants with access to non-emergency transportation to Medicaid covered services.

The funding amount for this amendment is not to exceed \$318,672, increasing the current contract from \$13,237,738 to \$13,556,410. This amendment also extends the completion date from December 31, 2019 to June 30, 2020, and shall become effective upon Governor and Executive Council approval through June 30, 2020.

A copy of this letter should accompany the Department of Health and Human Services' submission to the Governor and Executive Council for approval.

Sincerely,

Denis Goulet
Denis Goulet

DG/kaf
DoIT 2017-041C
cc: Bruce Smith, IT Manager, DoIT

**New Hampshire Department of Health and Human Services
Transportation Management for Medicaid Fee-for-Service Participants**



**State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Transportation Management for
Medicaid Fee-for-Service Participants Contract**

This 3rd Amendment to the Transportation Management for Medicaid Fee-for-Service Participants contract (hereinafter referred to as "Amendment #3") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Coordinated Transportation Solutions, Inc. (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 35 Nutmeg Drive, Suite 120, Trumbull, CT, 06611.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on March 28, 2017 (Item A); and as amended (Amendment #1), approved by the Governor and Executive Council on February 21, 2018 (Item #6); and as amended (Amendment #2), approved by the Governor and Executive Council on December 19, 2018 (Item #10), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement and increase the price limitation to support continued delivery of these services; and

WHEREAS, all terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #3 remain in full force and effect; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Delete P-37 Subject: Transportation Management for New Hampshire Health Protection Program (NHHPP) Premium Assistance Program (PAP) and Fee-For-Services (FFS) Participants (RFB-2017-OMBP-02-TRANS) and replace with the following:

Subject: Transportation Management for Medicaid Fee-For-Service Participants (RFB-2017-OMBP-02-TRANS)
2. Form P-37, Block 1.7, Completion Date to read:

June 30, 2020.
3. Form P-37, Block 1.8, Price Limitation to read:

\$13,556,410.
4. Delete Exhibit B, Method and Conditions Precedent to Payment in its entirety and replace with Exhibit B – Amendment #3, Method and Conditions Precedent to Payment.
5. Delete Exhibit B-1 Capitation Rate Sheet – Amendment #2 in its entirety, and replace with Exhibit B-1 Transportation Rates – Amendment #3.
6. Delete Exhibit K, DHHS Information Security Requirements (v.6/2017) and replace with Exhibit K, Information Security Requirements (v.5 10/09/18).

New Hampshire Department of Health and Human Services
Transportation Management for Medicaid Fee-for-Service Participants

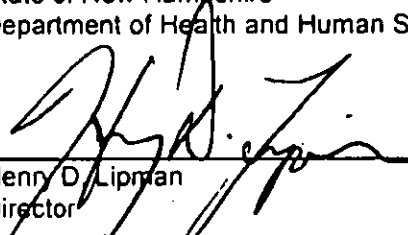


This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

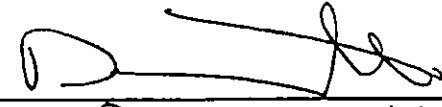
State of New Hampshire
Department of Health and Human Services

12/2/19
Date


Henry D. Lipman
Director


Coordinated Transportation Solutions, Inc.

11/13/19
Date


Name: David L. White
Title: President and CEO

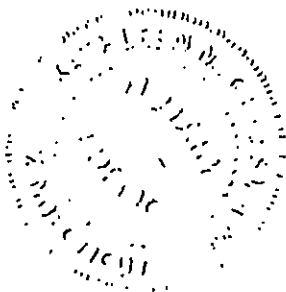
Acknowledgement of Contractor's signature:

State of Connecticut, County of Fairfield on Nov. 13, 2019, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.


Signature of Notary Public or Justice of the Peace

Kathleen M. Grassmann
Name and Title of Notary or Justice of the Peace
KATHLEEN M. GRASSMANN
NOTARY PUBLIC OF CONNECTICUT
My Commission Expires 5/31/2022

My Commission Expires: _____



New Hampshire Department of Health and Human Services
Transportation Management for Medicaid Fee-for-Service Participants



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

12/3/19
Date

Catherine Pinos
Name: CATHERINE PINOS
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting).

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Exhibit B – Amendment #3

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This Contract is funded with:
 - 2.1. 11% General Funds,
 - 2.2. 6% Other Funds (Medicaid Expansion), and
 - 2.3. 83% Federal Funds from the US Department of Health and Human Services, Centers for Medicare and Medicaid Services, Medicaid Title XIX, Medical Assistance Program. Federal Funds are contingent upon meeting the requirements set forth in the Catalogue of Family and Domestic Assistance (CFDA) # 93.778.
3. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded Contractor's current and/or future funding.
4. Payment for said services shall be made as follows:
 - 4.1. The Contractor will be reimbursed an Administrative Capitation Rate Per Member/Per Month (PMPM) in accordance with Exhibit B-1 – Amendment #3, Transportation Rates, for Medicaid Fee-For-Service (FFS) participants.
 - 4.1.1. The Contractor will be reimbursed the PMPM Capitation Rate monthly for each FFS participant eligible during the previous month in accordance with Exhibit B-1 – Amendment #3, Transportation Rates. The PMPM Capitation Rate will be processed on the fifteenth (15th) day of the month for the previous month and will be paid within thirty (30) days.
 - 4.1.2. The Contractor shall refund the Department capitation payments made for deceased members upon the Department's request.
 - 4.2. The Contractor shall submit monthly invoices for Actual Transportation Costs by the fifth (5th) business day of the month, for the previous month, along with the an Excel spreadsheet, in an agreed upon format, listing each transportation service provided by procedure code in accordance with Exhibit B-1 – Amendment #3, Transportation Rates, with the cost of service.
 - 4.2.1. Invoices and Excel spreadsheets for Actual Transportation Costs must be emailed to the Department's Non-Emergency Medical Transportation (NEMT) electronic mailbox (email address will be provided).
 - 4.3. The Contractor shall submit transportation encounters through the NH Medicaid Management Information System (MMIS) in the Accredited Standards Committee (ASC) X12 837P claim format.

New Hampshire Department of Health and Human Services
Transportation Management for Medicaid Fee-for-Services Participants



Exhibit B – Amendment #3

- 4.4. The Contractor shall receive capitation payment information from MMIS using the ASC X12N 820 Professional transaction or other supplemental payment reports.
- 4.5. The State will make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice. The Contractor will keep detailed records of their activities related to DHHS-funded programs and services.
- 4.6. A final payment request shall be submitted to the Department no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.
- 4.7. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
5. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
6. Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.



Exhibit B-1 – Amendment #3

Transportation Rates

1. The capped Administrative Rate to manage transportation benefits for Medicaid Fee-for-Service (FFS) participants shall be at a rate of \$3.38 Per Member Per Month (PMPM).
2. The Fee-for-Service (FFS) rates for direct transportation costs for Medicaid FFS participants shall be in accordance with the table below:

Fee-for-Service Transportation Rates Paid to CTS Providers	
A0100 Taxi/Livery Base (includes first 5 miles)	10.00
S0215 Taxi/Livery Mileage (after mile 5)	\$1.25/mile
S0215 three T/L transportation providers in the CTS Network are on a different mileage fee schedule (from first mile)	\$1.60/mile – Adventure Transportation \$1.50/mile – Abba Transportation \$1.25/mile -- Nashua Express
A0130 Wheel Chair Accessible Base	\$27.35
A1030 one WC provider is on a different base fee schedule	\$30.00 -- AMR
S0209 Wheel Chair Mileage (from first mile)	\$2.46/mile
S0209 one WC provider is on a different mileage fee schedule (from first mile)	\$3.00/mile -- AMR
A0426 Advanced Life Support Ambulance base	\$154.23-\$175.00
A0110 Public Transportation	Actual Cost
A0170 Parking Fees, Tolls, Lodging	Actual Cost
A0390 Advanced Life Support Ambulance Mileage (from first mile)	\$2.60
A0428 Basic Life Support Ambulance Base	\$145.00
A0380 Basic Life Support Ambulance Mileage (from first mile)	\$2.60
T2005 Stretcher Van Base (includes first 5 miles)	\$100.00
T2049 Stretcher Van Mileage (after mile 5)	\$2.46
T2003 Unloaded miles	Mileage rate by mode, above, calculated based on the number of miles between a provider's base location over twenty miles and the covered individual's pickup location
T2007 Wait Time: Paid in 15-minute increments**	Fee Range: \$12.00 to \$25.00 per hour
A0090 Friends & Family Mileage Reimbursement	\$0.31/mile current, subject to adjustment by NH DHHS

**Wait Time is paid:

- 1) When dollar amount is less than paying the mileage for driver to return to base.
- 2) For ambulance trips when member stays on the stretcher during the appointment.

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic



mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open



wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doi/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



-
5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

10 mac



Jeffrey A. Meyers
Commissioner

Henry D. Lipman
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID SERVICES

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9422 1-800-852-3345 Ext. 9422
Fax: 603-271-8431 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

November 27, 2018

His Excellency, Governor Christopher T. Sununu
And the Honorable Council
State House
Concord, NH 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Office of Medicaid Services, to exercise a renewal option to an existing sole source contract with Coordinated Transportation Solutions, Inc. (Vendor # 271968), 35 Nutmeg Drive, Suite 120, Trumbull, CT 06611, to manage the statewide non-emergency medical transportation for approximately 2,100 Medicaid recipients remaining in the NH Medicaid Fee-for-Service (FFS) program, as approximately 56,650 of the 58,750 individuals, per monthly average, originally covered under this contract will now receive services under Medicaid's Managed Care Organizations (MCO) beginning January 1, 2019, by increasing the price limitation by \$257,292 from \$12,980,446 to an amount not to exceed \$13,237,738, and extending the contract completion date from December 31, 2018 to December 31, 2019, effective upon Governor and Executive Council approval. The additional funding for state fiscal year 2019 and 2020 is 56% Federal Funds, 43% General Funds, and 1% Other Funds.

The original contract was approved by the Governor and Executive Council on March 28, 2017 (Item #A), as amended (Amendment #1) and approved by the Governor and Executive Council on February 21, 2018 (Item #6).

Funds to support this request are available in the following accounts in State Fiscal Year 2019 and are anticipated to be available in 2020, upon the availability and continued appropriation of funds in the future operating budget, with the ability to adjust encumbrances between State Fiscal Years through the Budget Office without further approval from the Governor and Executive Council, if needed and justified.

05-95-47-470010-3099 HEALTH AND SOCIAL SERVICES; HEALTH AND HUMAN SVCS DEPT OF HHS: OFC OF MEDICAID & BUS POLCY, OFF. OF MEDICAID & BUS. POLICY, NHPP Trust Fund (94% Federal / 6% Other)

SFY	Class/ Account	Class Title	Activity Code	Current Budget	Increase/ (Decrease)	Modified Budget
2017	101-500729	Medical Payments to Providers	47004159	\$1,207,200	\$0	\$1,207,200
2018	101-500729	Medical Payments to Providers	47004159	\$6,208,574	\$0	\$6,208,574
2019	101-500729	Medical Payments to Providers	47004159	\$3,032,370	\$0	\$3,032,370
2020	101-500729	Medical Payments to Providers	47004159	\$0	\$0	\$0
		Subtotal		\$10,448,144	\$0	\$10,448,144

05-95-47-470010-2358 HEALTH AND SOCIAL SERVICES; HEALTH AND HUMAN SVCS DEPT OF HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, NH Granite Advantage Health Care Trust Fund (93% Federal / 7% Other)

SFY	Class/ Account	Class Title	Activity Code	Current Budget	Increase/ (Decrease)	Modified Budget
2017	101-500729	Medical Payments to Providers	47003332	\$0	\$0	\$0
2018	101-500729	Medical Payments to Providers	47003332	\$0	\$0	\$0
2019	101-500729	Medical Payments to Providers	47003332	\$0	\$19,297	\$19,297
2020	101-500729	Medical Payments to Providers	47003332	\$0	\$19,297	\$19,297
		Subtotal		\$0	\$38,594	\$38,594

05-95-47-470010-7948 HEALTH AND SOCIAL SERVICES; HEALTH AND HUMAN SVCS DEPT OF HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, Medicaid Care Management (50% Federal / 50% General)

SFY	Class/ Account	Class Title	Activity Code	Current Budget	Increase/ (Decrease)	Modified Budget
2017	101-500729	Medical Payments to Providers	47004050	\$271,620	\$0	\$271,620
2018	101-500729	Medical Payments to Providers	47004050	\$1,510,247	\$0	\$1,510,247
2019	101-500729	Medical Payments to Providers	47004050	\$750,435	\$109,349	\$859,784
2020	101-500729	Medical Payments to Providers	47004050	\$0	\$109,349	\$109,349
		Subtotal		\$2,532,302	\$218,698	\$2,751,000
		Contract Total		\$12,980,446	\$257,292	\$13,237,738

EXPLANATION

This request is to amend an existing sole source contract. The contract is sole source because a previous amendment increased the total contract value by more than ten percent (10%). The purpose of this request is to ensure the approximately 2,100 individuals who are in the Medicaid FFS delivery system continue to have access to non-emergency transportation to all Medicaid-covered services. State Medicaid programs are required to provide necessary and appropriate transportation, including the provision of non-emergency ambulance and wheelchair van services, for beneficiaries to travel to and from their home or nursing facility to Medicaid-covered services.

Outside this contract, individuals in the Medicaid Care Management Program currently receive non-emergent medical transportation service through one of the two Medicaid managed care organizations that administer benefits to most Medicaid members in New Hampshire. However, New Hampshire Medicaid FFS is required to offer this service to those Medicaid members who remain in the FFS delivery system because of their eligibility category.

