



# Department of Health

## Request for Proposals

RFP # 17222

### Medicaid Transportation Management – Finger Lakes / Northern New York Region

Issued: August 2, 2017

**DESIGNATED CONTACT:**

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies the following designated contact to whom all communications attempting to influence the Department of Health's conduct or decision regarding this procurement must be made.

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**PERMISSIBLE SUBJECT MATTER CONTACT:**

Pursuant to State Finance Law § 139-j(3)(a), the Department of Health identifies the following allowable contact for communications related to the submission of written proposals, written questions, pre-bid questions, and debriefings.

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## 1.0 CALENDAR OF EVENTS

<b>RFP # 17222 MEDICAID TRANSPORTATION MANAGEMENT – FINGER LAKES/NORTHERN NEW YORK REGION</b>	
<u>EVENT</u>	<u>DATE</u>
Issuance of Request for Proposals	August 2, 2017
Deadline for Submission of Written Questions	August 16, 2017 <b>4:00 p.m. ET</b>
Responses to Written Questions Posted by DOH	<b>On or About</b> August 30, 2017
Deadline for Submission of Proposals	September 22, 2017 <b>4:00 p.m. ET</b>
<u>Anticipated</u> Contract Start Date	April 1, 2018 (new vendor) July 1, 2018 (incumbent vendor)

## 2.0 OVERVIEW

Through this Request for Proposals (“RFP”), the New York State (“State”) Department of Health (“DOH”) is seeking competitive proposals from qualified and responsible contractors (Transportation Managers) to provide services as further detailed in [Section 4.0](#) (Scope of Work). It is the Department’s intent to award one (1) contract from this procurement.

### 2.1 Introductory Background

The purpose of this Request for Proposals (RFP #17222) entitled “New York State Medicaid Transportation Management – Finger Lakes/Northern New York Region” is to secure the services of one (1) qualified and responsible Contractor (Transportation Manager) within the United States to provide management and coordination of non-emergency medical and non-medical transportation as described in Section 4.0, Scope of Work for Medicaid fee-for-service (FFS) enrollees in the Finger Lakes/Northern New York Region. Emergency ambulance service, as defined in 18 NYCRR Part 505.10 and in 92 ADM–21 (see Attachments P and S), is not covered under this contract. This Medicaid transportation management project includes the following counties: Chemung, Chenango, Clinton, Cortland, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Livingston, Madison, Monroe, Ontario, Orleans, Oswego, Otsego, Saint Lawrence, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, and Yates.

As a federally recognized state Medicaid agency, the Department of Health is responsible for ensuring the availability of non-emergency medical transportation for Medicaid enrollees in New York State. Prior to the authority granted to the Commissioner of Health in the enacted 2010-11 Budget, the State Social Services Law delegated each county’s Department of Social Services the responsibility for administering Medicaid transportation. The 2010-11 State Budget amended Social Services Law Section 365-h to give the Commissioner of Health authority to assume the management of Medicaid transportation in any county. The intent of the law is to improve the quality of transportation services, reduce the local burden of administering transportation services and local management contracts, and achieve projected budgeted Medicaid savings. This authority has been extended by the 2017-18 State Budget.

The State’s assumption of Medicaid Transportation management duties from the counties is a major administration reform highlighted in both the State’s Medicaid Administration Report and the Medicaid Redesign Team cost savings initiatives. Prior to the State’s assumption of Medicaid transportation, the administration of the program by counties was a costly local mandate that reduced the State’s ability to ensure uniform compliance with policy directives, did not take advantage of potential regional efficiencies, and was ineffective in reducing costs. The initiative has improved program accountability, enhanced quality, and has achieved considerable ongoing cost savings.

Social Services Law Section 365-h has the following major provisions:

- The Commissioner is authorized to contract with transportation managers that have proven experience in coordinating transportation services in a geographic and demographic area similar to which they will be operating in New York State.
- The transportation management contracts may include responsibility for review, approval, and processing of transportation requests, managing the appropriate level of transportation based on enrollee's individual need, and the development and application of new technologies for transportation management services.
- The Commissioner must, if appropriate, adopt quality assurance measures, reporting requirements and service verification mechanisms. The Commissioner will further ensure that transportation services are provided in a safe, timely, and reliable manner by transportation providers who perform in compliance with state and local regulations and meet Commissioner approved consumer satisfaction criteria.
- Any reimbursement fees proposed by transportation managers will be reviewed and approved by the Commissioner prior to implementation of those fees.
- The law's provisions sunset eight (8) years after the execution date of the first transportation management contract, June 9, 2019.

Providing health care for Medicaid enrollees requires both ensuring access to an appropriate number and type of medical professionals, and the necessary mode of transportation to their services. Medicaid enrollees require transportation to access nearly all Medicaid-covered services, including to appointments with local primary care practitioners and routine appointments, such as for renal dialysis and/or drug and alcohol treatment. New York's Medicaid program covers non-emergency medical transportation provided via non-emergency ambulance, ambulette, taxi, livery, public transit, personal vehicle, commercial travel (i.e., airplane, bus, and train) and other modes as applicable to the individual enrollee.

Currently there are Medicaid programs, including some Adult Day Health Care and most developmental disabilities facilities and programs, which include payment for transportation of registrants to and from the programs within their Medicaid reimbursement rates. Also, managed long term care plans are responsible for providing transportation to its enrollees, and the transportation is covered under its capitated rate. Therefore, fee-for-service transportation to and/or from these programs is not covered under this contract and will not be approved unless the Department of Health adopts an initiative to carve out non-emergency medical transportation from the Medicaid rates paid to these programs. Whenever applicable, the transportation manager shall refer enrollees to their respective program for transportation services.

For entities that provide transportation within their Medicaid reimbursement rate, such as day programs certified by the State Office for People With Developmental Disabilities, managed long term care plans, some mainstream managed care plans, and some facilities, those programs or facilities are responsible for arranging the necessary transportation and reimbursing transportation providers.

The Department of Health will pay the selected Contractor on a per-enrollee-per month fee for management of Medicaid transportation in the Finger Lakes / Northern New York region. These enrollees are defined as those eligible for fee-for service Medicaid transportation. Transportation management will include non-medical transportation for those in the Traumatic Brain Injury Waiver program, those who are eligible to receive Behavioral Health Home and Community Based Non-Medical Transportation Services in the Health and Recover Plan program (HARP), Community First Choice Option (CFCO), or other programs allowed in the New York State Medicaid State Plan and amendments. The bidder must propose a fee as described in Section 6.3 Cost Proposal.

The transportation manager will pay up front for Department of Health approved enrollee transportation expenses, such as enrollee mileage reimbursement, public transportation and necessary commercial transportation, and will bill the Department of Health directly for reimbursement.

The Contractor will not pay transportation providers. The Department of Health directly reimburses Medicaid-enrolled transportation providers that provide transportation for fee-for-service Medicaid enrollees at fees

established by the Department of Health. Medicaid payments will be made only to those lawfully authorized to provide transportation services. In order to be eligible to receive payment, the transportation provider will be lawfully authorized under Section 365-h of Social Services Law on the date which services are rendered.

## **2.2 Important Information**

The bidder is required to review, and is requested to have legal counsel review, Attachment E, the DOH Agreement as the Bidder must be willing to enter into an Agreement substantially in accordance with the terms of Attachment E should the bidder be selected for contract award. Please note that this RFP and the awarded bidder's proposal will become part of the contract as Appendix B and C, respectively.

It should be noted that Appendix A of Attachment E, "Standard Clauses for New York State Contracts", contains important information related to the contract to be entered into as a result of this RFP and will be incorporated, without change or amendment, into the contract entered into between DOH and the successful Bidder. By submitting a response to the RFP, the Bidder agrees to comply with all the provisions of Appendix A.

Note, Attachment A, the Bidder's Certifications/Acknowledgements, should be submitted and includes a statement that the bidder accepts, without any added conditions, qualifications or exceptions, the contract terms and conditions contained in this RFP including any exhibits and attachments. It also includes a statement that the bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with the proposal, such alternate proposals or extraneous terms will not be evaluated by the Department of Health.

Any qualifications or exceptions proposed by a bidder to this RFP should be submitted in writing using the process set forth in [Section 5.2](#) (Questions) prior to the deadline for submission of written questions indicated in [Section 1.0](#) (Calendar of Events). Any amendments DOH makes to the RFP as a result of questions and answers will be publicized on the DOH web site.

## **2.3 Term of the Agreement**

This contract term is expected to be for a period of five (5) years and three (3) months if awarded to a new contractor, and five (5) years if awarded to the incumbent contractor, both commencing on the date shown on the Calendar of Events in [Section 1.0](#), subject to the availability of sufficient funding, successful contractor performance, and approvals from the New York State Attorney General (AG) and the Office of the State Comptroller (OSC).

The contract term will be for a period of five (5) years and three (3) months if awarded to a new contractor to allow for a three (3) month transition period from the previous contractor to the new contractor. Should the incumbent be awarded, the contract term will be for five (5) years.

Price Adjustment: Prices for the transportation management services shall remain firm for the first 3 (three) years of the contract period. At the end of contract year three (3), contract prices will be subject to a price increase or decrease of the lesser of three percent (3%) or the percent increase or decrease in the Consumer Price Index for All Urban Consumers (CPI-U), CUUR000SA0 as published by the United States Bureau of Labor Statistics, Washington, D.C., 20212 for the 12 month period, ending three (3) calendar months prior to the end date of the third year of the contract. The one-time price increase or decrease granted for year four (4) will remain in effect for year five (5). See Section 5.4 Payment.

## **3.0 BIDDERS QUALIFICATIONS TO PROPOSE**

### **3.1 Minimum Qualifications**

NYSDOH will accept proposals from organizations with the following types and levels of experience as a prime contractor.

- A minimum of three (3) years' experience in managing the delivery of non-emergency Medicaid transportation services.

Experience acquired concurrently is considered acceptable.

For the purposes of this RFP, a prime contractor is defined as one who has the contract with the owner of a project or job and has full responsibility for its completion. A prime contractor undertakes to perform a complete contract and may employ (and manage) one or more subcontractors to carry out specific parts of the contract.

Failure to meet the Minimum Qualification will result in a proposal being found non-responsive and eliminated from consideration.

## **4.0 SCOPE OF WORK**

This Section describes the transportation management services that are required to be provided by the selected bidder. The selected bidder must be able to provide all of these services throughout the contract term.

**PLEASE NOTE:** Bidders will be required to provide responses that address all of the requirements of this RFP as part of its Technical Proposal.

The terms “bidders”, “vendors” and “proposers” are also used interchangeably. For purposes of this RFP, the use of the terms “shall”, “must” and “will” are used interchangeably when describing the Contractor’s/Bidder’s duties.

### **4.1 Tasks/Deliverables**

#### **4.1.1 Operate a Primary Call Center for Medicaid Eligible Individuals**

The contractor will provide a primary call center that will be located and operated in the State of New York (see Section 6.2, Technical Proposal).

The Contractor will establish and maintain a toll-free telephone number and other voice and telecommunications devices, including devices appropriate for the hard-of-hearing in order to effectively communicate and interact with enrollees and their advocates, transportation providers and medical professionals, to secure appropriate transportation for enrollees to access Medicaid-covered services. Oral interpreter services shall also be made available, free of charge to Medicaid enrollees, for all predominant languages, especially Spanish and Russian. The telephone number will be operational at least fifteen (15) calendar days prior to the service begin date and will be transferable to the Department of Health, or other entity designated by the Department, upon expiration of the contract.

The Contractor shall maintain sufficient personnel to perform the functions required of the call center for at least eleven (11) consecutive hours during the hours of 7:00 a.m. through 6:00 p.m. Eastern Standard Time, Monday through Friday. The Contractor may observe the designated Federal holidays of: New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas. However, the Contractor will be prepared to manage requests for urgent care transportation on those holidays. If the Contractor intends to observe additional holidays, the Contractor will obtain prior written approval from the Department of Health. The Contractor shall give the Department of Health thirty (30) days’ written notice of scheduled closure of business other than those holidays listed above.

The Contractor shall maintain telephone routing and response procedures, with options for the enrollee to stay in the queue to reach a staff person, return to telephone routing, or key-punch a telephone number to be used to return the call to the enrollee within one (1) hour. The Contractor will meet the standards outlined in Section 4.4 Performance Standards – Primary Call Center.

The Contractor shall maintain a call tracking system recording the details outlined in Section 4.3 Record Keeping and Reporting Requirements – *Primary Call Center Reports* for each call related to transportation, and upon request from the Department of Health, shall provide electronic recordings of specified calls. Minimally, the call tracking system will be able to retrieve calls based on incoming telephone number, date of call, and Contractor staff answering the call. Callers shall be advised that calls are monitored and recorded for quality assurance purposes. The call tracking system shall be able to record and aggregate information by queue and shall be able to produce the reports specified in this RFP as well as ad hoc reports that the Department of Health may request on a daily, weekly, or monthly basis as outlined in Section 4.3 Record Keeping and Reporting Requirements.

The Contractor will maintain a system that can receive transportation requests similar to the volumes outlined in Attachment R – Medicaid Transportation Data through telephone calls and other online methods (agreed to by the Department), from Medicaid eligible enrollees, their representatives, or a medical practitioner for Medicaid transportation in the primary call center. The volumes in Attachment R are based on historic volume and do not guarantee current or future service levels. The actual volume may be higher or lower.

The Contractor will establish and maintain a system to receive and process requests from medical practitioners 24 hours a day, seven (7) days a week. The system should minimize the time and effort needed by the medical practitioner, and will accommodate both one (1) time (ad hoc) and multiple trip requests (i.e., standing orders).

The Contractor will be able to adequately explain the Department of Health’s published rules and regulations of the Medicaid transportation program to transportation providers, medical practitioners and Medicaid enrollees and refer specific inquiries to the Department of Health, as appropriate.

The Contractor will establish and implement a plan to manage transportation for Medicaid enrollees during a natural disaster or any other acute emergency event that may disrupt telephone and/or transportation services in the Finger Lakes / Northern New York Region.

#### **4.1.2 Operate a Backup Call Center for Medicaid Eligible Individuals**

The contractor will provide a backup call center that will be located and operated in the Continental USA (see section 6.2 Technical Proposal).

The backup call center will have the ability and capability to perform all duties and services provided by the primary call center staffed with individuals knowledgeable of the Finger Lakes/Northern New York region transportation management.

The backup call center will only be utilized when the primary call center is not fully functional, such as during periods of excessive call volume, emergencies, equipment malfunction or after normal daytime operating hours.

After award, the contractor is expected to provide a formal plan in reference to the narrative above for the backup call center which is subject to DOH approval. The contractor shall be responsible for all work performed by the backup call center, and the contractor accepts all responsibility for the work of the backup call center, and will ensure the backup call center is in full compliance with this RFP and the resulting contract.

#### **4.1.3. Maintain a Public Website**

The Contractor will maintain a user-friendly public website with information for enrollees, transportation providers, and medical practitioners about available transportation services, Medicaid transportation eligibility requirements, the prior authorization process, and how to access transportation. The website will have the ability to receive feedback from the Medicaid community including medical practitioners and enrollees; and accept communication from enrollees and/or their agents, transportation providers, and medical practitioners.

The Contractor will make requested changes to the website within three (3) business days of request by the Department of Health.

At a minimum, the following information (or links to sites containing the information) will be included on the website:

- List of Medicaid terms and program standards;
- A list of essential Contractor and State government Medicaid transportation contacts;
- Available Medicaid transportation services by county;
- Information on general Medicaid transportation service determination criteria;
- A list of transportation vendors, including the current address and telephone number of each transportation provider, the geographic area covered by each transportation vendor, and the mode of transportation provided. Updates to this list within the previous thirty (30) days shall be indicated as a change to previous information;
- State-approved forms and a description of use;
- State-approved fee schedule by mode of service; and

- Links to transportation resources such as 511NY (online traffic, travel, and transit information), and bus maps.

#### 4.1.4 Processing Requests for Medical Transportation

When a transportation request is made by a Medicaid enrollee, the Contractor will interview the individual using a Department of Health approved script to confirm all relevant information including their normal means of transportation, pickup address, location of required medical service, transportation needs, and whether the required medical service to which transportation is requested is a Medicaid covered service or whether transportation is covered in the enrollee's plan of care grid.

At the time of the transportation request, the Contractor will confirm the individual's eligibility status as a Medicaid enrollee utilizing the applicable State-operated eligibility verification system. The Contractor will become a registered user of the system operated through the Department of Health, in accordance with applicable rules. The Contractor will determine if transportation is a covered service within their managed care plan, if so, the enrollee would not be eligible for fee for service non-emergency medical transportation and the Contractor will refer the enrollee to their managed care plan for transportation services.

The Contractor will accommodate requests for same day transportation services when verified by the individual's physician, by telephone and in written format, as necessary, on the same day the request is made or within 24 hours. The Contractor will accommodate hospital and emergency department discharge requests, with pickup and transport occurring within a reasonable timeframe of receipt of the request, but not exceeding three (3) hours from the request, 24 hours a day. The Contractor will accommodate requests for transportation to "Urgent Care" treatment centers as necessary to reduce inappropriate utilization of hospital emergency departments.

The Contractor will determine the appropriate mode of transportation according to the enrollee's needs, level of mobility, and location of their medical service provider. Based on that determination, the Contractor will arrange the most appropriate transportation provider capable of meeting those needs at the lowest cost and highest quality.

The Contractor will ensure the enrollee uses the least expensive mode of transportation available that is appropriate based on their level of mobility and the location of the individual's medical service provider. If the lowest cost and most appropriate level of transportation is not available, the requested trip will be scheduled at the next higher mode of transportation.

An appropriate vendor may be a friend or neighbor, common carrier (public transit), livery service, ambulette, stretcher van, or non-emergency ambulance. Transportation will be assigned giving appropriate and reasonable consideration to the transportation needs of the enrollee. The Contractor shall first require enrollees to use public transit when accessible and appropriate for the enrollee.

The Contractor shall establish a system for assigning rides that is fair and equitable to transportation providers and efficient for enrollees. Such a system will be based on the requirement that enrollees are free to choose a transportation provider within the medically necessary mode of transport and who participates at the assigned fee for the required transport service. If no transportation provider preference is expressed by the enrollee, the Contractor will assign trips via a simple rotation system approved by the Department of Health.

The utilization of non-emergency ambulance, ambulette, or livery service (where public transit is an available option) is a medical decision and requires the justification and recommendation of a medical practitioner. The Contractor must obtain documentation from a medical practitioner to support and justify **prior authorization** before these modes of transportation can be utilized. The process of obtaining the medical justification will include the use of a medical justification form (2015 Form) created and approved by the Department of Health (Attachment U). Medical practitioners must either download the 2015 Form or complete it online using the Contractor's website. The Contractor will be required to use the most up to date version of this form for prior authorizations. The signature of a certified medical practitioner eligible to request transportation services must be included on the form. Upon receipt of the 2015 Form signed by the medical practitioner, the information shall be reviewed by a Registered Nurse or Medical Doctor on the Contractor's staff who will serve as the utilization review manager to determine the appropriateness of the medical justification for the transportation mode request. The review of the 2015 Form will include, but not be limited to contacting the medical practitioner for any clarification needed prior to considering the request for prior authorization for non-emergency transportation. Based on the Medicaid program criteria, the



request will either be approved or denied by the Contractor. Historic volumes of medical justifications received in the Finger Lakes / Northern New York region are outlined in Attachment R, Table 5. The 2015 Form and associated documentation shall be uploaded, as applicable, to the Contractor's repository system in its entirety, making it easily retrievable by the Contractor upon request. The Contractor shall seek a new 2015 medical justification form for an enrollee anytime a change in their health status necessitates a change to their mode of transport.

The Contractor shall create an automated system to manage the reservations, scheduling, and efficient routing of requests for non-emergency medical transportation.

The Contractor shall also create a trip verification system whereby transportation providers will attest that an assigned trip has either been completed or not completed. If the trip was not completed, the attestation will include the reason as to why. The Contractor will be responsible for ensuring that only attested trips are authorized for payment. The Contractor will describe to DOH prior to the start of work, how each of these trips will receive an authorization from the Department of Health or an agent of the Department, and how this authorization will be matched to each attested trip. Every trip will have its own distinct Contractor-generated trip number and related Medicaid Management Information System (MMIS)-generated prior authorization. Each prior authorization submitted to the MMIS via a prescribed service authorization process is automatically assigned a date (the beginning submission date will be the first of the month, and the last submission date will be the last day of the month). See Section 4.4 Performance Standards – Prior Authorizations.

The Contractor will establish a process to allow for post-trip approval of transportation services in accordance with Department of Health regulations and policies. Post-trip approval is allowed in instances when approval prior to the trip was not obtainable, such as in situations where the person was not eligible for Medicaid on the date of travel, but subsequently was determined to be retroactively Medicaid eligible to cover that service date. The post-trip approval policy shall ensure that all applicable requirements of prior approvals are considered for the post-trip authorization, and shall establish a timeliness requirement for the submission of post-trip approval requests in accordance with Department of Health regulations and policies.

#### State Fair Hearings

The Contractor may not arbitrarily take an action on a transportation request solely because of the diagnosis, type of illness, or medical condition of the enrollee. The Contractor will provide written notification to the enrollee at the time an adverse action is taken to deny or reduce a transportation service. The Department of Health may mandate that certain language be used in the posted policies and written notifications. The notice will be issued within 24 hours of the action and indicate:

- The action taken and reasons for the action;
- The enrollee's right to file a grievance and request a State Fair Hearing; and
- Basic instructions regarding the grievance filing and State Fair Hearing request processes.

A copy of the notice, or notification of initial electronic filing in the Contractor's enrollee file repository, shall be provided to the Department of Health within one (1) business day of determination.

Should an enrollee request a Fair Hearing to review a decision made concerning non-emergency medical transportation, the Contractor's staff will be readily available to provide to the Department of Health all pertinent information in written format. If required, a representative from the Contractor's staff will be available to attend a Fair Hearing in the Department's stead. The contractor will provide testimony and all relevant information required by the audit of the findings in the Fair Hearings proceedings regarding Medicaid transportation and, if necessary, in legal proceedings which could include other administrative, civil, or criminal proceedings, related to work performed pursuant to this agreement. Compensation for these services will not be reimbursed separately and are to be included in the per member, per month price bid.

Note, in addition to an enrollee's right to request a State Fair Hearing, enrollees also have the right to request a conference (typically a phone-conference) with the contractor to obtain additional information and/or seek clarification pertaining to the reason for the adverse action taken, prior to requesting a State Fair Hearing.

#### **4.1.5 Special Transportation Requests**

The Contractor shall work directly with the Department of Health to develop and implement guidelines for authorizing multiple trips for enrollees who regularly attend scheduled medical care, day programs, transportation outside the common medical marketing area, non-emergency air ambulance transportation, nursing home transportation, and hospital admissions and discharges. The Contractor shall be able to process requests from enrollees or medical practitioners for travel to and from major medical facilities in cities located across the United States and its territories, including arranging for fixed wing air ambulance or commercial air transportation. Requests for transportation outside the local area will be reviewed, and payment made to the transportation provider only when sufficient medical documentation is received, reviewed, and approved by the Contractor.

When appropriate, the Contractor will make arrangements for lodging and incidental travel expenses such as meals using Department of Health approved guidelines and will seek Department of Health's approval on any unusual costs or costs that exceed what is considered to be routine expenses (see Attachment N, Medicaid Transportation Program Policy Regarding Reimbursement of Travel-Related Expenses).

Approval and prior authorization is not generally required for emergency ambulance transportation. Callers requesting emergency ambulance transportation to a hospital emergency department will be directed to call emergency services (911). However, the Contractor will be responsible for urgent care transports to the emergency department via the appropriate mode of transport.

#### **4.1.6 Education, Training and Outreach Activities**

As required by the Department of Health, the Contractor shall generate and disseminate correspondence electronically, posted to website or in written form to individual medical practitioners, Medicaid enrollees and transportation providers regarding program requirements, corrective action plans, eligibility issues, etc. The Department of Health will be responsible for notifying medical practitioners, transportation providers, and Medicaid enrollees of any changes impacting the entire cohort of transportation providers or Medicaid enrollees.

The Contractor will educate all Medicaid eligible enrollees in need of transportation for non-emergency or non-urgent medical care, to request such services at a minimum of 72 hours in advance of the service date. This notification will also be communicated to all medical practitioners.

##### ***Collaborate with Local Stakeholders***

The Contractor shall be knowledgeable of existing local transportation resources, provider networks and current processes in place for arranging Medicaid transportation. The Contractor shall also be knowledgeable of the unique challenges faced within the region and should collaborate with local stakeholders to combine available knowledge, expertise, and information across the Finger Lakes/Northern New York Region to enhance and improve upon transportation services.

The Contractor will collaborate closely with medical practitioners and transportation providers to ensure an efficient, flexible and user-friendly system for approving and arranging transportation is implemented and that all stakeholders understand the application of this system. The system will be in compliance with all aspects of the Medicaid fee-for-service transportation program. The Contractor will ensure staff are assigned to work cooperatively and continuously with medical practitioners and transportation providers to determine how to streamline the request for transportation and documentation practices, and resolve issues that could present barriers to the efficient routing, provision and authorization of transports through consultation with the Department of Health and relevant stakeholders.

The Contractor will provide, at a minimum, semi-annual training to transportation providers, Medicaid enrollees and medical practitioners; and will afford an option of a semi-annual stakeholder meeting to take place within each county. The Contractor will conduct on site visits to transportation providers and medical practitioners at their facilities as necessary for training.

The Contractor will train medical practitioners and transportation providers on the automated system used to manage reservations, scheduling, and efficient routing of requests for non-emergency medical transportation as outlined in section 4.1.4 Processing Requests for Medicaid Transportation.

#### **4.1.7 Proactive Surveys and Complaint Resolution**

The Contractor will develop processes to resolve enrollee, transportation provider and medical practitioner complaints. Complaints, including those identified through the proactive survey process, will be investigated thoroughly, resolved and responded to within ten (10) business days from the date the complaint was received. The Contractor shall report the findings of the complaint to the complainant and the Department of Health.

The Contractor will provide a concise summary on a monthly basis of the quality assessment program, detailing, at a minimum, the outcome of the proactive surveys and complaint resolution processes.

The Contractor will produce and provide to each transportation provider a semi-annual report that summarizes feedback provided to the transportation manager concerning the transportation provider's performance.

Records of all complaints, investigations and resolutions will be maintained in the enrollee's electronic file and a copy provided to the Department of Health upon request.

#### **4.1.8 Quality Assurance**

##### ***Processing Requests for Medical Transportation***

The Contractor will implement a quality assurance management system to review medical justification provided when transportation requests indicate a need for service from a livery, ambulette, ambulette stretcher, or non-emergency ambulance vendor in areas where public transit is an available option. This system shall include review of medical justification by a Registered Nurse or Medical Doctor on the Contractor's staff as outlined in Section 4.1.4 Processing Requests for Medicaid Transportation and Section 4.2 Staffing Requirements.

The Contractor shall create a system by which requests for access to ongoing use of advanced modes of transportation are regularly reviewed to ensure that the higher mode of transportation continues to be required.

##### ***Transportation Provider Performance***

The Contractor shall develop, implement and monitor a plan with procedures to measure transportation provider quality performance. The purpose of such procedures is to develop and apply standards to assure that enrollees receive quality transportation services at the lowest cost and utilizing the most efficient routes. The plan should include the following transportation provider quality standards that address such issues as: failure to meet appointments; timeliness of pickup and delivery; refusals to take longer, less-profitable trips; total travel time; driver behavior; vehicle cleanliness and perceived safety; Medicaid enrollee comfort; Medicaid enrollee complaints and medical practitioner complaints. For example, the Contractor shall develop a plan to review each transportation provider's compliance with the Department of Health's policies regarding pick up and wait times.

Transportation providers that have demonstrated a pattern of substandard performance will be asked by the Contractor to submit a corrective action plan subject to the review and approval by the Contractor and the Department of Health. If the provider continues to deliver substandard services, the information will be referred to the Department of Health with a recommendation for administrative action.

The Contractor will create and disseminate a semi-annual report to each transportation provider that summarizes feedback provided to the Contractor concerning the transportation provider's performance as listed in Section 4.3 Record Keeping and Reporting Requirements.

##### ***Transportation Manager (Contractor) Performance***

The Contractor will implement an internal quality improvement process that will measure consumer satisfaction of its transportation management services. The quality improvement process shall include proactive strategies aimed at obtaining consumer feedback and recommendations and not rely solely on complaint resolution as a measure of improvement.

#### **4.1.9 Enrollee and Transportation Provider Fraud**

While the investigation of Medicaid fraud and abuse cases is the principal responsibility of the Office of the Medicaid Inspector General, the Contractor will develop policies and procedures to identify potential fraud and abuse by both transportation providers and enrollees and will refer suspected fraud, waste or abuse. Suspected fraudulent or abusive activity will be reported to the Department of Health in writing within twenty-four (24) hours of identification, or by the close of the next business day.

The Contractor will perform and document a pre-and post-trip verification review for those enrollees who have been identified by the Contractor, in consultation with the Department of Health, as potentially abusing Medicaid transportation services.

The Contractor will perform and document a pre-trip verification review on no less than 10% of scheduled trips per month prior to transportation services being provided for those identified as potentially abusing transportation services. The Contractor will conduct a pre-trip verification review on any selected transportation service per the Department's request. The pre-trip verification review will be completed by verifying with the medical practitioner that the medical appointment scheduled is for a covered service for any ad hoc or urgent care trip requested by, for, or on behalf of an identified enrollee is legitimate.

The Department may request the Contractor to perform and document a post-trip verification review on a minimum of 10% of trips per month and include problem areas such as after-hours transportation, and verify that "routine trips" are for legitimate medical services. The Department reserves the right to change the percentage of trip verifications during the term of the contract.

#### **4.1.10 Processing Payments to Enrollees for Incurred Transportation Expenses**

The Contractor will be expected to authorize legitimate personal travel-related expenses incurred by enrollees traveling to and from medical care, using the "Policy Regarding Reimbursement of Travel-Related Expenses", (Attachment N) as guidance. Enrollees must provide documentation of expenses they have incurred to the Contractor within ninety (90) days from the date of service for review, or, when applicable, provide substantive justification for exceeding this time limit. These expenses typically are for personal vehicle and public transit use, and can also include episodic reimbursement of commercial travel costs, lodging, meals and incidental travel-related expenses such as parking and tolls. The Contractor will educate enrollees on reimbursable travel related expenses under the Medicaid program outlined in Attachment N.

The Contractor will develop and implement an efficient and timely mechanism to authorize and make payment directly to enrollees, representatives, family members and volunteer drivers who provide transportation. Note that volunteer drivers, including friends and neighbors who provide transportation for an enrollee using a personally owned vehicle must have a valid driver's license on the service date in order to be considered eligible for Medicaid reimbursement. Appropriate personal and commercial travel expenses paid by the transportation manager will be reimbursed by the Department of Health (see Attachment N, Medicaid Transportation Program Policy Regarding Reimbursement of Travel-Related Expenses).

The Contractor will maintain detailed accounting of trip information, including enrollee information, service date, origination and destination addresses, mode of travel, mileage units (where applicable), and total trip cost. The Contractor will be required to submit a monthly report as outlined in Section 4.3 Record Keeping and Reporting Requirements.

The Department of Health will process a monthly payment for allowable enrollee transportation expenses incurred as outlined in Section 5.4 Payment to reimburse the Contractor for all legitimate costs that were expended within that month. The Department of Health reserves the right to request from the Contractor further documentation to substantiate reported costs, and to not reimburse the Contractor for expenses deemed unsubstantiated or out of compliance with applicable Medicaid policies.

#### **4.1.11 Standard Operating Written Procedures and Guidelines**

At least thirty (30) days prior to the date that the Contractor begins management of Medicaid transportation in the Finger Lakes/Northern New York Region, the Contractor will develop formal written procedures and guidelines for all aspects of the Medicaid transportation program and submit them for approval to the Department of Health prior to their distribution to and implementation by Contractor staff. Once approved by the Department of Health, the procedures and guidelines will be distributed by the Contractor to all staff and regularly updated to reflect changes

in program requirements. The procedures and guidelines will be reviewed by the core management team outlined in section 4.2.1 Core Management Team at least annually to assure ongoing applicability of the information. When necessary changes are identified, such changes shall be incorporated in the Contractor's written procedures within ten (10) business days of notification that such changes are necessary.

#### **4.1.12 Project Implementation**

The Contractor will submit a Transportation Management Implementation Plan (Plan) no later than thirty days prior to the start of the implementation date to obtain approval by the Department of Health. The Plan will provide a schedule for assuming transportation management activities from the previous vendor (if applicable). This Plan is subject to the review and approval of the Department of Health and may be amended as required by the Department. The Contractor will begin managing transportation for the Finger Lakes/Northern New York Region on or about July 1, 2018.

The Contractor cannot begin managing transportation services prescribed by this RFP nor receive any payment until the Department of Health determines that the following items have been satisfactorily completed (see Section 5.4, Payment):

- Call center operations are ready to commence;
- Medical practitioners in the county have been informed of and trained on new processes for requesting transportation;
- Transportation providers have been informed of and trained on new processes to receive trips and subsequent authorization information;
- The necessary system changes have been made in order to transmit authorization data to the Department of Health's Medicaid prior authorization and payment system;
- The Department has determined that the contractor is ready to transition Medicaid transportation management; and
- The contractor's Transportation Management Implementation Plan has been approved by the Department of Health.

## **4.2 Staffing Requirements**

### **4.2.1 Core Management Team**

The Contractor is required to establish and maintain a core management team whose primary activity and direct responsibility is overseeing the day-to-day operations of the Medicaid Transportation Management project in the Finger Lakes / Northern New York Region. The success of the Contractor will rely in part on the competence and character of the core management team, the location, and their accessibility to the Finger Lakes / Northern New York Region.

The core management team will also identify a Project Manager who is available to consult with the Department of Health and who also has the principal responsibility of overseeing the day-to-day operations of the contract awarded from this RFP. All other core management team members will be knowledgeable, in the aggregate, of all functions required under this project. The core management team is responsible for decision making for all tasks and aspects, both financial and management, of the RFP. Should a vacancy occur in the core management team, the contractor will fill the vacancy within 60 days.

In addition to the core management team, the contractor will be required to maintain a Registered Nurse(s) (RNs) and/or Medical Doctor(s) (MDs) on staff with the minimum qualifications listed below.

- Registered Professional Nurse (RN): Currently licensed and registered in NYS; and/or
- Medical Doctor (MD): Currently licensed to practice medicine and registered in NYS.

The contractor will submit resumes of RN(s) and/or MD(s), and proposed core management team members being considered under the terms of this contract for Department's review prior to the start of work. The contractor's proposed core management team members, RN(s), and MD(s) are subject to the Department's approval.

#### **4.2.2 General Requirements**

The Contractor shall maintain sufficient personnel to perform the transportation management functions for at least eleven (11) consecutive hours during the hours of 7:00 a.m. through 6:00 p.m. Eastern Standard Time, Monday through Friday.

The Contractor will ensure all personnel have sufficient knowledge of the requirements of the Medicaid transportation program and health-related privacy requirements (i.e., HIPAA) through the provision of upon-hire training and annual privacy training refreshers for all existing staff.

#### **4.3 Record Keeping and Reporting Requirements**

##### ***Management and Utilization Reports***

The transportation manager will maintain and retain all financial and programmatic records, supporting documents, statistical records, and other records of participants for a minimum of six (6) years from the expiration of the contract. If any litigation, claim, negotiation, audit, or other action involving the records has been started before the expiration of the six (6) year period, the transportation manager will retain the records until completion of the action and resolution of all issues which arise from it or until the end of the regular six (6) year period, whichever is later. The transportation manager will retain the source records for data reports for a minimum of six (6) years and will have written policies and procedures for storing this information in compliance with all current to applicable HIPAA and security requirements.

The Contractor will be required to submit management and utilization reports to the Department of Health with content and schedule determined by the Department. The Contractor will submit all report templates to the Department of Health for approval within 60 calendar days of notification of approved contract. Any changes to the report templates shall be submitted to the Department of Health for approval 30 days prior to implementation. At a minimum, the Contractor will submit the following quality assessment and activity reports to the Department of Health in a software format determined by the Department of Health:

- Quality Assurance report;
- Telephone report;
- Enrollee grievance report;
- Medical practitioner grievance report;
- Transportation provider quality assessment report;
- Field Liaison Activity report;
- Transportation denial evaluation report;
- Trip report by mode and transportation provider (trips are reported as one (1) way);
- Transportation provider accident report (only when the enrollee is in the vehicle) within three days after notification of the accident; and
- Prior authorization activity report.