As of January 1, 2019, approximately 46,000 Medicaid recipients in the NH Health Protection Program's Premium Assistance Program Previously covered under the contract will now be covered under the Granite Advantage Health Care Program through one of the State's contracted MCOs. The use of same-day enrollment will allow for another 10,000 individuals in the FFS program formerly covered by this contract to be covered by MCOs, leaving approximately 2,100 individuals covered by this contract.

The non-federal share of costs for the Granite Advantage Health Care Program are funded from a combination of revenues: Liquor tax revenue transferred from the alcohol abuse prevention and treatment fund; the insurance premium tax; contributions from the State's insurance high risk pool assessment and other funds as allowed by RSA 126:AA:3.

This Contractor was originally selected through a competitive bid process. As referenced in the Request for Proposals and in Exhibit C-1 of this contract, the parties have the option to extend the contract for up to five (5) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council. The Department is exercising the option to renew the contract for one (1) year, reserving their right to extend the term of the contract up to an additional four (4) years.


Should the Governor and Executive Council not approve this request, New Hampshire Medicaid recipients in the Fee-for-Service program may not have access to transportation to, or home from, their non-emergent medical appointments covered by the Department of Health and Human Services under the New Hampshire Medicaid program. In addition, the Department would be in violation of federal requirements to assure transportation for Medicaid recipients to Medicaid covered services.

Geographic area served: Statewide

Source of Funds: Funding for the entire contract is 84% Federal Funds (CFDA #93.778, U.S. Department of Health & Human Services; Centers for Medicare and Medicaid Services, Medical Assistance Program, Medicaid; Title XIX), 10% General Funds, and 6% Other Funds.

In the event that Federal or Other Funds become no longer available, additional General Funds will not be requested to support this program.

Respectfully submitted,


Henry D. Lipman
Director

Approved by:


Jeffrey A. Meyers
Commissioner



STATE OF NEW HAMPSHIRE
DEPARTMENT OF INFORMATION TECHNOLOGY
27 Hazen Dr., Concord, NH 03301
Fax: 603-271-1516 TDD Access: 1-800-735-2964
www.nh.gov/doi

Denis Goulet
Commissioner

December 5, 2018

Jeffrey A. Meyers, Commissioner
Department of Health and Human Services
State of New Hampshire
129 Pleasant Street
Concord, NH 03301

Dear Commissioner Meyers:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into a sole source contract amendment with Coordinated Transportation, Inc. (Vendor# 271968) Trumbull, CT as described below and referenced as DoIT No. 2017-041B.

The purpose of this request is to enter into contract renewal option for a sole source contract amendment with Coordinated Transportation, Inc. to continue to provide Medicaid fee-for-service participants with access to non-emergency transportation to Medicaid covered services.

The funding amount for this amendment is not to exceed \$257,292.00, increasing the current contract from \$12,980,446.00 to \$13,237,738.00. This amendment shall become effective January 1, 2019 through December 31, 2019, upon Governor and Executive Council approval.

A copy of this letter should accompany the Department of Health and Human Services' submission to the Governor and Executive Council for approval.

Sincerely,

Suzanne Cutler
for Denis Goulet

DG/kaf/ck
DoIT 2017-041B
cc: Bruce Smith, IT Manager, DoIT



**State of New Hampshire Department of Health and Human Services
Amendment #2 to the Transportation Management for NHHPP PAP and FFS Participants**

This 2nd Amendment to the Transportation Management for NHHPP PAP and FFS Participants contract (hereinafter referred to as "Amendment #2") dated this 6th day of November, 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Coordinated Transportation Solutions, Inc., (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 35 Nutmeg Drive, Suite 120, Trumbull, CT, 06611.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on March 28, 2017 (ITEM #A), and as amended (Amendment #1) approved by the Governor and Executive Council on February 21, 2018 (Item #6), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions Paragraph 4, the State may modify the scope of work and the payment schedule of the contract and extend the contract completion date upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to modify the scope of work, extend the term of the agreement, and increase the price limitation; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, Block 1.7, Completion Date to read:

December 31, 2019

2. Form P-37, Block 1.8, Price Limitation to read:

\$13,237,738

3. Form P-37, Block 1.9, Contracting Officer or State Agency, to read:

Nathan D. White, Director.

4. Form P-37, Block 1.10, State Agency Telephone Number, to read:

603-271-9631.

5. Delete Section 1.5.1. in Exhibit A, Scope of Services, in its entirety.

6. Delete Section 2.8. Contractor Call Center in Exhibit A, Scope of Services, in its entirety, and replace with:

2.8. Contractor Call Center. The Contractor shall operate a NH specific call center located in NH, and in operation Monday through Friday, except for state approved holidays. The call center shall be accessible through a statewide toll-free number. The call center shall be staffed with courteous personnel who are knowledgeable about Medicaid FFS to answer member inquiries.

7. Delete Exhibit B-1 Capitation Rate Sheet – Amendment #1 in its entirety, and replace with Exhibit B-1 Capitation Rate Sheet – Amendment #2.

New Hampshire Department of Health and Human Services
Transportation Management for NHHPP PAP and FFS Participants



This amendment shall be effective upon the date of Governor and Executive Council approval.
IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

December 4, 2018
Date

[Signature]
Name: Henry D. Lipman
Title: Medicaid Director

Coordinated Transportation Solutions, Inc.

11/29/18
Date

[Signature]
Name: David L. White
Title: President

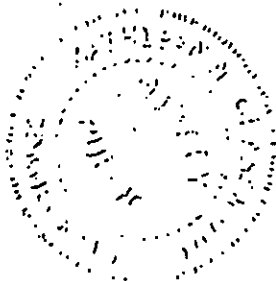
Acknowledgement of Contractor's signature:

State of Connecticut, County of New Haven on 11/29/18, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

[Signature]
Signature of Notary Public or Justice of the Peace

Kathleen M. Grassmann
Name and Title of Notary or Justice of the Peace

My Commission Expires: 5/31/2022




New Hampshire Department of Health and Human Services
Transportation Management for NHPP PAP and FFS Participants



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

12/5/2018
Date


Name: Nancy J. Smith
Title: Senior Asst. Attorney General

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Exhibit B-1 Capitation Rate Sheet - Amendment #2

1. Capitation Rates, "per member / per month" amounts, for calendar year 2017, calendar year 2018, and calendar year 2019 are as specified in Table 1.1 below:

1.1. Table 1.1 – Capitation Rate Table

	Year 1 4/1/17-12/31/17	Year 2 1/1/18 – 12/31/18	Year 3 1/1/19 – 12/31/19
Eligible Members	PAP members 48,414 FFS members 11,392	PAP members 49,500 FFS members 12,250	PAP members 0 FFS members 2,100
Per member per month rates	\$10.06	\$10.21	\$10.21
Annualize	9	12	12
Operations Grand total	\$5,414,836	\$7,565,610	\$257,292



Jeffrey A. Meyers
Commissioner

Henry D. Lipman
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID SERVICES

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9422 1-800-852-3345 Ext. 9422
FAX: 603-271-8431 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

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January 30, 2018

His Excellency, Governor Christopher T. Sununu
And the Honorable Council
State House
Concord, NH 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services to enter into a sole source amendment with Coordinated Transportation Solutions, Inc. (Vendor # 271968), 35 Nutmeg Drive, Suite 120, Trumbull, CT 06611, for the management of the non-emergency medical transportation benefit offered to members of the New Hampshire Health Protection Premium Assistance Program and Medicaid fee-for-service on a statewide level by increasing the price limitation by \$2,540,506 from \$10,439,940 to an amount not to exceed \$12,980,446, with no change to the completion date of December 31, 2018, effective upon the date of Governor and Executive Council approval. The original contract was approved by the Governor and Executive Council on March 23, 2017 (Item #A). The additional funding is 83% Federal Funds, 12% General Funds, and 5% Other Funds.

Funds to support this request are available in the following accounts in State Fiscal Years 2018 and 2019, upon the availability and continued appropriation of funds in the future operating budget, with the ability to adjust encumbrances between State Fiscal Years through the Budget Office without further approval from the Governor and Executive Council, if needed and justified.

05-95-47-470010-3099 HEALTH AND SOCIAL SERVICES; HEALTH AND HUMAN SVCS DEPT OF HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, NHHPP Trust Fund (94% Federal / 6% Other)

SFY	Class/ Account	Class Title	Activity Code	Current Budget	Increase/ (Decrease)	Modified Budget
2017	101-500729	Medical Payments to Providers	47004159	\$1,207,200	\$0	\$1,207,200
2018	101-500729	Medical Payments to Providers	47004159	\$4,864,800	\$1,343,774	\$6,208,574
2019	101-500729	Medical Payments to Providers	47004159	\$2,450,400	\$581,970	\$3,032,370
Subtotal				\$8,522,400	\$1,925,744	\$10,448,144

05-95-47-470010-7948 HEALTH AND SOCIAL SERVICES; HEALTH AND HUMAN SVCS DEPT OF HHS: OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, Medicaid Care Management (50% Federal / 50% General)

SFY	Class/ Account	Class Title	Activity Code	Current Budget	Increase/ (Decrease)	Modified Budget
2017	101-500729	Medical Payments to Providers	47004050	\$271,620	\$0	\$271,620
2018	101-500729	Medical Payments to Providers	47004050	\$1,094,580	\$415,667	\$1,510,247
2019	101-500729	Medical Payments to Providers	47004050	\$551,340	\$199,095	\$750,435
Subtotal				\$1,917,540	\$614,762	\$2,532,302
Contract Total				\$10,439,940	\$2,540,506	\$12,980,446

EXPLANATION

This request is sole source because the increase is greater than ten percent (10%) of the total contract value. More than ten thousand (10,000) participants are eligible for the service than previously forecasted. The purpose of this request is to ensure individuals who are members of the New Hampshire Health Protection Program's Premium Assistance Program and members in Medicaid's Fee-For-Service delivery system continue to have access to non-emergent transportation to all Medicaid-covered services. State Medicaid programs are required to provide necessary and appropriate transportation, including medically-necessary, non-emergency ambulance and wheelchair van services, for beneficiaries to travel to and from their home or nursing facility to Medicaid covered services.

The New Hampshire Health Protection Program is the State authorized program to provide health insurance coverage to low-income adults who are eligible for medical assistance under Section 1902 (a)(10)(A)(i)(VIII) of the Social Security Act. Through the second component of the New Hampshire Health Protection Program, known as the Premium Assistance Program, New Hampshire uses Medicaid funds to purchase individual health insurance coverage for eligible adults in the form of Qualified Health Plans. Qualified Health Plans are commercial individual health insurance products certified for sale on the New Hampshire Marketplace.

The Qualified Health Plans provide ten (10) essential health benefits that are required to be provided to these Medicaid enrollees. However, the Qualified Health Plans do not provide several other services that Medicaid is required to provide to these Medicaid members, in addition to the essential health benefits. Non-emergent medical transportation is one of those additional required benefits not covered by the QHPs.

The majority of Medicaid members currently receive non-emergent medical transportation service through one of the two Medicaid managed care organizations that administer benefits to most Medicaid members in New Hampshire. However, New Hampshire Medicaid Fee-for-Service is required to offer this service to those Medicaid members who are newly enrolled and not yet in an MCO or who remain in the fee-for-service delivery system because of their eligibility category.

This contractor was selected through a competitive bid process. As referenced in the Request for Proposals and in Exhibit C-1 of this contract, this Agreement has the option to extend for up to five (5) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

Since New Hampshire law prohibits the use of general funds to support the New Hampshire Health Protection Program, no general funds will be used to support the component of this program that serves NHHPP members. However, ten percent (10%) of this contract cost will be funded with general funds to support transportation services for Medicaid recipients in the traditional Medicaid fee-for-service delivery system. Subsequently, the funding source for this entire contract will be 10% General / 84% Federal / 6% Other funds. The "Other Funds" consist of voluntary contributions deposited into the New Hampshire Health Protection Trust fund from the Foundation for Healthy Communities and any other contributing charitable foundation as outlined in RSA 126-A:5-c and assessments collected by the New Hampshire Health Plan, as outlined in RSA 404-G:2 and RSA 404-G:5-a, IV(b) and (c).

Should the Governor and Executive Council not approve this request, thousands of New Hampshire citizens may not have access to transportation to, or home from, their non-emergent medical appointments covered by the Department of Health and Human Services under the New Hampshire Medicaid program. In addition, the Department would be in violation of federal requirements to assure transportation for Medicaid recipients to Medicaid covered services.

Geographic area served: Statewide

Source of Funds: Funding for the entire contract is 84% Federal Funds (CFDA #93.778, U.S. Department of Health & Human Services; Centers for Medicare and Medicaid Services, Medical Assistance Program, Medicaid; Title XIX), 6% Other Funds, and 10% General Funds.

His Excellency, Governor Christopher T. Sununu
And the Honorable Council
Page 3 of 3

In the event that Federal or Other Funds become no longer available, additional General Funds will not be requested to support this program.

Respectfully submitted,



Henry D. Lipman
Director

Approved by:



Jeffrey A. Meyers
Commissioner



STATE OF NEW HAMPSHIRE
DEPARTMENT OF INFORMATION TECHNOLOGY
27 Hazen Dr., Concord, NH 03301
Fax: 603-271-1516 TDD Access: 1-800-735-2964
www.nh.gov/doiit

Denis Goulet
Commissioner

February 5, 2018

Jeffrey A. Meyers
Commissioner
Department of Health and Human Services
State of New Hampshire
129 Pleasant Street
Concord, NH 03301-3857

Dear Commissioner Meyers:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into a sole source contract amendment with Coordinated Transportation Solutions, Inc. of Trumbull, CT as described below and referenced as DoIT No. 2017-041A.