##### ***Primary Call Center Reports***

The call tracking system outlined in Section 4.1.1 shall produce reports for the Department of Health, who may request on a daily, weekly, or monthly basis and should include at a minimum:

- The number of incoming calls;
- The number of calls that reach the automated voice response (AVR) system;
- The number of calls that are abandoned during the queue wait time;
- The number of calls that reach call center operators;
- The average and maximum talk time;
- The number of calls in the queue that exceed three (3) minutes in hold time;

- The number of answered calls that exceed seven (7) minutes in duration, the number of these that exceed ten minutes in duration, and the number that exceed fifteen minutes in duration, including hold time;
- The number of calls placed on hold by call center operators;
- The number and percentage of calls abandoned while placed on hold by call center operators; and
- The number of available call center operators by the time of day and the day of the week, in half-hour increments.

#### ***Proactive Surveys and Resolution of Complaints***

As outlined in Section 4.1.7, the Contractor will be responsible for the following reports:

- A monthly summary of the quality assessment program, detailing, at a minimum, the outcome of the proactive surveys and complaint resolution processes; and
- A semi-annual report to each transportation provider that summarizes feedback provided to the Contractor concerning the transportation provider's performance.

#### ***Incurred Enrollee Transportation Expenses***

As outlined in Section 4.1.10, the Contractor will maintain detailed accounting of trip information, including enrollee information, service date, origination and destination addresses, mode of travel, mileage units (where applicable), and total trip cost. The Contractor will create a report that details these expenses and summarizes the expenses by county of fiscal responsibility. The report will account for costs **incurred by the Contractor** within the month being reported on. This report shall be submitted to the Department of Health on a monthly basis and will be reimbursed per section 5.4 Payment.

#### **4.4 Performance Standards**

The Contractor is expected to fully meet all requirements and maintain the staffing necessary to perform the tasks described in the Scope of Work section 4.0 of this RFP. The Contractor will effectively manage transportation requests for the Finger Lakes/Northern New York Region for Medicaid enrollees who qualify for fee-for-service Medicaid transportation in a timely and professional manner. The Department has selected specific Contractor responsibilities on which to measure performance.

The Performance Standards in this contract are listed below and will be measured on a monthly basis.

##### ***Primary Call Center***

1. The automated voice response system answers all calls within three (3) rings, with 95% or greater compliance.
2. The queue time for a live call center operator to answer a call after the initial automatic voice response will be three (3) minutes or less per call, with 95% or greater compliance.

The Contractor's monthly service voucher will be reduced when any of these Call Center standards are not met during any given month as follows:

1. When one (1) of the above standards is not met, the service voucher payment for that month will be reduced by 5%.
2. When both of the above standards are not met during a given month, the service voucher for that month will be reduced by 10%. The total reduction for the month will not exceed 10%.

##### ***Prior Authorizations***

The Department of Health will use a complete file of monthly transactions, based upon the submission date on the eMedNY prior authorization transaction, to determine if the following performance standards have been met by the Contractor:

1. The correct procedure code was assigned;
2. The correct fee was assigned (established by the Department of Health) for the assigned procedure code;
3. The correct number of procedure code units for the transport was assigned;
4. The calculation of miles assigned for a trip by using a generally accepted standard of mileage determination was correct, as agreed upon by the Department of Health and the Contractor;
5. The Contractor did not assign more than one (1) prior authorization containing the same information;
6. The Contractor has not assigned duplicate prior authorizations for one (1) transport to two (2) different transportation providers;
7. The Contractor has not assigned any prior authorizations over ninety (90) days after the date of the service without adequate substantiation; and
8. As of the identified sanction date, the Contractor will not assign trips to transportation providers that appear on the NYS Medicaid Exclusion List. This list is maintained by the Office of the Medicaid Inspector General and accessible online at <https://omig.ny.gov/fraud/medicaid-exclusions>.

If a review and analysis of prior authorization activity shows that the performance standards have not been met, the Contractor's monthly service voucher payment will be reduced as follows:

1. When the total number of prior authorization transaction errors exceeds 0.25% but is below 1% of the total number of prior authorization transactions submitted to the State during any given month, the transportation manager's service voucher payment will be reduced by 5%.
2. When the total number of prior authorization transaction errors equals or is greater than 1.0% of the total number of transactions submitted to the State during any given month, the transportation manager's service voucher payment will be reduced by 10%. The total reduction for the month will not exceed 10%.

The State acknowledges that the actual damages likely to result from breach of this Section 4.4 are difficult to estimate on the date of this agreement and may be difficult for the State to prove. The parties intend that [CONTRACTOR'S] payment of the Liquidated Damages Amount would serve to compensate the State for breach by [CONTRACTOR] of its obligations, and is not intended to serve as punishment for any such breach by [CONTRACTOR].

#### **4.5 Conflict of Interest**

Actual or potential conflicts of interest are those relationships, financial or otherwise, which could be in conflict or interfere with the proper discharge of responsibilities under this RFP/contract. This includes but is not limited to any business relationship or financial interests with entities which provide or utilize transportation services and companies whose reimbursement for transportation of Medicaid enrollees is made via eMedNY or through another Medicaid reimbursement method, except where the successful bidder has a financial or other relationship to perform transportation services under a contract with a Managed Long Term Care Program. (See Section 8.8 Award Recommendation, Conditional Award). If the successful bidder has a contract with a Managed Long Term Care Plan, all records and bookkeeping will be kept separate and will be producible to the Department of Health upon request. If the successful bidder has a contract or a subcontract with a Managed Long Term Care plan to provide transportation, the Contractor will inform the Department where there may be a conflict of interest and demonstrate how such conflict or potential conflict will be avoided (See Attachment L).

- a. The Contractor, for the entire life of the contract, must meet and maintain the conflict of interest disclosures and abrogate any ownership, affiliation, subsidiary relationship, management or operating interest, or participation of any kind in a company or entity that provides or utilizes Medicaid transportation in any part of the region covered by this RFP, except where the contractor has a financial or other relationship to perform transportation services under a contract with a Managed Long Term Care Program.



- b. The Contractor must not be co-located with any Medicaid transportation provider.
- c. If, during the term of a resulting contract, the Contractor becomes aware of a relationship, actual or potential, which may be considered a conflict of interest with the proper discharge of responsibilities under this RFP/contract, the Contractor shall notify the Department of Health in writing immediately and seek the Department of Health's approval on any proposed mitigation plans or corrective measures to be taken.

Failure to comply with these provisions may result in termination of the contract and criminal proceedings as required by law.

#### **4.6 Security Requirements**

The Contractor will maintain enrollee confidentiality and comply with all Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations.

The Contractor is expected to provide secure and confidential storage for hard copy and electronically stored information. Under no circumstances will any records, hard copy or electronic, nor any information contained therein, be released to any person, agency, or organization without specific written permission of the DOH. The DOH must be notified immediately if any breach of confidentiality occurs.

The contractor is required to maintain and provide to the department upon request their data confidentiality plans and procedures as well as a plan for meeting HIPAA requirements as they relate to the units within each component, including all plans as they relate to subcontractor work where applicable.

The contractor will develop and maintain adequate fully trained staff to respond to all stakeholder inquiries while protecting confidentiality and maintaining the security and integrity of all systems. Staff must be trained to understand and observe requirements related to confidentiality and operating guidelines for functions included in this RFP

The Contractor will comply fully with all current and future updates of the security procedures of the DOH, as well as with all applicable State and Federal requirements, in performance of this contract.

The contractor is required to develop a plan to securely transfer any records and databases referenced in this section to the Department or another Department agent should that be required during or upon expiration of its contract. The plan shall include documentation for each database detailing the software used and structure and format of all data in the databases, field definitions and identifiers, etc. The plan and documentation must be submitted to the Department no later than four months before the last day of its contract with the Department of Health or upon request of the Department.

The contractor's organization, employees, subcontractors and volunteers will implement and maintain policies and procedures to assure the confidentiality of personal identifiable data and information or records pertaining to a hospital's operation or to a patient's care.

#### **4.7 Transition**

The transition represents a period when the current transportation management activities maintained and operated by the Contractor must be turned over to the Department, another Department agent or successor Contractor during or at the end of the contract. The Contractor shall ensure that any transition to another Contractor be done in a way that provides DOH with uninterrupted transportation management services. This includes a complete and total transfer of all files and records necessary to perform transportation management services. The Contractor will develop an organized work plan and timeline in order to ensure all current and future transportation requests during the transition period are addressed and completed. All relationships between transportation providers, medical providers, enrollees, and all other parties involved in the normal business processes should be notified of the transition and all changes required to ensure a seamless transition of services.

The Contractor shall manage and maintain the appropriate number of staff to meet all requirements listed in the RFP during transition. All reporting and record requirements, security standards, and performance standards are

still in effect during the transition period. Three (3) months prior to the end of the contract period, the Contractor will work with the Department and incumbent to ensure a complete, efficient, and successful transition.

## **5.0 ADMINISTRATIVE INFORMATION**

The following administrative information will apply to this RFP. Failure to comply fully with this information may result in disqualification of your proposal.

### **5.1 Restricted Period**

“Restricted period” means the period of time commencing with the earliest written notice, advertisement, or solicitation of a Request for Proposals (“RFP”), Invitation for Bids (“IFB”), or solicitation of proposals, or any other method for soliciting a response from Bidders intending to result in a procurement contract with DOH and ending with the final contract award and approval by DOH and, where applicable, final contract approval by the Office of the State Comptroller.

This prohibition applies to any oral, written, or electronic communication under circumstances where a reasonable person would infer that the communication was intended to influence this procurement. Violation of any of the requirements described in this Section may be grounds for a determination that the bidder is non-responsible and therefore ineligible for this contract award. Two violations within four years of the rules against impermissible contacts during the “restricted period” may result in the violator being debarred from participating in DOH procurements for a period of four years.

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies a designated contact on face page of this RFP to whom all communications attempting to influence this procurement must be made.

### **5.2 Questions**

There will be an opportunity available for submission of written questions and requests for clarification with regard to this RFP. All questions and requests for clarification of this RFP should cite the particular RFP Section and paragraph number where applicable and must be submitted via email to [RFPmedtrans@health.ny.gov](mailto:RFPmedtrans@health.ny.gov). It is the bidder’s responsibility to ensure that email containing written questions and/or requests for clarification is received at the above address no later than the Deadline for Submission of Written Questions as specified in [Section 1.0](#) (Calendar of Events). Questions received after the deadline may **not** be answered.

### **5.3 Right to Modify RFP**

DOH reserves the right to modify any part of this RFP, including but not limited to, the date and time by which proposals must be submitted and received by DOH, at any time prior to the Deadline for Submission of Proposals listed in [Section 1.0](#) (Calendar of Events). Modifications to this RFP shall be made by issuance of amendments and/or addenda. Prior to the Deadline for Submission of Proposals, any such clarifications or modifications as deemed necessary by DOH will be posted to the DOH website.

If the bidder discovers any ambiguity, conflict, discrepancy, omission, or other error in this RFP, the Bidder shall immediately notify DOH of such error in writing at [RFPmedtrans@health.ny.gov](mailto:RFPmedtrans@health.ny.gov) and request clarification or modification of the document.

If, prior to the Deadline for Submission of Proposals, a bidder fails to notify DOH of a known error or an error that reasonably should have been known, the bidder shall assume the risk of proposing. If awarded the contract, the bidder shall not be entitled to additional compensation by reason of the error or its correction.

### **5.4 Payment**

The contractor shall submit invoices and/or vouchers to the State's designated payment office:

Preferred Method: Email a .pdf copy of your signed voucher to the BSC at: [AccountsPayable@ogs.ny.gov](mailto:AccountsPayable@ogs.ny.gov) with a subject field as follows:

Subject: **Unit ID: 3450437 Contract #TBD**

Alternate Method: Mail vouchers to BSC at the following U.S. postal address:

**NYS Department of Health  
Unit ID 3450437  
c/o NYS OGS BSC Accounts Payable  
Building 5, 5th Floor  
1220 Washington Ave.  
Albany, NY 12226-1900**

Payment for invoices and/or vouchers submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at [www.osc.state.ny.us/epay/index.htm](http://www.osc.state.ny.us/epay/index.htm), by email at [epayments@osc.state.ny.us](mailto:epayments@osc.state.ny.us) or by telephone at 518-474-6019. CONTRACTOR acknowledges that it will not receive payment on any invoices and/or vouchers submitted under this Contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Price Adjustment: Prices for the transportation management services shall remain firm for the first 3 (three) years of the contract period. At the end of contract year three (3), contract prices will be subject to a price increase or decrease of the lesser of three percent (3%) or the percent increase or decrease in the Consumer Price Index for All Urban Consumers (CPI-U), CUUR0000SA0 as published by the United States Bureau of Labor Statistics, Washington, D.C., 2012 for the 12 month period, ending three (3) calendar months prior to the end date of the third year of the contract. The one time price increase or decrease granted for year four (4) will remain in effect for year five (5).

In addition to the Electronic Payment Authorization Form, a Substitute Form W-9 must be on file with the Office of the State Comptroller, Bureau of Accounting Operations. Additional information and procedures for enrollment can be found at <http://www.osc.state.ny.us/epay>.

Completed W-9 forms should be submitted to the following address:

NYS Office of the State Comptroller  
Bureau of Accounting Operations  
Warrant & Payment Control Unit  
110 State Street, 9<sup>th</sup> Floor  
Albany, NY 12236

Payment of such invoices and/or vouchers by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

The successful contractor will receive a monthly payment per Medicaid enrollee eligible to receive fee-for-service transportation in the Finger Lakes/Northern New York Region (see Attachment C, Cost Proposal) which is based on a fee determined in accordance with the fee schedule. Payment will be made per eligible Medicaid enrollee for only those counties where the contractor is implementing the Medicaid transportation management services prescribed by this RFP. For those in the Behavioral Health Home and Community Based Non-Medical Transportation Services in the Health and Recovery Plan program (HARP), and CFCO programs, the Contractor will be reimbursed according to the PMPM payment structure for only those who have a current, active Plan of Care that indicates that non-medical transportation is allowable. **This monthly payment is an all-inclusive reimbursement under the contract and will be the only compensation received by the contractor for performing the transportation management activities procured by the State through this RFP.**

The contractor cannot begin managing transportation services prescribed by this RFP nor receive any payment until the Department of Health determines that the items identified in Section 4.1.12 (Project Implementation) have been satisfactorily completed.

**For the purpose of contractor payment for Medicaid Transportation Management Services, the volume of Medicaid enrollees will be calculated within five (5) business days of the 15th day of each month.** Therefore, the level of Contractor reimbursement is subject to change monthly during the contract period due to fluctuating number of Medicaid enrollees who are eligible to receive fee-for-service transportation. The Department of Health may change the day the calculation is made for each month upon agreement with the awarded vendor.

Additionally, the Contractor will be responsible for paying for Department approved Medicaid enrollee transportation costs. These expenses include payments to Medicaid enrollees for personal travel expenses and transportation providers not enrolled as a vendor in NYS Medicaid, such as commercial transportation providers. These expenses can also include reimbursement for costs associated with medically necessary long distance travel. These payments will be made based on detailed reports submitted by the contractor. See Section 6.2.E.9.

The Department of Health will monitor two (2) areas of contractor activities for compliance, as specified in Section 4.4 Performance Standards. Non-compliance will result in reduction to the subject month's voucher payment as demonstrated in Section 4.4 Performance Standards.

## **5.5 Minority & Woman-Owned Business Enterprise Requirements**

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health ("DOH") recognizes its obligation to promote opportunities for maximum feasible participation of certified minority-and women-owned business enterprises and the employment of minority group members and women in the performance of DOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority-and women-owned business enterprises in state procurement contracting versus the number of minority-and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women – owned business enterprises ("MWBE") and the employment of minority groups members and women in the performance of New York State contracts.

### **Business Participation Opportunities for MWBEs**

For purposes of this solicitation, DOH hereby establishes an overall goal of **30%** for MWBE participation, **15%** for Minority-Owned Business Enterprises ("MBE") participation and **15%** for Women-Owned Business Enterprises ("WBE") participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor ("Contractor") on the subject contract ("Contract") must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine "good faith efforts," refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the upper right hand side of the webpage under "Search for Certified Firms" and accessed by clicking on the link entitled "MWBE Directory". Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting a bid, a bidder agrees to complete an MWBE Utilization Plan (Attachment F, Form #1) of this RFP. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Bidder agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a Bidder as being non-responsive under the following circumstances:

- a) If a Bidder fails to submit a MWBE Utilization Plan;
- b) If a Bidder fails to submit a written remedy to a notice of deficiency;
- c) If a Bidder fails to submit a request for waiver (if applicable); or
- d) If DOH determines that the Bidder has failed to document good-faith efforts;

The Contractor will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to DOH, but must be made no later than prior to the submission of a request for final payment on the Contract.

The Contractor will be required to submit a Contractor's Quarterly MWBE Contractor Compliance & Payment Report to the DOH, by the 10<sup>th</sup> day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

If the Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such finding will constitute a breach of Contract and DOH may withhold payment from the Contractor as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

New York State certified Minority- and Women-Owned Businesses (M/WBE) may request that their firm's contact information be included on a list of M/WBE firms interested in serving as a subcontractor for this procurement. The listing will be publicly posted on the Department's website for reference by the bidding community. A firm requesting inclusion on this list should send contact information and a copy of its NYS M/WBE certification to [RFPMedtrans@health.ny.gov](mailto:RFPMedtrans@health.ny.gov) before the Deadline for Questions as specified in [Section 1.0](#) (Calendar of Events). Nothing prohibits an M/WBE Vendor from proposing as a prime contractor.

**Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.**

## **5.6 Equal Employment Opportunity (EEO) Reporting**

By submission of a bid in response to this solicitation, the Bidder agrees with all of the terms and conditions of Attachment E Appendix A including Clause 12 - Equal Employment Opportunities for Minorities and Women. Additionally, the successful bidder will be required to certify they have an acceptable EEO (Equal Employment Opportunity) policy statement in accordance with Section III of Appendix M in Attachment E.

Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the Contractor, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

To ensure compliance with this Section, the Bidder should submit with the bid or proposal an Equal Employment Opportunity Staffing Plan (Attachment F, Form #4) identifying the anticipated work force to be utilized on the Contract. Additionally, the Bidder should submit a Minority and Women-Owned Business Enterprises and Equal Employment Opportunity Policy Statement (Attachment F, Form # 5), to DOH with their bid or proposal.

### 5.7 Sales and Compensating Use Tax Certification (Tax Law, § 5-a)

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain contractors awarded state contracts for commodities, services and technology valued at more than \$100,000 to certify to the Department of Tax and Finance (DTF) that they are registered to collect New York State and local sales and compensating use taxes. The law applies to contracts where the total amount of such contractors' sales delivered into New York State are in excess of \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made, and with respect to any affiliates and subcontractors whose sales delivered into New York State exceeded \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made.

This law imposes upon certain contractors the obligation to certify whether or not the contractor, its affiliates, and its subcontractors are required to register to collect state sales and compensating use tax and contractors must certify to DTF that each affiliate and subcontractor exceeding such sales threshold is registered with DTF to collect New York State and local sales and compensating use taxes. The law prohibits the State Comptroller, or other approving agencies, from approving a contract awarded to an offerer meeting the registration requirements but who is not so registered in accordance with the law.

The successful Bidder must file a properly completed Form ST-220-CA with the Department of Health and Form ST-220-TD with the DTF. These requirements must be met before a contract may take effect. Further information can be found at the New York State Department of Taxation and Finance's website, available through this link: <http://www.tax.ny.gov/pdf/publications/sales/pub223.pdf>.

Forms are available through these links:

- ST-220 CA: [http://www.tax.ny.gov/pdf/current\\_forms/st/st220ca\\_fill\\_in.pdf](http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf)
- ST-220 TD: [http://www.tax.ny.gov/pdf/current\\_forms/st/st220td\\_fill\\_in.pdf](http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf)

### 5.8 Workers' Compensation and Disability Benefits Certifications

Sections 57 and 220 of the New York State Workers' Compensation Law (WCL) provide that DOH shall not enter into any contract unless proof of workers' compensation and disability benefits insurance coverage is produced. Prior to entering into a contract with DOH, successful Bidders will be required to verify for DOH, on forms authorized by the New York State Workers' Compensation Board, the fact that they are properly insured or are otherwise in compliance with the insurance provisions of the WCL. The forms to be used to show compliance with the WCL are listed below. Any questions relating to either workers' compensation or disability benefits coverage should be directed to the State of New York Workers' Compensation Board, Bureau of Compliance at (518) 486-6307. Failure to provide verification of either of these types of insurance coverage by the time contracts are ready to be executed will be grounds for disqualification of an otherwise successful Proposal.

The successful Bidder must submit the following documentation to the Department within 10 calendar days of notification of award.

ONE of the following forms as Workers' Compensation documentation:

A. Proof of Workers' Compensation Coverage:

1. **Form C-105.2** – Certificate of Workers' Compensation Insurance issued by private insurance carrier (or Form U-26.3 issued by the State Insurance Fund); or
2. **Form SI-12** – Certificate of Workers' Compensation Self-Insurance (or Form GSI-105.2 Certificate of Participation in Workers' Compensation Group Self-Insurance); or
3. **Form CE-200** – Certificate of Attestation of Exemption from New York State Workers' Compensation and/or Disability Benefits Coverage.

B. Proof of Disability Benefits Coverage:

ONE of the following forms as Disability documentation:

1. **Form DB-120.1** – Certificate of Disability Benefits Insurance; or
2. **Form DB-155** – Certificate of Disability Benefits Self-Insurance; or
3. **Form CE-200** – Certificate of Attestation of Exemption from New York State Workers' Compensation and/or Disability Benefits Coverage.

Further information is available at the Workers' Compensation Board's website, which can be accessed through this link: <http://www.wcb.ny.gov>.

## **5.9 Subcontracting**

Bidders may **not** propose the use of a subcontractor to perform Medicaid transportation management services.

However, the Contractor may use subcontractors for other services such as human resource and business administrative agencies, office equipment, office cleaning services, etc. See Attachment A, Bidder's Certified Statements.

The Contractor shall obtain prior written approval from NYSDOH before entering into an agreement for services to be provided by a subcontractor. The Contractor is solely responsible for assuring that the requirements of the RFP are met. All subcontracts shall contain provisions specifying that the work performed by the subcontractor must be in accordance with the terms of the prime contract, and that the subcontractor specifically agrees to be bound by the confidentiality provisions set forth in the agreement between the DOH and the Contractor. DOH reserves the right to request removal of any bidder's staff or subcontractor's staff if, in DOH's discretion, such staff is not performing in accordance with the Agreement. Subcontractors whose contracts are valued at or above \$100,000 will be required to submit the Vendor Responsibility Questionnaire upon selection of the prime contractor.

## **5.10 DOH's Reserved Rights**

The Department of Health reserves the right to:

1. Reject any or all proposals received in response to the RFP;
2. Withdraw the RFP at any time, at the agency's sole discretion;
3. Make an award under the RFP in whole or in part;
4. Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
5. Seek clarifications and revisions of proposals;
6. Use proposal information obtained through site visits, management interviews and the state's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
7. Prior to the bid opening, amend the RFP specifications to correct errors or oversights, or to supply additional information, as it becomes available;
8. Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
9. Change any of the scheduled dates;
10. Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
11. Waive any requirements that are not material;
12. Negotiate with the successful bidder within the scope of the RFP in the best interests of the state;
13. Conduct contract negotiations with the next responsible bidder, should the Department be unsuccessful in negotiating with the selected bidder;
14. Utilize any and all ideas submitted in the proposals received;
15. Every offer shall be firm and not revocable for a period of three hundred and sixty-five days from the bid opening, to the extent not inconsistent with section 2-205 of the uniform commercial code. Subsequent to such three hundred and sixty-five days, any offer is subject to withdrawal communicated in a writing signed by the offerer; and,
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's proposal and/or to determine an offerer's compliance with the requirements of the solicitation.

## 5.11 Freedom of Information Law (“FOIL”)

All proposals may be disclosed or used by DOH to the extent permitted by law. DOH may disclose a proposal to any person for the purpose of assisting in evaluating the proposal or for any other lawful purpose. All proposals will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the proposal that a Bidder believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the proposal as directed in [Section 6.1 \(D\)](#) of the RFP.** If DOH agrees with the proprietary claim, the designated portion of the proposal will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

## 5.12 Lobbying

Chapter 1 of the Laws of 2005, as amended by Chapter 596 of the Laws of 2005, made significant changes as it pertains to development of procurement contracts with governmental entities. The changes included:

- a) made the lobbying law applicable to attempts to influence procurement contracts once the procurement process has been commenced by a state agency, unified court system, state legislature, public authority, certain industrial development agencies and local benefit corporations;
- b) required the above mentioned governmental entities to record all contacts made by lobbyists and contractors about a governmental procurement so that the public knows who is contacting governmental entities about procurements;
- c) required governmental entities to designate persons who generally may be the only staff contacted relative to the governmental procurement by that entity in a restricted period;
- d) authorized the New York State Commission on Public Integrity, (now New York State Joint Commission on Public Ethics), to impose fines and penalties against persons/organizations engaging in impermissible contacts about a governmental procurement and provides for the debarment of repeat violators;
- e) directed the Office of General Services to disclose and maintain a list of non-responsible bidders pursuant to this new law and those who have been debarred and publish such list on its website;
- f) required the timely disclosure of accurate and complete information from offerers with respect to determinations of non-responsibility and debarment; (Bidders responding to this RFP should submit a completed and signed Attachment G, “Prior Non-Responsibility Determination”.)
- g) increased the monetary threshold which triggers a lobbyist’s obligations under the Lobbying Act from \$2,000 to \$5,000; and
- h) established the Advisory Council on Procurement Lobbying.

Subsequently, Chapter 14 of the Laws of 2007 amended the Lobbying Act of the Legislative Law, particularly as it related to specific aspects of procurements as follows: (i) prohibiting lobbyists from entering into retainer agreements on the outcome of government grant making or other agreement involving public funding; and (ii) reporting lobbying efforts for grants, loans and other disbursements of public funds over \$15,000.

The most notable, however, was the increased penalties provided under Section 20 of Chapter 14 of the Laws of 2007, which replaced old penalty provisions and the addition of a suspension option for lobbyists engaged in repeated violations. Further amendments to the Lobbying Act were made in Chapter 4 of the Laws of 2010.

Questions regarding the registration and operation of the Lobbying Act should be directed to the New York State Joint Commission on Public Ethics.

## 5.13 State Finance Law Consultant Disclosure Provisions



In accordance with New York State Finance Law Section 163(4)(g), State agencies must require all contractors, including subcontractors, that provide consulting services for State purposes pursuant to a contract to submit an annual employment report for each such contract.

The successful bidder for procurements involving consultant services must complete a "State Consultant Services Form A, Contractor's Planned Employment From Contract Start Date through End of Contract Term" in order to be eligible for a contract.

The successful winning bidder must also agree to complete a "State Consultant Services Form B, Contractor's Annual Employment Report" for each state fiscal year included in the resulting contract. This report must be submitted annually to the Department of Health, the Office of the State Comptroller, and Department of Civil Service.

State Consultant Services Form A: Contractor's Planned Employment and Form B: Contractor's Annual Employment Report may be accessed electronically at: <http://www.osc.state.ny.us/agencies/forms/ac3271s.doc> and <http://www.osc.state.ny.us/agencies/forms/ac3272s.doc>.

#### **5.14 Debriefing**

Once an award has been made, bidders may request a debriefing of their proposal. Please note the debriefing will be limited only to the strengths and weaknesses of the bidder's proposal, and will not include any discussion of other proposals. Requests must be received no later than fifteen (15) calendar days from date of award or non-award announcement.

#### **5.15 Protest Procedures**

In the event unsuccessful bidders wish to protest the award resulting from this RFP, bidders should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found in Chapter XI Section 17 of the Guide to Financial Operations (GFO). Available on-line at: <http://www.osc.state.ny.us/agencies/guide/MyWebHelp/>.

#### **5.16 Iran Divestment Act**

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Bidder/Contractor (or any assignee) certifies that it is not on the "Entities Determined To Be Non-Responsive Bidders/Offerers Pursuant to The New York State Iran Divestment Act of 2012" list ("Prohibited Entities List") posted on the OGS website currently found at this address: <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf> and further certifies that it will not utilize on such Contract any subcontractor that is identified on the Prohibited Entities List. Additionally, Bidder/Contractor is advised that should it seek to renew or extend a Contract awarded in response to the solicitation, it must provide the same certification at the time the Contract is renewed or extended.

During the term of the Contract, should DOH receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, DOH will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then DOH shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, seeking compliance, recovering damages, or declaring the Contractor in default. DOH reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

#### **5.17 Piggybacking**

New York State Finance Law section 163(10)(e) (see also <http://www.ogs.ny.gov/purchase/snt/sflxi.asp>) allows the Commissioner of the NYS Office of General Services to consent to the use of this contract by other New York State Agencies, and other authorized purchasers, subject to conditions and the Contractor's consent.

## 5.18 Encouraging Use of New York Businesses in Contract Performance

Public procurements can drive and improve the State's economic engine through promotion of the use of New York businesses by its contractors. New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the state and the nation. In recognition of their economic activity and leadership in doing business in New York State, bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles. All bidders should complete Attachment H, Encouraging Use of New York Businesses in Contract Performance, to indicate their intent to use/not use New York Businesses in the performance of this contract.

## 5.19 Diversity Practices Questionnaire

Diversity practices are the efforts of contractors to include New York State-certified Minority and Women-owned Business Enterprises ("MWBES") in their business practices. Diversity practices may include past, present, or future actions and policies, and include activities of contractors on contracts with private entities and governmental units other than the State of New York. Assessing the diversity practices of contractors enables contractors to engage in meaningful, capacity-building collaborations with MWBEs.

## 6.0 PROPOSAL CONTENT

The following includes the requested format and information to be provided by each Bidder. Bidders responding to this RFP should satisfy all requirements stated in this RFP. All Bidders are requested to submit complete Administrative and Technical proposals, and are required to submit a complete Cost proposal. Proposals that are incomplete in any material respect may be rejected.

To expedite review of the proposals, Bidders are requested to submit proposals in separate Administrative, Technical, and Cost packages inclusive of all materials as summarized in Attachment B, Proposal Documents. This separation of information will facilitate the review of the material requested. No information beyond that specifically requested is required, and Bidders are requested to keep their submissions to the shortest length consistent with making a complete presentation of qualifications. Evaluations of the Administrative, Technical, and Cost Proposals received in response to this RFP will be conducted separately. Bidders are therefore cautioned not to include any Cost Proposal information in the Technical Proposal documents.

**DOH will not be responsible for expenses incurred in preparing and submitting the Administrative, Technical, or Cost Proposals. Such costs should not be included in the Proposal.**

### 6.1 Administrative Proposal

The Administrative Proposal should contain all requirements listed below. A proposal that is incomplete in any material respect may be eliminated from consideration. The information requested should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the RFP may be subject to verification for accuracy. Please provide the forms in the same order in which they are requested.

- A. M/WBE Forms  
Submit completed Form #1 and/or Form #2, Form #4 and Form #5 as directed in [Attachment F](#), "Guide to New York State DOH M/WBE RFP Required Forms."
- B. Bidder's Disclosure of Prior Non-Responsibility Determinations  
Submit a completed and signed [Attachment G](#), "Prior Non-Responsibility Determination."
- C. Vendor Responsibility Questionnaire  
Complete, certify, and file a New York State Vendor Responsibility Questionnaire. DOH recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions at [www.osc.state.ny.us/vendrep/vendor\\_index.htm](http://www.osc.state.ny.us/vendrep/vendor_index.htm) or go directly to the VendRep System online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the OSC Help Desk at 866-370-4672 or 518-408-4672 or by email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us).

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep), or may contact the Office of the State Comptroller's Help Desk for a copy of the paper form. Bidder's should complete and submit the Vendor Responsibility Attestation, [Attachment J](#).

- D. Freedom of Information Law – Proposal Redactions  
Bidders must clearly and specifically identify any portion of the proposal that a Bidder believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law. See [Section 4.10](#), (Freedom of Information Law)
- E. Bidder's Certified Statements  
Submit [Attachment A](#), "Bidder's Certified Statements", which includes information regarding the Bidder. Attachment A must be signed by an individual authorized to bind the Bidder contractually. Please indicate the title or position that the signer holds with the Bidder. DOH reserves the right to reject a proposal that contains an incomplete or unsigned Attachment A or no Attachment A. References (OPTIONAL – discuss with BOC)
- F. Encouraging Use of New York Businesses in Contract Performance  
Submit [Attachment H](#), "Encouraging Use of New York State Businesses" in Contract Performance to indicate which New York Businesses you will use in the performance of the contract.
- G. References  
Provide references using [Attachment D](#) (References) for three (3) organizations that can verify your experience as described in Section 4.1. Provide firm names, addresses, contact names, telephone numbers, and email addresses.
- H. Conflict of Interest or Detrimental Effect  
  
Submit [Attachment L](#), Vendor's Assurance of No Conflict of Interest or Detrimental Effect, which includes information regarding the Bidder, members, shareholders, parents, affiliates or subcontractors and Section 4.5 Conflict of Interest and Section 8.8, Award Recommendation, Conditional Award. Attachment L must be signed by an individual authorized to bind the Bidder contractually.

If the information regarding conflicts of interest provided by the bidder requires further clarification or is unacceptable, the Department of Health will notify the bidder. Upon the Department's notification, the bidder must provide adequate clarification regarding actual or potential conflicts of interest within five (5) business days. Proposals that do not provide adequate discussion and resolution of possible conflicts of interest within that timeframe will not be reviewed.

## 6.2 Technical Proposal

The purpose of the Technical Proposal is to demonstrate the qualifications, competence, and capacity of the Bidder to perform the services contained in this RFP. The Technical Proposal should demonstrate the qualifications of the Bidder and of the staff to be assigned to provide services related to the services included in this RFP.

A Technical Proposal that is incomplete in any material respect may be eliminated from consideration. The following outlines the information to be provided, in the following order, by Bidders. The information requested should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the RFP will be subject to verification for accuracy.

While additional data may be presented, the following should be included. Please provide the information in the same order in which it is requested. Your proposal should contain sufficient information to assure DOH of its

accuracy. Failure to follow these instructions may result in disqualification.

Pricing information contained in the Cost Proposal must not be included in the Technical Proposal documents.

**A. Title Page**

Submit a Title Page providing the RFP subject and number; the Bidder's name and address, the name, address, telephone number, and email address of the Bidder's contact person; and the date of the Proposal.

**B. Table of Contents**

The Table of Contents should clearly identify all material (by section and page number) included in the proposal.

**C. Documentation of Bidder's Qualifications to Propose**

Bidder **MUST** submit documentation of how they meet the bidder's eligibility responsive to Section 3.0, Bidder's Qualifications to Propose:

- a. Describe how the bidder meets the required minimum of three (3) years' experience in managing the delivery of non-emergency Medicaid transportation services in a geographic and demographic area similar to the Finger Lakes/Northern New York Regions. **Pass/Fail Assessment (Mandatory Requirements)**

In addition, the bidder **MUST** indicate the following per section 4.1.1 and 4.1.2.

- b. **The bidder must indicate that the Primary Call Center will be located and operated in New York State. Pass/Fail Assessment (Mandatory Requirements)**

The bidder should identify the actual or anticipated location of the primary call center, if known (see Section 4.1.1, Operate a Primary Call Center for Medicaid Eligible Individuals).

- c. **The bidder must indicate that the Backup Call Center will be located and operated in the Continental USA. Pass/Fail Assessment (Mandatory Requirements)**

The bidder should identify the actual or anticipated location of the backup call center, if known (see Section 4.1.2, Operate a Backup Call Center for Medicaid Eligible Individuals).

**D. Executive Summary**

The Executive Summary should include a clear, concise summary of the proposed approach to the scope of work specifications as well as the bidder's past experience conducting relevant projects. Additionally, a summary of the bidder's understanding of the various review components and required processes should be included.

Identify the location of the Core Management Team, and explain how this location will allow the management team access to the counties in the Finger Lakes/Northern New York Region in order to fulfill the requirements of the RFP.

Provide a narrative overview of your proposed service as transportation manager for the New York State Medicaid Transportation Management – Finger Lakes/Northern New York Region. The narrative is to include a plan that describes how the transportation management functions will be implemented in this region.

**E. Technical Proposal Narrative**

The technical proposal should provide satisfactory evidence of the Bidder's ability to meet, and expressly respond to, each requirement and information requested in this RFP in Section 4.0 Scope of Work. Bidder should respond to each element of the scope of work and label each section by its corresponding letter/number in the scope of work. If any appendices are submitted, they will **not** be evaluated.

Detailed, specific information is expected in each response. The bidder is expected to include activities that show an ongoing continuous improvement structure that is flexible and responsive, adaptable and creative. For example, the Department of Health requires transportation managers to develop websites which will streamline processes and educate users. The bidder is expected to have a conceptual design of the website. However, processes that will be used to create, develop, and update a website are more critical than an actual website design.

### **E.1 Operate a Primary Call Center and Backup Call Center**

- a. Describe the availability of a toll-free telephone number and other toll-free voice and telecommunications devices, including devices appropriate for hard-of-hearing clients and oral interpretation services. Describe the process for providing twenty-four-hour toll-free access in order to provide information on accessing transportation for an urgent medical condition; and on holidays, weekends and outside business hours. Include the hours of operation and proposed level of staffing for the call center.
- b. Describe the automated phone system capabilities that will be employed including routing and response procedures, with options for the enrollee to stay in the queue to reach a staff person, return to telephone routing, or key-punch a telephone number to be used to return the call to the enrollee within one (1) hour.
- c. Describe your approach and technologies to construct the call tracking system outlined in section 4.1.1.
- d. Describe how the transportation management system and call center technology will be structured to handle the volume of trip requests anticipated in a timely, user-friendly and efficient manner. Include any web based, fax based or other technology that may be used to maximize the efficiency of scheduling required trips.
- e. Describe the call center's process for handling transportation requests from medical practitioners. Include system efficiencies developed to expedite the process for practitioners and special accommodations made by the call center to handle urgent care requests.
- f. Describe how you intend to explain the Department of Health's published rules and regulations of the Medicaid transportation program to transportation providers, medical practitioners and Medicaid enrollees and refer specific inquiries to the Department of Health, as appropriate.
- g. Describe how the call center will manage transportation during an acute event that disrupts telephone and/or transportation services, such as a seasonal coastal storm or act of terror.
- h. Describe the plan on how and when the backup call center will be utilized.
- i. Provide statistics for the following call performance standards: average wait time, average call volume, peak call volume, and after hours call wait time for similar services provided by the Bidder's organization for the **calendar year 2016**. Include the average number of staff available each day and the hours of operation relative to the statistics provided.

### **E.2 Maintain a Public Website**

- a. Describe how you will create and maintain a user-friendly public website as discussed in Section 4.1.3 to educate enrollees, transportation providers, and medical practitioners about available transportation services, eligibility requirements, the prior authorization process, and how to access transportation. Describe the objectives of the website, the general contents, how it will be designed and updated should also be included.
- b. Describe how you will receive complaints and acknowledgements from enrollees, transportation providers, and medical practitioners through the public website, as well as maintain website functionality and make requested changes to the website within three (3) business days of request by

the Department of Health.

### **E.3 Processing Requests for Medical Transportation**

- a. Describe: (1) how an individual's Medicaid eligibility will be identified and (2) what HIPAA regulation compliant safeguards will be in place to protect enrollee confidentiality as information is acquired and used during the prior authorization process.
- b. Describe how you will determine if transportation is a covered service within the enrollee's managed care plan. Describe the process how you will refer the enrollee to their managed care plan for transportation services.
- c. Describe how you will accommodate requests for same day transportation services when verified by the individual's physician, by telephone and in written format, as necessary, on the same day the request is made or within 24 hours.
- d. Describe what strategies will be used to ensure the availability of the most appropriate Medicaid mode of transportation in all areas of the participating counties will be assigned according to the enrollee's needs, level of mobility, and location of their medical service provider.
- e. Describe how you will encourage enrollees' use of public transportation and how the increased rate of public transportation utilization will be determined and documented.
- f. Describe the process for ensuring the most cost effective mode of transportation will be used for each encounter, including:
  - Only such transportation as is essential, medically necessary and appropriate to obtain medical care, and services is provided;
  - No expenditures for livery transportation are made when public transit or lower cost transportation is reasonably available; and
  - Documentation for employing a mode of transportation different from the requested mode (either higher or lower) will be maintained and made available upon request.
- g. Describe the process for arranging transportation once the mode has been determined. Include the process for determining the mileage for each trip scheduled and calculating the total costs for the prior authorization.
- h. Describe the process for ensuring that rides are assigned to available transportation providers fairly and equitably.
- i. Describe the process by which advanced modes of transportation (ambulette, non-emergency ambulance, and livery where applicable) will be reviewed and authorized. Include the role of the medical/health care staff in the prior authorization review process and a description of how and when a medical justification form will be used.
- j. Describe the automated system that will be used to manage reservations, scheduling, and efficient routing of requests for non-emergency medical transportation.
- k. Describe the process for making appropriate and economical use of transportation resources available in each county in order to meet the anticipated demand for transportation services within the respective county. These resources include but are not limited to: transportation generally available free-of-charge to the general public or specific segments of the general public, public transit, promotion of group rides, coordinated transportation, and direct purchase of services.
- l. Describe the trip verification system whereby transportation providers will attest that an assigned trip has either been completed or not been completed as outlined in Section 4.1.4. Describe how each of these

trips will receive an authorization from the Department of Health, and how this authorization will be matched to each attested trip.

m. Describe the approach to allow for post-trip approval of services as described in Section 4.1.4.

n. Describe the written notification process upon denying a request for transportation services for an individual that informs the enrollee of the denial and the enrollee's right to challenge the decision by requesting a State Fair Hearing.

#### **E.4 Special Transportation Requests**

a. Describe the process for developing and implementing guidelines for authorizing multiple trips for enrollees attending regularly scheduled medical care, transportation outside the common medical marketing area, and nursing home transportation.

b. Describe the process for approving transportation for hospital discharges and admissions; include any differences from routine transportation approvals that will ensure expediency with the arrangements.

c. Describe the process for responding to requests from enrollees or medical practitioners for travel to and from major medical facilities in cities located across the United States and its territories, including arranging for fixed wing air ambulance or commercial air transportation.

#### **E.5 Education, Training and Outreach Activities**

a. Describe your process for ensuring transportation service requests from Medicaid enrollees are made at least 72 hours in advance of the service date and how the process will be effectively communicated to Medicaid enrollees and ordering providers.

b. Describe how you plan to generate and disseminate correspondence to individual medical practitioners, Medicaid enrollees and transportation providers regarding program requirements, corrective action plans, eligibility issues, etc.

c. Describe current experience coordinating with local transportation provider networks and optimizing existing local resources to enhance Medicaid transportation.

d. Describe current Medicaid transportation challenges that exist in the Finger Lakes/Northern New York Regions, and proposed solutions to these challenges.

e. Describe strategies for collaborating locally that will improve efficiency and result in a user-friendly system for approving and arranging transportation.

f. Provide details on how staff will be assigned to coordinate and resolve specific transportation issues for medical practitioners and transportation providers throughout the Finger Lakes/Northern New York Regions.

g. Provide details on how staff will be assigned to provide ongoing education and support to providers and enrollees in each county as specified in section 4.1.6 Education, Training and Outreach Activities – Collaborate with Local Stakeholders.

h. Describe your approach on how to train medical practitioners and transportation providers on the automated system used to manage reservations, scheduling, and efficient routing of requests for non-emergency medical transportation as outlined in section 4.1.6 Education, Training, and Outreach Activities.

#### **E.6 Proactive Surveys and Complaint Resolution**

a. Describe the process for receipt and resolution of enrollee, transportation provider, and medical practitioner complaints and the general process and timeline from investigation to resolution as described in Section 4.1.7.

- b. Describe your approach to surveying transportation providers and enrollees regarding recent trips to assess the Contractor's quality of service.

## **E.7 Quality Assurance**

### *Processing Requests for Medical Transportation*

- a. Describe the approach to review and assess medical justification provided when transportation requests indicate a need for service from a livery, ambulette, ambulette stretcher, non-emergency ambulance vendor in areas where public transit is an available option.
- b. Describe the process by which trips for advanced modes of transportation (ambulette, non-emergency ambulance, and livery where applicable) will be reviewed on an on-going basis for continued need.

### *Transportation Provider Performance*

- c. Provide details of the evaluation plan in Section 4.1.8 Quality Assurance – *Transportation Provider Performance* to be developed and how it will be implemented. Include procedures to measure provider's quality of performance. The evaluation plan should include trip and expenditure data collection and analysis, as well as measuring the level of consumer satisfaction. The plan should include the transportation provider quality standards outlined in Section 4.1.8 Quality Assurance – *Transportation Provider Performance*.
- d. Describe a corrective action protocol for transportation providers and drivers who fail to provide satisfactory services in a timely manner or fail to comply with regulations.

### *Transportation Management Performance*

- e. Describe the approach to implement an internal quality improvement process that will measure consumer satisfaction of its transportation management services. The quality improvement process shall include proactive strategies aimed at obtaining consumer feedback and recommendations and not rely solely on complaint resolution as a measure of improvement.

## **E.8 Enrollee and Transportation Provider Fraud**

- a. Describe strategies to identify and address fraudulent or abusive activities, including monitoring and documentation of such behaviors by both transportation providers and enrollees.
- b. Describe the approach to conducting pre-and post-trip verification reviews as outlined in Section 4.1.9.

## **E.9 Processing Payments to Enrollees for Incurred Transportation Expenses**

- a. Describe the process for educating enrollees on travel related expenses that can be reimbursed under the Medicaid program due to long distance/overnight travel, etc., and the system that will be developed to recover receipts and to reimburse the enrollee for travel expenses as outlined in Section 4.1.10. Include a process for accountability and reporting these expenses to the Department of Health. Response should include a sample monthly report including the type of information that will be reported.
- b. Describe the development and implementation of an efficient and timely mechanism to authorize and make payment directly to enrollees, their representatives, family members, and/or volunteer drivers who provide transportation.

## **E.10 Standard Operating Written Procedures**



Describe a process for developing formal written procedures and guidelines for all aspects of the Medicaid transportation program; describe how the procedures and guidelines will be distributed to all staff and how the procedures will be kept up to date with Department of Health's requirements.

#### **E.11 Project Implementation**

Provide a brief work plan for the full term of the contract that includes a date specific timeline for implementation of the project specifications that supports the start date listed on the cover page of the RFP. Response will describe each goal/objective, the expected completion date, and person(s) responsible for implementation.

#### **E.12 Organizational Experience and Staffing Requirements**

- a. Provide a brief history and description of your organization. Response will include an organizational chart outlining the structure that will be used for this project and depicting the relationship with management staff.
- b. The bidder should provide a list of at least three (3) projects, similar to this project in size and scope, for whom the organization has provided services for the past three (3) years, including any government contracts, if any. The response should include a clear description of the services provided and the timeframe the services were provided. Provide the name, title, organization, address, telephone number and email address of a contact person for each project listed. Prior to award, the Department of Health may confirm this experience.
- c. Describe aspects of the organization's personnel training program designed to ensure knowledge of Medicaid policy, Federal HIPAA regulations, and NYS Medicaid transportation policy and guidelines (<https://www.emedny.org/ProviderManuals/Transportation/index.aspx>). Give specific examples of the training program's curriculum.
- d. Describe the background and experience of the officers, executives and core management team staff that would be assigned to manage the contract, and the location of the office from which each staff member will work. Describe your anticipated staffing pattern relative to this transportation management RFP and related job descriptions for each position responsible for both administration/management and direct service delivery. **Specify the staffing level, job descriptions and qualifications for each member of the core Finger Lakes/Northern New York Region Transportation management team.** Discuss the strategy to replace core management team members if they leave the organization.

The bidder should describe how core management team members and their functions relate to the successful completion of the project.

**Resumes of officers, executives, core management team staff, RNs, and MDs are not required, should not be submitted, and will not be evaluated.**

- e. Describe the organization's experience with the administration, provision, and coordination of non-emergency medical transportation services including:
  1. Experience in professional transportation coordination and delivery activities, scheduling, and dispatching of Medicaid-funded transportation;
  2. Capability to receive and respond to a high volume of telephonic and electronic requests for non-emergency medical transportation;
  3. Experience and knowledge of the rules and regulations for New York State Medicaid eligible individuals;
  4. Proven ability to utilize automated systems to support coordination and administration of transportation services; and
  5. Demonstrated ability to establish partnerships with various transportation providers and local transportation networks to manage and coordinate transportation services.

- f. Describe the organization's proven experience coordinating transportation services in a geographic and demographic area similar to the Finger Lakes/Northern New York regions.
- g. Describe the organization's experience in coordinating transportation services during an emergency or acute event that disrupts telephone and/or transportation services.
- h. Describe the organization's experience providing functional assessments to determine level-of-need and the appropriate mode of transportation.
- i. Provide information on the organization's technology support relative to back-up and redundancy capabilities.

### **E.13 Record Keeping and Reporting Requirements**

Refer to Section 4.3 and list the reports you will make available to the Department of Health including a description of the intent of each report.

### **E.14 Transition Plan**

Outline your Transition Plan which describes how transportation services will remain uninterrupted through the end of this contract. This outline should include, but not be limited to the following:

- a. Describe your overall approach to the transition period. This approach should include how you will manage and maintain the appropriate number of staff to effectively meet all requirements as stated in this RFP during the transition period; prioritize tasks and meet timeframes for completion, and any assumptions which affect your approach.
- b. Provide an organizational chart showing all relevant staff and their respective roles in the transition period. Include all personnel proposed by the bidder (by name, if known; otherwise, by functional title), to be mapped to the specific tasks that they will perform and a timeline for when these tasks will be completed.
- c. Describe the level of work to be performed during the transition period and any impacts on normal day-to-day work functions.
- d. Describe the level of knowledge transfer planned during the transition period including timeframes for completion. This description should include discussion of continuity of services for Medicaid enrollees prior to the implementation date, transfer of enrollee information, system testing of transferred information and access to relevant data and other sources of information.

## **F. Diversity Practices Questionnaire**

Submit [Attachment K](#) Diversity Practices Questionnaire. The Department has determined, pursuant to New York State Executive Law Article 15-A, that the assessment of the diversity practices of respondents of this procurement is practical, feasible, and appropriate. Accordingly, respondents to this procurement should include as part of their response to this procurement, Attachment K "Diversity Practices Questionnaire". Responses will be formally evaluated and scored.

### **6.3 Cost Proposal**

Submit a completed and signed [Attachment C – Cost Proposal](#). The Cost Proposal shall comply with the format and content requirements as detailed in this document and in Attachment C. Failure to comply with the format and content requirements may result in disqualification.

The bid price is to cover the cost of furnishing all of the said services required by this RFP, including, but not limited to materials, equipment, profit and labor to the satisfaction of the Department of Health and the performance of all work set forth in said specifications.

The bidder must submit a separate bid price for each of the volume level categories (A and B) for the number of Medicaid enrollees eligible to receive fee-for-service (FFS) non-emergency transportation, as indicated in the chart below. The bidder must bid on each volume level category, even if the region's total eligible number currently is not at that level. Bidders are encouraged to reflect volume discounts in higher volume level categories. Bids should

be in whole cents only. Any fraction of a cent will not be considered in the determination of the cost proposal score. Example: a submission of \$0.125 per member, per month (PMPM) will be evaluated as \$0.12 PMPM.

<b>Volume Level Category</b>	<b>Medicaid Enrollees Eligible to Receive FFS Transportation</b>	<b>Per Member, Per Month (PMPM) Cost Bid for Medicaid Transportation Management Services</b>
A	400,000 – 500,000	
B	500,001 or greater	

Attachment R, Medicaid Transportation Data, includes an historic volume of Medicaid enrollees eligible to receive fee-for-service transportation in the counties that will be covered under the contract, as of the dates provided. Bidders should note that the volume of Medicaid enrollees, and consequently transportation manager reimbursement, changes monthly during the contract period due to the eligibility of new and current Medicaid enrollees, therefore the actual monthly volume may be higher or lower. (See Section 5.0 Administrative Information, 5.4 Payment).

## 7.0 PROPOSAL SUBMISSION

A proposal consists of three distinct parts: (1) the Administrative Proposal, (2) the Technical Proposal, and (3) the Cost Proposal. The table below outlines the required format and volume for submission of each part. Proposals should be submitted in all formats as prescribed below.

	<b>Electronic Submission</b>	<b>Paper Submission</b>
<b>Administrative Proposal</b>	2 dedicated flash drives or CDs labeled “Administrative Proposal” containing a standard searchable PDF file with copy/read permissions only.	4 Originals 6 Copies
<b>Technical Proposal</b>	2 dedicated flash drives or CDs labeled “Technical Proposal” containing a standard searchable PDF file with copy/read permissions only.	4 Originals 6 Copies
<b>Cost Proposal</b>	2 dedicated flash drives or CDs labeled “Cost Proposal” containing standard searchable PDF file(s) with copy/read permissions only.	4 Originals 6 Copies

1. All hard copy proposal materials should be printed on 8.5” x 11” white paper (two-sided) and **be clearly page numbered on the bottom of each page with appropriate header and footer information.** A type size of eleven (11) points or larger should be used. The Technical Proposal materials should be presented separate from the sealed Cost Proposal. The sealed Cost Proposal should also be presented in separate three-ring binder(s);
2. Where signatures are required, the proposals designated as originals should have a handwritten signature and be signed in ink.
3. The NYSDOH discourages overly lengthy proposals. Therefore, marketing brochures, user manuals or other materials, beyond what is sufficient to present a complete and effective proposal, are not desired. Elaborate artwork or expensive paper is not necessary or desired. In order for the NYSDOH to evaluate proposals fairly and completely, proposals should follow the format described in this RFP to provide all requested information. The Bidder should not repeat information in more than one section of the proposal. If information in one section of the proposal is relevant to a discussion in another section, the Bidder should make specific reference to the other section rather than repeating the information;
4. Audio and/or videotapes are not allowed. Any submitted audio or videotapes will be ignored by the evaluation team;
5. In the event that a discrepancy is found between the electronic and hardcopy proposal, the original hardcopy will prevail; and
6. **Appendices should not be submitted.** If any appendices are submitted, they will **not** be evaluated.

**The complete proposal must be received by the NYSDOH, no later than the Deadline for Submission of Proposals specified in [Section 1.0](#), (Calendar of Events). Late bids will not be considered.**

Proposals should be submitted in three (3) separate, clearly labeled packages: (1) Administrative Proposal, (2) Technical Proposal and (3) Cost Proposal, prepared in accordance with the requirements stated in this RFP. Mark the outside envelope of each proposal as "RFP# 17222 Medicaid Transportation Management Finger Lakes/Northern New York Region– (Administrative) (Technical) or (Cost) Proposal submitted by (Bidder's name)". The three sealed proposals may be combined into one mailing, if desired.

Proposals must be submitted, by U.S. Mail, by courier/delivery service (e.g., FedEx, UPS, etc.) or by hand as noted below, in a sealed package to:

Department of Health (RFP # 17222)  
Attention: Justin Seastrum, Office of Health Insurance Programs  
One Commerce Plaza, Room 1470  
99 Washington Avenue  
Albany, NY 12210

NOTE: You should request a receipt containing the time and date received and the signature of the receiver for all hand-deliveries and ask that this information also be written on the package(s).

Submission of proposals in a manner other than as described in these instructions (e.g., fax, electronic transmission) will not be accepted.

#### **7.1 No Bid Form**

Bidders choosing not to bid are requested to complete the No-Bid form [Attachment I](#).

### **8.0 METHOD OF AWARD**

#### **8.1 General Information**

DOH will evaluate each proposal based on the "Best Value" concept. This means that the proposal that best "optimizes quality, cost, and efficiency among responsive and responsible offerers" shall be selected for award (State Finance Law, Article 11, §163(1)(j)).

DOH at its sole discretion, will determine which proposal(s) best satisfies its requirements. DOH reserves all rights with respect to the award. All proposals deemed to be responsive to the requirements of this procurement will be evaluated and scored for technical qualities and cost. Proposals failing to meet the requirements of this document may be eliminated from consideration. The evaluation process will include separate technical and cost evaluations, and the result of each evaluation shall remain confidential until both evaluations have been completed and a selection of the winning proposal is made.

The evaluation process will be conducted in a comprehensive and impartial manner, as set forth herein, by an Evaluation Committee. The Technical Proposal and compliance with other RFP requirements (other than the Cost Proposal) will be weighted **80%** of a proposal's total score and the information contained in the Cost Proposal will be weighted **20%** of a proposal's total score.

Bidders may be requested by DOH to clarify the contents of their proposals. Other than to provide such information as may be requested by DOH, no Bidder will be allowed to alter its proposal or add information after the Deadline for Submission of Proposals listed in [Section 1.0](#) (Calendar of Events).

In the event of a tie, the determining factors for award, in descending order, will be: (1) lowest cost and (2) proposed percentage of MWBE participation.

#### **8.2 Submission Review**

DOH will examine all proposals that are received in a proper and timely manner to determine if they meet the proposal submission requirements, as described in [Section 6.0](#) (Proposal Content) and [Section 7.0](#) (Proposal Submission), and include the proper documentation, including all documentation required for the Administrative Proposal, as stated in this RFP. Proposals that are materially deficient in meeting the submission requirements or have omitted material documents, in the sole opinion of DOH, may be rejected.

### **8.3 Technical Evaluation**

The evaluation process will be conducted in a comprehensive and impartial manner. A Technical Evaluation Committee comprised of program staff of DOH will review and evaluate all proposals.

Proposals will undergo a preliminary evaluation to verify Minimum Qualifications to Propose (Section 3.0).

The Technical Evaluation Committee members will independently score each Technical Proposal that meets the submission requirements of this RFP. The individual Committee Member scores will be averaged to calculate the Technical Score for each responsive Bidder.

The technical evaluation is **80% (up to 80 points)** of the final score.

### **8.4 Cost Evaluation**

The Cost Evaluation Committee will examine the Cost Proposal documents. The Cost Proposals will be opened and reviewed for responsiveness to cost requirements. If a cost proposal is found to be non-responsive, that proposal may not receive a cost score and may be eliminated from consideration.

The Cost Proposals will be scored based on a maximum cost score of 20 points. The maximum cost score will be allocated to the proposal with the lowest all-inclusive not-to-exceed maximum price. All other responsive proposals will receive a proportionate score based on the relation of their Cost Proposal to the proposals offered at the lowest final cost, using this formula:

$$C = (A/B) * 20$$

A is Total price of lowest cost proposal;

B is Total price of cost proposal being scored; and

C is the Cost score.

The cost evaluation is **20% (up to 20 points)** of the final score.

### **8.5 Composite Score**

A composite score will be calculated by the DOH by adding the Technical Proposal points and the Cost points awarded. Finalists will be determined based on composite scores.

### **8.6 Reference Checks**

The Bidder should submit references using [Attachment D](#) (References). At the discretion of the Evaluation Committee, references may be checked at any point during the process to verify bidder qualifications to propose (Section 3.0).

### **8.7 Best and Final Offers**

NYSDOH reserves the right to request best and final offers. In the event NYSDOH exercises this right, all bidders that submitted a proposal that are susceptible to award will be asked to provide a best and final offer. Bidders will be informed that should they choose not to submit a best and final offer, the offer submitted with their proposal will be construed as their best and final offer.

### **8.8 Award Recommendation**

The Evaluation Committee will submit a recommendation for award to the Finalist(s) with the highest composite

score(s) whose experience and qualifications have been verified.

The Department will notify the awarded Bidder(s) and Bidders not awarded. The awarded Bidder(s) will enter into a written Agreement substantially in accordance with the terms of [Attachment E](#), DOH Agreement, to provide the required services as specified in this RFP. The resultant contract shall not be binding until fully executed and approved by the New York State Office of the Attorney General and the Office of the State Comptroller.

### **Conditional Award**

The award will be made conditionally to the highest aggregate (Technical/Cost) scoring and responsible vendor, via the process delineated in RFP Section 8.0, Method of Award, pending the following:

1. Receipt of the Conflict of Interest documentation as determined by the Department (see Section 4.5).
2. No later than 30 calendar days following notification of an award, and prior to execution of the contract, the successful bidder will abrogate any ownership as defined in RFP Section 4.5, Conflicts of Interest Requirements Under Contract and to the satisfaction of the Department that such ownership (if any) has been satisfactorily abrogated.
3. Any conflicts of interest disclosed (see Sections 4.5 Conflicts of Interest Requirements Under Contract) must be mitigated no later than 30 calendar days following notification of an award.

### **ATTACHMENTS**

A	Bidder's Certified Statements
B	Proposal Document Checklist
C	Cost Proposal
D	References
E	DOH Agreement
F	Guide to New York State DOH M/WBE Required Forms & Forms
G	Bidder's Disclosure of Prior Non-Responsibility Determination
H	Encouraging Use of New York Businesses in Contract Performance
I	No-Bid Form
J	Vendor Responsibility Attestation
K	Diversity Practices Questionnaire
L	Vendor Assurance of No Conflict of Interest or Detrimental Effect
M	Definitions
N	Medicaid Transportation Program Policy Reimbursement of Travel-Related Expenses
O	Transportation Management Law
P	Title 18 of the New York Code of Rules and Regulation (NYCRR) §505.10
Q	Medicaid Enrollee Fair Hearing Rights
R	Medicaid Transportation Data
S	92 ADM-21, Transportation for Medical Care and Services: 18 NYCRR 505.10
T	Medical Provider Transportation Ordering Guidelines Manual
U	2015 Form

# ATTACHMENT A

## BIDDER'S CERTIFIED STATEMENTS

To be completed and included in the Administrative Proposal documents

<b>RFP#17222 – Medicaid Transportation Management – Finger Lakes / Northern New York Region</b>
<b>1. Information with regard to the Bidder</b>
<b>A. Provide the Bidder's name, address, telephone number, and fax number.</b>
Name: <input type="text"/>
Address: <input type="text"/>
City, State, ZIP Code: <input type="text"/>
Telephone Number (including area code): <input type="text"/>
Fax Number (including area code): <input type="text"/>
<b>B. Provide the name, address, telephone number, and email address of the Bidder's Primary Contact with DOH with regard to this proposal.</b>
Name: <input type="text"/>
Address: <input type="text"/>
City, State, ZIP Code: <input type="text"/>
Telephone Number (including area code): <input type="text"/>
Email Address: <input type="text"/>
<b>2. By submitting the bid the Bidder acknowledges and agrees to all of the following: [Please note: alteration of any language contained in this section may render your proposal non-responsive.]</b>
The Bidder certifies that it can and will provide and make available, at a minimum, all services as described in the RFP if selected for award.
Bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with the proposal, such alternate proposals or extraneous terms will not be evaluated by the DOH.
Bidder accepts, without any added conditions, qualifications or exceptions, the contract terms and conditions contained in this RFP including any exhibits and attachments.
The bidder is either registered to do business in NYS, or if formed or incorporated in another jurisdiction than NYS, can provide a Certificate of Good Standing from the applicable jurisdiction or provide an explanation, subject to the sole satisfaction of the Department, if a Certificate of Good Standing is not available, and if selected, the vendor will register to do business in NYS.

The bidder cannot use subcontractors to perform Medicaid transportation management services, and cannot subcontract with transportation providers. For other services, bidder is/is not [circle one] proposing to utilize the services of a subcontractor (s). If a proposal is submitted which proposes to utilize the services of a subcontractor (s), the bidder provides, in an addendum to this BIDDER'S CERTIFIED STATEMENTS form, a subcontractor summary for each listed subcontractor and certifies that the information provided is complete and accurate.

The summary document for each listed subcontractor should contain the following information:

- a. Complete name of the subcontractor, including DBA and the names of controlling interests for each entity;
- b. Complete address of the subcontractor;
- c. A general description of the scope of work to be performed by the subcontractor;
- d. Percentage of work the subcontractor will be providing;
- e. Evidence that the subcontractor is authorized to do business in the State of New York, and is authorized to provide the applicable goods or services in the State of New York; and

The subcontractor's assertion that they do not discriminate in its employment practices with regards to race, color, religion, age, sex, marital status, political affiliation, national origin, or handicap.

**A. The Bidder is (check as applicable):**

- A New York State Certified Minority-Owned Business Enterprise
- A New York State Certified Woman-Owned Business Enterprise
- A New York State Certified Minority and Woman-Owned Business Enterprise (Dual Certified)
- None of the above

**B. Provide the name, title, address, telephone number, and email address of the person authorized to receive Notices with regard to the contract entered into as a result of this procurement. See Appendix G of the DOH Agreement (Attachment E), NOTICES.**

Name:

Title:

Address:

City, State, ZIP Code:

Telephone Number (including area code):

Email Address:

**C. Bidder's Taxpayer Identification Number:**

**D. Bidder's NYS Vendor Identification Number as discussed in Section 6.1.F, if enrolled:**

By my signature on this Attachment A, I certify to the statements made above in Section 2 and that I am authorized to bind the Bidder contractually. Furthermore, I certify that all information provided in connection with its proposal is true and accurate.

\_\_\_\_\_  
Typed or Printed Name of Authorized Representative of the Bidder

\_\_\_\_\_  
Title/Position of Authorized Representative of the Bidder

\_\_\_\_\_  
Signature of Authorized Representative of the Bidder

\_\_\_\_\_  
Date



# ATTACHMENT B

## PROPOSAL DOCUMENT CHECKLIST

Please reference Section 7.0 for the appropriate format and quantities for each proposal submission.

RFP#17222 – Medicaid Transportation Management – Finger Lakes / Northern New York Region		
FOR THE ADMINISTRATIVE PROPOSAL		
RFP §	CRITERIA	INCLUDED
§ 6.1.A	M/WBE Participation Requirements:	<input type="checkbox"/>
	Attachment F Form 1	<input type="checkbox"/>
	Attachment F Form 2 (If Applicable)	<input type="checkbox"/>
§ 6.1.B	Attachment G – Disclosure of Prior Non-Responsibility Determinations, completed and signed.	<input type="checkbox"/>
§ 6.1.C	Attachment J- Vendor Responsibility Attestation	<input type="checkbox"/>
§ 6.1.D	Freedom of Information Law – Proposal Redactions (If Applicable)	<input type="checkbox"/>
§ 6.1.E	Attachment A - Bidder's Certified Statements, completed & signed.	<input type="checkbox"/>
§ 6.1.F	Attachment H- Encouraging Use of New York Businesses in Contract Performance	<input type="checkbox"/>
§ 6.1.G	Attachment D - (References)	<input type="checkbox"/>
§ 6.1.H	Attachment L-Conflict of Interest or Detrimental Effect	<input type="checkbox"/>
FOR THE TECHNICAL PROPOSAL		
RFP §	CRITERIA	INCLUDED
§ 6.2.A	Title Page	<input type="checkbox"/>
§ 6.2.B	Table of Contents	<input type="checkbox"/>
§ 6.2.C	Documentation of Bidder's Qualifications to Propose	<input type="checkbox"/>
§ 6.2.D	Executive Summary	<input type="checkbox"/>
§ 6.2.E	Technical Proposal Narrative	<input type="checkbox"/>
§ 6.2.F	Attachment K-Diversity Practices Questionnaire	<input type="checkbox"/>
FOR THE COST PROPOSAL REQUIREMENT		
RFP §	REQUIREMENT	INCLUDED
§ 6.3	Attachment C- Cost Proposal	<input type="checkbox"/>

**ATTACHMENT C**  
**COST PROPOSAL Bid Form**

NEW YORK STATE DEPARTMENT OF HEALTH

**COST PROPOSAL BID FORM: Finger Lakes/Northern New York Region**

**Procurement Title: NYS Medicaid Transportation Management – Finger Lakes/ Northern New York Region**

**RFP #17222**

Bidder Name: \_\_\_\_\_

Bidder Address: \_\_\_\_\_

**Bidder must submit a bid price for each of the Volume Level Categories (A & B) for the number of Medicaid enrollees who are eligible to receive fee-for-service (FFS) non-emergency transportation, as indicated in the chart below.** Bids must be provided for each volume level category, even if the region’s total eligible enrollees currently do not reach that level. Bidders are encouraged to reflect volume discounts in higher volume level categories.

<b>Volume Level Category</b>	<b>Medicaid Enrollees Eligible to Receive FFS Transportation</b>	<b>Per Enrollee, Per Month Cost Bid for Transportation Management Services*</b>
<b>A</b>	400,000 – 500,000	
<b>B</b>	500,001 or greater	

**\*Prices remain firm for the first three (3) years of the contract. See price adjustment clause in Section 2.3, Term of Agreement and Section 5.4, Payment for years four (4) and five (5).**

Authorized Vendor Signature \_\_\_\_\_ Date: \_\_\_\_\_

# ATTACHMENT D

## REFERENCES

Submit a total of **THREE (3)** references (Section 6.0.F) using this form.

Expand fields and duplicate this page as necessary.

RFP#17222 – Medicaid Transportation Management – Finger Lakes / Northern New York Region	
<b>BIDDER:</b>	
<b>Provide the following information for each reference submitted. Fields will expand as you type.</b>	
<b>Reference Company #1:</b>	Click here to enter text.
<b>Contact Person:</b>	Click here to enter text.
<b>Address:</b>	Click here to enter text.
<b>City, State, Zip:</b>	Click here to enter text.
<b>Telephone Number:</b>	Click here to enter text.
<b>Email Address:</b>	Click here to enter text.
<b>Number of years Bidder provided services to this entity:</b>	Click here to enter text.
<b>Brief description of the services provided:</b>	Click here to enter text.
<b>Reference Company #2:</b>	Click here to enter text.
<b>Contact Person:</b>	Click here to enter text.
<b>Address:</b>	Click here to enter text.
<b>City, State, Zip:</b>	Click here to enter text.
<b>Telephone Number:</b>	Click here to enter text.
<b>Email Address:</b>	Click here to enter text.
<b>Number of years Bidder provided services to this entity:</b>	Click here to enter text.
<b>Brief description of the services provided:</b>	Click here to enter text.
<b>Reference Company #3:</b>	Click here to enter text.
<b>Contact Person:</b>	Click here to enter text.
<b>Address:</b>	Click here to enter text.
<b>City, State, Zip:</b>	Click here to enter text.
<b>Telephone Number:</b>	Click here to enter text.
<b>Email Address:</b>	Click here to enter text.
<b>Number of years Bidder provided services to this entity:</b>	Click here to enter text.
<b>Brief description of the services provided:</b>	Click here to enter text.

**ATTACHMENT E**

**DOH AGREEMENT**

STATE AGENCY (Name and Address):  
Department of Health  
Corning Tower  
Albany, NY 12237

NYS COMPTROLLER'S NUMBER: C#  
  
ORIGINATING AGENCY GLBU: DOH01  
DEPARTMENT ID: 345XXXX (Use unit ID)

\_\_\_\_\_  
CONTRACTOR (Name and Address):

\_\_\_\_\_  
TYPE OF PROGRAM(S):

\_\_\_\_\_  
CHARITIES REGISTRATION NUMBER:

\_\_\_\_\_  
CONTRACT TERM

CONTRACTOR HAS ( ) HAS NOT ( ) TIMELY  
FILED WITH THE ATTORNEY GENERAL'S  
CHARITIES BUREAU ALL REQUIRED  
PERIODIC OR ANNUAL WRITTEN REPORTS

FROM:  
TO:

FUNDING AMOUNT FOR CONTRACT  
TERM:

FEDERAL TAX IDENTIFICATION NUMBER:

STATUS:  
CONTRACTOR IS ( ) IS NOT ( ) A  
SECTARIAN ENTITY

NYS VENDOR IDENTIFICATION NUMBER:

CONTRACTOR IS ( ) IS NOT ( ) A  
NOT-FOR-PROFIT ORGANIZATION

MUNICIPALITY NO. (If Applicable)

CONTRACTOR IS ( ) IS NOT ( ) A  
NY STATE BUSINESS ENTERPRISE

( ) IF MARKED HERE, THIS CONTRACT IS RENEWABLE FOR \_\_\_ ADDITIONAL ONE-YEAR PERIOD(S) AT  
THE SOLE OPTION OF THE STATE AND SUBJECT TO APPROVAL OF THE OFFICE OF THE STATE  
COMPTROLLER.

**BID OPENING DATE:**

APPENDICES ATTACHED AND PART OF THIS AGREEMENT  
Precedence shall be given to these documents in the order listed below.