The purpose of this contract amendment is for Coordinated Transportation Solutions, Inc. to continue to provide individuals who are members of the New Hampshire Health Protection Plan Premium Assistance Program access to non-emergent transportation services. Access to non-emergent transportation services will help ensure individuals are able to attend medical, mental health and other medically necessary, but not emergent, appointments, including transportation to the pharmacy to pick up necessary prescriptions. This contract will also provide transportation services for the remaining Medicaid fee-for-service population.

The funding amount for this amendment is \$2,540,506, increasing the current contract from \$10,439,940 to an amount not to exceed \$12,980,446 effective upon Governor and Executive Council approval though December 31, 2018.

A copy of this letter should accompany the Department of Health and Human Services' submission to the Governor and Executive Council for approval.

Sincerely,

A handwritten signature in black ink, appearing to read "Denis Goulet", written over a large, stylized "X" or similar graphic.

Denis Goulet

DG/kaf
2017-041A

cc: Bruce Smith, IT Manager

**New Hampshire Department of Health and Human Services
Transportation Management for NHHPP PAP and FFS Participants**



**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Transportation Management for NHHPP PAP and FFS Participants**

This 1st Amendment to the Transportation Management for NHHPP PAP and FFS Participants contract (hereinafter referred to as "Amendment #1") dated this 23rd day of January, 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Coordinated Transportation Solutions, Inc., (hereinafter referred to as "The Contractor"), a nonprofit corporation with a place of business at 35 Nutmeg Drive, Suite 120, Trumbull, CT, 06611.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on March 28, 2017, ITEM #A, the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to the General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract by written agreement of the parties;

WHEREAS, the parties agree to increase the price limitation, and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree as follows:

1. Amend Form P-37, Block 1.8, to increase Price Limitation by \$2,540,506 from \$10,439,940 to read: \$12,980,446
2. Amend Form P-37, Block 1.9, to read E. Maria Reinemann, Esq., Director of Contracts and Procurement.
3. Amend Form P-37, Block 1.10 to read 603-271-9330.
4. Delete Exhibit B-1 Capitation Rate Sheet and replace with Exhibit B-1 Capitation Rate Sheet – Amendment #1.
5. Add Exhibit K, DHHS Information Security Requirements.

New Hampshire Department of Health and Human Services
Transportation Management for NHHPP PAP and FFS Participants



This amendment shall be effective upon the date of Governor and Executive Council approval.
IN WITNESS WHEREOF, the parties have set their hands as of the date written below.

State of New Hampshire
Department of Health and Human Services

2/1/2018
Date

[Signature]
Name: Henry D. Lipman
Title: Medicaid Director

Coordinated Transportation Solutions, Inc.

1/29/18
Date

[Signature]
Name: David L. White
Title: President

Acknowledgement of Contractor's signature:

State of Connecticut, County of Fairfield on 1/29/2018, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

[Signature]
Signature of Notary Public or Justice of the Peace

Kathleen M. Grassmann Administrative Assistant/Notary Public
Name and Title of Notary or Justice of the Peace

My Commission Expires: 5/31/2022

KATHLEEN M. GRASSMANN
NOTARY PUBLIC OF CONNECTICUT
My Commission Expires: 5/31/2022

New Hampshire Department of Health and Human Services
Transportation Management for NHPP PAP and FFS Participants



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

Date 2/6/19

Name: [Signature]
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date _____

Name: _____
Title: _____

New Hampshire Department of Health and Human Services
Transportation Management for New Hampshire Health Protection Plan
(NHHP) Premium Assistance Program (PAP) Participants
Fee For Service (FFS) Participants



Exhibit B-1 Capitation Rate Sheet - Amendment #1

1. Capitation Rates, "per member / per month" amounts, for calendar year 2017 and calendar year 2018 are as specified in Table 1.1 below:

1.1. Table 1.1 – Capitation Rate Table

	Year 1 4/1/17-12/31/17	Year 2 1/1/18 - 12/31/18
Eligible Members	PAP members 48,414 FFS members 11,392	PAP members 49,500 FFS members 12,250
Per member per month rates	\$10.06	\$10.21
Annualize	9	12
Operations Grand total	\$5,414,836	\$7,565,610



DHHS INFORMATION SECURITY REQUIREMENTS

1. Confidential Information: In addition to Paragraph #9 of the General Provisions (P-37) for the purpose of this SOW, the Department's Confidential information includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Personal Health Information (PHI), Personally Identifiable Information (PII), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.
2. The vendor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services. Minimum expectations include:
 - 2.1. Contractor shall not store or transfer data collected in connection with the services rendered under this Agreement outside of the United States. This includes backup data and Disaster Recovery locations.
 - 2.2. Maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).
 - 2.3. Maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
 - 2.4. Encrypt, at a minimum, any Department confidential data stored on portable media, e.g., laptops, USB drives, as well as when transmitted over public networks like the Internet using current industry standards and best practices for strong encryption.
 - 2.5. Ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
 - 2.6. Provide security awareness and education for its employees, contractors and sub-contractors in support of protecting Department confidential information
 - 2.7. Maintain a documented breach notification and incident response process. The vendor will contact the Department within twenty-four 24 hours to the Department's contract manager, and additional email addresses provided in this section, of a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
 - 2.7.1. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

Breach notifications will be sent to the following email addresses:

 - 2.7.1.1. DHHSChiefInformationOfficer@dhhs.nh.gov
 - 2.7.1.2. DHHSInformationSecurityOffice@dhhs.nh.gov
 - 2.8. If the vendor will maintain any Confidential Information on its systems (or its sub-contractor systems), the vendor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed

New Hampshire Department of Health and Human Services

Exhibit K



by the vendor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion, or otherwise physically destroying the media (for example, degaussing). The vendor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and the vendor prior to destruction.

- 2.9. If the vendor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the vendor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the vendor, including breach notification requirements.
3. The vendor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the vendor and any applicable sub-contractors prior to system access being authorized.
 4. If the Department determines the vendor is a Business Associate pursuant to 45 CFR 160.103, the vendor will work with the Department to sign and execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
 5. The vendor will work with the Department at its request to complete a survey. The purpose of the survey is to enable the Department and vendor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the vendor engagement. The survey will be completed annually, or an alternate time frame at the Department's discretion with agreement by the vendor, or the Department may request the survey be completed when the scope of the engagement between the Department and the vendor changes. The vendor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the appropriate authorized data owner or leadership member within the Department.
 6. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.



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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF MEDICAID SERVICES

Jeffrey A. Meyers
Commissioner

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9422 1-800-852-3345 Ext. 9422
Fax: 603-271-8431 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

Deborah H. Fournier, Esq.
Medicaid Director

February 21, 2017

His Excellency, Governor Christopher T. Sununu
And the Honorable Council
State House
Concord, NH 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services to enter into an agreement with Coordinated Transportation Solutions, Inc. (Vendor # 271968), 35 Nutmeg Drive, Suite 120, Trumbull, CT 06611, for the management of the non-emergency medical transportation benefit offered to members of the New Hampshire Health Protection Premium Assistance Program and Medicaid fee-for-service on a statewide level in an amount not to exceed \$10,439,940 effective April 1, 2017 or upon the date of Governor and Executive Council approval through December 31, 2018.

Funds to support this request are available in the following accounts in State Fiscal Years 2017 and are anticipated to be available in SFY 2018 and SFY 2019, upon the availability and continued appropriation of funds in the future operating budget, with the ability to adjust encumbrances between State Fiscal Years through the Budget Office without further approval from the Governor and Executive Council, if needed and justified. Funds are 9% General / 86% Federal / 5% Other funds.

05-95-47-470010-3099 HEALTH AND SOCIAL SERVICES; HEALTH AND HUMAN SVCS DEPT OF HHS; OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, NHHPP Trust Fund (94% Federal / 6% Other)

SFY	Class/Account	Class Title	Activity Code	Total
2017	101-500729	Medical Payments to Providers	47004159	\$1,207,200
2018	101-500729	Medical Payments to Providers	47004159	\$4,864,800
2019	101-500729	Medical Payments to Providers	47004159	\$2,450,400
Subtotal				\$8,522,400

05-95-47-470010-7948 HEALTH AND SOCIAL SERVICES; HEALTH AND HUMAN SVCS DEPT OF HHS; OFC OF MEDICAID & BUS PLCY, OFF. OF MEDICAID & BUS. POLICY, Medicaid Care Management (50% Federal / 50% General)

SFY	Class/Account	Class Title	Activity Code	Total
2017	101-500729	Medical Payments to Providers	47004050	\$271,620
2018	101-500729	Medical Payments to Providers	47004050	\$1,094,580
2019	101-500729	Medical Payments to Providers	47004050	\$551,340
Subtotal				\$1,917,540
Contract Total				\$10,439,940

EXPLANATION

Since New Hampshire law prohibits the use of general funds to support the New Hampshire Health Protection Program (NHHPP), no general funds will be used to support the component of this program that serves NHHPP members. However, nine percent (9%) of this contract cost will be funded with general funds to support transportation services for non-NHHPP members in the traditional Medicaid fee-for-service delivery system. Subsequently, the funding source for this entire contract will be 9% General / 86% Federal / 5% Other funds.

The "Other Funds" consist of voluntary contributions deposited into the New Hampshire Health Protection Trust fund from the Foundation for Healthy Communities and any other contributing charitable foundation as outlined in RSA 126-A:5-c and assessments collected by the New Hampshire Health Plan, as outlined in RSA 404-G:2 and RSA 404-G:5-a, IV(b) and (c).

The purpose of this request is to ensure individuals who are members of the NHHPP population who are enrolled in the Premium Assistance Program and the standard Medicaid members in the Fee-For-Service delivery system continue having access to non-emergent medical transportation services. State Medicaid programs are required to provide necessary transportation for beneficiaries to and from Medicaid covered medical providers for Medicaid covered services.

The New Hampshire Health Protection Program (NHHPP) is the state authorized program to provide health insurance coverage to low-income adults who are eligible for medical assistance under Section 1902 (a)(10)(A)(i)(VIII) of the Social Security Act. Through the second component of NHHPP known as the Premium Assistance Program, New Hampshire uses Medicaid funds to purchase individual health insurance coverage for eligible adults in the form of Qualified Health Plans (QHPs). Qualified Health Plans are commercial individual health insurance products certified for sale on the New Hampshire Marketplace.

The Qualified Health Plans provide 10 essential health benefits (EHBs) that are required to be provided to these Medicaid enrollees. However, the Qualified Health Plans do not provide several other services that Medicaid is required to provide to these Medicaid members in addition to the EHBs. Non-emergent medical transportation (NEMT) is one of those additional required benefits not covered by the QHPs.

The majority of Medicaid members currently receive NEMT service through one of the two Medicaid managed care organizations that administers benefits to most Medicaid members in New Hampshire. However, New Hampshire Medicaid is required to offer this service to those Medicaid members who remain in the fee-for-service delivery system and are not served by the two Managed Care Organizations as well as those in the Premium Assistance Program.

As referenced in the Request for Proposals and in Exhibit C-1 of this contract, this Agreement has the option to extend for up to five (5) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

As a result of the foregoing, New Hampshire competitively bid the provision of non-emergency transportation. The Department released a Request for Bid on July 25, 2016. Four (4) bids were received and evaluated by a team of seasoned Department administrators. The bid sheet is attached.

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 3 of 3

Coordinated Transportation Solutions, Inc. obtained the highest score and was selected as the vendor for these services. The vendor is familiar with the population being served and is best suited to provide services to the NH population eligible for these services.

Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

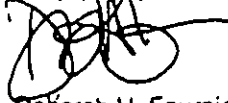
Should the Governor and Executive Council not approve this request, thousands of NH citizens will be impacted by not having access to transportation as a wraparound service covered by the Department of Health and Human Services under the NH Medicaid program. Without these transportation services, individuals enrolled in the NH Health Protection Plan Premium Assistance Program and Medicaid fee-for-service may not be able to get to, or home from, their non-emergent medical and appointments.

Geographic area served: Statewide

Source of Funds: 86% Federal Funds (CFDA #93.778, U.S. Department of Health & Human Services; Centers for Medicare and Medicaid Services, Medical Assistance Program, Medicaid: Title XIX), 5% Other Funds, and 9% General Funds.

In the event that Federal or Other Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Deborah H. Fournier, Esq.
Medicaid Director

Approved by:



Jeffrey A. Meyers
Commissioner



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF INFORMATION TECHNOLOGY**

27 Hazen Dr., Concord, NH 03301
Fax: 603-271-1516 TDD Access: 1-800-735-2964
www.nh.gov/doi

Denis Goulet
Commissioner

February 23, 2017

Jeffrey A. Meyers
Commissioner
Department of Health and Human Services
State of New Hampshire
129 Pleasant Street
Concord, NH 03301-3857

Dear Commissioner Meyers:

This letter represents formal notification that the Department of Information Technology (DoIT) has approved your agency's request to enter into an agreement with Coordinated Transportation Solutions, Inc. as described below and referenced as DoIT No. 2017-041.

The purpose of this contract is for Coordinated Transportation Solutions, Inc. to provide individuals who are members of the New Hampshire Health Protection Plan Premium Assistance Program access to non-emergent transportation services. Access to non-emergent transportation services will help ensure individuals are able to attend medical, mental health and other medically necessary, but not emergent, appointments, including transportation to the pharmacy to pick up necessary prescriptions. This contract will also provide transportation services for the remaining Medicaid fee-for-service population.

The contract amount is not to exceed \$10,439,940 effective April 1, 2017 or upon Governor and Executive Council approval, whichever is later, through December 31, 2018.

A copy of this letter should accompany the Department of Health and Human Services' submission to the Governor and Executive Council for approval.

Sincerely,

A handwritten signature in black ink, appearing to read "Denis Goulet", with a long horizontal line extending to the right.

Denis Goulet

DG/ik
2017-041

cc: Bruce Smith, IT Manager



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

**Transportation Management for New
Hampshire Health Protection Plan
(NHHPP) Premium Assistance
Program (PAP) Participants And Fee-
For-Service (FFS) Participants**

RFB-2017-OMBP-02-Trans

RFP Name

RFP Number

Reviewer Names

Bidder Name

1. Coordinated Transportation Solutions, Inc.
2. First Transit, Inc.
3. LeFleur Transportation
4. Medical Transportation Management, Inc.

	Maximum Points	Actual Points
	1400	1282
	1400	997
	1400	1157
	1400	810

1. Mary Fields, Business Systems Analyst I
2. Apama Bhattarai, Program Planning & Specialist
3. Heather Barto, Administrator III
4. Paul Casey, Business Administrator IV

Subject: Transportation Management for New Hampshire Health Protection Program (NHPP) Premium Assistance Program (PAR) and Fee-For-Service (FFS) Participants (RFB-2017-OMB-P-02-TRANS)

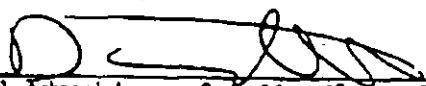


AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Coordinated Transportation Solutions, Inc.		1.4 Contractor Address 35 Nutmeg Drive Suite 120 Trumbull, CT 06611	
1.5 Contractor Phone Number (203) 736-8810 Ext. 102	1.6 Account Number 05-95-47-470010-1099 05-95-47-470010-7949	1.7 Completion Date December 31, 2018	1.8 Price Limitation \$10,439,940
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number (603) 271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory David L. White, President	
1.13 Acknowledgement: State of CONNECTICUT , County of FAIRFIELD On <u>FEB 16, 2017</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that she executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace (Seal)		MY COMMISSION EXPIRES 11/30/2020	
MARGUERITE V. BOSS			
ADMINISTRATIVE ASSISTANT TO PRES.			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Deborah H. Fournier, Esq. Medicaid Director	
Date: <u>2/22/17</u>			
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: <u>3/6/17</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

Subject: Transportation Management for New Hampshire Health Protection Programs (NHHP) Premium Assistance Program (PAP) and Fee-For-Service (FFS) Participants (RFB-2017-0MUP-02-TRANS)


AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3837	
1.3 Contractor Name Coordinated Transportation Solutions, Inc.		1.4 Contractor Address 35 Nutmeg Drive Suite 120 Trumbull, CT 06611	
1.5 Contractor Phone Number (203) 736-8A10 Ext. 102	1.6 Account Number 03-93-47-470010-3099 03-93-47-470010-7949 7948	1.7 Completion Date December 31, 2018	1.8 Price Limitation \$10,439,940
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number (603) 271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory David L. White, President	
1.13 Acknowledgement: State of New Hampshire, County of FAIRFIELD On FEB 16, 2017, before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that she executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace (Seal)		MARGUERITE V. BOSS MY COMMISSION EXPIRES 11/30/2020	
1.13.2 Name and Title of Notary or Justice of the Peace MARGUERITE V. BOSS ADMINISTRATIVE ASSISTANT TO PRES.			
1.14 State Agency Signature Date:		1.15 Name and Title of State Agency Signatory Deborah H. Fournier, Esq., Medicaid Director	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (If applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (If applicable) By: _____ On: _____			
1.18 Approval by the Governor and Executive Council (If applicable) By: _____ On: _____			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Contractor Initials DhA
Date 2/16/10

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES:

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulas, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. **TERMINATION.** In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. **CONTRACTOR'S RELATION TO THE STATE.** In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. **ASSIGNMENT/DELEGATION/SUBCONTRACTS.** The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. **INDEMNIFICATION.** The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("Workers' Compensation").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

19. CONSTRUCTION OF AGREEMENT AND TERMS. This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.



**EXHIBIT A
SCOPE OF SERVICES**

1. Provisions Applicable to All Services
 - 1.1. For the purposes of this contract, all references to days shall be calendar days, unless otherwise noted.
 - 1.2. The Contractor shall submit detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
 - 1.3. The Contractor shall confirm client eligibility for non-emergent transportation services through the Department's Medicaid Management Information System (MMIS).
 - 1.4. The Contractor shall adhere to all information technology security requirements, as specified in Exhibit A-1, Information Technology Security Requirements.
 - 1.5. The Contractor shall:
 - 1.5.1. Ensure Premium Assistance Program (PAP) participants have access to transportation in order to attend non-emergent, Medicaid covered medical and dental appointments, as well as to pick up prescriptions.
 - 1.5.2. Ensure Medicaid Fee-for-Service (FFS) participants eligible for standard Medicaid or the Medicaid Alternative Benefit Plan (ABP) have access to transportation in order to attend non-emergent, Medicaid covered medical and dental appointments, as well as to pick up prescriptions.
 - 1.5.3. Ensure various modes of transportation, including adult medical day, are available for all members, including those members who need special assistance and those members who use durable medical equipment.
 - 1.5.4. Process requests for mileage reimbursements properly submitted by participants, Friends/Family of participants, and Volunteer drivers, in a timely manner.
 - 1.6. Contractor shall maintain a NH-specific call center located in NH with access to interpreter services, and accommodations for speech and hearing-impaired clients at no additional cost to individuals.
 - 1.7. For the purposes of this contract, the term "Vendor Providers" includes subcontractors or any volunteer drivers who provide direct transportation services to eligible clients pursuant to this Contract, but shall not include



Medicaid participants or their friends or family members who provide transportation for the participant to and from Medicaid covered appointments. The Contractor shall:

- 1.7.1. Coordinate all transportation services by maintaining a network of transportation vendor providers. (The Contractor itself is not the provider of transportation.)
 - 1.7.2. Ensure that the transportation shall be to the nearest, available Medicaid- or Qualified Health Plan- enrolled medical or dental provider of the necessary services via the shortest most economical route;
 - 1.7.3. Ensure that transportation outside of N.H., M.A., M.E., V.T. require prior authorization by the Department; and
 - 1.7.4. Ensure that the transportation being provided is not otherwise available to the member free of charge.
 - 1.7.5. Ensure the transportation provided is the least costly and appropriate mode for each member.
- 1.8. The Contractor shall ensure transportation services are available to and from non-emergent medically necessary Medicaid covered appointments, statewide and, at times, to adjacent states. The Contractor shall use a priority of utilization of transportation which shall be in the following order: recipient's own vehicle; Friends/family transit; bus or other public transportation; volunteer transit and taxi transit. The Contractor shall ask each member whether he/she can drive and if not, whether a friend or family member can provide transportation. If the member cannot drive and does not have a friend/family member to provide transit, the Contractor shall ask the member if the member can access public transportation. If the member cannot access public transportation, the Contractor shall offer to provide transportation via a volunteer driver or taxi service. The Contractor shall reimburse members who drive themselves on a per mile basis and shall also reimburse them for parking fees and tolls.
- 1.9. The Contractor shall have the capability to accommodate special needs for those who are physically or otherwise disabled such as but not limited to providing special assistance for those members who use durable medical equipment.
- 1.10. The Contractor may require 48 hour notice for non-urgent transportation requests except for transportation requests to methadone clinic services, reimbursement for a member driving him/herself, trips involving bus or rail service or requests that involve friends/family.



- 1.11. The Contractor shall ensure transportation services are available on short notice (less than 24 hours notification) for urgent medically necessary medical appointments or hospital discharges, and the Contractor shall provide all members with written information on how to access transportation on a short notice.
- 1.12. The Contractor shall ensure that vendor providers are paid for transportation for mileage traveled from the pick-up location to the drop-off location. In cases where there are no available Vendor Providers within 20 miles, the Contractor shall pay Vendor Provider the mileage from and back to the starting point.
- 1.13. The Contractor shall ensure that Friends and Family Mileage Reimbursement Program claims are limited to the payment of one claim per trip regardless of the number of passengers. The Contractor shall not pay separately for each passenger.

2. Contactor Obligations

- 2.1. Relationship with Vendor Providers. Contractor shall maintain written Vendor Provider subcontracts with each of its Vendor Providers requiring the Vendor Providers to comply with the terms and conditions of this contract. The form of Contractor's standard Vendor Provider subcontract and any material amendments thereto must comply with applicable law and, upon the Department's request, must be approved in advance by the Department. Upon request, Contractor shall make available to the Department and to any applicable regulatory authority a copy of each of its Vendor Provider subcontracts with Vendor Providers.
- 2.2. List of Vendor Providers. Contractor shall maintain and provide a list of Vendor Providers to the Department upon request and on a monthly basis. The Department expressly reserves the right to reject, suspend or terminate the participation of any Vendor Provider in the provision of non-emergent transportation services as contemplated under this Agreement.
- 2.3. Provision of Covered Services. Contractor, through Vendor Provider subcontracts with Vendor Providers, shall provide, or arrange for the provision of, those non-emergent transportation services described in this Agreement. Each Vendor Provider shall provide all Covered Services in accordance with all legal requirements and recognized industry standards. In providing such services, Vendor Providers shall ensure that Covered Services are provided within the time frames specified in this Agreement.
- 2.4. Operational Standards Criteria. Contractor represents and warrants that Contractor and Vendor Providers shall at all times during this Agreement meet and maintain the Department's operational standards criteria as described in this Agreement, as may be revised from time to time by the Department. Vendor Providers shall not provide Covered Services to Covered Persons



unless and until Vendor Providers have met all requirements and operational standards as described in this Agreement in addition to meeting all requirements and operational standards of the Contractor. Or, if operational standards are delegated to Vendor pursuant to the Delegated Contractor shall supply its written Vendor Provider requirements, policies and procedures to the Department as the Department reasonably requests in order to verify initial and continued compliance with this Agreement. Contractor agrees to provide the Department notice of any additions or deletions to its policies and procedures on a monthly basis.

- 2.5. Determination of Covered Person Eligibility. Contractor shall determine whether a person seeking Covered Services is a Covered Person and shall determine whether the requested service is to a Medicaid covered appointment. If the Department determines that such person was not eligible for coverage at the time the services were rendered or the medical/dental visit was not Medicaid coverable, such services shall not be eligible for payment under this Agreement. In no event shall the Contractor or the Vendor Provider bill the member for Transportation services. Service Protocols. Contractor shall provide policies and procedures detailing service requirements applicable to this Agreement 30 calendar days prior to service start or with the applicable modifications to service provisions.
- 2.6. Compliance with Policies. Contractor shall, and shall cause Vendor Providers through its provider agreements to, comply and cooperate with all applicable Department policies, procedures, rules, and regulations. Additionally, Contractor shall require Vendor Providers to certify and attest to their compliance with all applicable policies, procedures, rules, and regulations. Such policies and procedures are subject to modification by the Department at its discretion, provided that the Department provides Contractor with thirty (30) days prior written notice of material modifications to these policies and procedures.
- 2.7. Performance Standards. Contractor shall, and shall cause Vendor Providers to participate in and cooperate with any performance standards outlined in this Agreement. The Contractor shall submit a plan to the Department within ninety (90) days of the contract effective date that includes, but is not limited to:
- 2.7.1. A plan to increase and build the local provider network in Coos and Grafton Counties, including proposed targets for increased network capacity.
- 2.7.2. A plan to increase all members' access to transportation reimbursement and transportation services.



- 2.8. Contractor Call Center. The Contractor shall operate a NH specific call center located in NH, and in operation Monday through Friday, except for state approved holidays. The call center shall be accessible through a statewide toll-free number. The call center shall be staffed with courteous personnel who are knowledgeable about the NHHP PAP and Medicaid FFS to answer member inquiries.
- 2.8.1. Contractor shall ensure that after regular business hours the member call center is answered by an automated system with the capability to provide callers with information regarding operating hours and instructions on how to obtain emergency medical transportation.
- 2.8.2. Contractor shall ensure that after-hours calls are reviewed within an hour of the member's call and if the request is urgent, that the call is returned within that hour and transportation is scheduled within two hours of the member's request. Non-urgent requests shall be returned on the next business day.
- 2.8.3. At a minimum, excluding weather emergency declarations by the State of New Hampshire, the call center shall be operational:
- 2.8.3.1. Monday thru Friday : 8:00 am EST to 6:00 pm EST; and
- 2.8.3.2. During major program transitions, or peak events, as determined by DHHS, additional hours and capacity shall be accommodated by the Contractor subject to mutual agreement in accordance with Paragraph 18 of Form P-37 of this Contract.
- 2.8.4. The Contractor shall develop a means of coordinating its call center with the DHHS Customer Service Center.
- 2.8.5. The Contractor shall develop a warm transfer protocol for members who may call the incorrect call center to speak to the correct representative. Should the Contractor establish capacity to provide monthly reports to DHHS on the number of warm transfers made and the program to which the member was transferred, those reports shall be provided at the end of the first month of established functionality.
- 2.8.6. The Contractor shall establish a member hotline that shall be an automated system that operates outside of the call center standard hours, Monday through Friday and at all hours on weekends and holidays, which shall be capable of accepting, recording and providing instructions to incoming callers.
- 2.8.7. The Contractor shall have a comprehensive plan to handle call volume that exceeds staff capacity. The plan shall include the



capacity to roll calls over by shifting resources to accommodate within one hour of the increase in call volume.