- APPENDIX A** – Standard Clauses as required by the Attorney General for all State Contracts.
- APPENDIX X** – Modification Agreement Form (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods)
- APPENDIX Q** – Modification of Standard Department of Health Contract Language
- STATE OF NEW YORK AGREEMENT**
- APPENDIX D** – General Specifications
- APPENDIX B** – Request For Proposal (RFP)
- APPENDIX C** – Proposal
- APPENDIX E-1** – Proof of Workers' Compensation Coverage
- APPENDIX E-2** – Proof of Disability Insurance Coverage
- APPENDIX H** – Federal Health Insurance Portability and Accountability Act Business Associate Agreement
- APPENDIX G** – Notices
- APPENDIX M** – Participation by Minority Group Members and Women with respect to State Contracts: Requirements and Procedures

\_\_\_\_\_  
CONTRACTOR

By: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
STATE AGENCY

By: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Title: \_\_\_\_\_

Date: \_\_\_\_\_

State Agency Certification:  
"In addition to the acceptance of this contract,  
I also certify that original copies of this  
signature page will be attached to all other  
exact copies of this contract."  
\_\_\_\_\_

\_\_\_\_\_  
STATE OF NEW YORK)  
COUNTY OF \_\_\_\_\_) SS.:

On the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
(Signature and office of the individual taking acknowledgement)

**ATTORNEY GENERAL'S SIGNATURE**

\_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**STATE COMPTROLLER'S SIGNATURE**

\_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**APPENDIX A**

**STANDARD CLAUSES FOR NEW YORK STATE CONTRACTS**

**PLEASE RETAIN THIS DOCUMENT  
FOR FUTURE REFERENCE.**

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## **STANDARD CLAUSES FOR NYS CONTRACTS**

## **APPENDIX A**

The parties to the attached contract, license, lease, amendment or other agreement of any kind (hereinafter, "the contract" or "this contract") agree to be bound by the following clauses which are hereby made a part of the contract (the word "Contractor" herein refers to any party other than the State, whether a contractor, licensor, licensee, lessor, lessee or any other party):

**1. EXECUTORY CLAUSE.** In accordance with Section 41 of the State Finance Law, the State shall have no liability under this contract to the Contractor or to anyone else beyond funds appropriated and available for this contract.

**2. NON-ASSIGNMENT CLAUSE.** In accordance with Section 138 of the State Finance Law, this contract may not be assigned by the Contractor or its right, title or interest therein assigned, transferred, conveyed, sublet or otherwise disposed of without the State's previous written consent, and attempts to do so are null and void. Notwithstanding the foregoing, such prior written consent of an assignment of a contract let pursuant to Article XI of the State Finance Law may be waived at the discretion of the contracting agency and with the concurrence of the State Comptroller where the original contract was subject to the State Comptroller's approval, where the assignment is due to a reorganization, merger or consolidation of the Contractor's business entity or enterprise. The State retains its right to approve an assignment and to require that any Contractor demonstrate its responsibility to do business with the State. The Contractor may, however, assign its right to receive payments without the State's prior written consent unless this contract concerns Certificates of Participation pursuant to Article 5-A of the State Finance Law.

**3. COMPTROLLER'S APPROVAL.** In accordance with Section 112 of the State Finance Law (or, if this contract is with the State University or City University of New York, Section 355 or Section 6218 of the Education Law), if this contract exceeds \$50,000 (or the minimum thresholds agreed to by the Office of the State Comptroller for certain S.U.N.Y. and C.U.N.Y. contracts), or if this is an amendment for any amount to a contract which, as so amended, exceeds said statutory amount, or if, by this contract, the State agrees to give something other than money when the value or reasonably estimated value of such consideration exceeds \$10,000, it shall not be valid, effective or binding upon the State until it has been approved by the State Comptroller and filed in his office. Comptroller's approval of contracts let by the

Office of General Services is required when such contracts exceed \$85,000 (State Finance Law Section 163.6-a). However, such pre-approval shall not be required for any contract established as a centralized contract through the Office of General Services or for a purchase order or other transaction issued under such centralized contract.

**4. WORKERS' COMPENSATION BENEFITS.** In accordance with Section 142 of the State Finance Law, this contract shall be void and of no force and effect unless the Contractor shall provide and maintain coverage during the life of this contract for the benefit of such employees as are required to be covered by the provisions of the Workers' Compensation Law.

**5. NON-DISCRIMINATION REQUIREMENTS.** To the extent required by Article 15 of the Executive Law (also known as the Human Rights Law) and all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, sex (including gender identity or expression), national origin, sexual orientation, military status, age, disability, predisposing genetic characteristics, marital status or domestic violence victim status. Furthermore, in accordance with Section 220-e of the Labor Law, if this is a contract for the construction, alteration or repair of any public building or public work or for the manufacture, sale or distribution of materials, equipment or supplies, and to the extent that this contract shall be performed within the State of New York, Contractor agrees that neither it nor its subcontractors shall, by reason of race, creed, color, disability, sex, or national origin: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. If this is a building service contract as defined in Section 230 of the Labor Law, then, in accordance with Section 239 thereof, Contractor agrees that neither it nor its subcontractors shall by reason of race, creed, color, national origin, age, sex or disability: (a) discriminate in hiring against any New York State citizen who is qualified and available to perform the work; or (b) discriminate against or intimidate any employee hired for the performance of work under this contract. Contractor is subject to fines of \$50.00 per person per day for any violation of Section 220-e or Section 239 as well as possible termination of this contract and forfeiture of all moneys due hereunder for a second or subsequent violation.



**6. WAGE AND HOURS PROVISIONS.** If this is a public work contract covered by Article 8 of the Labor Law or a building service contract covered by Article 9 thereof, neither Contractor's employees nor the employees of its subcontractors may be required or permitted to work more than the number of hours or days stated in said statutes, except as otherwise provided in the Labor Law and as set forth in prevailing wage and supplement schedules issued by the State Labor Department. Furthermore, Contractor and its subcontractors must pay at least the prevailing wage rate and pay or provide the prevailing supplements, including the premium rates for overtime pay, as determined by the State Labor Department in accordance with the Labor Law. Additionally, effective April 28, 2008, if this is a public work contract covered by Article 8 of the Labor Law, the Contractor understands and agrees that the filing of payrolls in a manner consistent with Subdivision 3-a of Section 220 of the Labor Law shall be a condition precedent to payment by the State of any State approved sums due and owing for work done upon the project.

**7. NON-COLLUSIVE BIDDING CERTIFICATION.** In accordance with Section 139-d of the State Finance Law, if this contract was awarded based upon the submission of bids, Contractor affirms, under penalty of perjury, that its bid was arrived at independently and without collusion aimed at restricting competition. Contractor further affirms that, at the time Contractor submitted its bid, an authorized and responsible person executed and delivered to the State a non-collusive bidding certification on Contractor's behalf.

**8. INTERNATIONAL BOYCOTT PROHIBITION.** In accordance with Section 220-f of the Labor Law and Section 139-h of the State Finance Law, if this contract exceeds \$5,000, the Contractor agrees, as a material condition of the contract, that neither the Contractor nor any substantially owned or affiliated person, firm, partnership or corporation has participated, is participating, or shall participate in an international boycott in violation of the federal Export Administration Act of 1979 (50 USC App. Sections 2401 et seq.) or regulations thereunder. If such Contractor, or any of the aforesaid affiliates of Contractor, is convicted or is otherwise found to have violated said laws or regulations upon the final determination of the United States Commerce Department or any other appropriate agency of the United States subsequent to the contract's execution, such contract, amendment or modification thereto shall be rendered forfeit and void. The Contractor shall so notify the State Comptroller within five (5) business days of such conviction, determination or disposition of appeal (2NYCRR 105.4

**9. SET-OFF RIGHTS.** The State shall have all of its common law, equitable and statutory rights of set-off. These rights shall include, but not be limited to, the State's option to withhold for the purposes of set-off any moneys due to the Contractor under this contract up to any amounts due and owing to the State with regard to this contract, any other contract with any State department or agency, including any contract for a term commencing prior to the term of this contract, plus any amounts due and owing to the State for any other reason including, without limitation, tax delinquencies, fee delinquencies or monetary penalties relative thereto. The State shall exercise its set-off rights in accordance with normal State practices including, in cases of set-off pursuant to an audit, the finalization of such audit by the State agency, its representatives, or the State Comptroller.

**10. RECORDS.** The Contractor shall establish and maintain complete and accurate books, records, documents, accounts and other evidence directly pertinent to performance under this contract (hereinafter, collectively, "the Records"). The Records must be kept for the balance of the calendar year in which they were made and for six (6) additional years thereafter. The State Comptroller, the Attorney General and any other person or entity authorized to conduct an examination, as well as the agency or agencies involved in this contract, shall have access to the Records during normal business hours at an office of the Contractor within the State of New York or, if no such office is available, at a mutually agreeable and reasonable venue within the State, for the term specified above for the purposes of inspection, auditing and copying. The State shall take reasonable steps to protect from public disclosure any of the Records which are exempt from disclosure under Section 87 of the Public Officers Law (the "Statute") provided that: (i) the Contractor shall timely inform an appropriate State official, in writing, that said records should not be disclosed; and (ii) said records shall be sufficiently identified; and (iii) designation of said records as exempt under the Statute is reasonable. Nothing contained herein shall diminish, or in any way adversely affect, the State's right to discovery in any pending or future litigation.

**11. IDENTIFYING INFORMATION AND PRIVACY NOTIFICATION.** (a) Identification Number(s). Every invoice or New York State Claim for Payment submitted to a New York State agency by a payee, for payment for the sale of goods or services or for transactions (e.g., leases, easements, licenses, etc.) related to real or personal property must include the payee's identification number. The number is any or all of the following: (i) the payee's Federal employer identification number, (ii) the payee's Federal social

security number, and/or (iii) the payee's Vendor Identification Number assigned by the Statewide Financial System. Failure to include such number or numbers may delay payment. Where the payee does not have such number or numbers, the payee, on its invoice or Claim for Payment, must give the reason or reasons why the payee does not have such number or numbers. (b) Privacy Notification. (1) The authority to request the above personal information from a seller of goods or services or a lessor of real or personal property, and the authority to maintain such information, is found in Section 5 of the State Tax Law. Disclosure of this information by the seller or lessor to the State is mandatory. The principal purpose for which the information is collected is to enable the State to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by law. (2) The personal information is requested by the purchasing unit of the agency contracting to purchase the goods or services or lease the real or personal property covered by this contract or lease. The information is maintained in the Statewide Financial System by the Vendor Management Unit within the Bureau of State Expenditures, Office of the State Comptroller, 110 State Street, Albany, New York 12236.

**12. EQUAL EMPLOYMENT OPPORTUNITIES FOR MINORITIES AND WOMEN.** In accordance with Section 312 of the Executive Law and 5 NYCRR 143, if this contract is: (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of \$25,000.00, STANDARD CLAUSES FOR NYS CONTRACTS APPENDIX A Page 5 January 2014 whereby a contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the contracting agency; or (ii) a written agreement in excess of \$100,000.00 whereby a contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon; or (iii) a written agreement in excess of \$100,000.00 whereby the owner of a State assisted housing project is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon for such project, then the following shall apply and by signing this agreement the

Contractor certifies and affirms that it is Contractor's equal employment opportunity policy that:

(a) The Contractor will not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status, shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on State contracts and will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination. Affirmative action shall mean recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation;

(b) at the request of the contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein; and

(c) the Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the State contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

Contractor will include the provisions of "a", "b", and "c" above, in every subcontract over \$25,000.00 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor. Section 312 does not apply to: (i) work, goods or services unrelated to this contract; or (ii) employment outside New York State. The State shall consider compliance by a contractor or subcontractor with the requirements of any federal law concerning equal employment opportunity which effectuates the purpose of this section. The contracting agency shall determine whether the imposition of the requirements of the provisions hereof duplicate or conflict with any such federal law and if such duplication or conflict exists, the contracting agency shall waive the applicability of Section 312 to the extent of such duplication or conflict. Contractor will comply with all

duly promulgated and lawful rules and regulations of the Department of Economic Development's Division of Minority and Women's Business Development pertaining hereto.

**13. CONFLICTING TERMS.** In the event of a conflict between the terms of the contract (including any and all attachments thereto and amendments thereof) and the terms of this Appendix A, the terms of this Appendix A shall control.

**14. GOVERNING LAW.** This contract shall be governed by the laws of the State of New York except where the Federal supremacy clause requires otherwise.

**15. LATE PAYMENT.** Timeliness of payment and any interest to be paid to Contractor for late payment shall be governed by Article 11-A of the State Finance Law to the extent required by law.

**16. NO ARBITRATION.** Disputes involving this contract, including the breach or alleged breach thereof, may not be submitted to binding arbitration (except where statutorily authorized), but must, instead, be heard in a court of competent jurisdiction of the State of New York.

**17. SERVICE OF PROCESS.** In addition to the methods of service allowed by the State Civil Practice Law & Rules ("CPLR"), Contractor hereby consents to service of process upon it by registered or certified mail, return receipt requested. Service hereunder shall be complete upon Contractor's actual receipt of process or upon the State's receipt of the return thereof by the United States Postal Service as refused or undeliverable. Contractor must promptly notify the State, in writing, of each and every change of address to which service of process can be made. Service by the State to the last known address shall be sufficient. Contractor will have thirty (30) calendar days after service hereunder is complete in which to respond.

**18. PROHIBITION ON PURCHASE OF TROPICAL HARDWOODS.** The Contractor certifies and warrants that all wood products to be used under this contract award will be in accordance with, but not limited to, the specifications and provisions of Section 165 of the State Finance Law, (Use of Tropical Hardwoods) which prohibits purchase and use of tropical hardwoods, unless specifically exempted, by the State or any governmental agency or political subdivision or public benefit corporation. Qualification for an exemption under this law will be the responsibility of the contractor to establish to meet with the approval of the State.

In addition, when any portion of this contract involving the use of woods, whether supply or installation, is to be performed by any subcontractor, the prime Contractor will indicate and certify in the submitted bid proposal that the subcontractor has been informed and is in compliance with specifications and provisions regarding use of tropical hardwoods as detailed in §165 State Finance Law. Any such use must meet with the approval of the State; otherwise, the bid may not be considered responsive. Under bidder certifications, proof of qualification for exemption will be the responsibility of the Contractor to meet with the approval of the State.

**19. MACBRIDE FAIR EMPLOYMENT PRINCIPLES.** In accordance with the MacBride Fair Employment Principles (Chapter 807 of the Laws of 1992), the Contractor hereby stipulates that the Contractor either (a) has no business operations in Northern Ireland, or (b) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Fair Employment Principles (as described in Section 165 of the New York State Finance Law), and shall permit independent monitoring of compliance with such principles.

**20. OMNIBUS PROCUREMENT ACT OF 1992.** It is the policy of New York State to maximize opportunities for the participation of New York State business enterprises, including minority and women-owned business enterprises as bidders, subcontractors and suppliers on its procurement contracts.

Information on the availability of New York State subcontractors and suppliers is available from:

NYS Department of Economic Development  
Division for Small Business  
Albany, New York 12245  
Telephone: 518-292-5100  
Fax: 518-292-5884  
Email: [opa@esd.ny.gov](mailto:opa@esd.ny.gov)

A directory of certified minority and women-owned business enterprises is available from:

NYS Department of Economic Development  
Division of Minority and Women's Business Development  
633 Third Avenue  
New York, NY 10017  
212-803-2414  
Email: [mwbecertification@esd.ny.gov](mailto:mwbecertification@esd.ny.gov)  
<https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp>

The Omnibus Procurement Act of 1992 requires that by signing this bid proposal or contract, as applicable, Contractors certify that whenever the total bid amount is greater than \$1 million:

(a) The Contractor has made reasonable efforts to encourage the participation of New York State Business Enterprises as suppliers and subcontractors, including certified minority and women-owned business enterprises, on this project, and has retained the documentation of these efforts to be provided upon request to the State;

(b) The Contractor has complied with the Federal Equal Opportunity Act of 1972 (P.L. 92-261), as amended;

(c) The Contractor agrees to make reasonable efforts to provide notification to New York State residents of employment opportunities on this project through listing any such positions with the Job Service Division of the New York State Department of Labor, or providing such notification in such manner as is consistent with existing collective bargaining contracts or agreements. The Contractor agrees to document these efforts and to provide said documentation to the State upon request; and

(d) The Contractor acknowledges notice that the State may seek to obtain offset credits from foreign countries as a result of this contract and agrees to cooperate with the State in these efforts.

**21. RECIPROCITY AND SANCTIONS PROVISIONS.**

Bidders are hereby notified that if their principal place of business is located in a country, nation, province, state or political subdivision that penalizes New York State vendors, and if the goods or services they offer will be substantially produced or performed outside New York State, the Omnibus Procurement Act 1994 and 2000 amendments (Chapter 684 and Chapter 383, respectively) require that they be denied contracts which they would otherwise obtain. NOTE: As of May 15, 2002, the list of discriminatory jurisdictions subject to this provision includes the states of South Carolina, Alaska, West Virginia, Wyoming, Louisiana and Hawaii. Contact NYS Department of Economic Development for a current list of jurisdictions subject to this provision.

**22. COMPLIANCE WITH NEW YORK STATE INFORMATION SECURITY BREACH AND NOTIFICATION ACT.** Contractor shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208).

**23. COMPLIANCE WITH CONSULTANT**

**DISCLOSURE LAW.** If this is a contract for consulting services, defined for purposes of this requirement to include analysis, evaluation, research, training, data processing, computer programming, engineering, environmental, health, and mental health services, accounting, auditing, paralegal, legal or similar services, then, in accordance with Section 163 (4-g) of the State Finance Law (as amended by Chapter 10 of the Laws of 2006), the Contractor shall timely, accurately and properly comply with the requirement to submit an annual employment report for the contract to the agency that awarded

**24. PROCUREMENT LOBBYING.** To the extent this agreement is a "procurement contract" as defined by

State Finance Law Sections 139-j and 139-k, by signing this agreement the contractor certifies and affirms that all disclosures made in accordance with State Finance Law Sections 139-j and 139-k are complete, true and accurate. In the event such certification is found to be intentionally false or intentionally incomplete, the State may terminate the agreement by providing written notification to the Contractor in accordance with the terms of the agreement.

**25. CERTIFICATION OF REGISTRATION TO COLLECT SALES AND COMPENSATING USE TAX BY CERTAIN STATE CONTRACTORS, AFFILIATES AND SUBCONTRACTORS.**

To the extent this agreement is a contract as defined by Tax Law Section 5-a, if the contractor fails to make the certification required by Tax Law Section 5-a or if during the term of the contract, the Department of Taxation and Finance or the covered agency, as defined by Tax Law 5-a, discovers that the certification, made under penalty of perjury, is false, then such failure to file or false certification shall be a material breach of this contract and this contract may be terminated, by providing written notification to the Contractor in accordance with the terms of the agreement, if the covered agency determines that such action is in the best interest of the State.

**26. IRAN DIVESTMENT ACT.** By entering into this Agreement, Contractor certifies in accordance with State Finance Law §165-a that it is not on the "Entities Determined to be Non-Responsive Bidders/Offerors pursuant to the New York State Iran Divestment Act of 2012" ("Prohibited Entities List") posted at: <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>

Contractor further certifies that it will not utilize on this Contract any subcontractor that is identified on the

Prohibited Entities List. Contractor agrees that should it seek to renew or extend this Contract, it must provide the same certification at the time the Contract is renewed or extended. Contractor also agrees that any proposed Assignee of this Contract will be required to certify that it is not on the Prohibited Entities List before the contract assignment will be approved by the State.

During the term of the Contract, should the state agency receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, the state agency will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then the state agency shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, imposing sanctions, seeking compliance, recovering damages or declaring the Contractor in default.

The state agency reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

## APPENDIX X

**MODIFICATION AGREEMENT FORM** (to accompany modified appendices for changes in term or consideration on an existing period or for renewal periods)

Contract Number: \_\_\_\_\_ Contractor: \_\_\_\_\_

Amendment Number: X-\_\_\_\_\_ BSC Unit ID: 345<XXXX>

This is an AGREEMENT between THE STATE OF NEW YORK, acting by and through NYS Department of Health, having its principal office at Albany, New York, (hereinafter referred to as the STATE), and \_\_\_\_\_ (hereinafter referred to as the CONTRACTOR), having its mailing address at \_\_\_\_\_, for amendment of this contract.

This amendment makes the following changes to the contract (check all that apply):

- \_\_\_\_\_ Modifies the contract period at no additional cost
- \_\_\_\_\_ Modifies the contract period at additional cost
- \_\_\_\_\_ Modifies the budget or payment terms
- \_\_\_\_\_ Modifies the work plan or deliverables
- \_\_\_\_\_ Replaces appendix(es) \_\_\_\_\_ with the attached appendix(es) \_\_\_\_\_
- \_\_\_\_\_ Adds the attached appendix(es) \_\_\_\_\_
- \_\_\_\_\_ Other: (describe) \_\_\_\_\_

This amendment *is* / *is not* a contract renewal as allowed for in the existing contract.

All other provisions of said AGREEMENT shall remain in full force and effect.

Additionally, Contractor certifies that it is not included on the prohibited entities list published at <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf> as a result of the Iran Divestment Act of 2012 (Act), Chapter 1 of the 2012 Laws of New York. Under the Act, the Commissioner of the Office of General Services (OGS) has developed a list (prohibited entities list) of "persons" who are engaged in "investment activities in Iran" (both are defined terms in the law). Contractor (or any assignee) also certifies that it will not utilize on such Contract any subcontractor that is identified on the prohibited entities list.

Prior to this amendment, the contract value and period were:  
\$ \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Value before amendment) (Initial start date)

This amendment provides the following modification (complete only items being modified):  
\$ \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

This will result in new contract terms of:  
\$ \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(All years thus far combined) (Initial start date) (Amendment end date)

SIGNATURE PAGE FOR:

Contract Number: \_\_\_\_\_ Contractor: \_\_\_\_\_

Amendment Number: X-\_\_\_\_\_ BSC Unit ID: 345<XXXX>

IN WITNESS WHEREOF, the parties hereto have executed this AGREEMENT as of the dates appearing under their signatures.

**CONTRACTOR SIGNATURE**

By: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

STATE OF NEW YORK )  
COUNTY OF \_\_\_\_\_) SS.:

On the \_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
(Signature and office of the individual taking acknowledgement)

**STATE AGENCY SIGNATURE**

"In addition to the acceptance of this contract, I also certify that original copies of this signature page will be attached to all other exact copies of this contract."

By: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**ATTORNEY GENERAL'S SIGNATURE**

By: \_\_\_\_\_ Date: \_\_\_\_\_

**STATE COMPTROLLER'S SIGNATURE**

By: \_\_\_\_\_ Date: \_\_\_\_\_

# STATE OF NEW YORK AGREEMENT

This AGREEMENT is hereby made by and between the State of New York Department of Health (STATE) and the public or private agency (CONTRACTOR) identified on the face page hereof.

WITNESSETH:

WHEREAS, the STATE has formally requested contractors to submit bid proposals for the project described in Appendix B for which bids were opened on the date noted on the face pages of this AGREEMENT; and

WHEREAS, the STATE has determined that the CONTRACTOR is the successful bidder, and the CONTRACTOR covenants that it is willing and able to undertake the services and provide the necessary materials, labor and equipment in connection therewith;

NOW THEREFORE, in consideration of the terms hereinafter mentioned and also the covenants and obligations moving to each party hereto from the other, the parties hereto do hereby agree as follows:

## I. Conditions of Agreement

- A. This AGREEMENT incorporates the face pages attached and all of the marked appendices identified on the face page hereof.
- B. The maximum compensation for the contract term of this AGREEMENT shall not exceed the amount specified on the face page hereof.
- C. This AGREEMENT may be renewed for additional periods (PERIOD), as specified on the face page hereof.
- D. To exercise any renewal option of this AGREEMENT, the parties shall prepare new appendices, to the extent that any require modification, and a Modification Agreement (the attached Appendix X is the blank form to be used). Any terms of this AGREEMENT not modified shall remain in effect for each PERIOD of the AGREEMENT. The modification agreement is subject to the approval of the Office of the State Comptroller.
- E. Appendix A (Standard Clauses as required by the Attorney General for all State contracts) takes precedence over all other parts of the AGREEMENT.
- F. For the purposes of this AGREEMENT, the terms "Request For Proposal" and "RFP" include all Appendix B documents as marked on the face page hereof.
- G. For the purposes of this AGREEMENT, the term "Proposal" includes all Appendix C documents as marked on the face page hereof.

## II. Payment and Reporting

- A. The CONTRACTOR shall submit complete and accurate invoices and/or vouchers, together with supporting documentation required by the contract, the State Agency and the State Comptroller, to the STATE's designated payment office in order to receive payment to one of the following addresses:
  1. Preferred Method: Email a .pdf copy of your signed voucher to the BSC at: [DOHaccountspayable@ogs.ny.gov](mailto:DOHaccountspayable@ogs.ny.gov) with a subject field as follows:  
Subject: <<Unit ID: 345XXXX>> <<Contract #>>  
(Note: do not send a paper copy in addition to your emailed voucher.)



2. Alternate Method: Mail vouchers to BSC at the following U.S. postal address:  
NYS Department of Health  
Unit ID 345<<xxxx>>  
PO Box 2093  
Albany, NY 12220-0093

- B. Payment of such invoices and/or vouchers by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law.

Payment for invoices and/or vouchers submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at [www.osc.state.ny.us/epay/index.htm](http://www.osc.state.ny.us/epay/index.htm), by email at [helpdesk@sfs.ny.gov](mailto:helpdesk@sfs.ny.gov) or by telephone at 1-855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any invoices and/or vouchers submitted under this Contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

In addition to the Electronic Payment Authorization Form, a Substitute Form W-9, must be on file with the Office of the State Comptroller, Bureau of Accounting Operations. Additional information and procedures for enrollment can be found at <http://www.osc.state.ny.us/vendors/vendorguide/guide.htm>.

### III. Term of Contract

- A. Upon approval of the Office of the State Comptroller, this AGREEMENT shall be effective for the term as specified on the cover page.
- B. This Agreement may be terminated by mutual written agreement of the contracting parties.
- C. This Agreement may be terminated by the Department for cause upon the failure of the Contractor to comply with the terms and conditions of this Agreement, including the attachments hereto, provided that the Department shall give the contractor written notice via registered or certified mail, return receipt requested, or shall deliver same by hand-receiving Contractor's receipt therefor, such written notice to specify the Contractor's failure and the termination of this Agreement. Termination shall be effective ten (10) business days from receipt of such notice, established by the receipt returned to the Department. The Contractor agrees to incur no new obligations nor to claim for any expenses made after receipt of the notification of termination.
- D. This Agreement may be deemed terminated immediately at the option of the Department upon the filing of a petition in bankruptcy or insolvency, by or against the Contractor. Such termination shall be immediate and complete, without termination costs or further obligations by the Department to the Contractor.
- E. This agreement may be canceled at any time by the Department of Health giving to the contractor not less than thirty (30) days written notice that on or after a date therein specified this agreement shall be deemed terminated and canceled.

### IV. Proof of Coverage

Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:

- A. Workers' Compensation, for which one of the following is incorporated into this contract as Appendix E-1: CE-200, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation and/or Disability Benefits Insurance Coverage Is Not Required; OR
  - 1. C-105.2 – Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the U-26.3; OR
  - 2. SI-12 – Certificate of Workers' Compensation Self-Insurance, OR GSI-105.2 – Certificate of Participation in Workers' Compensation Group Self-Insurance.
- B. Disability Benefits coverage, for which one of the following is incorporated into this contract as Appendix E-2:
  - 1. CE-200, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation and/or Disability Benefits Insurance Coverage Is Not Required; OR
  - 2. DB-120.1 – Certificate of Disability Benefits Insurance OR
  - 3. DB-155 – Certificate of Disability Benefits Self-Insurance

V. Indemnification

- A. The CONTRACTOR shall be solely responsible and answerable in damages for any and all accidents and/or injuries to persons (including death) or property arising out of or related to the services to be rendered by the CONTRACTOR or its subcontractors pursuant to this AGREEMENT. The CONTRACTOR shall indemnify and hold harmless the STATE and its officers and employees from claims, suits, actions, damages and costs of every nature arising out of the provision of services pursuant to this AGREEMENT.

The CONTRACTOR is an independent contractor and may neither hold itself out nor claim to be an officer, employee or subdivision of the STATE nor make any claims, demand or application to or for any right based upon any different status.

**APPENDIX D**  
**GENERAL SPECIFICATIONS**

- A. By signing the "Bid Form" each bidder attests to its express authority to sign on behalf of this company or other entity and acknowledges and accepts that all specifications, general and specific appendices, including Appendix-A, the Standard Clauses for all New York State contracts, and all schedules and forms contained herein will become part of any contract entered, resulting from the Request for Proposal. Anything which is not expressly set forth in the specifications, appendices and forms and resultant contract, but which is reasonable to be implied, shall be furnished and provided in the same manner as if specifically expressed.
- B. The work shall be commenced and shall be actually undertaken within such time as the Department of Health may direct by notice, whether by mail, e-mail, or other writing, whereupon the undersigned will give continuous attention to the work as directed, to the end and with the intent that the work shall be completed within such reasonable time or times, as the case may be, as the Department may prescribe.
- C. The Department reserves the right to stop the work covered by this proposal and the contract at any time that the Department deems the successful bidder to be unable or incapable of performing the work to the satisfaction of the Department, and in the event of such cessation of work, the Department shall have the right to arrange for the completion of the work in such manner as the Department may deem advisable, and if the cost thereof exceeds the amount of the bid, the successful bidder and its surety shall be liable to the State of New York for any excess cost on account thereof.
- D. Each bidder is under an affirmative duty to be informed by personal examination of the specifications and location of the proposed work and by such other means as it may select, of character, quality, and extent of work to be performed and the conditions under which the contract is to be executed.
- E. The Department of Health will make no allowance or concession to a bidder for any alleged misunderstanding or deception because of quantity, quality, character, location or other conditions.
- F. The bid price is to cover the cost of furnishing all of the said services, materials, equipment, and labor to the satisfaction of the Department of Health and the performance of all work set forth in said specifications.
- G. The successful bidder will be required to complete the entire work or any part thereof as the case may be, to the satisfaction of the Department of Health in strict accordance with the specifications and pursuant to a contract therefore.
- H. Contractor will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
- I. Non-Collusive Bidding: By submission of this proposal, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief:
  - 1. The prices of this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
  - 2. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly to any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition;

3. No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

NOTE: Chapter 675 of the Laws of New York for 1966 provides that every bid made to the state or any public department, agency or official thereof, where competitive bidding is required by statute, rule or regulation, for work or services performed or to be performed or goods sold or to be sold, shall contain the foregoing statement subscribed by the bidder and affirmed by such bidder as true under penalties of perjury.

A bid shall not be considered for award nor shall any award be made where (a), (b) and (c) above have not been complied with; provided however, that if in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefore. Where (a), (b) and (c) above have not been complied with, the bid shall not be considered for award nor shall any award be made unless the head of the purchasing unit of the state, public department or agency to which the bid is made or its designee, determines that such disclosure was not made for the purpose of restricting competition. The fact that a bidder has published price lists, rates, or tariffs covering items being procured, has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or has sold the same items to other customers at the same price being bid, does not constitute, without more, a disclosure within the meaning of the above quoted certification.

Any bid made to the State or any public department, agency or official thereof by a corporate bidder for work or services performed or to be performed or goods, sold or to be sold, where competitive bidding is required by statute, rule or regulation and where such bid contains the certification set forth above shall be deemed to have been authorized by the board of directors of the bidder, and such authorization shall be deemed to include the signing and submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation.

- J. A bidder may be disqualified from receiving awards if such bidder or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.
- K. The Department reserves the right to make awards within ninety (90) days after the date of the bid opening, during which period bids shall not be withdrawn unless the bidder distinctly states in the bid that acceptance thereof must be made within a shorter specified time.
- L. Any contract entered into resultant from this request for proposal will be considered a "Work for Hire Contract." The Department will be the sole owner of all source code and any software which is developed for use in the application software provided to the Department as a part of this contract.
- M. Technology Purchases Notification --The following provisions apply if this Request for Proposal (RFP) seeks proposals for "Technology"
  1. For the purposes of this policy, "technology" applies to all services and commodities, voice/data/video and/or any related requirement, major software acquisitions, systems modifications or upgrades, etc., that result in a technical method of achieving a practical purpose or in improvements of productivity. The purchase can be as simple as an order for new or replacement personal computers, or for a consultant to design a new system, or as complex as a major systems improvement or innovation that changes how an agency conducts its business practices.
  2. If this RFP results in procurement of software over \$20,000, or of other technology over \$50,000, or where the department determines that the potential exists for coordinating purchases among State agencies and/or the purchase may be of interest to one or more other State agencies, PRIOR TO AWARD SELECTION, this RFP and all responses thereto are subject to review by the New York State Office for Technology.
  3. Any contract entered into pursuant to an award of this RFP shall contain a provision which extends the terms and conditions of such contract to any other State agency in New York. Incorporation of this RFP into the resulting contract also incorporates this provision in the contract.

## N. Date/Time Warranty

### 1. Definitions: For the purposes of this warranty, the following definitions apply:

"Product" shall include, without limitation: when solicited from a vendor in a State government entity's contracts, RFPs, IFBs, or mini-bids, any piece or component of equipment, hardware, firmware, middleware, custom or commercial software, or internal components or subroutines therein which perform any date/time data recognition function, calculation, comparing or sequencing. Where services are being furnished, e.g., consulting, systems integration, code or data conversion or data entry, the term "Product" shall include resulting deliverables.

"Third Party Product" shall include product manufactured or developed by a corporate entity independent from the vendor and provided by the vendor on a non-exclusive licensing or other distribution Agreement with the third party manufacturer. "Third Party Product" does not include product where vendor is: (a) a corporate subsidiary or affiliate of the third party manufacturer/developer; and/or (b) the exclusive re-seller or distributor of product manufactured or developed by said corporate entity.

### 2. Date/Time Warranty Statement

Contractor warrants that Product(s) furnished pursuant to this Contract shall, when used in accordance with the Product documentation, be able to accurately process date/time data (including, but not limited to, calculating, comparing, and sequencing) transitions, including leap year calculations. Where a Contractor proposes or an acquisition requires that specific Products must perform as a package or system, this warranty shall apply to the Products as a system.

Where Contractor is providing ongoing services, including but not limited to: i) consulting, integration, code or data conversion, ii) maintenance or support services, iii) data entry or processing, or iv) contract administration services (e.g., billing, invoicing, claim processing), Contractor warrants that services shall be provided in an accurate and timely manner without interruption, failure or error due to the inaccuracy of Contractor's business operations in processing date/time data (including, but not limited to, calculating, comparing, and sequencing) various date/time transitions, including leap year calculations. Contractor shall be responsible for damages resulting from any delays, errors or untimely performance resulting therefrom, including but not limited to the failure or untimely performance of such services.

This Date/Time Warranty shall survive beyond termination or expiration of this contract through: a) ninety (90) days or b) the Contractor's or Product manufacturer/developer's stated date/time warranty term, whichever is longer. Nothing in this warranty statement shall be construed to limit any rights or remedies otherwise available under this Contract for breach of warranty.

- O. No Subcontracting: Subcontracting by the contractor shall not be permitted except by prior written approval of the Department of Health. All subcontracts shall contain provisions specifying that the work performed by the subcontractor must be in accordance with the terms of this AGREEMENT, and that the subcontractor specifically agrees to be bound by the confidentiality provisions set forth in the AGREEMENT between the STATE and the CONTRACTOR.
- P. Superintendence by Contractor: The Contractor shall have a representative to provide supervision of the work which Contractor employees are performing to ensure complete and satisfactory performance with the terms of the Contract. This representative shall also be authorized to receive and put into effect promptly all orders, directions and instructions from the Department of Health. A confirmation in writing of such orders or directions will be given by the Department when so requested from the Contractor.
- Q. Sufficiency of Personnel and Equipment: If the Department of Health is of the opinion that the services required by the specifications cannot satisfactorily be performed because of insufficiency of personnel, the Department shall have the authority to require the Contractor to use such additional personnel, to take such steps necessary to perform the services satisfactorily at no additional cost to the State.
- R. Experience Requirements: The Contractor shall submit evidence to the satisfaction of the Department that it possesses the necessary experience and qualifications to perform the type of services required under this

contract and must show that it is currently performing similar services. The Contractor shall submit at least two references to substantiate these qualifications.

- S. Contract Amendments. This agreement may be amended by written agreement signed by the parties and subject to the laws and regulations of the State pertaining to contract amendments. This agreement may not be amended orally.

The contractor shall not make any changes in the scope of work as outlined herein at any time without prior authorization in writing from the Department of Health and without prior approval in writing of the amount of compensation for such changes.

T. Provisions upon Default

1. In the event that the Contractor, through any cause, fails to perform any of the terms, covenants or promises of this agreement, the Department acting for and on behalf of the State, shall thereupon have the right to terminate this agreement by giving notice in writing of the fact and date of such termination to the Contractor.
2. If, in the judgment of the Department of Health, the Contractor acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate this agreement by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgment of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

U. Upon termination of this agreement, the following shall occur:

1. Contractor shall make available to the State for examination all data, records and reports relating to this Contract; and
2. Except as otherwise provided in the Contract, the liability of the State for payments to the Contractor and the liability of the Contractor for services hereunder shall cease.