- 2.8.8. The Contractor shall ensure call center staff verify each caller's identity using at least two points of verification through the MMIS system.
- 2.8.9. The Contractor shall develop telephone scripts, as approved by the Department, which shall be used by call-center staff.
- 2.8.10. The Contractor shall ensure the telephone system used to provide services meets or exceeds the following requirements:
 - 2.8.10.1. Capability of transferring calls to the Department's Voice Over Internet Protocol (VOIP) system.
 - 2.8.10.2. Capability of accepting inbound and placing outbound calls.
 - 2.8.10.3. Ability to transfer calls received that have unique circumstances or situations that will need to be transferred to the Department.
 - 2.8.10.4. Ability to route calls to specific queues, such as an automatic call distribution system. The system used during regular business hours shall:
 - 2.8.10.4.1. Provide information about the Department's website.
 - 2.8.10.4.2. Ability to track call statistics necessary to provide reports specific to this contract.
- 2.8.11. The Contractor shall permit the Department to monitor live calls while on-site at the call center. The Contractor shall make available the same business day digital files of calls received, when requested by the Department.

2.9. Grievance and Appeal Procedures. Contractor shall, and shall cause Vendor Providers to:

- 2.9.1. Cooperate with the Departments Covered Person grievance and appeal procedures.
- 2.9.2. Report to the Department all communications from and with Covered Persons relating to Covered Person benefit determinations, complaints, grievances, appeals.
- 2.9.3. Resolve all, member grievances, within thirty (30) calendar days from the date the grievance was received. For grievances involving Vendor Providers, the Contractor shall provide a written report to the Department that indicates how the grievance was resolved, including



- whether the Vendor Provider was cited or issued a corrective action plan.
- 2.9.4. Inform Covered Persons regarding the State Fair hearing process for adverse determinations or denials of requested services, including but not limited to, members right to a State fair hearing and how to obtain a State fair hearing in accordance with this Agreement and N.H. Administrative Rule He-C 200. If a member does not agree with the Contractor's denial, the member may file a request for a State fair hearing within thirty (30) days of the date on the Contractor's notice of resolution of the appeal or final adverse determination letter.
- 2.9.5. Provide to the Department all supporting documentation and records relating to the denial and the request for a state fair hearing appeal within three (3) calendar days from the date the appeal was received by the Department.
- 2.9.6. The Contractor or its designee shall defend its decision for adverse determination or denial of requested services on a member's appeal at the State Fair Hearing, at no additional cost. DHHS staff member will accompany Contractor to Fair Hearing.
- 2.10. Non-Solicitation. During the term of this Agreement, or any renewal thereof, and for a period of six (6) months from the date of termination, Contractor shall not, and shall ensure that Vendor Providers do not:
- 2.10.1. Advise, counsel or solicit any Covered Persons to end enrollment with a Plan, and will not solicit any Covered Persons to become enrolled with any other Plan, or other hospitalization or medical payment plan or insurance policy, for any reason.
- 2.10.2. Interfere in any manner with Department's contractual relationships including but not limited to those with other transportation or health care providers.
- 2.11. Network Adequacy. Contractor shall ensure a sufficient number of vehicles in-network, in accordance with the needs of Covered Persons and the standards identified within this Agreement, as may be amended from time to time. The composition of the types of vehicles in-network must be reflective of the needs of Covered Persons.
- 2.11.1. Contractor must demonstrate network adequacy to the Department sixty (60) days prior to Service Start, and every six (6) months or upon request thereafter in accordance with this Agreement. If at any time the Department identifies inadequacy in the network through any performance related deficiencies as outlined in this Agreement or otherwise identifies that there is a need for additional network



capacity, the Department shall have the right to require Contractor to increase network capacity.

2.11.2. Contractor shall provide a plan for increasing network capacity within fifteen (15) calendar days of the Department identifying network inadequacy for Department approval. Once approved, Contractor shall execute said network capacity plan as expeditiously as possible.

2.12. RESERVED.

2.13. Contractor Provider Listings. Contractor agrees that the Department may use Contractor's and any Vendor Provider's name in marketing, advertisement, and Covered Person information materials, including provider and related directories. Vendor Providers may list the Department as among the organizations for which they provide Covered Services, but shall not otherwise use the Department's name without the Department's written consent. Contractor may permit Vendor Providers to display signs identifying the Department within Vendor Providers' vehicles, provided such signage has been approved or provided by the Department.

2.14. Compliance with Laws. Contractor shall, and shall contractually require Vendor Providers to, carry out all obligations under this Agreement and to provide Covered Services in a manner prescribed under applicable federal and State laws, regulations, administrative rules, and codes, as well as the Department's applicable policies and procedures. This Agreement shall be subject to the applicable material terms of the Agreement.

2.15. Covered Person Communication. Contractor shall not, and shall ensure that Vendor Providers do not, direct marketing efforts at any Covered Person. Contractor shall, and shall require Vendor Providers to conduct all communications with Covered Persons in a respectful manner.

2.16. Contractor Provider Outreach. Contractor shall have at least annual town hall meetings with Vendor Providers to discuss and resolve outstanding issues, conduct training, or any other reasonable purpose. In addition, maintain a dedicated toll free line for transportation providers to call with any inquiries, complaints, training needs, etc.

2.17. Information Systems. Contractor shall maintain such information data systems necessary to provide data as required by this Agreement. Contractor shall be responsible for the costs and expenses it incurs in relation to the establishment and maintenance of such systems.

2.18. Department Exclusive Vendor Providers. Contractor shall accommodate Department requests to maintain exclusive Vendor Provider relationships (not in the Vendor network) for the exclusive use of Covered Person.



- 2.19. Overpayments: Contractor shall promptly, but no later than within fifteen (15) business days after receiving notice from the State, or on self-discovery by the Vendor, return to the State the full amount of any overpayment or erroneous payment made by the State.
- 2.20. File Reviews. The Contractor shall give the Department access, upon request, to its files to support any federal or state audit inquiries handled by the Department's Program Integrity Unit. Upon request, Vendor shall provide copies of requested files. The Department has the right to request records directly from Vendor Providers for oversight monitoring.

3. Contractor/Department Engagement

- 3.1. Dedicated Resources. Contractor shall allocate certain customer service representatives, provider relations representatives, quality assurance technicians, accounting technicians and others necessary to facilitate the transportation process. Contractor shall also allocate a dedicated resource to act as a project manager for the Department.
- 3.2. Communication. Contractor's dedicated resource to the Department shall have, at a minimum, one touch point call per week. As appropriate, Contractor shall engage additional resources within their organization to participate in the weekly call. The Department, in its sole discretion, may elect to change the frequency and duration of said meetings with reasonable notice to Contractor. Contractor shall produce a detailed communications plan (Local Operations Communications Plan) to supplement the local presence as required by this Agreement. The communications plan is due within (14) fourteen calendar days of the executed agreement, and shall require Department approval prior to implementation.
- 3.3. Geographic Training. Contractor shall ensure that all staff that will be assigned to or have an opportunity to provide services to the Department shall have a comprehensive understanding of New Hampshire's geography.
- 3.4. Local Operations Support. Contractor shall support Department local operations as follows:
 - 3.4.1. The Contractor shall assign a staff member to support the Department's office locally. The Department and Contractor shall mutually agree on the skillset and experience required of the local presence staff member. The Department shall have the right to approve the designated staff member prior to placement. The Department, in its sole discretion, reserves the right to reduce the required presence of the assigned Contractor staff member during the course of this agreement.



- 3.4.2. Contractor shall be required to implement a communications plan, as approved by the Department, to support the effective communications to Vendor Providers and local operations.
- 3.4.3. Contractor shall prepare a training program for Department designated staff persons, to occur prior to the service start date, containing information as mutually agreed upon by both parties.
- 3.5. Staffing Ratio. Contractor shall maintain staffing ratios sufficient to meet or exceed the service expectations and obligations of this Agreement. Contractor shall provide the Department with an initial staffing ratio within thirty (30) days of execution of this Agreement for Department approval. Contractor staffing ratios shall be provided by Contractor to the Department on a quarterly basis. In the event of an anticipated change in service, such as an additional Product Attachment, the Department shall provide Contractor with advanced notice in accordance with this Agreement. Contractor shall provide the Department with revised staffing ratios to account for any anticipated change in service within thirty (30) calendar days of notification. The Department and Contractor agree to confer in good faith regarding dedicated Vendor staffing with respect to the services outlined in this Agreement.
- 3.6. Agreement Closeout.
- 3.6.1. During the closeout period, the Contractor shall work cooperatively with and supply program information to, any subsequent contractor and DHHS.
- 3.6.2. The Contractor shall continue to submit the information and records required under this Agreement within the time frames required.
- 3.6.3. Effective fourteen (14) calendar days prior to the last day of the closeout period, the Contractor shall work cooperatively with the new Contractor to process service authorization requests received. Disputes between the Contractor and the new contractor regarding service authorizations shall be resolved by DHHS.
- 3.6.4. The Contractor shall be financially responsible for all other approved services when the service is provided on or before the last day of the closeout period.
- 3.7. Compliance with rules to ensure Federal financial participation. Contractor shall ensure compliance with 42 CFR 440.170(a)(4)(ii) paragraphs (A) through (E). Federal financial participation is available at the medical assistance rate for the cost of a written brokerage contract that:
- 3.7.1. 42 CFR 440.170(b)(4)(iii)(A) Except as provided in paragraph (a)(4)(ii)(B) of this section, prohibits the broker (including contractors, owners, investors, Boards of Directors, corporate officers, and



employees) from providing non-emergency medical transportation services or making a referral or subcontracting to a transportation service provider if:

- 3.7.1.1. 42 CFR 440.170(b)(4)(ii)(A)(1) The broker has a financial relationship with the transportation provider as defined at § 411.354(a) of this chapter with "transportation broker" substituted for "physician" and "non-emergency transportation" substituted for "DHS"; or
- 3.7.1.2. 42 CFR 440.170(b)(4)(ii)(A)(2) The broker has an immediate family member, as defined at § 411.351 of this chapter, that has a direct or indirect financial relationship with the transportation provider, with the term "transportation broker" substituted for "physician."
- 3.7.2. 42 CFR 440.170(b)(4)(ii)(D) In referring or subcontracting for non-emergency medical transportation with transportation providers, a broker may not withhold necessary non-emergency medical transportation from a Medicaid beneficiary or provide non-emergency medical transportation that is not the most appropriate and a cost-effective means of transportation for that beneficiary for the purpose of financial gain, or for any other purpose.
- 3.7.3. 42 CFR 440.170(b)(4)(ii)(E) The non-Federal share of all Medicaid payments under the transportation brokerage program must be in compliance with applicable Federal requirements in sections 1902(a)(2) and 1903(w) of the Act, and applicable Federal regulations set forth at § 433.50 through § 433.74 of this chapter.

4. Technology Requirements

- 4.1. Mapping Systems. Mapping/distance software used to calculate trip mileage for reimbursement and related purposes must be updated on a monthly basis to ensure accurate geographic code distribution.
- 4.2. Reporting Systems. Contractor shall maintain the technology necessary to support the production of reports including, but not limited to: assigned trips; completed trips; member no-shows; provider no-shows; rejected trips; and cancelled trips, and costs for trips.
- 4.3. Online Functionality. Vendor shall implement online system for submitting claims and mileage Contractor information.
- 4.4. Electronic Data Interchange (EDI) transaction processing and interfacing with the NH MMIS for member eligibility verification: Vendors shall verify member NHHPP eligibility for the date of service either by submitting an ASC X12N 270 eligibility inquiry transaction and receiving the 271 eligibility inquiry response,



submitting an online eligibility verification request, or calling the automated voice response system. Failure to confirm eligibility for the date of service will result in claims not being paid if the member is determined during claims processing not to be eligible.

- 4.5. Electronic Data Interchange Member Enrollment Processing – Contractor shall receive and process member benefit plan enrollment data from the MMIS in the form of an ASC 834 Benefit Enrollment transaction if the vendor chooses to receive member enrollment data.
- 4.6. Electronic Data Interchange Claims Processing – will receive capitation payment information from MMIS using the ASC X12N 820 Professional transaction or other supplemental payment reports.
- 4.7. Electronic Data Interchange Encounter Data– Contractor will submit encounter data at least weekly to the MMIS using the ASC X12 837 Professional transaction standard.

5. Vendor Provider Requirements

5.1. The Contractor shall ensure all Vendor Providers are compliant with the following requirements, which shall be included as minimum requirements in all Vendor Providers subcontracts. Requirements include, but are not limited to:

5.1.1. Confidentiality. Vendor Providers shall treat every aspect of Covered Services as confidential, including the fact of Department eligibility and/or enrollment and any or all information pertaining to a Covered Person's physical or mental health status or condition. Each Vendor Providers shall execute a valid HIPAA subcontractor agreement with Vendor pursuant to the terms of Vendor's Business Associate Agreement with the Department.

5.1.2. Hold Harmless. Vendor Providers shall accept the amounts paid by Vendor for Covered Services furnished to Covered Persons as payment in full and in no event, including but not limited to nonpayment by Payor or Vendor, Payor's or Vendor's insolvency, or breach of Vendor's agreement with the Vendor Provider, shall the Vendor Provider bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from or have any recourse against a Covered Person, the Department, the Payor (if the Payor has made payments in accordance with this Agreement) or parties other than Vendor for Covered Services provided to Covered Persons in accordance with this Agreement.

5.1.3. Legal Compliance.



5.1.3.1. Compliance, Licensure and Certifications. Vendor Providers and, as applicable, any drivers employed or contracted by Vendor Providers, shall comply with all applicable local, state, and federal laws and regulations, and shall hold in good standing any and all licenses and certifications required under such laws and regulations for the provision of Covered Services.

5.1.3.2. Safety and Comfort Standards. Vendor Providers shall comply with all applicable local, state, and federal transportation safety standards, Department policies and procedures and applicable industry and accreditation standards relating to passenger safety and comfort, including but not limited to:

5.1.3.2.1. Requirements relating to the maintenance of vehicles and equipment.

5.1.3.2.2. Passenger and wheelchair accessibility.

5.1.3.2.3. Availability and functioning of seat belts.

5.1.4. Insurance. Section 5.1.4. through 5.1.4.4. apply to commercial vendor providers and not to volunteer providers. Insurance requirements for volunteer providers are set forth in Section 5.1.4.5. Throughout the term of the subcontract with Vendor, and for so long as Vendor Provider is providing Covered Services in accordance with this Agreement, Vendor Provider shall obtain and maintain insurance, including but not limited to automobile liability insurance and general commercial liability insurance, as is necessary to provide coverage for losses and liabilities arising out of the acts and/or omissions of Vendor Providers (or their respective employees and/or agents) in the performance of, or injuries sustained during the provision of, Covered Services to Covered Persons as contemplated in this Agreement.

5.1.4.1. For commercial vendor providers ("Vendor Providers"), such insurance coverage shall be in amounts that are in keeping with industry standards and that are acceptable to the Contractor and the Department, the minimum amounts of which shall be not less than \$500,000 for automobile liability to include bodily injury and property damage to one person for any one accident, and \$750,000, for bodily injury and property damage to two or more person for any one accident, including coverage for all owned, hired, or non-owned vehicles, as applicable.



5.1.4.2. Such insurance coverage shall list the Contractor and the Department as additional insureds, and shall be evidenced by certificates of insurance issued by one or more insurance companies licensed to do business in New Hampshire, containing a thirty (30) day notice of cancellation endorsement.

5.1.4.3. Vendor Providers shall forward copies of such certificates of insurance to the Vendor prior to commencement of Covered Services, and shall issue to the Contractor and the Department, at any time upon request, copies of any applicable certificates of insurance, renewal, surcharge, cancellation notice, and/or verification of coverage.

5.1.4.4. Vendor Providers shall provide the Contractor with at least fifteen (15) days advance written notice in the event of cancellation, restriction or non-renewal of any insurance coverage required herein.

5.1.4.5. Volunteer drivers shall obtain and maintain insurance, including but not limited to automobile liability insurance as is necessary to provide coverage for losses and liabilities arising out of the acts and/or omissions of the Volunteer driver.

5.1.5. Performance Commitments.

5.1.5.1. Contractor No-Show Limits. No-shows are defined as instances where a Covered Person has requested transportation but where the transportation request is not fulfilled by the Contractor through no fault of the Covered Person. The Contractor shall have a zero tolerance policy for no-shows. Upon a report of no-show, Contractor shall:

5.1.5.1.1. Arrange for alternative transportation, if practicable.

5.1.5.1.2. Complete an investigation into the root cause of the no-show, with findings reported to the Department within ten (10) business days.

5.1.5.1.3. Develop a plan to ensure sustainable performance of transportation for affected Covered Persons.

5.1.5.2. Vendor Corrective Action Plans.

5.1.5.2.1. If there are greater than two (2) Vendor Provider no shows within a thirty (30) calendar day time



period for a unique, individual Covered Person, the Contractor shall immediately take steps to resolve identified risks with Vendor Provider, including but not limited to, investigation of no-show circumstances.

5.1.5.2. If there are four (4) Vendor Provider no-shows within a thirty (30) calendar day time period affecting one or more Covered Person(s), Contractor shall implement a Vendor Corrective Action Plan (CAP) for Vendor Provider. The CAP must be sent to the Department, followed by a summary report when CAP is completed.

5.1.5.3. Vendor Provider No-Show Responsibility. The Contractor shall be responsible for facilitating the subsequent rescheduling of transportation following a Vendor Provider no-show, Vendor Provider cancellation less than twenty-four (24) hours in advance or Vendor failure to identify a Vendor Provider for a trip. The Contractor shall be responsible for any fees or costs incurred by the Department or Covered Person as a result of the no-show or late cancellation. Any such fees shall be deducted from Contractor's compensation as outlined Section 7, Performance Measures and Penalties.

5.1.5.4. Vendor refueling. Vendor providers shall not be permitted to refuel vehicles while the vendor provider is transporting a member.

5.1.5.5. Outbound Calls and Member Confirmation. The Contractor shall confirm transportation with Covered Person, upon a Covered Person's request. The Contractor shall call the member at least twenty-four (24) hours or within a time period as specified by the Covered Person, in advance of the scheduled transportation time. All outbound calls to members shall be in accordance with applicable Federal regulations and State laws, including but not limited to Telephone Communication Protection Act (TCPA) 47 USC 227.

5.1.5.6. Trip Assignment. The Contractor shall ensure trips are scheduled within or before the required advance notice period, as mutually defined by the parties, are assigned to a Vendor Provider. If no Vendor Provider is found, the Vendor shall:

5.1.5.6.1. Communicate such to the Covered Person at least twenty-four (24) hours before the scheduled

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trip time. Facilitate subsequent transportation arrangements.

5.1.5.7. Availability of Durable Medical Equipment (DME). Wherever possible, Contractor shall arrange for Vendor Providers with capabilities to provide DME to Covered Persons during transportation when such request is made in scheduling transportation. DME shall include, but not be limited to, wheelchairs and oxygen.

5.1.5.8. Claims Processing. The Contractor must process ninety-five percent (95%) of all Vendor Provider clean claims and member or friends/family mileage reimbursement requests within thirty (30) calendar days from date of clean claim receipt, and one hundred percent (100%) of the claims within sixty (60) days. Contractor shall not process non clean claims.

5.1.5.9. Call Recordings. The Contractor shall produce call recordings requested by the Department within one (1) business day of request.

5.1.5.10. Vendor Provider Monitoring. The Contractor shall submit to the Department for approval a plan for a Vendor Performance report card including standards and quantitative metrics.

5.1.5.10.1. Vendor Providers receiving a score of less than ninety five percent (95%) for successive monitoring periods shall be put on a Corrective Action Plans.

5.1.5.10.2. The terms of the CAP shall be made available to the Department. In its sole discretion, the Department may request termination of a Vendor Provider for failure to successfully perform under a CAP.

5.1.6. Vehicle Standards and Safety Inspections. The Contractor shall monitor Vendor Providers to ensure compliance with the vehicle and safety standards outlined in this section.

5.1.6.1. Condition of Vehicle and Safety Equipment. Vehicles used in the provision of Covered Services ("Vehicles"), shall be properly maintained for the Covered Persons' comfort and safety. Such maintenance includes, but is not limited to, ensuring the following:

5.1.6.1.1. Interior of Vehicles must be clean and well-maintained.



- 5.1.6.1.2. Availability of an appropriate and adequate seating for secure and safe transport for each Covered Person and escort, child or personal care attendant, and persons with disabilities.
- 5.1.6.1.3. Strict adherence to prohibition of smoking in all vehicles while transporting recipients. All vehicles shall post "no smoking" signs in all vehicle interiors, easily visible to the passengers.
- 5.1.6.1.4. Availability of appropriate safety equipment shall be present and operable in the Vehicle, including but not limited to the following:
 - 5.1.6.1.4.1. First Aid Kit.
 - 5.1.6.1.4.2. Accident Report Forms.
 - 5.1.6.1.4.3. Roadside reflective or warning devices.
 - 5.1.6.1.4.4. Flashlight.
 - 5.1.6.1.4.5. Chains or other traction devices (when appropriate).
 - 5.1.6.1.4.6. Disposable gloves.
 - 5.1.6.1.4.7. One (1) full charged dry carbon dioxide fire extinguisher, to be maintained in efficient operating condition, with at least a 1A:BC rating and bearing the label of Underwriter's Laboratory, Inc. The fire extinguisher shall be securely mounted on the vehicle in a clearly marked compartment and readily accessible (5.1.6.1.4.7 is optional for Volunteer drivers);
- 5.1.6.1.5. Vehicles shall be maintained in good operating condition, and must include, among others, the following items in functioning condition:
 - 5.1.6.1.5.1. Side and rear view mirrors.
 - 5.1.6.1.5.2. Horn.
 - 5.1.6.1.5.3. Functioning speedometer and odometer.



- 5.1.6.1.5.4. Functioning two-way communication system to link all vehicles to the transportation providers' place of business.
- 5.1.6.1.5.5. Working turn signals, headlights, taillights, and windshield wipers.
- 5.1.6.1.5.6. Adequate and functioning heating and air conditioning systems.
- 5.1.6.1.5.7. Seatbelts shall be equipped with an adjustable driver's restraining belt with the requirements of FMVSS 209, "Seat Belt Assemblies" (See 49 C.F.R. 571.209) and FMVSS 210, "Seat Belt Assembly Anchorages." (See 49 C.F.R. 571.210).

5.1.6.2. Vehicle Maintenance.

5.1.6.2.1. Vendor Provider shall maintain vehicle maintenance in accordance with:

- 5.1.6.2.1.1. Manufacturer's safety and mechanical operating and preventive maintenance standards inclusive of tire inflation and tread groove pattern; and
- 5.1.6.2.1.2. State and Federal laws, specifically Federal Motor Vehicle Safety Standards (FMVSS), 49 C.F.R. Part 571, Sections 102, 103, 104, 105, 108, 207, 209, 210, 217, 220, 221, 225, 302, 403 and 404, October 1, 2004, are hereby incorporated by reference.

5.1.6.2.2. Commercial Vendor Provider shall maintain and provide written documentation of preventive maintenance, regular maintenance, inspections, lubrication and repairs performed for each vehicle under their control. Such records shall be maintained for at least seven (7) years and include, at a minimum, the following information:



- 5.1.6.2.2.1. Identification of the vehicle, including make, model and license number or other means of positive identification and ownership.
- 5.1.6.2.2.2. Date, mileage, type of inspection, maintenance, lubrication or repair performed, and a description of each.
- 5.1.6.2.2.3. If not owned by Vendor Provider, the name of any person or lessor furnishing any vehicle.
- 5.1.6.2.2.4. The name and address of any entity or contractor performing an inspection, maintenance, lubrication or repair.

5.1.6.3. Information Displayed. All vehicles of Commercial vendors shall have:

- 5.1.6.3.1. The Vendor Provider's name, vehicle number (if applicable), and the Contractor's phone number prominently displayed within the interior of each vehicle.
- 5.1.6.3.2. Instructions for normal and emergency operation of the lift or ramp shall be carried or displayed in every vehicle.
- 5.1.6.3.3. Information noted in Section 2.1.6.1.3., above.

5.1.6.4. ADA. Vehicles of Commercial vendors shall comply with the American's with Disabilities Act (ADA) regulations. Any vehicles used for the purpose of transporting individuals with disabilities (paratransit) shall meet the requirements set forth in 49 CFR Part 38, hereby incorporated by reference, and the following:

- 5.1.6.4.1. Installation of a wheelchair lift or ramp shall not cause the manufacturer's GVWR, gross axle weight rating or tire rating to be exceeded.
- 5.1.6.4.2. Except in locations within three and one half (3½) inches of the vehicle floor, all readily accessible exposed edges or other hazardous protrusions of parts of wheelchair lift assemblies or ramps that



are located in the passenger compartment shall be padded with energy absorbing material to mitigate injury in normal use and in case of a collision. This requirement shall also apply to parts of the vehicle associated with the operation of the lift or ramp.

5.1.6.4.3. The controls for operating the lift shall be at a location where the driver or lift attendant has a full view, unobstructed by passengers, of the lift platform, its entrance and exit, and the wheelchair passenger, either directly or with partial assistance of mirrors. Lifts located entirely to the rear of the driver's seat shall not be operable from the driver's seat, but shall have an override control at the driver's position that can be activated to prevent the lift from being operated by the other controls (except for emergency manual operation upon power failure).

5.1.6.4.4. The installation of the wheelchair lift or ramp and its controls and the method of attachment in the vehicle body or chassis shall not diminish the structural integrity of the vehicle nor cause a hazardous imbalance of the vehicle. No part of the assembly, when installed and stowed, shall extend laterally beyond the normal side contour of the vehicle or vertically beyond the lowest part of the rim of the wheel closes to the lift.

5.1.6.4.5. Each wheelchair lift or ramp assembly shall be legibly and permanently marked by the manufacturer or installer with the following minimum information:

5.1.6.4.5.1. The manufacturer's name and address.

5.1.6.4.5.2. The month and year of manufacture.

5.1.6.4.5.3. A certificate that the wheelchair lift or ramp securement devices, and their installation, conform to State requirements applicable to accessible vehicles.

5.1.6.5. Vehicle State Inspection Requirement.



- 5.1.6.5.1. Vendor Provider shall ensure all vehicles are inspected and meet state inspection standards. Vendor Providers identified in this section, exclude public transportation/mass transit, which are required to comply with federal and state requirements and inspections. All vehicles used to transport Covered Persons shall be state inspected and registered in accordance with state law prior to the provision of services. Records and documentation of annual state as well as documentation of any required corrective actions shall be retained, for compliance review, a minimum of seven (7) years by the Vendor Provider.
- 5.1.6.5.2. Vendor Provider shall obtain and provide to the Vendor the relevant documentation that the vehicle meets the standards prescribed by law and is safe for transportation services. Documentation of the state inspection shall include:
- 5.1.6.5.2.1. Identification of the individual(s) performing the inspection.
 - 5.1.6.5.2.2. The date of inspection.
 - 5.1.6.5.2.3. Identification of the vehicle inspected.
 - 5.1.6.5.2.4. Identification of the equipment and devices inspected including the identification of equipment and devices found deficient or defective (specifically identify corrections required in order for the Vendor Provider vehicle to meet the requirements of the state inspection.).
 - 5.1.6.5.2.5. Identification of deficient or defective items and notice of the actions taken to complete the corrective the deficiencies.
- 5.1.6.5.3. For taxis and any other commercial vehicles, Vendor Provider shall ensure all vehicles are



maintained and operated in accordance with town or city municipal ordinances or code in addition to any applicable state or federal law requirements.