- V. Conflicts: If, in the opinion of the Department of Health, (1) the specifications conflict, or (2) if the specifications are not clear as to (a) the method of performing any part of the work, or as to (b) the types of materials or equipment necessary, or as to (c) the work required to be done in every such situation, the Contractor shall be deemed to have based his bid upon performing the work and furnishing materials or equipment in the most inexpensive and efficient manner. If such conflicts and/or ambiguities arise, the Department of Health will furnish the Contractor supplementary information showing the manner in which the work is to be performed and the type or types of material or equipment that shall be used.

W. Contract Insurance Requirements

1. The successful bidder must without expense to the State procure and maintain, until final acceptance by the Department of Health of the work covered by this proposal and the contract, insurance of the kinds and in the amounts hereinafter provided, in insurance companies authorized to do such business in the State of New York covering all operations under this proposal and the contract, whether performed by it or by subcontractors. Before commencing the work, the successful bidder shall furnish to the Department of Health a certificate or certificates, in a form satisfactory to the Department, showing that it has complied with the requirements of this section, which certificate or certificates shall state that the policies shall not be changed or canceled until thirty days written notice has been given to the Department. The kinds and amounts of required insurance are:
  - a. A policy covering the obligations of the successful bidder in accordance with the provisions of Chapter 41, Laws of 1914, as amended, known as the Workers' Compensation Law, and the contract shall be void and of no effect unless the successful bidder procures such policy and maintains it until acceptance of the work (reference Appendix E).

- b. Policies of Bodily Injury Liability and Property Damage Liability Insurance of the types hereinafter specified, each within limits of not less than \$500,000 for all damages arising out of bodily injury, including death at any time resulting therefrom sustained by one person in any one occurrence, and subject to that limit for that person, not less than \$1,000,000 for all damages arising out of bodily injury, including death at any time resulting therefrom sustained by two or more persons in any one occurrence, and not less than \$500,000 for damages arising out of damage to or destruction of property during any single occurrence and not less than \$1,000,000 aggregate for damages arising out of damage to or destruction of property during the policy period.
    - i. Contractor's Liability Insurance issued to and covering the liability of the successful bidder with respect to all work performed by it under this proposal and the contract.
    - ii. Protective Liability Insurance issued to and covering the liability of the People of the State of New York with respect to all operations under this proposal and the contract, by the successful bidder or by its subcontractors, including omissions and supervisory acts of the State.
    - iii. Automobile Liability Insurance issued to and covering the liability of the People of the State of New York with respect to all operations under this proposal and the contract, by the successful bidder or by its subcontractors, including omissions and supervisory acts of the State.
- X. Certification Regarding Debarment and Suspension: Regulations of the Department of Health and Human Services, located at Part 76 of Title 45 of the Code of Federal Regulations (CFR), implement Executive Orders 12549 and 12689 concerning debarment and suspension of participants in federal programs and activities. Executive Order 12549 provides that, to the extent permitted by law, Executive departments and agencies shall participate in a government-wide system for non-procurement debarment and suspension. Executive Order 12689 extends the debarment and suspension policy to procurement activities of the federal government. A person who is debarred or suspended by a federal agency is excluded from federal financial and non-financial assistance and benefits under federal programs and activities, both directly (primary covered transaction) and indirectly (lower tier covered transactions). Debarment or suspension by one federal agency has government-wide effect.

Pursuant to the above-cited regulations, the New York State Department of Health (as a participant in a primary covered transaction) may not knowingly do business with a person who is debarred, suspended, proposed for debarment, or subject to other government-wide exclusion (including any exclusion from Medicare and State health care program participation on or after August 25, 1995), and the Department of Health must require its prospective contractors, as prospective lower tier participants, to provide the certification in Appendix B to Part 76 of Title 45 CFR, as set forth below:

**1. APPENDIX B TO PART 76-CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS**

**Instructions for Certification**

- a. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- b. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered and erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- c. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
- d. 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 meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

- e. The prospective lower tier participant agrees by submitting this proposal 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 proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
  - f. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions.
  - g. 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 proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, 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 List of parties Excluded from Federal Procurement and Non-procurement Programs.
  - h. 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.
  - i. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions
    - a. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily exclude from participation in this transaction by any Federal department agency.
    - b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

#### Y. Confidentiality Clauses

1. Any materials, articles, papers, etc., developed by the CONTRACTOR under or in the course of performing this AGREEMENT shall contain the following, or similar acknowledgment: "Funded by the New York State Department of Health". Any such materials must be reviewed and approved by the STATE for conformity with the policies and guidelines for the New York State Department of Health prior to dissemination and/or publication. It is agreed that such review will be conducted in an expeditious manner. Should the review result in any unresolved disagreements regarding content, the CONTRACTOR shall be free to publish in scholarly journals along with a disclaimer that the views within the Article or the policies reflected are not necessarily those of the New York State Department of Health. The Department reserves the right to disallow funding for any educational materials not approved through its review process.
2. Any publishable or otherwise reproducible material developed under or in the course of performing this AGREEMENT, dealing with any aspect of performance under this AGREEMENT, or of the results and accomplishments attained in such performance, shall be the sole and exclusive property of the STATE, and



shall not be published or otherwise disseminated by the CONTRACTOR to any other party unless prior written approval is secured from the STATE or under circumstances as indicated in paragraph 1 above. Any and all net proceeds obtained by the CONTRACTOR resulting from any such publication shall belong to and be paid over to the STATE. The STATE shall have a perpetual royalty-free, non-exclusive and irrevocable right to reproduce, publish or otherwise use, and to authorize others to use, any such material for governmental purposes.

3. No report, document or other data produced in whole or in part with the funds provided under this AGREEMENT may be copyrighted by the CONTRACTOR or any of its employees, nor shall any notice of copyright be registered by the CONTRACTOR or any of its employees in connection with any report, document or other data developed pursuant to this AGREEMENT.
4. All reports, data sheets, documents, etc. generated under this contract shall be the sole and exclusive property of the Department of Health. Upon completion or termination of this AGREEMENT the CONTRACTOR shall deliver to the Department of Health upon its demand all copies of materials relating to or pertaining to this AGREEMENT. The CONTRACTOR shall have no right to disclose or use any of such material and documentation for any purpose whatsoever, without the prior written approval of the Department of Health or its authorized agents.
5. The CONTRACTOR, its officers, agents and employees and subcontractors shall treat all information, which is obtained by it through its performance under this AGREEMENT, as confidential information to the extent required by the laws and regulations of the United States and laws and regulations of the State of New York.

Z. Provision Related to Consultant Disclosure Legislation

1. If this contract is for the provision of consulting services as defined in Subdivision 17 of Section 8 of the State Finance Law, the CONTRACTOR shall submit a "State Consultant Services Form B, Contractor's Annual Employment Report" no later than May 15th following the end of each state fiscal year included in this contract term. This report must be submitted to:
  - a. The NYS Department of Health, at the following address New York State Department of Health, Bureau of Contracts Room -2756, Corning Tower, Albany, NY 12237; and
  - b. The NYS Office of the State Comptroller, Bureau of Contracts, 110 State Street, 11th Floor, Albany NY 12236 ATTN: Consultant Reporting -or via fax at (518) 474-8030 or (518) 473-8808; and
  - c. The NYS Department of Civil Service, Albany NY 12239, ATTN: Consultant Reporting.

AA. Provisions Related to New York State Procurement Lobbying Law: The STATE reserves the right to terminate this AGREEMENT in the event it is found that the certification filed by the CONTRACTOR in accordance with New York State Finance Law §139-k was intentionally false or intentionally incomplete. Upon such finding, the STATE may exercise its termination right by providing written notification to the CONTRACTOR in accordance with the written notification terms of this AGREEMENT.

BB. Provisions Related to New York State Information Security Breach and Notification Act: CONTRACTOR shall comply with the provisions of the New York State Information Security Breach and Notification Act (General Business Law Section 899-aa; State Technology Law Section 208). CONTRACTOR shall be liable for the costs associated with such breach if caused by CONTRACTOR'S negligent or willful acts or omissions, or the negligent or willful acts or omissions of CONTRACTOR'S agents, officers, employees or subcontractors.

CC. Lead Guidelines: All products supplied pursuant to this agreement shall meet local, state and federal regulations, guidelines and action levels for lead as they exist at the time of the State's acceptance of this contract.

DD. On-Going Responsibility

1. General Responsibility Language: The CONTRACTOR shall at all times during the Contract term remain responsible. The Contractor agrees, if requested by the Commissioner of Health or his or her designee, to

present evidence of its continuing legal authority to do business in New York State, integrity, experience, ability, prior performance, and organizational and financial capacity.

2. Suspension of Work (for Non-Responsibility) :The Commissioner of Health or his or her designee, in his or her sole discretion, reserves the right to suspend any or all activities under this Contract, at any time, when he or she discovers information that calls into question the responsibility of the Contractor. In the event of such suspension, the Contractor will be given written notice outlining the particulars of such suspension. Upon issuance of such notice, the Contractor must comply with the terms of the suspension order. Contract activity may resume at such time as the Commissioner of Health or his or her designee issues a written notice authorizing a resumption of performance under the Contract.
3. Termination (for Non-Responsibility): Upon written notice to the Contractor, and a reasonable opportunity to be heard with appropriate Department of Health officials or staff, the Contract may be terminated by Commissioner of Health or his or her designee at the Contractor's expense where the Contractor is determined by the Commissioner of Health or his or her designee to be non-responsible. In such event, the Commissioner of Health or his or her designee may complete the contractual requirements in any manner he or she may deem advisable and pursue available legal or equitable remedies for breach.

EE. Provisions Related to Iran Divestment Act: As a result of the Iran Divestment Act of 2012 (Act), Chapter 1 of the 2012 Laws of New York, a provision has been added to the State Finance Law (SFL), § 165-a, effective April 12, 2012. Under the Act, the Commissioner of the Office of General Services (OGS) has developed a list (prohibited entities list) of "persons" who are engaged in "investment activities in Iran" (both are defined terms in the law). Pursuant to SFL § 165-a(3)(b), the initial list has been posted on the OGS website at <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>.

By entering into this Contract, CONTRACTOR (or any assignee) certifies that it will not utilize on such Contract any subcontractor that is identified on the prohibited entities list. Additionally, CONTRACTOR agrees that should it seek to renew or extend the Contract, it will be required to certify at the time the Contract is renewed or extended that it is not included on the prohibited entities list. CONTRACTOR also agrees that any proposed Assignee of the Contract will be required to certify that it is not on the prohibited entities list before the New York State Department of Health may approve a request for Assignment of Contract.

During the term of the Contract, should New York State Department of Health receive information that a person is in violation of the above referenced certification, New York State Department of Health will offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment which is in violation of the Act within 90 days after the determination of such violation, then New York State Department of Health shall take such action as may be appropriate including, but not limited to, imposing sanctions, seeking compliance, recovering damages, or declaring the CONTRACTOR in default.

New York State Department of Health reserves the right to reject any request for assignment for an entity that appears on the prohibited entities list prior to the award of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the prohibited entities list after contract award.

#### FF. CONFLICTS OF INTEREST

1. The CONTRACTOR has provided a form (Vendor Assurance of No Conflict of Interest or Detrimental Effect), signed by an authorized executive or legal representative attesting that the CONTRACTOR's performance of the services does not and will not create a conflict of interest with, nor position the CONTRACTOR to breach any other contract currently in force with the State of New York, that the CONTRACTOR will not act in any manner that is detrimental to any STATE project on which the CONTRACTOR is rendering services.
2. The CONTRACTOR hereby reaffirms the attestations made in its proposal and covenants and represents that there is and shall be no actual or potential conflict of interest that could prevent the CONTRACTOR's satisfactory or ethical performance of duties required to be performed pursuant to the terms of this AGREEMENT. The CONTRACTOR shall have a duty to notify the STATE immediately of any actual or potential conflicts of interest.

3. In conjunction with any subcontract under this AGREEMENT, the CONTRACTOR shall obtain and deliver to the STATE, prior to entering into a subcontract, a Vendor Assurance of No Conflict of Interest or Detrimental Effect form, signed by an authorized executive or legal representative of the subcontractor. The CONTRACTOR shall also require in any subcontracting agreement that the subcontractor, in conjunction with any further subcontracting agreement, obtain and deliver to the STATE a signed and completed Vendor Assurance of No Conflict of Interest or Detrimental Effect form for each of its subcontractors prior to entering into a subcontract.

4. The STATE and the CONTRACTOR recognize that conflicts may occur in the future because the CONTRACTOR may have existing, or establish new, relationships. The STATE will review the nature of any relationships and reserves the right to terminate this AGREEMENT for any reason, or for cause, if, in the judgment of the STATE, a real or potential conflict of interest cannot be cured.

#### GG. PUBLIC OFFICERS LAW

Contractors, consultants, vendors, and subcontractors may hire former State Agency or Authority employees. However, as a general rule, the contractor shall be informed that in accordance with New York Public Officers Law, former employees of the State Agency or Authority may neither appear nor practice before the State Agency or Authority, nor receive compensation for services rendered on a matter before the State Agency or Authority, for a period of two years following their separation from State Agency or Authority service. In addition, former State Agency or Authority employees are subject to a "lifetime bar" from appearing before the State Agency or Authority or receiving compensation for services regarding any transaction in which they personally participated or which was under their active consideration during their tenure with the State Agency or Authority.

#### HH. ETHICS REQUIREMENTS

The Contractor and its Subcontractors shall not engage any person who is, or has been at any time, in the employ of the State to perform services in violation of the provisions of the New York Public Officers Law, other laws applicable to the service of State employees, and the rules, regulations, opinions, guidelines or policies promulgated or issued by the New York State Joint Commission on Public Ethics, or its predecessors (collectively, the "Ethics Requirements"). The Contractor, by signing this contract, certifies that all of its employees and those of its Subcontractors who are former employees of the State and who are assigned to perform services under this Contract shall be assigned in accordance with all Ethics Requirements. During the Term, no person who is employed by the Contractor or its Subcontractors and who is disqualified from providing services under this Contract pursuant to any Ethics Requirements may share in any net revenues of the Contractor or its Subcontractors derived from this Contract. The Contractor shall identify and provide the State with notice of those employees of the Contractor and its Subcontractors who are former employees of the State that will be assigned to perform services under this Contract, and make sure that such employees comply with all applicable laws and prohibitions. The State may request that the Contractor provide whatever information the State deems appropriate about each such person's engagement, work cooperatively with the State to solicit advice from the New York State Joint Commission on Public Ethics, and, if deemed appropriate by the State, instruct any such person to seek the opinion of the New York State Joint Commission on Public Ethics. The State shall have the right to withdraw or withhold approval of any Subcontractor if utilizing such Subcontractor for any work performed hereunder would be in conflict with any of the Ethics Requirements. The State shall have the right to terminate this Contract at any time if any work performed hereunder is in conflict with any of the Ethics Requirements.

#### II. SUBCONTRACTING

The CONTRACTOR agrees not to subcontract any of its services, unless as indicated in its proposal, without the prior written approval of the STATE. Approval shall not be unreasonably withheld upon receipt of written request to subcontract.

The CONTRACTOR may arrange for a portion/s of its responsibilities under this AGREEMENT to be subcontracted to qualified, responsible subcontractors, subject to approval of the STATE. If the CONTRACTOR determines to subcontract a portion of the services, the subcontractors must be clearly identified and the nature and extent of its involvement in and/or proposed performance under this AGREEMENT must be fully explained

by the CONTRACTOR to the STATE. As part of this explanation, the subcontractor must submit to the STATE a completed Vendor Assurance of No Conflict of Interest or Detrimental Effect form, as required by the CONTRACTOR prior to execution of this AGREEMENT.

The CONTRACTOR retains ultimate responsibility for all services performed under the AGREEMENT.

All subcontracts shall be in writing and shall contain provisions, which are functionally identical to, and consistent with, the provisions of this AGREEMENT including, but not limited to, the body of this AGREEMENT, Appendix A – Standard Clauses for New York State Contracts and Appendix B. Unless waived in writing by the STATE, all subcontracts between the CONTRACTOR and subcontractors shall expressly name the STATE and the Department of Health, as the sole intended third party beneficiary of such subcontract. The STATE reserves the right to review and approve or reject any subcontract, as well as any amendment to said subcontract(s), and this right shall not make the Department of Health the STATE a party to any subcontract or create any right, claim, or interest in the subcontractor or proposed subcontractor against the STATE.

The STATE reserves the right, at any time during the term of the AGREEMENT, to verify that the written subcontract between the CONTRACTOR and subcontractors is in compliance with all of the provisions of this Section and any subcontract provisions contained in this AGREEMENT. The CONTRACTOR shall give the STATE immediate notice in writing of the initiation of any legal action or suit which relates in any way to a subcontract with a subcontractor or which may affect the performance of the CONTRACTOR's duties under the AGREEMENT. Any subcontract shall not relieve the CONTRACTOR in any way of any responsibility, duty and/or obligation of the AGREEMENT.

If at any time during performance under this AGREEMENT total compensation to a subcontractor exceeds or is expected to exceed \$100,000, that subcontractor shall be required to submit and certify a Vendor Responsibility Questionnaire.

## **APPENDIX H**

### **FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT**

For CONTRACTOR that creates, receives, maintains or transmits individually identifiable health information on behalf of a New York State Department of Health HIPAA-Covered Program.

- I. Definitions. For purposes of this Appendix H of this AGREEMENT:
  - A. "Business Associate" shall mean CONTRACTOR.
  - B. "Covered Program" shall mean the STATE.
  - C. Other terms used, but not otherwise defined, in this AGREEMENT shall have the same meaning as those terms in the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act ("HITECH") and implementing regulations, including those at 45 CFR Parts 160 and 164.
- II. Obligations and Activities of Business Associate:
  - A. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by this AGREEMENT or as Required by Law.
  - B. Business Associate agrees to use the appropriate administrative, physical and technical safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this AGREEMENT and to comply with the security standards for the protection of electronic protected health information in 45 CFR Part 164, Subpart C. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this AGREEMENT.
  - C. Business Associate agrees to report to Covered Program as soon as reasonably practicable any use or disclosure of the Protected Health Information not provided for by this AGREEMENT of which it becomes aware. Business Associate also agrees to report to Covered Program any Breach of Unsecured Protected Health Information of which it becomes aware. Such report shall include, to the extent possible:
    1. A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known;
    2. A description of the types of Unsecured Protected Health Information that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
    3. Any steps individuals should take to protect themselves from potential harm resulting from the breach;
    4. A description of what Business Associate is doing to investigate the Breach, to mitigate harm to individuals, and to protect against any further Breaches; and
    5. Contact procedures for Covered Program to ask questions or learn additional information.
  - D. Business Associate agrees, in accordance with 45 CFR § 164.502(e)(1)(ii), to ensure that any Subcontractors that create, receive, maintain, or transmit Protected Health Information on behalf of the Business Associate agree to the same restrictions and conditions that apply to Business Associate with respect to such information.

- E. Business Associate agrees to provide access, at the request of Covered Program, and in the time and manner designated by Covered Program, to Protected Health Information in a Designated Record Set, to Covered Program in order for Covered Program to comply with 45 CFR § 164.524.
- F. Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that Covered Program directs in order for Covered Program to comply with 45 CFR § 164.526.
- G. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Program to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528; and Business Associate agrees to provide to Covered Program, in time and manner designated by Covered Program, information collected in accordance with this AGREEMENT, to permit Covered Program to comply with 45 CFR § 164.528.
- H. Business Associate agrees, to the extent the Business Associate is to carry out Covered Program's obligation under 45 CFR Part 164, Subpart E, to comply with the requirements of 45 CFR Part 164, Subpart E that apply to Covered Program in the performance of such obligation.
- I. Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Program available to Covered Program, or to the Secretary of the federal Department of Health and Human Services, in a time and manner designated by Covered Program or the Secretary, for purposes of the Secretary determining Covered Program's compliance with HIPAA, HITECH and 45 CFR Parts 160 and 164.

### III. Permitted Uses and Disclosures by Business Associate

- A. Except as otherwise limited in this AGREEMENT, Business Associate may only use or disclose Protected Health Information as necessary to perform functions, activities, or services for, or on behalf of, Covered Program as specified in this AGREEMENT.
- B. Business Associate may use Protected Health Information for the proper management and administration of Business Associate.
- C. Business Associate may disclose Protected Health Information as Required by Law.

### IV. Term and Termination

- A. This AGREEMENT shall be effective for the term as specified on the cover page of this AGREEMENT, after which time all of the Protected Health Information provided by Covered Program to Business Associate, or created or received by Business Associate on behalf of Covered Program, shall be destroyed or returned to Covered Program; provided that, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Appendix H of this AGREEMENT.
- B. Termination for Cause. Upon Covered Program's knowledge of a material breach by Business Associate, Covered Program may provide an opportunity for Business Associate to cure the breach and end the violation or may terminate this AGREEMENT if Business Associate does not cure the breach and end the violation within the time specified by Covered Program, or Covered Program may immediately terminate this AGREEMENT if Business Associate has breached a material term of this AGREEMENT and cure is not possible.

C. Effect of Termination.

Except as provided in paragraph (c)(2) below, upon termination of this AGREEMENT, for any reason, Business Associate shall return or destroy all

1. Protected Health Information received from Covered Program, or created or received by Business Associate on behalf of Covered Program. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.
2. In the event that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Program notification of the conditions that make return or destruction infeasible. Upon mutual agreement of Business Associate and Covered Program that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this AGREEMENT to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

V. Violations

- A. Any violation of this AGREEMENT may cause irreparable harm to the STATE. Therefore, the STATE may seek any legal remedy, including an injunction or specific performance for such harm, without bond, security or necessity of demonstrating actual damages.
- B. Business Associate shall indemnify and hold the STATE harmless against all claims and costs resulting from acts/omissions of Business Associate in connection with Business Associate's obligations under this AGREEMENT. Business Associate shall be fully liable for the actions of its agents, employees, partners or subcontractors and shall fully indemnify and save harmless the STATE from suits, actions, damages and costs, of every name and description relating to breach notification required by 45 CFR Part 164 Subpart D, or State Technology Law § 208, caused by any intentional act or negligence of Business Associate, its agents, employees, partners or subcontractors, without limitation; provided, however, that Business Associate shall not indemnify for that portion of any claim, loss or damage arising hereunder due to the negligent act or failure to act of the STATE.

VI. Miscellaneous

- A. Regulatory References. A reference in this AGREEMENT to a section in the Code of Federal Regulations means the section as in effect or as amended, and for which compliance is required.
- B. Amendment. Business Associate and Covered Program agree to take such action as is necessary to amend this AGREEMENT from time to time as is necessary for Covered Program to comply with the requirements of HIPAA, HITECH and 45 CFR Parts 160 and 164.
- C. Survival. The respective rights and obligations of Business Associate under (IV)(C) of this Appendix H of this AGREEMENT shall survive the termination of this AGREEMENT.
- D. Interpretation. Any ambiguity in this AGREEMENT shall be resolved in favor of a meaning that permits Covered Program to comply with HIPAA, HITECH and 45 CFR Parts 160 and 164.

HIV/AIDS. If HIV/AIDS information is to be disclosed under this AGREEMENT, Business Associate acknowledges that it has been informed of the confidentiality requirements of Public H

## APPENDIX G

### NOTICES

All notices permitted or required hereunder shall be in writing and shall be transmitted either:

- (a) via certified or registered United States mail, return receipt requested;
- (b) by facsimile transmission;
- (c) by personal delivery;
- (d) by expedited delivery service; or
- (e) by e-mail.

Such notices shall be addressed as follows or to such different addresses as the parties may from time to time designate:

State of New York Department of Health

Name:

Title:

Address:

Telephone Number:

Facsimile Number:

E-Mail Address:

*[Insert Contractor Name]*

Name:

Title:

Address:

Telephone Number:

Facsimile Number:

E-Mail Address:

Any such notice shall be deemed to have been given either at the time of personal delivery or, in the case of expedited delivery service or certified or registered United States mail, as of the date of first attempted delivery at the address and in the manner provided herein, or in the case of facsimile transmission or email, upon receipt.

The parties may, from time to time, specify any new or different address in the United States as their address for purpose of receiving notice under this AGREEMENT by giving fifteen (15) days written notice to the other party sent in accordance herewith. The parties agree to mutually designate individuals as their respective representative for the purposes of receiving notices under this AGREEMENT. Additional individuals may be designated in writing by the parties for purposes of implementation and administration/billing, resolving issues and problems, and/or for dispute resolution.



## **APPENDIX M**

### **PARTICIPATION BY MINORITY GROUP MEMBERS AND WOMEN WITH RESPECT TO STATE CONTRACTS: REQUIREMENTS AND PROCEDURES**

#### I. General Provisions

- A. The New York State Department of Health is required to implement the provisions of New York State Executive Law Article 15-A and 5 NYCRR Parts 142-144 (“MWBE Regulations”) for all State contracts as defined therein, with a value (1) in excess of \$25,000 for labor, services, equipment, materials, or any combination of the foregoing or (2) in excess of \$100,000 for real property renovations and construction.
- B. The Contractor to the subject contract (the “Contractor” and the “Contract,” respectively) agrees, in addition to any other nondiscrimination provision of the Contract and at no additional cost to the New York State New York State Department of Health (the “New York State Department of Health”), to fully comply and cooperate with the New York State Department of Health in the implementation of New York State Executive Law Article 15-A. These requirements include equal employment opportunities for minority group members and women (“EEO”) and contracting opportunities for certified minority and women-owned business enterprises (“MWBEs”). Contractor’s demonstration of “good faith efforts” pursuant to 5 NYCRR §142.8 shall be a part of these requirements. These provisions shall be deemed supplementary to, and not in lieu of, the nondiscrimination provisions required by New York State Executive Law Article 15 (the “Human Rights Law”) or other applicable federal, state or local laws.
- C. Failure to comply with all of the requirements herein may result in a finding of non-responsiveness, non-responsibility and/or a breach of contract, leading to the withholding of funds or such other actions, liquidated damages pursuant to Section VII of this Appendix or enforcement proceedings as allowed by the Contract.

#### II. Contract Goals

- A. For purposes of this procurement, the New York State Department of Health hereby establishes an overall goal of 30% for Minority and Women-Owned Business Enterprises (“MWBE”) participation, 15% for Minority-Owned Business Enterprises (“MBE”) participation and 15% for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs).
- B. For purposes of providing meaningful participation by MWBEs on the Contract and achieving the Contract Goals established in Section II-A hereof, Contractor should reference the directory of New York State Certified MBWEs found at the following internet address:  
<http://www.esd.ny.gov/mwbe.html>.

Additionally, Contractor is encouraged to contact the Division of Minority and Woman Business Development ((518) 292-5250; (212) 803-2414; or (716) 846-8200) to discuss additional methods of maximizing participation by MWBEs on the Contract.

- C. Where MWBE goals have been established herein, pursuant to 5 NYCRR §142.8, Contractor must document “good faith efforts” to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract. In accordance with Section 316-a of Article 15-A and 5 NYCRR §142.13, the Contractor acknowledges that if Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such a finding constitutes a breach of contract and the Contractor shall be liable to the New York State Department of Health for liquidated or other appropriate damages, as set forth herein.

III. Equal Employment Opportunity (EEO)

A. Contractor agrees to be bound by the provisions of Article 15-A and the MWBE Regulations promulgated by the Division of Minority and Women's Business Development of the Department of Economic Development (the "Division"). If any of these terms or provisions conflict with applicable law or regulations, such laws and regulations shall supersede these requirements.

B. Contractor shall comply with the following provisions of Article 15-A:

1. Contractor and Subcontractors shall undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, EEO shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, or termination and rates of pay or other forms of compensation.
2. The Contractor shall submit an EEO policy statement to the New York State Department of Health within seventy two (72) hours after the date of the notice by New York State Department of Health to award the Contract to the Contractor.
3. If Contractor or Subcontractor does not have an existing EEO policy statement, the New York State Department of Health may provide the Contractor or Subcontractor a model statement (see Form #5 - Minority and Women-Owned Business Enterprises Equal Employment Opportunity Policy Statement).
4. The Contractor's EEO policy statement shall include the following language:
  - a. The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing EEO programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force.
  - b. The Contractor shall state in all solicitations or advertisements for employees that, in the performance of the contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.
  - c. The Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union, or representative will not discriminate on the basis of race, creed, color, national origin, sex age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.
  - d. The Contractor will include the provisions of Subdivisions (a) through (c) of this Subsection 4 and Paragraph "E" of this Section III, which provides for relevant provisions of the Human Rights Law, in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the Contract.

A. Form #4 - Staffing Plan

To ensure compliance with this Section, the Contractor shall submit a staffing plan to document the composition of the proposed workforce to be utilized in the performance of the Contract by the specified categories listed, including ethnic background, gender, and Federal occupational categories. Contractors

shall complete the Staffing plan form and submit it as part of their bid or proposal or within a reasonable time, but no later than the time of award of the contract.

- B. Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

#### IV. MWBE Utilization Plan

- A. The Contractor represents and warrants that Contractor has submitted an MWBE Utilization Plan (Form #1) either prior to, or at the time of, the execution of the contract.
- B. Contractor agrees to use such MWBE Utilization Plan for the performance of MWBEs on the Contract pursuant to the prescribed MWBE goals set forth in Section III-A of this Appendix.
- C. Contractor further agrees that a failure to submit and/or use such MWBE Utilization Plan shall constitute a material breach of the terms of the Contract. Upon the occurrence of such a material breach, New York State Department of Health shall be entitled to any remedy provided herein, including but not limited to, a finding of Contractor non-responsiveness.

#### V. Waivers

- A. For Waiver Requests Contractor should use Form #2 – Waiver Request.
- B. If the Contractor, after making good faith efforts, is unable to comply with MWBE goals, the Contractor may submit a Request for Waiver form documenting good faith efforts by the Contractor to meet such goals. If the documentation included with the waiver request is complete, the New York State Department of Health shall evaluate the request and issue a written notice of acceptance or denial within twenty (20) days of receipt.
- C. If the New York State Department of Health, upon review of the MWBE Utilization Plan and updated Quarterly MWBE Contractor Compliance Reports determines that Contractor is failing or refusing to comply with the Contract goals and no waiver has been issued in regards to such non-compliance, the New York State Department of Health may issue a notice of deficiency to the Contractor. The Contractor must respond to the notice of deficiency within seven (7) business days of receipt. Such response may include a request for partial or total waiver of MWBE Contract Goals.

#### VI. Quarterly MWBE Contractor Compliance Report

- A. Contractor is required to submit a Quarterly MWBE Contractor Compliance Report to the New York State Department of Health by the 10<sup>th</sup> day following each end of quarter over the term of the Contract documenting the progress made towards achievement of the MWBE goals of the Contract. Data should be submitted via the online compliance system at <https://ny.newnycontracts.com>.

#### VII. Liquidated Damages - MWBE Participation

- A. Where New York State Department of Health determines that Contractor is not in compliance with the requirements of the Contract and Contractor refuses to comply with such requirements, or if Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals, Contractor shall be obligated to pay to the New York State Department of Health liquidated damages.

- B. Such liquidated damages shall be calculated as an amount equaling the difference between:
  - 1. All sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and
  - 2. All sums actually paid to MWBEs for work performed or materials supplied under the Contract.
  
- C. In the event a determination has been made which requires the payment of liquidated damages and such identified sums have not been withheld by the New York State Department of Health, Contractor shall pay such liquidated damages to the New York State Department of Health within sixty (60) days after they are assessed by the New York State Department of Health unless prior to the expiration of such sixtieth day, the Contractor has filed a complaint with the Director of the Division of Minority and Woman Business Development pursuant to Subdivision 8 of Section 313 of the Executive Law in which event the liquidated damages shall be payable if Director renders a decision in favor of the New York State Department of Health.

## ATTACHMENT F

### NEW YORK STATE DOH MWBE RFP REQUIRED FORMS

All DOH procurements have a section entitled “**MINORITY AND WOMEN OWNED BUSINESS ENTERPRISE REQUIREMENTS.**” This section of procurement sets forth the established DOH goal for that particular procurement and also describes the forms that should be completed with their bid. Below is a summary of the forms used in the DOH MWBE Participation Program by a bidder.

**Form #1: Bidder MWBE Utilization Plan** - This document should be completed by all bidders responding to RFPs with an MWBE goal greater than zero. The bidder must demonstrate how it plans to meet the stated MWBE goal. In completing this form, the bidder should describe the steps taken to establish communication with MWBE firms and identify current or future relationships with certified MWBE firms. The second page of the form should list the MWBE certified firms that the vendor plans to engage with on the project and the amount that each certified firm is projected to be paid. Plans to work with uncertified firms or women and minority staffed firms do not meet the criteria for participation. The firm must be owned and operated by a Woman and/or Minority and must be certified by NYS Empire State Development to be eligible for participation. If the plan is not submitted or is deemed deficient, the bidder may be sent a notice of deficiency. It is mandatory that all awards with goals have a utilization plan on file.

**Form #2: MWBE Utilization Waiver Request** - This document should be filled out by the bidder if the utilization plan (Form #1) indicates less than the stated participation goal for the procurement. In this instance, Form #2 must accompany Form #1 with the bid. If Form #2 is provided and goal was initially set higher, revised goal approval will be necessary from DOB. When completing Form #2, it is important that the bidder thoroughly document the steps that were taken to meet the goal and provide evidence in the form of attachments to the document. The list of bidder generated attachments, documenting the bidder’s good-faith efforts, can be found in the “Detailed Instructions for Completing MWBE Forms 1 & 2”, which is found herein. A bidder can also attach additional evidence outside of those referenced attachments. Without evidence of good-faith efforts, in the form of attachments or other documentation, the Department of Health may not approve the waiver and the bidder may be deemed non-responsive.

New MWBE firms are being certified daily and new MWBE firms may now be available to provide products or services that were historically unavailable. If Form #2 is found by DOH to be deficient, the bidder may be sent a deficiency letter which will require a revised form to be returned within 7 business days of receipt to avoid a finding of non-compliance. DOH may work directly with firm to resolve minor deficiencies via e-mail.

**Form #3: Replaced by Online Compliance System** - <https://ny.newnycontracts.com> Contractors will need to login and submit payments to MWBE Firms in this online system once payments to these vendors commence.

**Form #4 – MWBE Staffing Plan**- This form should be completed based on the composition of staff working on the project. Enter the numbers or counts in the corresponding boxes and add up the totals in each column. This form is for diversity research purposes only and has no bearing on MWBE goal achievement.

**Form #5 – EEO and MWBE Policy Statement** -This is a standard EEO policy that needs to be signed and dated and submitted. If Bidder has their own EEO policy it may be submitted instead of endorsing this document.

**New York State Department of Health  
M/WBE UTILIZATION PLAN**

<b>Bidder/Contractor Name:</b> Click here to enter text.	
<b>Vendor ID:</b> Click here to enter text.	<b>Telephone No.</b> Click here to enter text. <b>Email:</b> Click here to enter text.
<b>RFP/Contract Title:</b> Click here to enter text.	<b>RFP/Contract No.</b> Click here to enter text.

**Description of Plan to Meet M/WBE Goals**

Click here to enter text.

**PROJECTED M/WBE USAGE**

	%	Amount
<b>1. Total Dollar Value of Proposal Bid</b>	<b>100</b>	Click here to enter text.
<b>2. MBE Goal Applied to the Contract</b>	Click here to enter text.	\$ Click here to enter text.
<b>3. WBE Goal Applied to the Contract</b>	Click here to enter text.	\$ Click here to enter text.
<b>4. M/WBE Combined Totals</b>	Click here to enter text.	\$ Click here to enter text.

“Making false representation or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization.”

- M/WBE Form #1 – cont.

**New York State Department of Health  
M/WBE UTILIZATION PLAN**

**MINORITY OWNED BUSINESS ENTERPRISE (MBE) INFORMATION**

In order to achieve the MBE Goals, bidder expects to subcontract with New York State certified MINORITY-OWNED entities as follows:

<b>MBE Firm (Exactly as Registered)</b>	<b>Description of Work (Products/Services) [MBE]</b>	<b>Projected MBE Dollar Amount</b>
<b>Name</b>  <b>Address</b>  <b>City, State, ZIP</b>  <b>Employer I.D.</b>  <b>Telephone Number</b> ( ) -		\$ _____
<b>Name</b>  <b>Address</b>  <b>City, State, ZIP</b>  <b>Employer I.D.</b>  <b>Telephone Number</b> ( ) -		\$ _____
<b>Name</b>  <b>Address</b>  <b>City, State, ZIP</b>  <b>Employer I.D.</b>  <b>Telephone Number</b> ( ) -		\$ _____

**New York State Department of Health  
M/WBE UTILIZATION PLAN**

**WOMEN OWNED BUSINESS ENTERPRISE (WBE) INFORMATION**

In order to achieve the WBE Goals, bidder expects to subcontract with New York State certified WOMEN-OWNED entities as follows:

<b>WBE Firm (Exactly as Registered)</b>	<b>Description of Work (Products/Services) [WBE]</b>	<b>Projected WBE Dollar Amount</b>
<b>Name</b>  <b>Address</b>  <b>City, State, ZIP</b>  <b>Employer I.D.</b>  <b>Telephone Number</b> ( ) -		<b>\$</b> _____
<b>Name</b>  <b>Address</b>  <b>City, State, ZIP</b>  <b>Employer I.D.</b>  <b>Telephone Number</b> ( ) -		<b>\$</b> _____
<b>Name</b>  <b>Address</b>  <b>City, State, ZIP</b>  <b>Employer I.D.</b>  <b>Telephone Number</b> ( ) -		<b>\$</b> _____



**- M/WBE Form #2 -**

**New York State Department of Health  
Waiver Request**

<b>Applicant/Grantee :</b> Click here to enter text.		<b>Federal Identification No.:</b> Click here to enter number.	
<b>Address:</b> Click here to enter text.		<b>Solicitation/Contract No.:</b> Click here to enter number.	
<b>City, State, Zip Code:</b> Click here to enter text.		<b>M/WBE Goals: MBE %%% WBE %%%</b> (From Lines 2&3 of Form 1)	
<b>By submitting this form and the required information, the officer or/contractor certifies that every Good Faith Effort has been taken to promote M/WBE participation pursuant to the M/WBE requirements set forth under the contract.</b>			
<b>Contractor is requesting a :</b> <input type="checkbox"/> <b>MBE Waiver – A waiver of the MBE Goal for this procurement is requested. Total / Partial (circle one)</b> <input type="checkbox"/> <b>WBE Waiver – A waiver of the WBE Goal for this procurement is requested. Total / Partial (circle one)</b> <input type="checkbox"/> <b>Waiver Pending ESD Certification – (Check here if subcontractors or suppliers of Contractor are not certified M/WBE, but an application for certification has been filed with Empire State Development.)</b> <b>Date of such filing with Empire State Development:</b> Click here to enter a date.			
If a total or partial waiver is requested, appropriate supporting documentation as outlined in the Detailed MWBE Form Instructions is required.			
<hr/> <p><b>PREPARED BY (Signature)</b> _____ <b>Date:</b> _____</p> <p>SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR/CONTRACTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A AND 5 NYCRR PART 143. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR TERMINATION OF THE CONTRACT.</p>			
<b>Name and Title of Preparer (Printed or Typed):</b>		<b>Telephone Number:</b>	<b>Email Address:</b>
Submit with the bid or proposal or if submitting after award submit to: <a href="mailto:doh.sm.mwbe@health.ny.gov">doh.sm.mwbe@health.ny.gov</a>		***** FOR DMWBD USE ONLY *****	
		<b>REVIEWED BY:</b>	<b>DATE:</b>
		<b>Waiver Granted: <input type="checkbox"/>YES <input type="checkbox"/>NO</b> <b>MBE: <input type="checkbox"/> WBE: <input type="checkbox"/></b> <input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver <input type="checkbox"/> ESD Certification Waiver <input type="checkbox"/> *Conditional <input type="checkbox"/> Notice of Deficiency Issued _____	

## New York State Department of Health MWBE STAFFING PLAN

For project staff, consultants and/or subcontractors working on this grant complete the following plan. This has no impact on MWBE utilization goals, or the submitted Utilization Plan - Form#1. This is for diversity research purposes.

Contractor Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

STAFF	Total	Male	Female	Black	Hispanic	Asian/ Pacific Islander	Other
Executive/Senior level Officials							
Managers/Supervisors							
Professionals							
Technicians							
Administrative Support							
Craft/Maintenance Workers							
Laborers and Helpers							
Service Workers							
Totals							

\_\_\_\_\_  
(Name and Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

**MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISES – EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT**

M/WBE AND EEO POLICY STATEMENT

I, \_\_\_\_\_, the (awardee/contractor) \_\_\_\_\_ agree to adopt the following policies with respect to the project being developed or services rendered at \_\_\_\_\_

**M/WBE**

This organization will and will cause its contractors and subcontractors to take good faith actions to achieve the M/WBE contract participations goals set by the State for that area in which the State-funded project is located, by taking the following steps:

Actively and affirmatively solicit bids for contracts and subcontracts from qualified State certified MBEs or WBEs, including solicitations to M/WBE contractor associations.

Request a list of State-certified M/WBEs from AGENCY and solicit bids from them directly.

Ensure that plans, specifications, request for proposals and other documents used to secure bids will be made available in sufficient time for review by prospective M/WBEs.

Where feasible, divide the work into smaller portions to enhanced participations by M/WBEs and encourage the formation of joint venture and other partnerships among M/WBE contractors to enhance their participation.

Document and maintain records of bid solicitation, including those to M/WBEs and the results thereof. Contractor will also maintain records of actions that its subcontractors have taken toward meeting M/WBE contract participation goals.

Ensure that progress payments to M/WBEs are made on a timely basis so that undue financial hardship is avoided, and that bonding and other credit requirements are waived or appropriate alternatives developed to encourage M/WBE participation.

**EEO**

(a) This organization will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on state contracts.

(b) This organization shall state in all solicitation or advertisements for employees that in the performance of the State contract all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex disability or marital status.

(c) At the request of the contracting agency, this organization shall request each employment agency, labor union, or authorized representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of this organization's obligations herein.

(d) Contractor shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions. Contractor and subcontractors shall not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

(e) This organization will include the provisions of sections (a) through (d) of this agreement in every subcontract in such a manner that the requirements of the subdivisions will be binding upon each subcontractor as to work in connection with the State contract.

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Signature & Date

## Detailed Instructions for Completing MWBE Forms 1 & 2

### Form#1 – MWBE Utilization Plan

#### Page #1 of Form #1:

**Description of Plan** - Describe any steps/details that support Bidder/Contractor plan to meet the MWBE goals stated in the procurement/contract.

**Line#1 - Total Dollar Value of Proposal Bid** – This line should represent the total dollar amount of bid. The total value is eligible for MWBE goal setting.

**Line#2 - MBE Goal Applied to the Contract**– Bidder/Contractor lists the amount to be paid/subcontracted to Certified Minority-owned Business Enterprise(s) and the percentage this amount represents of the Total Dollar Value of Proposal Bid listed on Line #1.

*Example:* If paying two MBE firms \$100,000 & \$50,000 each and Total Dollar Value of Proposal Bid listed on line #1 is \$1,000,000, list 15% and \$150,000 on Line #2.

**Line#3 - WBE Goal Applied to the Contract**– Bidder/Contractor lists the amount paid/subcontracted to Certified Woman-owned Business Enterprise(s) and the percentage this amount represents of the Total Dollar Value of Proposal Bid listed on Line 1 of the “Form #1 MWBE Utilization Plan”.

*Example:* If Bidder/Contractor is paying two WBE firms \$50,000 & \$100,000 each and the Total Dollar Value of Proposal Bid listed on line#1 is \$1,000,000 Bidder/Contractor would list 15% and \$150,000 on Line #2 of the Utilization Plan.

**Line#4 - MWBE Combined Totals** – Total of Line #2 and Line #3. [Line #2 + Line #3 = MWBE Combined Totals]

*Example:* Using the above Line #2 and Line #3 examples for payment data, Bidder/Contractor achieves a combined MWBE % of 30% and a combined MWBE dollar amount of \$300,000. (15%M and 15%W; \$150,000M + \$150,000W). MWBE total/Total dollar value of bid = %.

#### **Page#2 of Form#1:**

**The first column** (left column): Bidder/Contractor lists any Minority-owned Business Enterprises (MBE) that Bidder/Contractor will be subcontracting with or purchasing from and the MBE contact/company information.

**The second column** (center column): Bidder/Contractor describes what type of work certified MBE will be providing or what product certified MBE will be supplying to Bidder/Contractor.

**Third column** (right column): Bidder/Contractor states the amount to be paid to the certified MBE during the term of the contract. The amount totaled from Page #2 should equal the amount listed on Line #2 of Page #1.

#### **Page#3 of Form#1:**

**The first column** (left column): Bidder/Contractor lists any Woman-owned Business Enterprises (WBE) that Bidder/Contractor will be subcontracting with or purchasing from and WBE contact/company information.

**The second column** (center column): Bidder/Contractor describes what type of work certified WBE will be providing or what product certified WBE will be supplying to Bidder/Contractor.

**Third column** (right column): Bidder/Contractor states the amount to be paid to the certified WBE during the term of the contract. The amount totaled from Page#3 should equal the amount listed on Line#3 of Page#1.

### **Form#2 – MWBE Waiver Request**

“Form#1 MWBE Utilization Plans” that commit to a goal % less than the stated MWBE goal percentage in procurement, must be accompanied by a “Form#2 MWBE Waiver Request”.

A Bidder/Contractor may qualify for a partial or total waiver of the MWBE goal requirements established on a State contract only upon the submission of a waiver form by a Bidder/Contractor, documenting good-faith efforts by the Contractor to meet the goal requirements of the state contract and a consideration of applicable factors. The ability to subcontract with M/WBEs and separately the ability to purchase with M/WBEs must be addressed in attachments on all waiver requests.

Fill out the header with the name of the Bidder/Contractor requesting the waiver under Offeror/Contractor Name, include your Federal Identification ID, Address, Solicitation/Contract Number, and M/WBE Goals.

Check off the appropriate box for the type of waiver that is being requested and whether it is a total or partial waiver. If the waiver is Pending ESD Certification, meaning the subcontractor has applied for certification with Empire State Development, check off that box and state the date that they applied for certification.

Next, and directly below the Pending ESD Certification area, please sign and date the waiver. Provide the name of the preparer as well as a telephone number and email address (Bidder/Contractor direct contact number of person authorized to discuss submission).

The following attachments should also be provided:

1. A statement setting forth your basis for requesting a partial or total waiver. The statement should at a minimum include the services being subcontracted out and why a portion of those services cannot be subcontracted to Certified MWBE(s). In addition, statement must also include what purchases of equipment and supplies are being made and why those purchases cannot be provided by certified MWBE(s).
2. The names of general circulation, trade association, and M/WBE-oriented publications in which you solicited certified M/WBEs for the purposes of complying with your participation goals related to this contract.
3. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.
4. A list of all certified M/WBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified M/WBE participation levels.

5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all certified M/WBEs.
6. Provide copies of responses to your solicitations received by you from certified M/WBEs.
7. Provide a description of any contract documents, plans, or specifications made available to certified M/WBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.
8. Provide documentation of any negotiations between you, the Offeror/Contractor, and the M/WBEs undertaken for purposes of complying with the certified M/WBE participation goals.
9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.

**\*All attachments are created by the entity requesting the waiver. These are self-generated attachments and are not provided by the agency.**

**ATTACHMENT G**  
**BIDDER'S DISCLOSURE OF PRIOR NON-RESPONSIBILITY DETERMINATIONS**

Procurement Title: [Type text]  
RFP #: [Type text]  
Bidder Name: [Type text]  
Bidder Address: [Type text]

Bidder SFS Vendor ID #: [Type text]  
Bidder Federal ID#: [Type text]

Affirmations & Disclosures related to State Finance Law §§ 139-j & 139-k:

Offerer/Bidder affirms that it understands and agrees to comply with the procedures of the Department of Health relative to permissible contacts (provided below) as required by State Finance Law §139-j (3) and §139-j (6) (b).

Pursuant to State Finance Law §§139-j and 139-k, this *Invitation for Bid or Request for Proposal* includes and imposes certain restrictions on communications between the Department of Health (DOH) and an Offerer during the procurement process. An Offerer/bidder is restricted from making contacts from the earliest notice of intent to solicit *bids/proposals* through final award and approval of the Procurement Contract by the DOH and, if applicable, Office of the State Comptroller ("restricted period") to other than designated staff unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law §139-j(3)(a). Designated staff, as of the date hereof, is/are identified on the first page of this *Invitation for Bid, Request for Proposal, or other solicitation document*. DOH employees are also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the Offerer/bidder pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award and in the event of two findings within a 4 year period, the Offerer/bidder is debarred from obtaining governmental Procurement Contracts. Further information about these requirements can be found on the Office of General Services Website at: <http://ogs.ny.gov/acpl/>

1. Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years? (Please Check):

No  Yes

If yes, please answer the next questions:

1a. Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (Please Check):

No  Yes

1b. Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? (Please Check):

No  Yes

1c. If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below.

**Governmental Entity:** [Type text]

**Date of Finding of Non-responsibility:** [Type text]

**Basis of Finding of Non-Responsibility:** [Type text]  
(Add additional pages as necessary)

2a. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information? (Please Check):

No Yes

2b. If yes, please provide details below.

**Governmental Entity:** [Type text]

**Date of Termination or Withholding of Contract:** [Type text]

Basis of Termination or Withholding: [Type text]

(Add additional pages as necessary)

**Offerer/Bidder certifies that all information provided to the Department of Health with respect to State Finance Law §139-k is complete, true and accurate.**

\_\_\_\_\_  
(Officer Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Officer Title)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(E-mail Address)



**ATTACHMENT H  
ENCOURAGING USE OF NEW YORK BUSINESSES IN CONTRACT PERFORMANCE**

**I. Background**

New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the state and the nation. In recognition of their economic activity and leadership in doing business in New York State, bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles.

Bidders/proposers need to be aware that all authorized users of this contract will be strongly encouraged, to the maximum extent practical and consistent with legal requirements, to use responsible and responsive New York State businesses in purchasing commodities that are of equal quality and functionality and in utilizing service and technology. Furthermore, bidders/proposers are reminded that they must continue to utilize small, minority and women-owned businesses, consistent with current State law.

Utilizing New York State businesses in State contracts will help create more private sector jobs, rebuild New York’s infrastructure, and maximize economic activity to the mutual benefit of the contractor and its New York State business partners. New York State businesses will promote the contractor’s optimal performance under the contract, thereby fully benefiting the public sector programs that are supported by associated procurements.

Public procurements can drive and improve the State’s economic engine through promotion of the use of New York businesses by its contractors. The State therefore expects bidders/ proposers to provide maximum assistance to New York businesses in their use of the contract. The potential participation by all kinds of New York businesses will deliver great value to the State and its taxpayers.

**II. Required Identifying Information**

Bidders/proposers can demonstrate their commitment to the use of New York State businesses by responding to the question below:

Will New York State Businesses be used in the performance of this contract?

YES NO

If yes, identify New York State businesses that will be used and attach identifying information. Information should include at a minimum: verifiable business name, New York address and business contact information.

<b>New York Business Identifying Information Business Name</b>	<b>Business Address</b>	<b>Contact Name</b>	<b>Contact Phone</b>	<b>Contact Email Address</b>

**ATTACHMENT I**

**NO-BID FORM**

PROCUREMENT TITLE: \_\_\_\_\_ RFP # \_\_\_\_\_

Bidders choosing not to bid are requested to complete the portion of the form below:

We do not provide the requested services. Please remove our firm from your mailing list

We are unable to bid at this time because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please retain our firm on your mailing list.

\_\_\_\_\_  
(Firm Name)

\_\_\_\_\_  
(Officer Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Officer Title)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(E-mail Address)

**FAILURE TO RESPOND TO BID INVITATIONS MAY RESULT IN YOUR FIRM BEING REMOVED FROM OUR MAILING LIST FOR THIS SERVICE.**

**ATTACHMENT J**

**VENDOR RESPONSIBILITY ATTESTATION**

To comply with the Vendor Responsibility Requirements outlined in Section 6.1.c, Administrative Proposal Vendor Responsibility Questionnaire, I hereby certify:

**Choose one:**

- An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> within the last six months.
- A hard copy Vendor Responsibility Questionnaire is included with this proposal/bid and is dated within the last six months.
- A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: \_\_\_\_\_

Print/type Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Date Signed: \_\_\_\_\_

## ATTACHMENT K

### DIVERSITY PRACTICES QUESTIONNAIRE

I, \_\_\_\_\_, as \_\_\_\_\_ (title) of \_\_\_\_\_ firm or company (hereafter referred to as the company), swear and/or affirm under penalty of perjury that the answers submitted to the following questions are complete and accurate to the best of my knowledge:

1. Does your company have a Chief Diversity Officer or other individual who is tasked with supplier diversity initiatives? Yes or No

If Yes, provide the name, title, description of duties, and evidence of initiatives performed by this individual or individuals.

2. What percentage of your company's gross revenues (from your prior fiscal year) was paid to New York State certified minority and/or women-owned business enterprises as subcontractors, suppliers, joint-venturers, partners or other similar arrangement for the provision of goods or services to your company's clients or customers?

3. What percentage of your company's overhead (i.e. those expenditures that are not directly related to the provision of goods or services to your company's clients or customers from your prior fiscal year) was paid to New York State certified minority- and women-owned business enterprises as suppliers/contractors?<sup>1</sup>

4. Does your company provide technical training<sup>2</sup> to minority- and women-owned business enterprises? Yes or No

If Yes, provide a description of such training which should include, but not be limited to, the date the program was initiated, the names and the number of minority- and women-owned business enterprises participating in such training, the number of years such training has been offered and the number of hours per year for which such training occurs.

5. Is your company participating in a government approved minority- and women-owned business enterprise mentor-protégé program? Yes or No

If Yes, identify the governmental mentoring program in which your company participates and provide evidence demonstrating the extent of your company's commitment to the governmental mentoring program.

6. Does your company include specific quantitative goals for the utilization of minority- and women-owned business enterprises in its non-government procurements? Yes or No

If Yes, provide a description of such non-government procurements (including time period, goal, scope, and dollar amount) and indicate the percentage of the goals that were attained.

7. Does your company have a formal minority- and women-owned business enterprise supplier diversity program? Yes or No

If Yes, provide documentation of program activities and a copy of policy or program materials.

8. Does your company plan to enter into partnering or subcontracting agreements with New York State certified minority- and women-owned business enterprises if selected as the successful respondent? Yes or No

---

<sup>1</sup>Do not include onsite project overhead. <sup>2</sup>Technical training is the process of teaching employees how to more accurately and thoroughly perform the technical components of their jobs. Training can include technology applications, products, sales and service tactics, and more. Technical skills are job-specific as opposed to soft skills, which are transferable.

**ATTACHMENT K Cont'd**

**DIVERSITY PRACTICES QUESTIONNAIRE**

Signature of Owner/Official \_\_\_\_\_

Printed Name of Signatory \_\_\_\_\_

Title \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

## ATTACHMENT L

### **Vendor Assurance of No Conflict of Interest or Detrimental Effect**

The CONTRACTOR offering to provide services pursuant to this Contract, as a contractor, joint venture contractor, subcontractor, or consultant, attests that its performance of the services outlined in this contract does not and will not create a conflict of interest with nor position the CONTRACTOR to breach any other contract currently in force with the State of New York.

Actual or potential conflicts of interest are those relationships, financial or otherwise, which could be in conflict or interfere with the proper discharge of responsibilities under this RFP/contract. This includes but is not limited to any business relationship or financial interests with entities which provide or utilize transportation services and companies whose reimbursement for transportation of Medicaid enrollees is made via eMedNY or through another Medicaid reimbursement method, except where the successful bidder has a financial or other relationship to perform transportation services under a contract with a Managed Long Term Care Program. (See Section 8.8 Award Recommendation, Conditional Award). If the successful bidder has a contract with a Managed Long Term Care Plan, all records and bookkeeping will be kept separate and will be producible to the Department of Health upon request. If the successful bidder has a contract or a subcontract with a Managed Long Term Care plan to provide transportation, the Contractor will inform the Department where there may be a conflict of interest and demonstrate how such conflict or potential conflict will be avoided.

The CONTRACTOR will disclose any existing or contemplated relationship with any other person or entity, including relationships with any member, shareholders of 5% or more, parent, subsidiary, or affiliated contractor, which would constitute an actual or potential conflict of interest or appearance of impropriety, relating to other clients/customers of the Respondent or former officers and employees of the Contractor or their Affiliates, in connection with your rendering services enumerated in this Contract. If a conflict does or might exist, please attach a description of how you would eliminate or prevent it. Indicate what procedures will be followed to detect, notify the Agencies of, and resolve any such conflicts. If no such conflicts exists, please indicate.

In addition, the Contractor must disclose whether it, or any of its members, shareholders of 5% or more, parents, affiliates, or subsidiaries, have been the subject of any investigation or disciplinary action by the New York State Commission on Public Integrity or its predecessor State entities (collectively, "Commission"). If so, attached a brief description indicating how any matter before the Commission was resolved or whether it remains unresolved. If no such action exists, please indicate that as well.

Furthermore, the CONTRACTOR attests that it will not act in any manner that is detrimental to any State project on which the CONTRACTOR is rendering services. Specifically, the CONTRACTOR attests that:

1. The fulfillment of obligations by the CONTRACTOR, as proposed in the response, does not violate any existing contracts or agreements between the CONTRACTOR and the State;
2. The fulfillment of obligations by the CONTRACTOR, as proposed in the response, does not and will not create any conflict of interest, or perception thereof, with any current role or responsibility that the CONTRACTOR has with regard to any existing contracts or agreements between the CONTRACTOR and the State;
3. The fulfillment of obligations by the CONTRACTOR, as proposed in the response, does not and will not compromise the CONTRACTOR's ability to carry out its obligations under any existing contracts between the CONTRACTOR and the State;
4. The fulfillment of any other contractual obligations that the CONTRACTOR has with the State will not affect or influence its ability to perform under any contract with the State resulting from this RFP;

5. During the negotiation and execution of any contract resulting from this RFP, the CONTRACTOR will not knowingly take any action or make any decision which creates a potential for conflict of interest or might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;
6. In fulfilling obligations under each of its State contracts, including any contract which results from this RFP, the CONTRACTOR will act in accordance with the terms of each of its State contracts and will not knowingly take any action or make any decision which might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;
7. No former officer or employee of the State who is now employed by the CONTRACTOR, nor any former officer or employee of the CONTRACTOR who is now employed by the State, has played a role with regard to the administration of this contract procurement in a manner that may violate section 73(8)(a) of the State Ethics Law; and
8. The CONTRACTOR has not and shall not offer to any employee, member or director of the State any gift, whether in the form of money, service, loan, travel, entertainment, hospitality, thing or promise, or in any other form, under circumstances in which it could reasonably be inferred that the gift was intended to influence said employee, member or director, or could reasonably be expected to influence said employee, member or director, in the performance of the official duty of said employee, member or director or was intended as a reward for any official action on the part of said employee, member or director.
9. The Contractor, for the entire life of the contract, must meet and maintain the conflict of interest disclosures and abrogate any ownership, affiliation, subsidiary relationship, management or operating interest, or participation of any kind in a company or entity that provides or utilizes Medicaid transportation in any part of the region covered by this RFP, except where the contractor has a financial or other relationship to perform transportation services under a contract with a Managed Long Term Care Program.
10. The Contractor must not be co-located with any Medicaid transportation provider.
11. If, during the term of a resulting contract, the Contractor becomes aware of a relationship, actual or potential, which may be considered a conflict of interest with the proper discharge of responsibilities under this RFP/contract, the Contractor shall notify the Department of Health in writing immediately and seek the Department of Health's approval on any proposed mitigation plans or corrective measures to be taken.

CONTRACTORS responding to this contract should note that the State recognizes that conflicts may occur in the future because a CONTRACTOR may have existing or new relationships. The State will review the nature of any such new relationship and reserves the right to terminate the contract for cause if, in its judgment, a real or potential conflict of interest cannot be cured.

Failure to comply with these provisions may result in termination of the contract and criminal proceedings as required by law.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form must be signed by an authorized executive or legal representative.

## **ATTACHMENT M**

### **DEFINITIONS**

For the purposes of the Medicaid Program and as used in this request, the following terms are defined as follows:

#### **Ambulance**

An ambulance is a motor vehicle, aircraft, boat or other form of transportation designed and equipped to provide emergency medical services during transit.

An ambulance service is any entity, as defined in Section 3001 of the Public Health Law, which is engaged in the provision of emergency medical services and the transportation of sick, disabled or injured persons by motor vehicle, aircraft, boat, or other form of transportation to or from facilities providing hospital services and which is certified or registered by the Department of Health as an ambulance service.

#### **Ambulette**

Ambulette, invalid coach or paratransit vehicle is a special-purpose vehicle designed and equipped to provide non-emergency transport that has either wheelchair-carrying capacity, stretcher-carrying capacity or the ability to carry transit-disabled individuals. A wheelchair-accessible minivan or similar vehicle is not an ambulette.

An ambulette service is an individual, partnership, association, corporation, or any other legal entity which transports the invalid, infirm or disabled by ambulette to or from facilities which provide medical care.

An ambulette service provides the invalid, infirm or disabled with personal assistance.

#### **Common Medical Marketing Area**

The common medical marketing area is the geographic area from which a community customarily obtains its medical care and services.

#### **Conditional Liability**

Conditional liability is the responsibility of the prior authorization official for making payment only for transportation services which are provided to Medicaid eligible individuals in accordance with the requirements of Title 18 (the regulations of the New York State Department of Social Services).

#### **Day Treatment Program**

A day treatment program or continuing treatment program is a planned combination of diagnostic, treatment and rehabilitative services certified by the Office for Persons with Developmental Disabilities or the Office of Mental Health.

#### **Department Staff**

Employees of the New York State Department of Health, or designees of the Department of Health, for the purposes of this contract.

#### **Emergency**

A medical or mental health condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention could reasonably be expected to result in placing the enrollee's physical or mental health (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions, serious dysfunction of any bodily organ or part, serious harm to self or others due to an alcohol or drug abuse emergency, injury to self or bodily harm to others, or with respect to a pregnant woman having contractions: (1) that there is inadequate time to effect a safe transfer to a hospital before delivery, or (2) that transfer may pose a threat to the health or safety of the woman or the unborn child.



**Enrollee/Enrollee**

An enrollee/enrollee is an individual who is enrolled in the Medicaid Program and is eligible to receive Medicaid services, including transportation.

**Fee-for-Service**

The payment of a fee by the Department of Health directly to a service provider for a specified direct service.

**Medical Escort**

A paid or unpaid individual or caregiver accompanying a program eligible enrollee who is physically, mentally, or developmentally disabled and unable to travel or wait without assistance or supervision to receive a Medicaid coverable service. The escort may drive or utilize transportation services with the program eligible enrollee.

**Medical Necessity**

Health care services are considered medically necessary when those services are:

- Medically appropriate;
- Necessary to meet the basic health needs of the enrollee;
- Rendered in the most cost-efficient manner and type of setting appropriate for the delivery of the covered service;
- Consistent in type, frequency, duration of treatment with scientifically based guidelines of national medical, research, or health care coverage organizations or governmental agencies;
- Consistent with the diagnosis of the condition;
- Required for means other than convenience of the enrollee or his or her physician;
- No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
- Of demonstrated value; and,
- No more intense level of service than can be safely provided.

**Medical Service Provider**

An individual, firm, corporation, hospital, nursing facility, or association that is enrolled as a Medicaid provider, or provides a Medicaid coverable service free of charge (for example, a Veterans Administration Hospital, or local county Department of Health.)

**Mode**

The method used to provide transportation services to enrollees.

**Non-Emergency Ambulance Transportation**

Non-emergency ambulance transportation is the provision of ambulance transportation for the purpose of obtaining necessary medical care or services by a Medicaid enrollee whose medical condition requires transportation in a recumbent position.

Non-emergency ambulance transportation is transportation of a pre-planned nature where the patient must be transported on a stretcher or requires the administration of life support equipment, such as oxygen, by trained medical personnel.

**No-Show**

The result of a Department of Health enrollee or transportation service provider not keeping an appointment and failing to cancel the appointment.

**Prior Authorization**

A determination that payment for transportation is essential in order for a Medicaid enrollee to obtain necessary medical care and services and that the Medicaid Program accepts conditional liability for payment of the Medicaid enrollee's transportation costs.

**Medical Practitioner**

An ordering practitioner is the Medicaid enrollee's attending physician or other medical practitioner who has not been excluded from or denied enrollment in the Medicaid Program and who is requesting transportation on behalf of the Medicaid enrollee in order for the Medicaid enrollee to receive medical care or services covered under Medicaid.

**Simple Rotation System**

A simple rotation system is a method to identify the next available transportation vendor in the transportation manager's system that can perform the transportation service within the level transportation required. This system is used when an enrollee indicates they have no preference for a specific transportation vendor to perform the service.

**Stretcher Van**

A vehicle that transports a prone or supine person who does not require medical attention while traveling to services.

**Transportation Provider**

A transportation provider is a lawfully authorized provider of transportation services who is actively enrolled in the Medicaid Program.

**Transportation Services**

Transportation services are services by ambulance, ambulette or invalid coach, taxicab, common carrier or other means appropriate to the Medicaid enrollee's medical condition; and transportation attendant to accompany the Medicaid enrollee, if necessary.

Such services may include the transportation attendant's transportation, meals, lodging and salary; however, no salary will be paid to a transportation attendant who is a member of the Medicaid enrollee's family.

**Urgent Care Transportation**

"Urgent care" means that level of care ordered and verified by the individual's physician (online, by phone or fax) to be necessary on the day the request is made. Examples include, but are not limited to, high temperature, persistent rash, vomiting or diarrhea, symptoms which are of sudden or severe onset but which do not require emergency room services. Urgent care is generally determined by the enrollee's medical care provider, but not necessary.

An appointment shall be considered urgent if the medical service provider grants an appointment within forty-eight (48) hours of the enrollee's request.

A hospital discharge shall be considered an Urgent Trip.



The purpose of this Travel Reimbursement Policy Manual is to provide guidance to the New York State Department of Health's (Department) Transportation Manager (TM) and eligible Medicaid enrollees to better understand and apply the Department's travel rules and regulations.

The Department sets rules and regulations for reimbursement of prior authorized travel related expenses in accordance to Federally approved guidelines regarding such reimbursement.

When travel arrangements are necessary for an eligible Medicaid enrollee(s) to obtain a Medicaid covered service, such arrangements must be prior authorized by the applicable TM in order for the enrollee to be eligible for reimbursement of allowable expenses incurred. The TM will only reimburse for prior approved travel related expenses. The TM will also reimburse for allowable expenses for an additional person (escort) to accompany an enrollee to their Medicaid covered service and will reimburse expenses per person per day **if** the following criteria is met: (1) it is determined to be medically necessary for the enrollee to travel with an escort, (2) the TM has received the appropriate medical justification signed by the medical provider and (3) if the travel arrangements were prior approved by the TM.

### **Definition of Travel-Related Expenses**

**Breakfast:** a meal consumed by traveler between the hours of 5:00 am- 10:00 am.

**Lunch:** a meal consumed by traveler between the hours of 10:01 am and 3:00 pm.

**Dinner:** a meal consumed by traveler between the hours of 3:01 pm and 10:00 pm.

**Incidentals:** snacks and/or beverages consumed in addition to breakfast, lunch and dinner; or consumed outside of the defined timeframes defined for meals as noted above.

### **Non-Compensable Expenses**

The non-reimbursable items include, but are not limited to the following:

- SNAP benefits (e.g. food stamps)\*
- tobacco products;
- tips;
- meal delivery services;
- shipping expenses;
- alcoholic beverages;
- internet services;
- laundry services;
- additional hotel amenities such as movies and entertainment;
- excessive meal expenses;
- fuel;
- vehicle repairs and supplies;
- rental cars (unless prior authorized by the TM);
- medical supplies;
- over the counter medications, and
- other personal items.

**\*Note:** Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) cannot be used while in travel status. Per the Food and Nutrition Act of 2008, SNAP benefits are to be used to purchase food for home consumption.

### **Meal & Incidental Expense Allowance While in Travel Status**

Eligible enrollees may be reimbursed for travel related expenses when an enrollee is considered to be in “travel status.” An enrollee is considered to be in “travel status” when traveling from their residence to a Medicaid covered service and during their return trip home following the appointment. Reimbursement for travel related expenses may be considered under the following circumstances:

- When an eligible enrollee is in travel status for at least four hours *and* must travel at least 80 miles one-way to a Medicaid covered service, enrollee may be allowed reimbursement for one meal.
- When an eligible enrollee is in travel status for at least eight hours *and* must travel at least 80 miles one-way to a Medicaid covered service, enrollee may be allowed reimbursement for two meals.
- When an eligible enrollee is in travel status for at least eight hours *and* must travel at least 160 miles one-way to a Medicaid covered service, enrollee may be allowed reimbursement for two or more meals and one-night lodging.

The TM takes into consideration the method of transportation, scheduled appointment time and meals consumed by the enrollee in order to determine if they are appropriate expenses prior to issuing a reimbursement. If an enrollee is traveling less than one full day, the enrollee may not be reimbursed at the federal government’s full per diem rate\*.

\*Visit <http://www.gsa.gov> to check the most current per diem and standard mileage reimbursement rates for your planning purposes.

“Overnight Travel” is defined as pre-approved travel requiring an overnight stay. This may apply when the enrollee must travel on the day prior to an appointment to arrive on time, prepare for the appointment, or upon completion of the appointment, the return home is excessively burdensome or is not feasible for the enrollee to immediately return home.

The TM will reimburse for up to three (3) meals per day and possible incidentals, based upon location and in accordance with the following guidelines.

The daily maximum reimbursable meal expenses are \$51.00 to \$74.00 for full day or overnight travel depending on the city where the medical service takes place. The TM will reimburse for reasonable meal expenses according to valid receipts (see below) submitted. Examples of valid and invalid receipts are found at the end of this policy manual.

A reasonable reimbursement guideline for meal expenses is:

- 15% of the daily allowance for breakfast;
- 25% of the daily allowance for lunch;
- 50 % of the daily allowance for dinner; and

- 10% of the daily allowance for incidentals (to include snacks) in accordance with the federal rates and guidelines for per diem meals.

The TM may reimburse approved expenses for one to two reasonable meals per day or one meal and/or reasonable incidentals according to the following guidelines for daily travel where the travel or appointment time is less than one full day.

However, the TM will not reimburse an entire day's meal expense for a single meal. When an enrollee is claiming a meal expense, the following must be provided: an original dated and itemized receipt including the business name and address; date; item(s) purchased; price of each item, and the total amount of the bill and method of payment, in order to be reimbursed for meal expenses.

## **Daily Travel**

### **Breakfast**

Customarily, a person consumes breakfast at home prior to starting their daily activities. On a day an enrollee or an enrollee and pre-approved attendant is beginning to travel to a Medicaid covered service that has been prior authorized, the TM expects breakfast to be consumed prior to engaging in travel and is therefore not an eligible travel expense.

### **Lunch**

Customarily, a person consumes lunch during the day. On a day an enrollee or an enrollee and pre-approved attendant is traveling to a prior authorized Medicaid covered service, lunch may be consumed and is therefore an eligible travel expense that may be submitted in accordance with these guidelines. Lunch reimbursement shall not exceed the lower of the receipted amount or 25% of the medical location's federal per diem rate. *Please note that travel commencing later in the day does not automatically guarantee lunch expenses to be reimbursed as it is not unreasonable to eat a meal at home prior to traveling.*

### **Dinner**

Customarily, a person consumes dinner in the evening or at the end of the day. On a day an enrollee or an enrollee and pre-approved attendant is beginning to travel to a prior authorized Medicaid covered service where the appointment or travel time will not allow them to consume dinner prior to leaving home, dinner may be consumed prior to returning home, and is therefore an eligible travel expense that may be submitted in accordance with these guidelines. Dinner reimbursement shall not exceed the lower of the receipted amount or 50% of the location's federal per diem rate.

*Please note that travel commencing later in the day does not automatically guarantee dinner expenses to be reimbursed as it is not unreasonable to eat a meal at home prior to traveling or returning home.*

## **Incidentals**

Incidental expenditures, including snacks and beverages, may be incurred throughout the trip and reimbursement may be submitted in accordance with these guidelines. Reimbursement for incidentals shall not exceed the lower of the receipted amount or 10% of the medical location's federal per diem rate.