5.1.6.6. Vendor Provider Pre-Service Inspections.

5.1.6.6.1. Contractor shall require Vendor Providers to complete an inspection of all vehicles prior to the provision of services each day. The inspection shall ensure the vehicle is safe, clean and in good working order. The Vendor Provider shall not permit the provision of services and shall report to the Vendor, all defects and deficiencies that are likely to affect safe operation or cause mechanical malfunctions that result in the discontinuation of vehicle use in their fleet. The Vendor Provider shall make available upon request of the Vendor, documentation of a vehicle's corrective action when safe operation was in question in accordance with the above.

5.1.6.6.2. Commercial Vendor Provider's inspection log, shall contain, and be available for audit by Vendor upon request, at a minimum the following inspected items:

5.1.6.6.2.1. Service and Parking Brakes;

5.1.6.6.2.2. Tires and Wheels (noting the tires and wheels are visibly free from cracks and distortion do not have missing, cracked or broken mounting lugs);

5.1.6.6.2.3. Steering;

5.1.6.6.2.4. Horn;

5.1.6.6.2.5. Lighting, including but not limited to devices, directional, and hazards;

5.1.6.6.2.6. Windshield wipers;

5.1.6.6.2.7. Mirrors;

5.1.6.6.2.8. Passenger doors and seats;

5.1.6.6.2.9. Exhaust systems;



5.1.6.6.2.10. Equipment for transporting wheelchairs; and

5.1.6.6.2.11. Safety and security and emergency equipment.

5.1.6.6.3. The results of safety inspections shall be randomly audited by the Contractor during site visits with the accompanying written report provided to the Department on an ongoing basis but in any event not less than annually and as needed based on complaint data.

5.1.6.6.4. Records of Commercial Vendor Provider daily pre-operational inspections shall be maintained for compliance review for a period no less than seven (7) years.

5.1.7. Driver Standards.

5.1.7.1. Driver Responsibility and Training.

5.1.7.1.1. Contractor and Vendor Providers shall inform and formally train drivers of their job duties and responsibilities, and shall provide training for all equipment related to their Vehicles, including but not limited to the following training programs:

5.1.7.1.1.1. Briefing about the transportation program, reporting forms, Vehicle operation and pre-service inspection requirements, and the geographic area in which they will be providing service (to include information associated with the Provider Invoicing Policy and Procedures);

5.1.7.1.1.2. Road testing with the type of Vehicle the driver will be operating; and

5.1.7.1.1.3. Completion of defensive driving course, or an equivalent, within six (6) months of date of hire for drivers with moving violations within the past one (1) calendar year.

5.1.7.1.2. Contractor and Vendor Provider shall require the completion of training with explicit instructional



and procedural training and testing in the following:

- 5.1.7.1.2.1. Safety policies and responsibilities;
- 5.1.7.1.2.2. Operational vehicle and equipment inspections;
- 5.1.7.1.2.3. Basic operations, maneuvering and defensive driving techniques;
- 5.1.7.1.2.4. Boarding, alighting, assisting and securing passengers;
- 5.1.7.1.2.5. Operation of wheelchair lift and other special equipment and driving conditions;
- 5.1.7.1.2.6. Handling emergencies, security threats, and threat awareness, including communication of unsafe conditions.

5.1.7.2. Driver Selection, Reporting and Maintenance of Records.

5.1.7.2.1. Vendor Provider's shall ensure driver selection, includes at a minimum the requirements identified as follows:

5.1.7.2.1.1. Driver's appropriate and valid State driver's license, including a valid state chauffeur or taxi license/designation, if applicable;

5.1.7.2.1.2. Review of driver applicant's criminal background and Division of Motor Vehicles record, including review of both personal and commercial or business driving record five (5) years in arrears, which shall verify that the driver applicant has not:

5.1.7-2.1.2.1.. Had more than three (3) moving violations and/or accidents within the last three (3) years and that the applicant or employee has had no more than



two (2) moving violations, two (2) accidents, or a combination of more than two (2) moving violations and/or accidents within the last twelve (12) months.

5.1.7.2.1.2.2. Been convicted of any crimes against people or any drug or alcohol related offenses.

5.1.7.2.1.3. Any exceptions to Section 2.1.7.2.1.2., above shall be made only with the prior approval of Department to assure the Covered Persons will be in no jeopardy from the driver.

5.1.7.2.2. Vendor Provider and drivers are required to report fraudulent use of transportation services to the Contractor, who is responsible for reporting fraudulent activity to the Department;

5.1.7.2.3. Vendor Provider and drivers shall be required to report or provide notice in accordance with the provisions of this agreement;

5.1.7.2.4. Commercial Vendor Provider shall maintain records:

5.1.7.2.4.1. Associated with the appropriate vetting and selection of its drivers, including background checks and records of the driver's completed training.

5.1.7.2.4.2. For tracking of preventive and routine vehicle service for a minimum period of seven (7) years, including daily inspection reports.

5.1.7.2.4.3. Any documents required as a part of this agreement.



5.1.7.3. Driver Safety Obligations. Vendor Provider shall ensure that all drivers satisfy the following requirements:

5.1.7.3.1. Drivers shall maintain a valid driver's license and shall comply with state and federal regulations for vehicle transport on roadways.

5.1.7.3.2. No driver shall use alcohol, narcotics, illegal drugs or drugs that impair ability to perform while on duty.

5.1.7.3.3. No driver shall operate a vehicle when impaired as described above and if impaired by illness or fatigue.

5.1.7.3.4. Drivers may not assist wheelchair passengers up or down more than one (1) step, unless it is determined by the Covered Person or guardian and driver that it can be performed safely.

5.1.7.3.5. The driver shall ensure the safe transport of children in accordance with state law, including the proper installation and use of a car seat based on the age and height of the child.

5.1.7.3.6. Vehicle transfer points shall provide shelter, security and safety of Covered Persons;

5.1.7.3.7. Drivers shall not:

5.1.7.3.7.1. Operate a vehicle with inoperable passenger doors or with the doors in the open position.

5.1.7.3.7.2. Leave the vehicle unattended in an unsafe condition with passenger(s) aboard at any time.

5.1.7.3.7.3. Permit use of the vehicle in a manner not permitted by the construction or design of the vehicle.

5.1.7.3.7.4. Operate any vehicle with recapped, regrooved or retreaded tires on the steering axle.

5.1.7.3.7.5. Operate unclean vehicles or vehicles containing strong odors.

5.1.7.3.8. The Vendor Provider shall not:



- 5.1.7.3.8.1. Permit or require a driver to drive more than twelve (12) hours in any one twenty-four (24) hour period. The driver is not permitted to drive until the driver fulfills the requirement of eight (8) consecutive hours off duty.
- 5.1.7.3.8.2. Refuel vehicles in a closed building.
- 5.1.7.3.9. The Vendor shall establish procedures for drivers to deal with situations in which emergency care is needed for Covered Persons that they have been assigned to transport.
- 5.1.7.3.10. For safety and protection of the public due to conditions such as adverse weather, disaster, security threat, a road or traffic condition, medical emergency, or an accident.
- 5.1.7.4. Driver Service Obligations. Vendor Provider shall ensure that all drivers satisfy the following requirements:
 - 5.1.7.4.1. All drivers shall wear or have visible, easily readable proper identification;
 - 5.1.7.4.2. Drivers shall offer boarding assistance if necessary or requested to the seating portion of the vehicle. Boarding assistance shall include but not be limited to:
 - 5.1.7.4.2.1. Opening and closing the vehicle door.
 - 5.1.7.4.2.2. Fastening the seat belt.
 - 5.1.7.4.2.3. Storage of mobility assistive devices.
 - 5.1.7.4.3. Drivers shall not refuel when passengers are in the vehicle.
 - 5.1.7.4.4. Drivers shall only pick up and deliver Covered Persons to locations assigned by Vendor.
 - 5.1.7.4.5. Vendor Drivers shall speak English.
 - 5.1.7.4.6. Vendor Drivers shall be courteous at all times with their passengers.
 - 5.1.7.4.7. Covered Persons property that can be carried by the passenger and/or driver may be stored safely



on the vehicles at no additional charge. The driver shall provide safe and secure transportation of the following items, as applicable, within the capabilities of the vehicle:

- 5.1.7.4.7.1. Wheelchairs.
- 5.1.7.4.7.2. Child seats.
- 5.1.7.4.7.3. Stretchers.
- 5.1.7.4.7.4. Secured oxygen.
- 5.1.7.4.7.5. Personal assistive devices.
- 5.1.7.4.7.6. Intravenous devices.
- 5.1.7.4.8. Driver's shall identify themselves by name and company in a manner that is conducive to communications with a specific passenger, upon pick up of each Covered Person, group of Covered Persons, or representative guardian or associate of Covered Person except in situation where the driver transports the Covered Person, on a recurring basis.
- 5.1.7.4.9. Driver's shall not:
 - 5.1.7.4.9.1. Leave the vehicle unattended with passenger(s) aboard for longer than five (5) minutes.
 - 5.1.7.4.9.2. Wear strong fragrances, eat, drink, smoke, or text in the vehicle unless medical necessity, exclusive to fluid consumption, is required for sustenance during transport.
- 5.1.7.4.10. The paratransit driver shall provide the Covered Person with boarding assistance, if necessary or requested, to the seating portion of the vehicle. The boarding assistance shall include, but not be limited to, opening the vehicle door, fastening the seat belt or utilization of wheel chair securement devices, storage of mobility assistive devices and closing the vehicle door. In the door-through-door paratransit service category, the driver shall open and close doors to buildings, except in situations in which assistance in opening and/or closing



building doors would not be safe for passengers remaining in the vehicle. The driver shall provide assisted access in a dignified manner.

- 5.1.8. Representation and Warranties. The Vendor Provider shall represent and warrant any information furnished to the Contractor in connection with the background check of the Vendor Provider and drivers is true and correct and the Vendor Provider is not now and never has been excluded from the participation in any state of federal health care program.

DHW

2/16/17



6. Reporting Requirements

- 6.1. The Contractor shall provide all performance reports to the Department as specified in Table 6.1-A;
- 6.2. The Department shall provide specifications for all performance reports in Table 6.1-A;
- 6.3. The Contractor shall meet the performance standards indicated in Table 6.1-A; and
- 6.4. Failure to meet performance standards may result in liquidated damages as indicated in Table 6.1-A.

Reporting Reference ID	Name	Type	Measure Data Period	Standard Due Date	First Date Required	Standard	Liquidated Damages
CLAIM.01	Timely Clean Claims Processing Within 30 Calendar Days	Measure	Numerator and denominator calculated daily / summary measure reported monthly	45 calendar days after end of reporting period		95%	\$1,000 for each tenth of a percentage point below the standard.
CLAIM.02	Claims Quality Assurance: Claims Processing Accuracy	Measure	Quarterly	45 calendar days after end of reporting period		>98%	\$1,000 for each tenth of a percentage point below the specified accuracy rate, assessed on a monthly basis.

Contractor Initials:

DhW

Date:

2/16/17

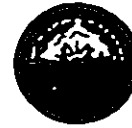


TABLE 6.1-A Performance Reports and Liquidated Damages

Reporting Reference ID	Name	Type	Measure Data Period	Standard Due Date	First Date Required	Standard	Liquidated Damages
COMMUNICATION.01	Communications Plan	Plan	Annually	August 31st	Within 14 calendar days of the execution of the agreement		
EMERGENCY.01	Emergency and Disaster Recovery Plan	Plan	Annually	August 31st	Within 60 days of the execution of the agreement.		
FINANCIAL.01	Standard Audited Annual Financial Statements	Narrative Report	Annually	2 months after the end of the calendar year			
FINANCIAL.02	Vendor Provider Reimbursement Rates	Table	Annually	December 31st	Within 30 days of the execution of the agreement		
FWA.01	Fraud Waste and Abuse Report	Narrative Report	Quarterly	2 months after end of reporting period			
GRIEVANCE.01	Member Grievance Log	Table	Monthly	20 calendar days after end of reporting period			

Contractor Initials: DLW
 Date: 2/16/19



TABLE 6.1-A Performance Reports and Liquidated Damages

Reporting Reference ID	Name	Type	Measure Data Period	Standard Due Date	First Date Required	Standard	Liquidated Damages
GRIEVANCE.02	Member Grievance Dispositions Resolved Within 14 Calendar Days	Measure	Quarterly	2 month after end of reporting period		100%	\$0.01 PMPM each quarter acceptance rate is not met.
GRIEVANCE.03	Member Grievance Rate	Measure	Quarterly	2 month after end of reporting period		<1%	\$0.01 PMPM each quarter acceptance rate is not met.
MEMCOMM.01	Member Communications: Average Speed to Answer Within 90 Seconds	Measure	Monthly	20 calendar days after end of reporting period		≥95%	
MEMCOMM.02	Member Communications: Average Wait Time and Hold Status of Less than 4 Minutes	Measure	Monthly	20 calendar days after end of reporting period		≥95%	
MEMCOMM.03	Member Communications: Average Calls Abandoned	Measure	Monthly	20 calendar days after end of reporting period		≤5%	\$1,000 per percentage point above the standard.
MEMCOMM.04	Member Communications: Average Call Blockage	Measure	Monthly	20 calendar days after end of reporting period		0%	\$1,000 per percentage point above the standard.