## **Overnight Travel**

### **Breakfast**

On a day an enrollee or an enrollee and pre-approved escort has travelled to a prior authorized Medicaid covered service, or must return home the morning after the appointment, accrued breakfast travel expenses may be submitted in accordance with these guidelines and additional breakfast expenses may be submitted on each subsequent travel day prior to returning home. Breakfast reimbursement shall not exceed the lower of the receipted amount or 15% of the medical location's federal per diem rate. *Reimbursement for breakfast is not available after the traveler(s) have returned home.*

### Lunch

On a day an enrollee or an enrollee and pre-approved escort is traveling to and from a prior authorized Medicaid covered service, lunch may be consumed and is an eligible travel expense that may be submitted in accordance with these guidelines. Lunch reimbursement shall not exceed the lower of the receipted amount or 25% of the location's federal per diem rate. *Reimbursement for lunch is not available after the travelers have returned home.*

### Dinner

Customarily, a person consumes dinner in the evening (typically anywhere between 5:00pm-7:00pm). On a day an enrollee or an enrollee and pre-approved escort has travelled to a prior authorized Medicaid covered service and the enrollee's appointment or travel time will not allow them to consume dinner prior to leaving home, dinner may be consumed during travel to their destination or after the Medicaid covered service, and is therefore an eligible travel expense that may be submitted in accordance with these guidelines. Dinner reimbursement shall not exceed the lower of the receipted amount or 50% of the location's federal per diem rate. *Reimbursement for dinner is not available after the travelers have returned home.*

### **Hotel Selection**

The TM will select value rated, reasonably priced hotels using the federally established lodging expense as a guideline, or select hotels with reduced medical rates associated with a medical facility, if more cost effective. Current per diem rates can be found on the General Service Administration (GSA) website: <https://www.gsa.gov/portal/content/104877>

The TM will attempt to secure hotel arrangements with the closest, most appropriate hotel in approximation to the enrollee's Medicaid covered service to minimize additional expenses. Any expenses incurred are to be within the specified allowable guidelines in order to be considered for reimbursement.

### **Unreceipted Stay**

This method provides for flat rate allowances for meals, lodging and incidental expenses regardless of where lodging is obtained, as well as circumstances where an official receipt cannot be generated, such as when lodging with relatives or friends. Rates are established based on the county where lodging is obtained or the location to which the enrollee was traveling (whichever rate is less), and such location must be indicated. No receipts are required when using this method. Please note that if the enrollee has a hotel receipt and no meal receipts, this method cannot be used for reimbursement. Current rates as of October 26, 2016 are as follows:

- New York City, Nassau, Suffolk, Rockland and Westchester Counties \$50.00
- Albany, Broome, Erie, Monroe and Onondaga Counties \$40.00
- All other Counties within New York State \$35.00
- Out of State \$50.00

### **Exclusions & Additional Information**

Many hotels include a continental breakfast. When a continental breakfast is included, the TM will not reimburse for incurred breakfast expenses.

The TM will consider providing reimbursement for receipted parking, tolls, and additional local travel expenses directly related to the enrollee receiving a Medicaid-covered service.

The TM will consider providing reimbursement of a prior approved rental vehicle secured by an enrollee on a case by case basis when such use is directly related to the provision of the necessary Medicaid-covered service, has a medical justification provided by the enrollee's physician and is deemed the most cost effective mode of transportation. Note that, when prior approved, the rental vehicle may not exceed the size or accommodation needs of the enrollee and/or his/her attendant. For example, the TM will not reimburse for a luxury car when a compact or mid-size vehicle is more appropriate.

### **Personal Vehicle Mileage Reimbursement**

The following information relates to reimbursement for the use of a personal vehicle to travel to and from prior-approved Medicaid covered service appointments.

### **Requesting Prior Approval for a Trip**

For the TM to consider reimbursement of transportation and travel related expenses, the following steps are required:

**Step 1:** Obtain prior approval for all trips by calling the TM. Trip requests can be made by telephone or online, and must be made no less than 72 hours prior to the Medicaid covered service appointment.

You must provide:

1. The enrollee's Medicaid number;
2. The enrollee's date of birth;
3. The enrollee's current address;
4. The enrollee's current telephone number;
5. The name and telephone number of the person scheduling the trip;
6. The date of appointment;
7. The enrollee's primary care physician or physician ordering the trip;
8. The exact address of the destination, including zip code;
9. If someone other than the enrollee is driving; and
10. Any additional information required by the TM.

**Step 2:** Request an invoice number for every trip for your records and proof of prior approval.

**Step 3:** Request the operator mail the reimbursement forms to you prior to the Medicaid covered service, or you may obtain the forms directly from the TM's website.

### **Requesting Reimbursement**

**Step 1:** Complete the mileage/travel reimbursement form found on the TM's website.

If someone other than the enrollee is driving, the form must be signed by the driver when the form is completed. Please note, the driver's social security number is required for the first reimbursement, but subsequent claims do not require social security numbers.



**Step 2:** On the day of the Medicaid covered service, request the physician or staff member within the facility to sign the designated area of the reimbursement form to confirm attendance.

**Step 3:** Save and attach all ORIGINAL receipts pertaining to parking/toll expenses and/or meal receipts, if applicable, and write amounts in the appropriate fields. Save copies of all information submitted to the TM for your personal record.

**Step 4:** Mail completed form with any original receipts to the TM within 90 days of the trip.

Claim Certification Statement

By submitting a claim, the claimant certifies that:

*I am a qualified to provide such services for which I am submitting for reimbursement.*

*I have reviewed the form.*

*I have furnished or caused to be furnished the care, services and supplies itemized in accordance with applicable federal and state laws and regulations.*

*The amounts listed are due and, except as noted, no part thereof has been paid by, or to the best of my knowledge is payable from any source other than, the Medicaid Program.*

*Payment of fees made in accordance with established schedules is accepted as payment in full; other than a claim rejected or denied or one for adjustment, no previous claim for the care, services and supplies itemized has been submitted or paid.*

*All statements made hereon are true, accurate and complete to the best of my knowledge.*

*No material fact has been omitted from this form.*

***I understand that payment and satisfaction of this claim will be from federal, state and local public funds and that I may be prosecuted under applicable federal and state laws for any false claims, statements or documents or concealment of a material fact.***

*Taxes from which the State is exempt are excluded.*

*All records pertaining to the care, services and supplies provided including all records which are necessary to disclose fully the extent of care, services and supplies provided to individuals under the New York State Medicaid Program will be kept for a period of six years from the date of payment, and such records and information regarding this claim and payment therefore shall*

*be promptly furnished upon request to the Health Department, the State Medicaid Fraud Control Unit of the New York State Office of Attorney General or the Secretary of the Department of Health and Human Services.*

*There has been compliance with the Federal Civil Rights Act of 1964 and with section 504 of the Federal Rehabilitation Act of 1973, as amended, which forbid discrimination on the basis of race, color, national origin, handicap, age, sex and religion.*

*I agree to comply with the requirements of 42 CFR Part 455 relating to disclosures by providers; the State of New York through its fiscal agent or otherwise is hereby authorized to:*

- (1) *make administrative corrections to this claim to enable its automated processing subject to reversal by provider, and*
- (2) *accept the claim data on this form as original evidence of care, services and supplies furnished.*

*By making this claim I understand and agree that I shall be subject to and bound by all rules, regulations, policies, standards, rates and procedures of the Health Department as set forth in Title 18 of the New York Official Compilation of Codes, Rules and Regulations of New York State and other Department publications.*

***I understand and agree that I shall be subject to and shall accept, subject to due process of law, any determinations pursuant to said rules, regulations, policies, standards, fee codes and procedures, including, but not limited to, any duly made determination affecting my (or the entity's) past, present or future status in the Medicaid Program and/or imposing any duly considered sanction or penalty.***

*I understand that my signature on the claim form incorporates the above certifications and attests to their truth.*

#### Customer Service

Contact the TM if you have any questions.

#### **Frequently Asked Questions**

##### **1. What are the current reimbursement rates?**

- Enrollee self-drive .....IRS medical mileage rate.
- In-home relative/partner or spouse/caregiver/friend.....IRS medical mileage rate.
- Out-of-home family member/neighbor/friend/volunteer.....IRS standard mileage rate.

Mileage rates are established annually by the Internal Revenue Service (IRS) and can be found on the U.S. General Services Administration (GSA) website of: <https://www.gsa.gov/portal/category/26429> .

##### **2. Do I need to track my miles?**

You do not need to report miles on the claim form, since mileage is automatically calculated using the TM's mileage calculation system. Mileage is calculated using the shortest distance route as determined by the system. Mileage/Travel reimbursement is available for loaded mileage only, i.e., mileage incurred while actively transporting the enrollee.

##### **3. What mileage expenses are considered reimbursable?**

The TM will reimburse for round-trip loaded miles to and from an approved Medicaid covered service. Loaded miles are the miles traveled in which the enrollee having an appointment is transported to and from their home address/approved pickup location to the appointment location/approved drop off location.

The TM considers reimbursement of expenses for tolls, parking and bridge fare, if accompanied by an original receipt or EZ Pass account statement.

- 4. How long after my appointment do I have to submit my claim for reimbursement?**  
The claimant has 90 days from the appointment date to submit a claim for reimbursement.
- 5. I submitted a claim, but it was returned to me unprocessed. What happened?**  
Incomplete claim forms or those that contain unauthorized trips/expenses are returned unprocessed to the claimant.
- 6. Why does the amount on my check not match the amount I requested?**  
The TM audits your claim and may make adjustments as needed. Please call the TM for an explanation.
- 7. What is an itemized receipt?**  
An itemized receipt (see example on page 10) has ALL of the following pieces of information on it:
  - 1) Business Name
  - 2) Date
  - 3) Item(s) Purchased
  - 4) Price of Each Item
  - 5) Amount of Bill
  - 6) Method of Payment

## **Questions?**

Questions concerning this Travel Reimbursement Policy may be directed to Department's Medicaid Transportation Policy Unit via email to [MedTrans@health.ny.gov](mailto:MedTrans@health.ny.gov) or telephone to (518) 473-2160.

**Examples of Invalid Receipts**

Welcome to Mel's

Check #: 0001	12/20/16
Server: Josh F	4:38PM
Table: 7/1	Guests: 2
2 Beef Burger (@9.95/ea)	19.90
SIDE: Fries	
1 Bud Light	3.79
1 Bud	4.50
Sub-total	28.19
Sales Tax	<u>2.50</u>
TOTAL	30.69
Balance Due	30.69

Thank you for your patronage!

This receipt does not show how the bill was paid. Notice how it still shows "balance due"?

This receipt shows alcohol was purchased. Per NYSDOH policy, the purchase of alcohol is a non-compensable item and will not be reimbursed. The Bud and Bud Light along with the taxes associated would be deducted from the amount to be reimbursed.

KINGSGATE MARRIOTT  
CONFERENCE CENTER AT THE  
UNIVERSITY OF CINCIANNATI  
151 Goodman Dr.  
Cincinnati, OH 45219  
(513) 487-3800  
CHECK 2520

REF: 0888  
CD TYPE: VISA  
TR TYPE: PURCHASE  
DATE: MAY 19, 2016

TOTAL \$8.50  
ACCT: 9806 EXP: \*\*/\*\*  
AP: 012315  
NAME: DAVID M ROE

CARDMEMBER ACKNOWLEDGES RECEIPT OF  
GOODS  
AND/OR SERVICES IN THE AMOUNT OF THE  
TOTAL SHOWN HERON AND AGREES TO PERFORM  
THE OBLIGATIONS SET FORTH BY THE  
CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU

CUSTOMER COPY

This receipt does not show what was purchased.

### Example of a Valid Receipt

Greater Cincinnati Northern  
Kentucky International Airport  
Operated by Standard Parking

Fee Computer Number: 12  
Cashier: Fitzgerald Id #106  
Transaction Number: 35836  
Entered: 11/09/2016 06:44  
Exited: 11/14/2016 20:00  
Ticket #12313  
Lot: Lot 2  
Area: Area 2  
Rate: VarRate2  
Parking Fee: \$ 48.00  
Subtotal: \$ 48.00  
Total Fee: \$ 48.00  
MasterCard: A  
Credit Card Number: \*\*\*\*\*XXXX  
Total Paid: \$ 48.00

Thank You  
For Comments or Questions  
Call 859-767-3105

1) Business Name  
2) Date  
3) Item Purchased  
4) Price of Item  
5) Amount of Bill  
6) Method of Payment

## ATTACHMENT O

### TRANSPORTATION MANAGEMENT LAW

Section 365-h of the Social Services Law, as added by Chapter 8 of the Laws of 1995 and Subdivision 3 as amended by Section 26 of Part B of Chapter 1 of the Laws of 2002, amended by 2015-16 Budget, to read as follows:

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\* § 365-h. Provision and reimbursement of transportation costs.

1. The local social services official and, subject to the provisions of subdivision four of this section, the commissioner of health shall have responsibility for prior authorizing transportation of eligible persons and for limiting the provision of such transportation to those recipients and circumstances where such transportation is essential, medically necessary and appropriate to obtain medical care, services or supplies otherwise available under this title.
2. In exercising this responsibility, the local social services official and, as appropriate, the commissioner of health shall:
  - (a) make appropriate and economical use of transportation resources available in the district in meeting the anticipated demand for transportation within the district, including, but not limited to: transportation generally available free-of-charge to the general public or specific segments of the general public, public transportation, promotion of group rides, county vehicles, coordinated transportation, and direct purchase of services; and
  - (b) maintain quality assurance mechanisms in order to ensure that
    - (i) only such transportation as is essential, medically necessary and appropriate to obtain medical care, services or supplies otherwise available under this title is provided;
    - (ii) no expenditures for taxi or livery transportation are made when public transportation or lower cost transportation is reasonably available to eligible persons; and
    - (iii) transportation services are provided in a safe, timely, and reliable manner by providers that comply with state and local regulatory requirements and meet consumer satisfaction criteria approved by the commissioner of health.
3. In the event that coordination or other such cost savings measures are implemented, the commissioner shall assure compliance with applicable standards governing the safety and quality of transportation of the population served.
4. The commissioner of health is authorized to assume responsibility from a local social services official for the provision and reimbursement of transportation costs under this section. If the commissioner elects to assume such responsibility, the commissioner shall notify the local social services official in writing as to the election, the date upon which the election shall be effective and such information as to transition of responsibilities as the commissioner deems prudent. The commissioner is authorized to contract with a transportation manager or managers to manage transportation services in any local social services district, other than transportation services provided or arranged for enrollees of managed long term care plans issued certificates of authority under section forty-four hundred three-f of the public health law. Any transportation manager or managers selected

by the commissioner to manage transportation services shall have proven experience in coordinating transportation services in a geographic and demographic area similar to the area in New York state within which the contractor would manage the provision of services under this section. Such a contract or contracts may include responsibility for: review, approval and processing of transportation orders; management of the appropriate level of transportation based on documented patient medical need; and development of new technologies leading to efficient transportation services. If the commissioner elects to assume such responsibility from a local social services district, the commissioner shall examine and, if appropriate, adopt quality assurance measures that may include, but are not limited to, global positioning tracking system reporting requirements and service verification mechanisms. Any and all reimbursement rates developed by transportation managers under this subdivision shall be subject to the review and approval of the commissioner.

\* NB Repealed 6 years after the contract entered into pursuant to this section 365-h is executed

\* § 365-h. Provision and reimbursement of transportation costs.

1. The local social services official shall have responsibility for prior authorizing transportation of eligible persons and for limiting the provision of such transportation to those recipients and circumstances where such transportation is essential, medically necessary and appropriate to obtain medical care, services or supplies otherwise available under this title.
2. In exercising this responsibility, the local social services official shall:
  - (a) make appropriate and economical use of transportation resources available in the district in meeting the anticipated demand for transportation within the district, including, but not limited to: transportation generally available free-of-charge to the general public or specific segments of the general public, public transportation, promotion of group rides, county vehicles, coordinated transportation, and direct purchase of services; and
  - (b) maintain quality assurance mechanisms in order to ensure that
    - (i) only such transportation as is essential, medically necessary and appropriate to obtain medical care, services or supplies otherwise available under this title is provided and
    - (ii) no expenditures for taxi or livery transportation are made when public transportation or lower cost transportation is reasonably available to eligible persons.
3. In the event that coordination or other such cost savings measures are implemented, the commissioner shall assure compliance with applicable standards governing the safety and quality of transportation of the population served.

\* NB Effective 6 years after the contract entered into pursuant to this section 365-h has been executed

## **ATTACHMENT P**

### **Title 18 of the New York Code of Rules and Regulation (NYCRR) §505.10**

#### *Transportation for Medical Care and Services*

**Effective Date:** 04/29/98

#### **(a) Scope and purpose.**

This section describes the department's policy concerning payment for transportation services provided to Medical Assistance (MA) recipients, the standards to be used in determining when the MA program will pay for transportation, and the prior authorization process required for obtaining such payment.

Generally, payment will be made only upon prior authorization for transportation services provided to an eligible MA recipient. Prior authorization will be granted by the prior authorization official only when payment for transportation expenses is essential in order for an eligible MA recipient to obtain necessary medical care and services which may be paid for under the MA program.

#### **(b) Definitions.**

(1) Ambulance means a motor vehicle, aircraft, boat or other form of transportation designed and equipped to provide emergency medical services during transit.

(2) Ambulance service means any entity, as defined in section 3001 of the Public Health Law, which is engaged in the provision of emergency medical services and the transportation of sick, disabled or injured persons by motor vehicle, aircraft, boat or other form of transportation to or from facilities providing hospital services and which is currently certified or registered by the Department of Health as an ambulance service.

(3) Ambulette or invalid coach means a special-purpose vehicle, designed and equipped to provide non-emergency transport that has wheelchair-carrying capacity, stretcher-carrying capacity, or the ability to carry disabled individuals.

(4) Ambulette service means an individual, partnership, association, corporation, or any other legal entity, which transports the invalid, infirm or disabled by ambulette to or from facilities which provide medical care. An ambulette service provides the invalid, infirm or disabled with personal assistance as defined in this subdivision.

(5) Common medical marketing area means the geographic area from which a community customarily obtains its medical care and services.

(6) Community means either the State, a portion of the State, a city or a particular classification of the population, such as all persons 65 years of age and older.

(7) Conditional liability means that the prior authorization official is responsible for making payment only for transportation services which are provided to MA-eligible individuals in accordance with the requirements of this Title.



(8) Day treatment program or continuing treatment program means a planned combination of diagnostic, treatment, and rehabilitative services certified by the Office of People with Developmental Disabilities or the Office of Mental Health.

(9) Department established rate means the rate for any given mode of transportation which the department has determined will ensure the efficient provision of appropriate transportation to MA recipients in order for the recipients to obtain necessary medical care or services.

(10) Emergency ambulance transportation means the provision of ambulance transportation for the purpose of obtaining hospital services for an MA recipient who suffers from severe, life-threatening or potentially disabling conditions which require the provision of emergency medical services while the recipient is being transported.

(11) Emergency medical services means the provision of initial urgent medical care including, but not limited to, the treatment of trauma, burns, and respiratory, circulatory and obstetrical emergencies.

(12) Locally prevailing rate means a rate for a given mode of transportation which is established by a transit or transportation authority or commission empowered to establish rates for public transportation, a municipality, or a third-party payor, and which is charged to all persons using that mode of transportation in a given community.

(13) Locally established rate means the rate for any given mode of transportation which the social services official has determined will ensure the efficient provision of appropriate transportation for MA recipients in order for the recipients to obtain necessary medical care or services.

(14) Non-emergency ambulance transportation means the provision of ambulance transportation for obtaining necessary medical care or services to an MA recipient whose medical condition requires transportation by an ambulance service.

(15) Ordering practitioner means the MA recipient's attending physician or other medical practitioner who has not been excluded from enrollment in the MA program and who is requesting transportation on behalf of the MA recipient in order that the MA recipient may obtain medical care or services which are covered under the MA program. The ordering practitioner is responsible for initially determining when a specific mode of transportation to a particular medical care or service is medically necessary.

(16) Personal assistance means the provision of physical assistance by a provider of ambulette services or the provider's employee to an MA recipient for the purpose of assuring safe access to and from the recipient's place of residence, ambulette vehicle and MA covered health service provider's place of business.

Personal assistance is the rendering of physical assistance to the recipient in:

- walking, climbing or descending stairs, ramps, curbs or other obstacles;
- opening or closing doors;

- accessing an ambulette vehicle; and
- the moving of wheelchairs or other items of medical equipment and the removal of obstacles as necessary to assure the safe movement of the recipient.

In providing personal assistance, the provider or the provider's employee will physically assist the recipient which shall include touching, or, if the recipient prefers not to be touched, guiding the recipient in such close proximity that the provider of services will be able to prevent any potential injury due to a sudden loss of steadiness or balance.

A recipient who can walk to and from a vehicle, his or her home, and a place of medical services without such assistance is deemed not to require personal assistance.

(17) Prior authorization means a prior authorization official's determination that payment for a specific mode of transportation is essential in order for an MA recipient to obtain necessary medical care and services and that the prior authorization official accepts conditional liability for payment of the recipient's transportation costs.

(18) Prior authorization official means the department, a social services district, or their designated agents.

(19) Transportation attendant means any individual authorized by the prior authorization official to assist the MA recipient in receiving safe transportation.

(20) Transportation expenses means:

- (i) the costs of transportation services; and
- (ii) the costs of outside meals and lodging incurred when going to and returning from a provider of medical care and services when distance and travel time require these costs.

(21) Transportation services means:

- (i) transportation by ambulance, ambulette or invalid coach, taxicab, common carrier or other means appropriate to the recipient's medical condition; and
  - (ii) a transportation attendant to accompany the MA recipient, if necessary.
- Such services may include the transportation attendant's transportation, meals, lodging and salary; however, no salary will be paid to a transportation attendant who is a member of the MA recipient's family.

(22) Undue financial hardship means transportation expenses which the MA recipient cannot be expected to meet from monthly income or from available resources. Such transportation expenses may include those of a recurring nature or major one-time costs.

(23) Vendor means a lawfully authorized provider of transportation services who is either enrolled in the MA program pursuant to Part 504 of this Title or authorized to receive payment for transportation services directly from a social services district or other agent designated by

the department. The term vendor does not mean an MA recipient or other individual who transports an MA recipient by means of a private vehicle.

**(c) Ambulette and non-emergency ambulance transportation.**

(1) Who may order:

Only those practitioners, facilities, or programs listed in paragraph (4) of subdivision (d) of this section may order or submit an order on behalf of a practitioner for ambulette or non-emergency ambulance transportation services.

(2) Criteria for ordering ambulette transportation.

Ambulette transportation may be ordered if any one of the following conditions exist:

(i) The recipient needs to be transported in a recumbent position and the ambulette service ordered has stretcher-carrying capacity; or

(ii) The recipient is wheelchair bound and is unable to use a taxi, livery service, bus or private vehicle; or

(iii) The recipient has a disabling physical condition which requires the use of a walker or crutches and is unable to use a taxi, livery service, bus or private vehicle; or

(iv) The recipient has a disabling physical condition other than one described in subparagraph (iii) of this paragraph or a disabling mental condition, either of which requires the personal assistance provided by an ambulette service, and the ordering practitioner certifies, in a manner designated by the department, that the recipient cannot be transported by a taxi, livery service, bus or private vehicle and requires transportation by ambulette service; or

(v) An otherwise ambulatory recipient requires radiation therapy, chemotherapy, or dialysis treatment which results in a disabling physical condition after treatment and renders the recipient unable to access transportation without the person assistance provided by an ambulette service.

(3) Criteria for ordering non-emergency ambulance transportation.

Non-emergency ambulance transportation may be ordered when the recipient is in need of services while being transported to a provider of medical services which can only be administered by an ambulance service.

(4) Recordkeeping.

The ordering practitioner must note in the recipient's patient record the condition which justifies the practitioner's ordering of ambulette or non-emergency ambulance services.

(5) Audit and claim review.

An ordering practitioner or a facility or program submitting an order on the practitioner's behalf, which does not comply with this subdivision may be subjected to monetary claims and/or program sanctions as provided in section 504.8(a) of this Title.

**(d) Prior authorization.**

(1) Generally, prior authorization must be obtained before transportation expenses are incurred. Prior authorization is not required for emergency ambulance transportation or Medicare approved transportation by an ambulance service provided to an MA-eligible person who is also eligible for Medicare Part B payments. If transportation services are provided in accordance with section 505.10(e)(7) of this Part, the individualized education program or interim or final individualized family services plan of an MA eligible person will qualify as the prior authorization required by this subdivision.

(2) Requests for prior authorization may be made by the MA recipient, his or her representative, or an ordering practitioner.

(3) The recipient, his or her representative, or ordering practitioner must make the request in the manner required by the prior authorization official.

(4) A request for prior authorization for non-emergency ambulance transportation must be supported by the order of an ordering practitioner who is the MA recipient's attending physician, physician's assistant, or nurse practitioner. A request for prior authorization for transportation by ambulette or invalid coach must be supported by the order of an ordering practitioner who is the MA recipient's attending physician, physician's assistant, nurse practitioner, dentist, optometrist, podiatrist or other type of medical practitioner designated by the district and approved by the department. A diagnostic and treatment center, hospital, nursing home, intermediate care facility, long term home health care program, home and community-based services waiver program, or managed care program may submit an order for ambulette or non-emergency ambulance transportation services on behalf of the ordering practitioner.

(5) Each social services district must inform applicants for and recipients of MA of the need for prior authorization in order for transportation expenses to be paid under the MA program and of the procedures for obtaining such prior authorization.

(6) The prior authorization official may approve or deny a request for prior authorization, or require the ordering practitioner to submit additional information before the request is approved or denied.

(7) The prior authorization official must use the following criteria in determining whether to authorize payment of transportation expenses in accordance with subdivision (d) of this section:

(i) When the MA recipient can be transported to necessary medical care or services by use of private vehicle or by means of mass transportation which are used by the MA recipient for the usual activities of daily living, prior authorization for payment for such transportation expenses may be denied;

(ii) when the MA recipient needs multiple visits or treatments within a short period of time and the MA recipient would suffer undue financial hardship if required to make payment for the transportation to such visits or treatments, prior authorization for payment for such transportation expenses may be granted for a means of transportation ordinarily used by the MA recipient for the usual activities of daily living;

(iii) when the nature and severity of the MA recipient's illness necessitates a mode of transportation other than that ordinarily used by the MA recipient, prior authorization for such a mode of transportation may be granted;

(iv) when the geographic locations of the MA recipient and the provider of medical care and services are such that the usual mode of transportation is inappropriate, prior authorization for another mode of transportation may be granted;

(v) when the distance to be traveled necessitates a large transportation expense and undue financial hardship to the MA recipient, prior authorization for payment for the MA recipient's usual mode of transportation may be granted;

(vi) when the medical care and services needed are available within the common medical marketing area of the MA recipient's community, prior authorization for payment of transportation expenses to such medical care and services outside the common medical marketing area may be denied;

(vii) when the need to continue a regimen of medical care or service with a specific provider necessitates travel which is outside the MA recipient's common medical marketing area, notwithstanding the fact that the medical care or service is available within the common medical marketing area, prior authorization for payment of transportation expenses to such medical care and services outside the common medical marketing area may be granted; and

(viii) when there are any other circumstances which are unique to the MA recipient and which the prior authorization official determines have an effect on the need for payment of transportation expenses, prior authorization for payment for such transportation expenses may be granted.

#### **(e) Payment.**

(1) Payment for transportation expenses will be made only when transportation expenses have been prior authorized except for emergency ambulance transportation or Medicare approved transportation by an ambulance service provided to an MA-eligible person who is also eligible for Medicare Part B payments.

(2) Payment for transportation expenses will be made only to the vendor of transportation services, to the MA recipient or to an individual providing transportation services on behalf of the MA recipient.

(3) Payment will be made only for the least expensive available mode of transportation suitable to the MA recipient's needs, as determined by the prior authorization official.

(4) Payment to vendors for transportation services must not exceed the lower of the department established rate, the local established rate, the locally prevailing rate, or the rate charged to the

public, by the most direct route for the mode of transportation used. However, payment may be made in excess of the locally prevailing rate or the rate charged to the public when federal financial participation in the MA payment for transportation services is available and such payment is necessary to assure the transportation service.

(5) Payment to vendors will be made only where an MA recipient is actually being transported in the vehicle.

(6) In order to receive payment for services provided to an MA recipient, a vendor must be lawfully authorized to provide transportation services on the date the services are rendered. A vendor of transportation services is lawfully authorized to provide such services if it meets the following standards:

(i) ambulance services must be certified or registered by the Department of Health and comply with all requirements of that department.

(ii) ambulette services must be authorized by the Department of Transportation. Ambulette drivers must be qualified under Article 19-A of the Vehicle and Traffic Law. Ambulette services and their drivers must comply with all requirements of the Department of Transportation and the Department of Motor Vehicles or have a statement in writing from the appropriate department or departments verifying that the ambulette services or their drivers are exempt from such requirements. In addition, ambulette services operating in New York City must be licensed by the New York City Taxi and Limousine Commission.

(iii) taxicab or livery services must comply with all requirements of the local municipality concerning the operation of taxicab or livery service in that municipality and with all requirements of the Department of Motor Vehicles; and

(iv) Vendors which provide transportation to day treatment or continuing treatment programs must be authorized by the Department of Transportation. Drivers for such vendors must be qualified under Article 19-A of the Vehicle and Traffic Law. Such vendors and their drivers must comply with all requirements of the Department of Transportation and the Department of Motor Vehicles or have a statement in writing from the appropriate department or departments verifying that the vendors or their drivers are exempt from such requirements.

(7) Payment is available for transportation services provided in order for the recipient to receive an MA covered service if the recipient receives such service (other than transportation services) at school or off of the school premises and both the covered service and transportation service are included in the recipient's individualized education plan. Payment is available for transportation services provided in order for the recipient, or the recipient's family member or significant other to receive an MA covered service if both the covered service and transportation service are included in the recipient's interim or final individualized family services plan. For purposes of this section, a significant other is a person who substitutes for the recipient's family, interacts regularly with the recipient, and affects directly the recipient's developmental status. Reimbursement for such services must be made in accordance with the provider agreement.

(8) Payment to a provider of ambulette services will only be made for services documented in contemporaneous records in accordance with section 504.3 of this Title. Documentation must include:

- (i) the recipient's name and MA identification number;
- (ii) the origination of the trip;
- (iii) the destination of the trip;
- (iv) the date and time of service; and,
- (v) the name of the driver transporting the recipient.

(9) Payment will not be made for transportation services when:

- (i) the transportation services are ordinarily made available to other persons in the community without charge; however, payment may be made under such circumstances when federal financial participation in the MA payment for transportation services is available;
- (ii) the transportation services are provided by a medical facility and the costs are included in the facility's MA rate;
- (iii) a vendor is not actually transporting an MA recipient;
- (iv) the MA recipient has access to and can make use of transportation, such as a private vehicle or mass transportation, which the recipient ordinarily uses for the usual activities of daily living unless prior authorization has been granted by the prior authorization official.

**(f) Medical transportation plans and rate schedules.**

(1) The department may either establish rate schedules at which transportation services can be assured or delegate such authority to the social services districts.

(2) As directed by the department, each social services district must prepare and submit for department approval a medical transportation plan which provides for essential transportation of MA recipients to and from medical care and services which may be paid for under the MA program and the rate schedules to be used by the district. The department will approve a transportation plan if it finds that the plan satisfactorily demonstrates that appropriate modes of transportation are available to MA recipients in the social services district and that the rates of payment for transportation are adequate to ensure the availability of transportation to and from medically necessary care and services which can be paid for under the MA program.

(i) Amendments to transportation plans or changes to rate schedules must be submitted at least 60 days prior to the effective date of the amendment. The department may permit a shorter notification period in circumstances where the department has adequate time to review the proposed amendment prior to its effective date. Factors which will be considered in determining whether to shorten the notification period include, but are not limited to, the complexity of the proposed amendment and the number and complexity of any other proposed amendments which the department is reviewing when the request is made. The department may also waive the notification period at the request of the social services district where a waiver would permit more efficient and effective administration of the MA program.

(ii) Plans, rate schedules or amendments may not be implemented without departmental approval.

(iii) The transportation rate schedules submitted for approval must be complete and contain the current department established rates, the locally established rates, or the

locally prevailing rates for each transportation service for which the district is required to pay.

(3) Failure to obtain the approval required by this subdivision may result in the social services district being denied federal and state reimbursement for the expenses related to transporting MA recipients to providers of medical care or services.

(4) On request, a vendor of transportation services must submit pertinent cost data, which is available to the vendor, to the department or the social services district. The department or the social services district may not require a certified cost document if providing such certification will result in additional expense to the vendor. Failure to comply with the requirements of this paragraph may result in the vendor's termination from participation in the MA program.

(5) The department or each social services district for which payment of transportation services is made through the Medicaid Management Information System (MMIS) must adhere to the following requirements in establishing payment rates with vendors of transportation services:

(i) The department or the social services district must select at least one of the following:

- (a) a flat rate for all transportation services provided;
- (b) a base rate for all transportation services provided, plus a mileage charge;
- (c) a flat rate for transportation services within specified areas; or
- (d) a mileage rate based on distance.

(ii) The department or the social services district may establish with vendors a reduced rate for any of the following:

- (a) transportation of additional persons;
- (b) transportation of persons traveling to and from day treatment or continuing treatment programs; and
- (c) transportation of persons for purposes of obtaining regularly recurring medical care and services.

(iii) The department or the social services district may establish an additional rate for any of the following:

- (a) other transportation costs, limited to the costs of meals, lodging and transportation attendants. Such costs must be approved by the department before the social services district may establish the additional rate; and
- (b) bridge and road tolls.

(6) Rates established by the department will be deemed part of all applicable social services district medical transportation plans.

**Volume: C**



## ATTACHMENT Q

### Medicaid Enrollee Fair Hearing Rights

#### Fair Hearings

A Fair Hearing is a chance for you to tell an Administrative Law Judge from the New York State Office of Temporary and Disability Assistance, Office of Administrative Hearings, why you think a decision about your case made by a local social services agency is wrong. The Office of Temporary and Disability Assistance will then issue a written decision which will state whether the local agency's decision was right or wrong. The written decision may order the local agency to correct your case.

- **Request a Fair Hearing** - Requests for Hearings can be completed online, by US Mail, by telephone or by fax.
- **Request an Adjournment or Reopening** - If you cannot appear at a hearing that has been scheduled but hasn't been held yet, you may request that it be adjourned (postponed) to another date. You may submit your request for an adjournment online, by US Mail, by telephone or by fax. If the hearing date has already passed and you didn't attend the hearing, under some limited circumstances, you may be able to have the hearing rescheduled.
- **Cancel a Fair Hearing** - If you no longer need a hearing that you have requested, you may let us know online, by US Mail, by telephone or by fax.
- **Request Compliance with a Fair Hearing Decision** - If you have received a fair hearing decision that says that your local agency should do something and you believe that they haven't done it, you may submit a Compliance Complaint to us. You may do this online, by US Mail, by telephone or by fax.
- **Search the Fair Hearing Decision Archive** - The Office of Administrative Hearings publishes all of its Fair Hearing Decisions on the Internet. These decisions have all personal and confidential information removed. If you want to look at old decisions or find other decisions whose facts are similar to yours, you may search this archive.

#### Contact Fair Hearings

For all other issues, including inquiries or complaints regarding a specific fair hearing decision, obtaining an additional copy of a decision, or requests to amend a decision and/or reopen a hearing, you may contact the Office of Administrative Hearings at:

Office of Temporary and Disability Assistance  
Office of Administrative Hearings  
PO BOX 1930  
Albany, N.Y. 12201-1930

Fax: 518-473-6735

Phone: 1 (518) 474-8781 or 1 (800) 342-3334 (toll free)

#### Speech or Hearing Impaired Individuals

Please contact the New York Relay Service at 711 and request that the operator call us at 1 (877) 502-6155. Service at this number will *only* be provided to callers using TDD equipment.

Source: <http://otda.ny.gov/hearings/>.

## ATTACHMENT R

### MEDICAID TRANSPORTATION DATA

Table 1 indicates the number of Medicaid enrollees as of the date shown. Table 2 shows the number of non-emergency Medicaid trips for calendar years 2015-2016.

Note: The figures in these tables do not guarantee current or future service levels. The figures in the following tables may fluctuate. Further, non-emergency one way trips data do not include trips via public transit, personal vehicle, or commercial travel and do not include trips for Medicaid Managed Care enrollees whose current benefits include transportation.

**Table 1: Number of Medicaid Enrollees Eligible for Transportation Per county as of January 2017**

<b>County</b>	<b>Medicaid Enrollees (January 2017)</b>
CHEMUNG	21,880
CHENANGO	11,844
CLINTON	17,073
CORTLAND	10,040
FRANKLIN	11,714
HAMILTON	798
HERKIMER	14,819
JEFFERSON	24,567
LEWIS	6,029
LIVINGSTON	10,833
MADISON	12,135
MONROE	172,030
ONTARIO	18,143
ORLEANS	9,614
OSWEGO	29,227
OTSEGO	11,800
SAINT LAWRENCE	25,688
SCHUYLER	4,128
SENECA	6,824
STEUBEN	22,531
TIOGA	10,048
TOMPKINS	14,520
WAYNE	18,901
YATES	4,740

**Table 2: Medicaid Trips Calendar Years 2015 and 2016\***

<b>Non-Emergency One Way Trips (2015)</b>	<b>Non-Emergency One Way Trips (2016)</b>
1,658,110	1,717,192

Does not include trips performed via public transportation.