Contractor Initials: *DLW*

Date: *2/16/17*



TABLE 6.1-A Performance Reports and Liquidated Damages

Reporting Reference ID	Name	Type	Measure Data Period	Standard Due Date	First Date Required	Standard	Liquidated Damages
MEMCOMM.05	Member Communications: Voice Mails Returned by Next Business Day	Measure	Monthly	20 calendar days after end of reporting period		≥95%	
MILEAGE.01	Utilization of Mileage Reimbursement Program	Table	Monthly	2 months after the end of the reporting period.			
NEMT.01	NEMT Requests Delivered by Mode of Transportation	Measure	Quarterly	2 month after end of reporting period			
NEMT.02	NEMT Request Authorization Approval Rate by Mode of Transportation	Measure	Quarterly	2 months after end of reporting period			
NEMT.03	NEMT Schedule Trip Results by Outcome	Measure	Quarterly	2 months after end of reporting period			
NEMT.04	NEMT Services Delivered by Type of Medical Service	Measure	Quarterly	2 months after end of reporting period			
NEMT.05	NEMT Service Use by Population	Measure	Quarterly	2 months after end of reporting period			

Contractor Initials: DhW

Date: 2/16/17



TABLE 6.1-A Performance Reports and Liquidated Damages

Reporting Reference ID	Name	Type	Measure Data Period	Standard Due Date	First Date Required	Standard	Liquidated Damages
NEMT.06	NEMT Scheduled Trip Member Cancellations by Reason for Member Cancellation for Contracted Providers	Measure	Quarterly	2 months after end of reporting period			
NEMT.07	NEMT Scheduled Trip On-time Provider Rate	Measure	Quarterly	2 months after end of reporting period			
NEMT.08	NEMT Scheduled Trips Assigned Within the Advanced Notice Period	Measure	Quarterly	2 months after end of reporting period		≥98%	
NEMT.09	NEMT Vendor No Show Rate	Measure	Quarterly	2 months after end of reporting period		> 1%	\$0.01 PMPM each quarter the target is not met.
NETWORK.01	Comprehensive Provider Network and Member Access Plan	Plan	Annually	September 30th	60 calendar days prior to the start of services.		
NETWORK.02	Comprehensive Provider Network and Member Access Report	Narrative Report	Quarterly	2 months after end of reporting period			
NETWORK.03	Comprehensive Network Filing	Table	Annually	September 30th			

Contractor Initials: DhW
 Date: 2/16/17



TABLE 6.1-A Performance Reports and Liquidated Damages

Reporting Reference ID	Name	Type	Measure Data Period	Standard Due Date	First Date Required	Standard	Liquidated Damages
PMP.01	Performance Management and Compliance Plan	Plan	Annually	August 31st	Within 90 days of the execution of the agreement.		
PROVTERM.01	Provider Termination Log	Table	As needed	Within 15 calendar days of the notice of termination or effective date, whichever is sooner			
VEHICLESAFETY.01	Vehicle Daily Safety Inspections	Measure	Quarterly	2 months after end of reporting period			
VEHICLESAFETY.02	Vehicle Daily Safety Inspection Passed	Measure	Quarterly	2 months after end of reporting period		≥95%	\$2,500 per percentage point below the target.
VEHICLESAFETY.03	Vehicles Adhering to Regular Preventive Maintenance Schedule	Measure	Quarterly	2 months after end of reporting period		≥95%	\$5,000 per percentage point below the target.
WEATHER.01	Inclement Weather Operations Report	Narrative Report	As Needed	Daily as Needed			

Contractor Initials: DHW
 Date: 2/10/17



EXHIBIT A-1 ADDITIONAL SCOPE OF SERVICES

1. Informational Technology Security Requirements

- 1.1. The vendor will sign and comply with any and all system access policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any DHHS system. This will be completed prior to system access being authorized, and on a regular basis as requested by DHHS.
- 1.2. The vendor will maintain proper security and privacy controls on its systems according to applicable federal, state, and local regulations and aligned with industry standards and best practices including but not limited to CMS Federal regulations, HIPAA/HITECH, RSA 359c. Ensure the safe and secure management of vulnerabilities through recurring practice of identifying, classifying, remediating, and mitigating threats.
- 1.3. Develop, maintain, and follow procedures to ensure that data is protected throughout its entire information lifecycle (from creation, transformation, use; storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).
- 1.4. The vendor will provide to DHHS on an annual basis a written attestation of HIPAA compliance, which will demonstrate proper operational security and privacy controls, policies, and procedures are in place and maintained within their organization and any applicable sub-contractors.
- 1.5. The contractor will provide a documented process for securely disposing of data, data storage hardware, and or media; and will obtain written certification for any State data destroyed by the vendor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing DHHS data is rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion, or otherwise physically destroying the media (for example, degaussing).
- 1.6. When using third party service providers to create, collect, access, transmit, or store State of NH data, additional documentation may be required by the vendor.
- 1.7. DHHS may from time to time audit the security mechanisms the vendor maintains to safeguard access to the State of NH information, systems and electronic communications. Audits may include examination of systems security, associated administrative practices, and requests for additional documentation in support of this contract.

New Hampshire Department of Health and Human Services
Transportation Management for New Hampshire Health Protection Plan
(NHHPP) Premium Assistance Program (PAP) Participants
Fee-For-Service (FFS) Participants



Exhibit B

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. This Contract is funded with general and federal funds. Department access to federal funding is dependent upon meeting the requirements set forth in the Catalogue of Family and Domestic Assistance (CFDA) # 93.778 US Department of Health and Human Services, Centers for Medicare and Medicaid Services, Medicaid Title XIX, Medical Assistance Program.
3. Payment for said services shall be made as follows:
 - 3.1. DHHS will make a monthly retrospective payment to the Contractor for each fee-for-service (FFS) or Premium Assistance Program (PAP) member eligible during the month. Capitation will be processed no later than the 15th day of the month for the previous month's capitation and will be paid no later than the 30th day of that month.
 - 3.2. The Department shall recover capitation payments made for deceased members at six (6) month intervals. Capitation rates are as indicated in Exhibit B-1 Capitation Rate Sheet.
 - 3.3. The Contractor shall submit encounters for transportation services provided through the NH Medicaid Management Information System (MMIS) in the Accredited Standards Committee (ASC) X12 837P claim format.
 - 3.4. The Contractor shall receive capitation payment information from MMIS using the ASC X12N 820 Professional transaction or other supplemental payment reports.
4. A final payment request shall be submitted no later than forty (40) days from the Form P37, General Provisions, Contract Completion Date, Block 1.7.
5. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this Contract may be withheld, in whole or in part, in the event of noncompliance with any State or Federal law, rule or regulation applicable to the services provided, or if the said services have not been completed in accordance with the terms and conditions of this Agreement.
6. Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.



Exhibit B-1 Capitation Rate Sheet

1. Capitation Rates are 'per member / per month' amounts, based on the SFY 2016 eligible Premium Assistance and Fee For Service members not eligible for managed care or Premium Assistance. Capitation Rates for calendar year 2017 and calendar year 2018 are as specified in Table 1.1 below:

1.1. Table 1.1 – Capitation Rate Table

	Year 1 4/1/17-12/31/17	Year 2 1/1/18 - 12/31/18
Eligible Members SFY 2016	PAP members 40,000 FFS members 9,000	PAP members 40,000 FFS members 9,000
Per member per month rates	\$10.06	\$10.21
Annualize	9	12
Operations Grand total	\$4,436,460	\$6,003,480



SPECIAL PROVISIONS

Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

1. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
2. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
3. **Documentation:** In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.
4. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.
5. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.
6. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.
7. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractor's costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:
 - 7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established;
 - 7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;



- 7.3. Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

8. Maintenance of Records: In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:
- 8.1. Fiscal Records: books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 8.2. Statistical Records: Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period; which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
- 8.3. Medical Records: Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
9. Audit: Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
- 9.1. Audit and Review: During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
- 9.2. Audit Liabilities: In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.
10. Confidentiality of Records: All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.



Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

11. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department.
 - 11.1. **Interim Financial Reports:** Written Interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
 - 11.2. **Final Report:** A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.
12. **Completion of Services: Disallowance of Costs:** Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.
13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
 - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.
14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.
15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.
16. **Equal Employment Opportunity Plan (EEO):** The Contractor will provide an Equal Employment Opportunity Plan (EEO) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or



more employees, it will maintain a current EEO on file and submit an EEO Certification Form to the OCR, certifying that its EEO is on file. For recipients receiving less than \$25,000, or public grantees with fewer than 50 employees, regardless of the amount of the award, the recipient will provide an EEO Certification Form to the OCR certifying it is not required to submit or maintain an EEO. Non-profit organizations, Indian Tribes, and medical and educational institutions are exempt from the EEO requirement, but are required to submit a certification form to the OCR to claim the exemption. EEO Certification Forms are available at: <http://www.ojp.usdoj/about/ocr/pdfs/cert.pdf>.

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.
18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS (SEP 2013)

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.
When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:
 - 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
 - 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
 - 19.3. Monitor the subcontractor's performance on an ongoing basis



- 19.4. Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 19.5. DHHS shall, at its discretion, review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

FINANCIAL MANAGEMENT GUIDELINES: Shall mean that section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

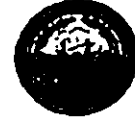
UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

CONTRACTOR MANUAL: Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act, NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.

DHW
2/26/10



REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**
Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.
2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.
3. The Division reserves the right to renew the Contract for up to five (5) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.

DHW

2/16/17



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D: 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D: 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

DLW
5/16/90

New Hampshire Department of Health and Human Services
Exhibit D



has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

Contractor Name: Coordinated Transportation Solutions, Inc.

2/16/17
Date


Name: David L. White
Title: President

D2W
2/16/17



CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):
*Temporary Assistance to Needy Families under Title IV-A
*Child Support Enforcement Program under Title IV-D
*Social Services Block Grant Program under Title XX
*Medicaid Program under Title XIX
*Community Services Block Grant under Title VI
*Child Care Development Block Grant under Title IV

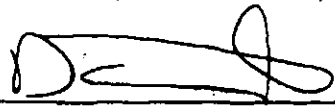
The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-4.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Contractor Name: Coordinated Transportation Solutions, Inc.

2/16/17
Date


Name: David L. White
Title: President



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and



information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 8 of these Instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

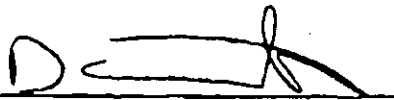
11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (f)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 78, certifies to the best of its knowledge and belief that it and its principals:
 - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: Coordinated Transportation Solutions, Inc.

2/16/17
Date


Name: David L. White
Title: President

Contractor Initials DLW
Date 2/16/17



**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
WHISTLEBLOWER PROTECTIONS**

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

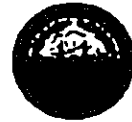
Exhibit G

Contractor Initials

DHW

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections

New Hampshire Department of Health and Human Services
Exhibit G



In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name: Coordinated Transportation Solutions, Inc.

2/16/17

Date

Name: David L. White
Title: President

Exhibit G

Certification of Compliance with requirements pertaining to Federal nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower Protections

Contractor initials

DhW

2/16/17



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

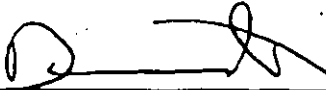
Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name: Coordinated Transportation Solutions, Inc.

2/16/17
Date


Name: David L. White
Title: President



HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) **Definitions.**

- a. **"Breach"** shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. **"Business Associate"** has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. **"Covered Entity"** has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. **"Designated Record Set"** shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. **"Data Aggregation"** shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. **"Health Care Operations"** shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. **"HITECH Act"** means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. **"HIPAA"** means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. **"Individual"** shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. **"Privacy Rule"** shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. **"Protected Health Information"** shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.



Exhibit I

- i. **"Required by Law"** shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. **"Secretary"** shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. **"Security Rule"** shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. **"Unsecured Protected Health Information"** means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. **Other Definitions** - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) **Business Associate Use and Disclosure of Protected Health Information.**

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business



Exhibit 1

Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
 - o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

DLW

2/16/17



Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the Individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

3/2014

Contractor Initials

DHW

Date

2/16/17

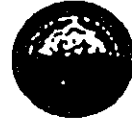


Exhibit I

Associate maintains such PHI. If Covered-Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

3/2014

Contractor Initials

DhW

Date 8/11/10



Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services
 The State

 Signature of Authorized Representative
 Deborah H. Fournier, Esq.
 Name of Authorized Representative
 Medicaid Director
 Title of Authorized Representative

 Date 2/22/17

Coordinated Transportation Solutions, Inc.
 Name of the Contractor

 Signature of Authorized Representative
 David L. White
 Name of Authorized Representative
 President
 Title of Authorized Representative

 Date 2/16/17

Contractor Initials DLW
 Date 2/16/17



CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique Identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

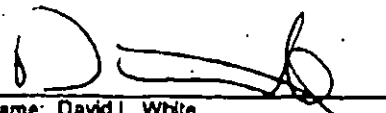
Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name: Coordinated Transportation Solutions, Inc.

2/16/17
Date


Name: David L. White
Title: President



FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 08-166-5692
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

 NO X YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

 NO X YES - b of included

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: <u>DAVID L. WHITE</u>	Amount: <u>\$ 164,000</u>
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____