\* Source: Salient NYS Medicaid System data. Trip figures do not include pass through reimbursed trips, such as when Medicaid enrollees are reimbursed for the use of personal vehicles or public transit to get to their eligible appointments.

**Table 3: Annual Number of Calls Received and Average Talk Time in the Finger Lakes / Northern New York Region**

<b><i>Year</i></b>	<b><i>Total Calls Received</i></b>	<b><i>Average Talk Time</i></b>
2014	1,837,141	3.6
2015	2,672,159	2.87
2016	3,456,217	3.24

**Table 4. Annual Average Number of Enrollees Eligible for Transportation in the Finger Lakes / Northern New York Region**

<i>Year</i>	<i>Average Number of Enrollees Eligible</i>
2014	475,315
2015	488,296
2016	541,452

**Table 5. Annual Medical Justifications Received in the Finger Lakes / Northern New York Region**

<i>Year</i>	<i>Number of Medical Justifications Received</i>
2014	15,656
2015	18,515
2016	27,656

**Table 6. Finger Lakes / Northern New York Region Number of Trips and Level of Service**

<i>Level of Service</i>	<i>2014</i>	<i>2015</i>	<i>2016</i>
Advanced Life Support	641	849	980
Livery	1,083,913	1,368,277	1,454,919
Ambulette/Ambulatory	217,565	150,856	127,747
Basic Life Support	4,101	5,495	5,715
Commercial Air	54	2	37
Mass Transit	294,449	334,609	332,628
Stretcher	7,242	7,546	7,381
Wheelchair	234,428	232,357	211,783
<b>Total Trips</b>	<b>1,842,393</b>	<b>2,099,991</b>	<b>2,141,190</b>

**Attachment S**

**92 ADM-21, Transportation for Medical Care and Services: 18 NYCRR 505.10**

+-----+  
| ADMINISTRATIVE DIRECTIVE |  
+-----+

TRANSMITTAL: 92 ADM-21

TO: Commissioners of  
Social Services

DIVISION: Medical  
Assistance

SUBJECT: Transportation for Medical Care  
and Services: 18 NYCRR 505.10

DATE: June 2, 1992

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SUGGESTED |  
DISTRIBUTION:

| Medical Assistance Staff  
| Child/Teen Health Plan Staff  
| Transportation Unit Staff  
| Staff Development Coordinators

CONTACT  
PERSON:

| For additional information contact Loretta Grose  
| at 1-800-342-3715, extension 35873 (OA USERID  
| AW0680).

ATTACHMENTS:

| There are no attachments to this Administrative  
| Directive.

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
81 INF-27 82 ADM-40 82 INF-28 86 INF-16 87 ADM-39 87 INF-50,67 90 ADM-1		505.10 360-7.7	20.3 (d) 34.3 (f) 365-a.2 (j) 365-b, 368-a 14 NYCRR 579.5(a)(1); 585.10, .13a		89 LCM-193 89 LCM-42 89 LCM-43 90 LCM-51 90 LCM-88

Date June 2, 1992

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I. Purpose

This Directive informs social services district staff of revisions to Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (18 NYCRR) 505.10, "Transportation for Medical Care and Services".

This ADM outlines the programmatic implications of the revisions as follows:

- A. Definition of Terminology;
- B. Clarification of Existing Medical Assistance Transportation Policy;
- C. Conformity of State Regulation with Federal Policy;
- D. Licensure Requirements of Transportation Providers;
- E. Prior Authorization of Ambulance Transportation Involving Persons Covered Under Medicare Part B;
- F. Qualified Orderers of Ambulance and Ambulette Transportation;
- G. Changes Requested by Social Services Districts and Other Sources; and,
- H. Medical Transportation Expenditure Claiming Procedures

II. Background

The previous version of 18 NYCRR 505.10 was last amended in 1981. Since that time, changes in the Medical Assistance (MA) program, as well as new licensure requirements for transportation vendors, resulted in various departmental policy statements which clarified the scope and intent of this regulation. Additionally, several court cases have broadened the effect of this regulation beyond its original intent. The revised regulation clearly defines the purpose and range of transportation under the MA program.

III. Program Implications

A. Definition of Terminology

Certain terms which are commonly used in the MA transportation program are now defined in 18 NYCRR 505.10, as follows:

1. Ambulance. An ambulance means a motor vehicle, aircraft, boat or other form of transportation designed and equipped to provide emergency medical services during transit.
2. Ambulance Service. A certified ambulance service means any entity, as defined in section 3001 of the Public Health Law, which is engaged in the provision of emergency medical services and the transportation of sick, disabled or injured persons by motor vehicle, aircraft, boat or other form of transportation to or from facilities providing hospital services and which is currently certified or registered by the Department of Health as an ambulance service.
3. Emergency Ambulance Transportation. Emergency ambulance transportation means the provision of ambulance transportation for the purpose of obtaining hospital services for an MA recipient who suffers from severe, life-threatening, or potentially disabling conditions which require the provision of emergency medical services while the recipient is being transported.
4. Non-Emergency Ambulance Transportation. Non-emergency ambulance transportation means the provision of ambulance transportation for the purpose of obtaining necessary medical care or services to an MA recipient whose medical condition requires transportation in a recumbent position.
5. Emergency Medical Services. Emergency medical services means the provision of initial urgent medical care including, but not limited to, the treatment of trauma, burns, and respiratory, circulatory and obstetrical emergencies.
6. Ambulette. An ambulette, or invalid coach, means a special-purpose vehicle, designed and equipped to provide non-emergency care, that has either wheel chair carrying capacity or the ability to carry disabled individuals.
7. Ambulette Service. An ambulette service means an individual, partnership, association, corporation, or any other legal entity which transports the invalid, infirm or disabled by ambulette to or from facilities which provide medical care. An ambulette service provides the invalid, infirm or disabled with personal assistance entering and exiting their residences, the ambulette, and a facility which provides medical care.

8. Prior Authorization. Prior authorization means a prior authorization official's determination that payment for a specific mode of transportation is essential in order for an MA recipient to obtain necessary medical care and services and that the prior authorization official accepts conditional liability for payment of the recipient's transportation costs.
9. Prior Authorization Official. Prior authorization official means the department, a social services district, or their designated agents.
10. Conditional Liability. Conditional liability means that the prior authorization official is responsible for making payment only for transportation services which are provided to MA-eligible individuals in accordance with the requirements of this Title.
11. Common Medical Marketing Area. Common medical marketing area means the geographic area from which a community customarily obtains its medical care and services.
12. Community. Community means either the State, a portion of the State, a city or a particular classification of the population, such as all persons 65 years of age and older.
13. Locally Established Rate. Locally established rate means the rate for any given mode of transportation which the social services official has determined will ensure the efficient provision of appropriate transportation for MA recipients in order for the recipients to obtain necessary medical care or services.
14. Locally Prevailing Rate. Locally prevailing rate means a rate for a given mode of transportation which is established by a transit or transportation authority or commission empowered to establish rates for public transportation, a municipality, or a third-party payor, and which is charged to all persons using that mode of transportation in a given community.
15. Ordering Practitioner. Ordering practitioner means the MA recipient's attending physician or other medical practitioner who has not been excluded from enrollment in the MA program and who is requesting transportation on behalf of the MA recipient in order that the MA recipient may obtain medical care or services which are covered under the MA program. The ordering practitioner is responsible for initially determining when a specific mode of transportation to a particular medical care or service is medically necessary.



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16. Day Treatment Program or Continuing Treatment Program. Day treatment program or continuing treatment program means a planned combination of diagnostic, treatment and rehabilitative services certified by the Office of Mental Retardation and Developmental Disabilities or the Office of Mental Health.
  17. Transportation Attendant. Transportation attendant means any individual authorized by the prior authorization official to assist the MA recipient in receiving safe transportation.
  18. Transportation Expenses. Transportation expenses means:
    - i. the costs of transportation services; and
    - ii. the costs of outside meals and lodging incurred when going to and returning from a provider of medical care and services when distance and travel time require these costs.
  19. Transportation Services. Transportation services means:
    - i. transportation by ambulance, ambulette or invalid coach, taxicab, common carrier or other means appropriate to the recipient's medical condition; and
    - ii. a transportation attendant to accompany the MA recipient, if necessary. Such services may include the transportation attendant's transportation, meals, lodging and salary; however, no salary will be paid to a transportation attendant who is a member of the MA recipient's family.
  20. Vendor. Vendor means a lawfully authorized provider of transportation services who is either enrolled in the MA program pursuant to Part 504 of this Title or authorized to receive payment for transportation services directly from a social services district or other agent designated by the department. The term vendor does not mean an MA recipient or other individual who transports an MA recipient by means of a private vehicle.
  21. Undue Financial Hardship. Undue financial hardship means transportation expenses which the MA recipient cannot be expected to meet from monthly income or from available resources. Such transportation expenses may include those of a recurring nature or major one-time costs.

B. Clarification of Existing Medical Assistance Transportation Policy

Section 505.10 provides clarification of current policy for the authorization and payment of MA transportation as follows:

1. The transportation must be provided to an MA recipient.

Example 1: The parent of a hospitalized child, who is receiving MA, is required to go to the hospital for periodic consultations regarding the scope of the child's on-going medical care. The parent's transportation expenses for these medical consultations may be reimbursable under the MA program (based on medical necessity) only if the parent is an MA recipient. If the parent is not a recipient of MA, the transportation expenses are not covered. (However, when a child travels to medical care and services, an attendant is required. It is expected that the parent or guardian of the child will act as attendant. In these situations, the costs of transportation, lodging and meals of the parent or guardian may be reimbursable regardless of the parent or guardian's MA eligibility.)

2. The transportation must be made to or from a necessary care or service which may be paid for under the MA program.

Example 1: An MA recipient requests reimbursement for transportation expenses to an Alcoholics Anonymous meeting or some other self-help group. Reimbursement for transportation expenses should not be authorized as these programs are not paid for under the MA program.

Example 2: A physician has ordered that it is medically necessary for a 55 year old developmentally disabled MA recipient to attend a sheltered workshop program in order for the recipient to maintain physical and mental health. The physician has further ordered that it is medically necessary for the MA recipient to travel by ambulette. Even though a physician has ordered this program and specified the mode of transportation, transportation should not be authorized since a sheltered workshop program is not a service covered under the MA program.

Example 3: A young, chronically-ill mother of two children is residing in a long-term-care facility. This MA recipient's attending physician has approved a home visit for the recipient and included this order in the recipient's therapeutic plan of care. This transportation home should not be authorized since the recipient is not being transported to an MA covered service.

Example 4: A 25 year old developmentally disabled Intermediate Care Facility (ICF) resident is ordered by the ICF's attending physician to participate in a summer camp program. This transportation should not be authorized since a summer camp program is not a service covered under Medicaid.

Example 5: An MA recipient has an appointment with a physician who has not been excluded from enrollment in the MA program, but who has voluntarily chosen not to enroll as an MA provider. Transportation to this appointment can be authorized since physician services are covered under the MA program.

3. Payment will be made only for the least expensive available mode of transportation. The least expensive available mode of transportation must be suitable to the MA recipient's needs as determined by the prior authorization official.

Example 1: An MA recipient has access to a bus line and is physically able to use a bus to travel to necessary medical care and services. The prior authorization official has determined that a bus token(s) is less expensive than private vehicle mileage reimbursement. However, the MA recipient wishes to use a private vehicle. Even though the recipient prefers to use a private car the local social services district can limit reimbursement to a bus token(s). No reimbursement should be made if the bus is not used.

4. Payment will be made to a vendor only for services provided where an MA recipient is actually being transported in the vehicle. Payment will not be available for non-passenger occupied time.

Example 1: An ambulette arrives at a recipient's home for a scheduled appointment. The recipient is not at home; therefore, no trip is made. The vendor should not be reimbursed for this service since the MA recipient was not transported in the vehicle.

Example 2: An ambulette arrives at a physician's office to pick up a recipient and return the recipient to the recipient's home. The pick-up is scheduled for 1:00 P.M. The recipient does not leave the physician's office until 1:20 P.M. The ambulette company should not be reimbursed an extra amount for this additional 20 minutes waiting time since the MA recipient was not in the vehicle.

During some long-distance trips, it may be appropriate for the vendor to wait for the recipient rather than return to the vendor's base of operation. Social services districts may choose to establish an enhanced base rate for this type of trip, but no specific fee should be designated for waiting time.

5. Transportation should take place within the common medical marketing area, which means the geographic area from which a community customarily obtains its medical care and services. While recipients may exercise freedom of choice in the selection of medical care and service providers, this does not mean that the local social services district must pay for transportation to medical care and service outside the common medical marketing area when the same care and service is available locally.

When authorizing long-distance transportation social services districts must ensure that the medical care and services required by the recipient are not readily available within the recipient's common medical marketing area. The appropriateness of reimbursement for long-distance transportation should be decided by the prior authorization official after a careful consideration of relevant factors such as location of service and recipient, medical need, recipient's personal circumstances and continuity of medical care.

Example 1: An MA recipient residing in Albany wishes to consult a medical provider located in Syracuse, which is outside the recipient's common medical marketing area. If this same type of provider is available within the Albany area, the prior authorization official may, after consideration of all criteria set forth in section 505.10(d)(7), deny reimbursement for transportation to the medical provider located in Syracuse. In this instance, medical care and services are available within the recipient's common medical marketing area; therefore, payment for transportation outside the area is not essential in order for the recipient to obtain needed medical care. If the recipient chooses to go to the out of area medical provider, no transportation reimbursement should be provided as appropriate medical care within the common medical marketing area has been assured.

Example 2: A pregnant woman, who changes residence from one social services district to another, may need to consult with her original physician in her former district of residence for a period of time before an adequate transfer of care to a new local provider can be accomplished. Reimbursement for transportation to the out of area physician could be provided for as long a period as consultation with this physician is medically necessary.

C. Conformity of State Regulation with Federal Policy

The Code of Federal Regulations (42 CFR 431.53) requires states participating in the Medicaid program to assure necessary transportation to and from providers of medical care and services which are covered under the states' Medicaid programs. Assuring transportation does not necessarily mean payment for transportation. This federal requirement to assure necessary transportation can be met in a variety of ways, including:

1. The use of transportation services which are ordinarily made available to other persons in the community without charge;
2. The use of volunteer services;
3. Payment to a vendor of transportation services; or,
4. Reimbursement to MA recipients for the use of a private vehicle or mass transportation.

Social services districts can reasonably assume that recipients have some form of transportation available to them for their usual activities of daily living. If a recipient has access to and can make use of the mode of transportation generally used for the usual activities of daily living (such as shopping, recreation, worship services), the recipient should use this mode of transportation to travel to medical appointments. Reimbursement for this mode of transportation does not have to be made. The prior authorization official may authorize payment, however, where the failure to do so would cause the recipient undue financial hardship. If the recipient's normal mode of transportation is available, reimbursement is not necessary for transportation to occasional medical treatment.

Example 1: A rural county resident regularly travels 25 miles one way in her personal vehicle to the county seat in order to shop for food, clothes, and other household items. Reimbursement for occasional transportation to the same city for medical appointments can be denied.

Example 2: An ambulatory individual living in a city resides five blocks from a bus route which interconnects with other bus routes throughout the city. When the individual must travel to the site of a medical practitioner which is in the catchment area of the bus routes, the district can reasonably expect the individual to use the bus and can deny reimbursement for the cost of the token.

Example 3: A department in a rural county provides van transportation of recipients to a major medical center in a neighboring county on Tuesdays and Fridays of each week. For non-urgent medical appointments to the center, the department can expect recipients to schedule appointments for and use the van on Tuesdays or Fridays. Reimbursement for personal vehicle mileage to the van pickup site can be denied.

An MA recipient may use a private vehicle or mass transit for the usual activities of daily living. Reimbursement may be made for these modes of transportation when the use of these modes without reimbursement would constitute an undue financial hardship for the MA recipient. The prior authorization official must decide whether or not to reimburse for these situations on a case by case basis. Reimbursement for mileage in a private vehicle, when authorized, is assumed to be round-trip even if the MA recipient does not return with the driver to the origin point but remains in a medical facility.

Example 4: An MA recipient, diagnosed with a short-term illness requires multiple medical visits within a short period of time. The frequency of these visits may provide a reason for the social services district to reimburse the MA recipient for transportation expenses.

Example 5: A child with an unusual heart problem, residing in the city of Buffalo, may need to access medical services at a New York City hospital specializing in children's diseases. Although located outside the recipient's common medical marketing area, the social services district should reimburse for this long-distance transportation if it is necessary to assure appropriate medical care. In this type of circumstance it may be necessary for the MA recipient to access medical care and services located outside the common medical marketing area. When long distance travel is required, the social services district should provide reimbursement as the cost of transportation is excessive. While a recipient may, in general circumstances, access medical care and services through use of a private vehicle or mass transit, a severe illness may necessitate the use of a higher mode of transport. If a higher mode of transport is required, the recipient would not be expected to assume this cost.

Example 6: An MA recipient is generally able to use the mass transit system for medical appointments and other daily activities. Reimbursement for this MA recipient's transportation is not being paid by the social services district. This recipient suffers a sprained ankle and cannot use the mass transit system. A higher mode of transport, in this case a taxi, is required. The social services district may wish to reimburse for transportation expenses in this situation as the cost of this higher mode of

transport, without reimbursement, may be an undue financial hardship to the recipient.

An elderly recipient, generally driven to medical appointments by a family member, breaks a leg and is now unable to utilize a private vehicle for transportation to necessary medical appointments. An ambulette is necessary and is ordered by the attending physician. The recipient would not be expected to assume the cost of this higher mode of transport. In these cases, social services districts should provide payment for transportation expenses.

Example 7: A mother and her small children who normally take a bus to medical appointments cannot use mass transit due to icy or snowy weather. Reimbursement to this recipient for a safer and more accessible method of transportation (private vehicle or taxi) may be appropriate.

Procedures for denial of transportation reimbursement should be included as part of the social services district's transportation plan.

Recipients who request reimbursement and are denied reimbursement for transportation expenses must be informed of their right to a fair hearing.

The prior authorization official should consider a number of factors when deciding whether or not to authorize reimbursement for a recipient's private transportation expenses. These factors include but are not limited to:

1. Frequency of medical appointments;
2. Distance to be traveled;
3. Continuity of medical care;
4. Medical condition of the recipient;
5. Weather conditions;
6. Availability of the recipient's usual mode of transportation;
7. Undue financial hardship to the recipient if reimbursement is not authorized; and,
8. Any other circumstance which may affect the recipient's ability to access needed medical care and services.

#### D. Licensure Requirements of Transportation Providers

Section 505.10(d)(6) establishes licensure requirements for transportation providers, as follows:

1. Ambulance services must be certified or registered by the Department of Health and comply with all requirements of that department.

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2. Ambulette services must be authorized by the Department of Transportation. Ambulette drivers must be qualified under Article 19-A of the Vehicle and Traffic Law. Ambulette services and their drivers must comply with all requirements of the Department of Transportation and the Department of Motor Vehicles or have a statement in writing from the appropriate department or departments verifying that the ambulette services or their drivers are exempt from such requirements. In addition, ambulette services operating in New York City must be licensed by the New York City Taxi and Limousine Commission.
  3. Taxicab or livery services must comply with all requirements of the local municipality concerning the operation of taxicab or livery service in that municipality.
  4. Vendors which provide transportation to day treatment or continuing treatment programs must be authorized by the Department of Transportation. Drivers for such vendors must be qualified under Article 19-A of the Vehicle and Traffic Law. Such vendors and their drivers must comply with all requirements of the Department of Transportation and the Department of Motor Vehicles or have a statement in writing from the appropriate department or departments verifying that the vendors or their drivers are exempt from such requirements. Payment to vendors will be made only when they meet the above requirements on the date the services are rendered.

E. Prior Authorization of Ambulance Transportation Involving Persons Covered Under Medicare Part B

Chapter 763 of the Laws of 1989 mandated that ambulance providers be paid the full deductible and coinsurance amounts of an approved Medicare Part B claim for the transportation of MA eligible persons who are covered under Medicare Part B. Section 505.10(c)(1) now reflects this legislation. Prior authorization of non-emergency ambulance transportation is not required for ambulance claims in which there is a Medicare Part B approved amount. Approval by Medicare of an ambulance transport will be deemed appropriate approval for MA purposes.

Prior authorization will still be required for non-emergency ambulance transportation for which there is no Medicare Part B coverage.



F. Qualified Orderers of Ambulance and Ambulette Transportation

Section 505.10(c)(4) allows an ordering practitioner who is the MA recipient's attending physician, physician's assistant or nurse practitioner to order non-emergency ambulance transportation. Ambulette transportation may be ordered by an ordering practitioner who is the MA recipient's attending physician, physician's assistant, nurse practitioner, dentist, optometrist, podiatrist or other type of medical practitioner designated by the social services district and approved by the Department. If a social services district wishes to include additional ordering provider groups the district must submit such request to the Division of Medical Assistance for approval as part of their social services district's Title XIX Medical Transportation Plan.

G. Changes Requested by Social Services Districts and Other Sources

1. Vendors of transportation services must provide pertinent cost data to a social services district upon request. The request should be for any pertinent cost data which would aid the social services district in containing expenditures or establishing rates. Social services districts may request this data as long as the request does not place an additional financial cost on the vendor. An example of an additional financial cost would be a request for a certified cost document when such a certified cost document does not exist. Additional financial cost does not mean the cost of photocopying financial documents or computer generated printouts of financial documents. These procedures should be readily and inexpensively available to the vendor. Failure to comply with the social services district request may result in the vendor's termination from the MA program.

This provision is not intended to encourage the development of cost-based rates. A variety of factors should be included in the rate setting process.

2. Social services districts must notify applicants for and recipients of MA of the procedures for obtaining prior authorization of transportation services. Several recent court decisions granted recipients retroactive reimbursement for private vehicle transportation costs because these recipients were never notified by the social services district that the potential for MA transportation reimbursement existed. Information regarding the availability of reimbursement for prior authorized private medical transportation expenses is included in the revised client information booklets DSS-4148A and DSS-4148B.

3. A court found that the previous version of Section 505.10 required social services districts to negotiate with vendors in the rate setting process. The use of the term "negotiate" has been eliminated from the language of the regulation. Section 505.10 now permits rates to be established by the local social services official at a level which assures transportation for MA recipients to necessary medical care and services. Negotiation may be included as part of the rate-setting process if the social services district so desires, but negotiation is not required.

#### H. Medical Transportation Expenditures Claiming Procedures

1. All medical transportation services furnished by an entity to which a direct vendor payment can be made are claimable for reimbursement as program assistance costs.
2. All non-vendor medical transportation payments should be claimed for reimbursement as administrative costs. These non-vendor payments include, but are not limited to, the following:
  - a. reimbursement to recipients for approved medical transportation;
  - b. costs of meals or lodging enroute to and from medical care;
  - c. cost of a transportation attendant to accompany the the recipient, if necessary, and the costs of the transportation attendant's transportation, meals, lodging and salary; however, no salary will be paid to a transportation attendant who is a member of the MA recipient's family;
  - d. cost of bus and subway tokens purchased by the social services district for distribution to recipients;
  - e. payments to a party which is not the provider of the transportation services.

#### IV. Required Action

Social services district staff must follow the provisions of this release in authorizing and making payment for transportation services for MA eligible persons.

If any changes in social services district's procedures occur, the social services district must submit these changes in writing to the department for approval and amendment of the social services district's transportation plan.

V. System Implications

None.

VI. Effective Date

The Directive is effective July 1, 1992 retroactive to April 1, 1992.

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Jo-Ann A. Costantino  
Deputy Commissioner  
Division of Medical Assistance

**Attachment T**

**Medical Provider Transportation Ordering Guidelines Manual**

**NEW YORK STATE  
MEDICAID TRANSPORTATION  
ORDERING GUIDELINES MANUAL  
EFFECTIVE JULY 15, 2010**

## Introduction

When the Medicaid Program was established in the 1960s, the federal government recognized that unless needy individuals could actually get to and from providers of services, the entire goal of the Medicaid Program is inhibited at the start. As a result, States are required under federal regulations to ensure necessary transportation for Medicaid enrollees to and from medical services. The federal government also provided authority for States to ensure the provision of this transportation to Medicaid enrollees with federal financial participation in the cost of these services under the Medicaid Program. For the Medicaid population, getting to and from services can be a struggle. If the enrollee cannot get to services, then the Program fails from the start; so New York State made the decision to cover a series of optional services under the Medicaid Program, including medical transportation.

In order to maintain enough flexibility to sufficiently meet the transportation needs of Medicaid enrollees in a significantly culturally and geographically diverse State, the responsibility of managing the New York State Medicaid Transportation Program was delegated to each county's local departments of social services. The New York City Medicaid Transportation Program is administered by the City of New York Human Resources Administration, which encompasses the five boroughs of the City of New York, with oversight by the New York State Department of Health.

Medicaid covers the transportation of eligible, enrolled persons who need transportation to and from Medicaid-covered services. All transportation must be prior authorized for payment.

For questions, comments and more information, please contact the Medicaid Program's Transportation Unit:

Telephone: (518) 473-2160  
Fax: (518) 486-2495  
Email: [MedTrans@health.ny.gov](mailto:MedTrans@health.ny.gov)

## Section I – Covered Transportation Services

Medicaid covers the transportation of eligible, enrolled persons who need transportation to and from Medicaid-covered services. When traveling to medical appointments, a Medicaid enrollee is to use the same mode of transportation as used to carry out the activities of daily life. Medicaid will pay for the **least costly, most medically appropriate** level of transportation to and from services covered by the Medicaid Program.

Covered non-emergency transportation services include:

- Personal vehicle;
- Public transportation (bus/subway);
- Livery;
- Ambulette; and
- Ambulance.

## Section II – Rules for Ordering

As an ordering practitioner, you are responsible for ordering medically necessary transportation within the common medical marketing area (CMMA).

The CMMA is the geographic area from which a community customarily obtains its medical care and services.

Enrollees who have reasonable access to a mode of transportation used for the normal activities of daily living; such as shopping and recreational events; are expected to use this same mode to travel to and from medical appointments when that mode is available to them.

Medicaid may restrict payment for transportation if it is determined that:

- the enrollee chose to go to a medical provider outside the CMMA when services were available within the CMMA, and
- the enrollee could have taken a less expensive form of transportation but opted to take the more costly transportation.

In either case above, if the enrollee or his/her medical practitioner can demonstrate circumstances justifying payment, then reimbursement can be **considered**.

### Responsibility of the Ordering Practitioner

As the medical practitioner requesting taxi, ambulette, or non-emergency ambulance services, you are responsible for ordering the **medically appropriate** mode of transportation for the Medicaid enrollee. A basic consideration for this should be the enrollee's current level of mobility and functional independence.

The transportation ordered should be the least specialized mode required based upon the enrollee's **current** medical condition. For example, if you feel the enrollee does not require personal assistance, but cannot walk to public transportation, you should authorize taxi service, not ambulette service.

***Any ordering practitioner or entity ordering transportation on the practitioner's behalf that orders transportation which is deemed not to meet the above rules may be sanctioned according to 18 NYCRR Section 515.3, available online at: <http://www.health.ny.gov/regulations/>***

### Acceptable Orderers of Transportation

If you are enrolled as a Medicaid provider and the category of service in which you have enrolled reflected in the table below, then you may request prior authorization of transportation services on behalf of Medicaid enrollees.

Provider Type	Provider Type
Shared Health Facility	Long Term Care Health Related Facility
Dental Group	Long Term Care Day Care
Physician Group	ICF for Developmentally Disabled
Midwife Group	Mental Retardation: Outpatient Services
Clinical Psychologist Group	Nursing Home Sponsored HHA Professional Svcs
Free-Standing Diagnostic & Treatment Ctr	Long Term Home Health Care
Ordered Ambulatory (Other than Labs)	Salaried Optometrist
Hospice	LTC: Ordered Ambulatory (Other than Labs)
Dental School	Self-Employed Optometrist
Dental Service	Salaried Optician
Prepaid Capitation Plan	Physician
Free-Standing Home Health Ag Professional Svc	Self-Employed Optician
Assisted Living Program	Physician: CHAP Practitioner
OMH-Certified Rehabilitation Facility	Registered Physician's Assistant
HHAS: OMR/DD Waiver Services	Physician
Hos Svc: Ordered Ambulatory (Other than Labs)	Nurse Practitioner
Hos Svc: Home Care Program	Podiatrist
Inpatient Facility	Midwife
Skilled Nursing Facility	Clinical Psychologist
Hos Svc: Hospital Base Outpatient Services	Occupational Therapist
Hos Svc: Health Related Facility	Physical Therapist
Audiologist	Speech Therapist
Long Term Care Skilled Nursing Facility	Respiratory Therapist

If you have any questions regarding the category of service in which you are enrolled, please contact eMedNY Provider Services at (800) 343-9000.

### **Non-Emergency Ambulance**

Generally, ambulance service is requested when a Medicaid enrollee needs to be transported in a recumbent position (lying down) or is in need of medical attention while en route to their medical appointments.

A request for prior authorization **must** be supported by the order of a practitioner who is the Medicaid enrollee's:

- Attending physician;
- Physician's assistant; or
- Nurse practitioner.

### **Ambulette**

Ambulette service is door-to-door; from the enrollee's home through the door of the medical appointment. Personal assistance by the staff of the ambulette company is required by the Medicaid Program in order to bill the Program for the provision of ambulette service. Personal assistance by the staff of the transportation company is required by the Medicaid Program and consists of the rendering of physical assistance to the ambulatory and non-ambulatory (wheelchair-bound) Medicaid enrollees in:

- Walking, climbing or descending stairs, ramps, curbs, or other obstacles;
- Opening and closing doors;
- Accessing an ambulette vehicle; and
- The moving of obstacles as necessary to assure the safe movement of the Medicaid enrollee.

If personal assistance is not necessary and/or not provided, then taxi service should be ordered.

There is no separate reimbursement for the escort of a Medicaid enrollee. Necessary escorts are to be provided by the ambulette service at no additional or enhanced charge.

***The Medicaid Program does not limit the number of stairs or floors in a building that a provider must climb in order to deliver personal assistance to a Medicaid enrollee.*** The ambulette provider is required to provide personal assistance and door-to-door service at no additional or enhanced charge. This means the staff must transport the enrollee from his/her front door (including apartment door, nursing home room, etc.) no matter where it is located; to the door of the medical practitioner from whom the enrollee is to receive Medicaid-covered medical services.

Ambulettes may also provide taxi (curb-to-curb) service and will transport taxi-eligible enrollees in the same vehicle as ambulette-eligible enrollees. The Medicaid Program does not require the ambulette service to be licensed as a taxi service; the only requirement that ambulettes need to meet for this service is the proper authority and license to operate as an ambulette.

A request for prior authorization of ambulette transportation must be supported by the order of a practitioner who is the Medicaid enrollee's:

- Attending physician;
- Physician's assistant;
- Nurse practitioner;
- Dentist;
- Optometrist;
- Podiatrist; or
- Other type of medical practitioner designated by the district and approved by the Department.

A diagnostic and treatment clinic, hospital, nursing home, intermediate care facility, long term home health care program, home and community based services waiver program, or managed care program may order non-emergency ambulance transportation services on behalf of the ordering practitioner.

Ambulette transportation may be ordered if any of the following conditions is present:

**Note: The ordering practitioner must note in the patient's medical record the Medicaid enrollee's condition which qualifies use of an ambulette transport.**

- The Medicaid enrollee needs to be transported in a recumbent position and the ambulette service is able to accommodate a stretcher;
- The Medicaid enrollee is wheelchair-bound and is unable to use a taxi, taxi service, bus or private vehicle;
- The Medicaid enrollee has a disabling physical condition which requires the use of a walker or crutches and is unable to use a taxi, bus or private vehicle;
- An otherwise ambulatory Medicaid enrollee requires radiation therapy, chemotherapy, or dialysis treatments which result in a disabling physical condition after treatment, making the enrollee unable to access transportation without personal assistance provided by an ambulette service;
- The Medicaid enrollee has a disabling physical condition other than one described above or a disabling mental condition requiring personal assistance provided by an ambulette services; and,
- The ordering practitioner certifies in a manner designated by and submitted to the Department that the Medicaid enrollee cannot be transported by taxi, bus or private vehicle and there is a need for ambulette service.

#### **Taxi Transportation**

A request for prior authorization for transportation by New York City livery services must be supported by the order of a practitioner who is the Medicaid enrollee's:

- Attending physician;
- Physician's assistant;
- Nurse practitioner;
- Dentist;
- Optometrist;
- Podiatrist; or
- Other type of medical practitioner designated by the district and approved by the Department.

A diagnostic and treatment clinic, hospital, nursing home, intermediate care facility, long term home health care program, home and community based services waiver program, or managed care program may order non-emergency ambulance transportation services on behalf of the ordering practitioner.

**Note: The ordering practitioner must note in the patient's medical record the Medicaid enrollee's condition which qualifies use of an ambulette transport.**

#### **Day Program Transportation**

Day program transportation is unique in that this transportation can be provided by an ambulance, ambulette or taxi provider. The difference is that a typical transport involves a group of individuals traveling to and from the same site, at the same time, on a daily or regular basis.

The economies of this group ride transport are reflected in a different reimbursement amount than that reimbursed for an episodic medical appointment.

Providers of transportation to day treatment/day program must adhere to the same requirements for their specific provider category.





# ATTACHMENT U

Enrollee Name: \_\_\_\_\_



**Department  
of Health**

**Office of  
Health Insurance  
Programs**

**Patient Information:** Enrollee's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Medicaid Client ID: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please use the space below to indicate what mode of transportation this enrollee uses for activities of daily living such as attending school, worship, shopping, social visits, family, etc.?

Can the enrollee utilize mass/public transportation?  Yes  No. *If Yes, please stop here and proceed to the Medical Provider section of this Form.*

Does the enrollee have any medically documented reason that he/she cannot be transported in a group ride capacity?  Yes  No  
*If you checked Yes, please provide the medical reason.*

**Mode of Transport:** Please check the box below that indicates the most medically appropriate mode of transportation for this enrollee.

- Taxi/Livery** - Requires no assistance curb to curb.
- Ambulette Ambulatory** - Door through door assistance.
- Ambulette Wheelchair** - Enrollee uses wheelchair.
- Stretcher Van** - Enrollee is confined to bed.
- Basic Life Support Ambulance (BLS)** – Enrollee is confined to a bed, cannot sit in a wheelchair, **and requires** medical attention/monitoring during transport for reasons such as isolation precautions, oxygen not self-administered, sedated, etc.
- Advance Life Support Ambulance (ALS)** – Enrollee is confined to a bed, cannot sit in a wheelchair, **and requires** medical attention/monitoring during transport for reasons such as IV requiring monitoring, cardiac monitoring and tracheotomy.

1. Is the above Mode of Transportation required for the enrollee's behavioral, emotional and/or mental health diagnosis?  Yes  No
  - a) *If you checked YES, please use the space provided to indicate the relevant condition and how it impacts the patient's ability to access public transportation.*
  - b) Is the patient receiving any type of treatment to reduce the acute symptoms that are resulting in the need for a higher mode of transportation?  
 Yes  No. *If you checked YES, please use the space provided to enter the type of treatment.*
  - c) What is the expected outcome of the treatment?
  
2. Is the above Mode of Transportation required for a mobility related issue?  Yes  No. *If you checked YES, please use the space below to enter relevant medical and /or physical conditions this patient has which justifies the enrollee requiring a higher mode of transportation.*

# ATTACHMENT U

Enrollee Name: \_\_\_\_\_



3. Please use the space below to indicate any other health related reason that justifies the request for a mode of transportation higher than public transportation.
4. Please indicate below the anticipated length of time this enrollee will require a higher mode of transportation:  
 Temporarily until \_\_/\_\_/\_\_\_\_       Long Term (9-12 months) \_\_/\_\_/\_\_\_\_       Permanent (subject to periodic review)
5. Please use the space below to provide any relative information that is unique to the patient that will impact any medical transportation request. This may include but is not limited to morbidities such as: bariatric requirements, unique housing situations, and requirements for an escort, etc.

**CERTIFICATION STATEMENT:** I (or the entity making the request) understand that orders for Medicaid-funded travel may result from the completion of this form. I (or the entity making the request) understand and agree to be subject to and bound by all rules, regulations, policies, standards and procedures of the New York State Department of Health, as set forth in Title 18 of the Official Compilation of Rules and Regulations of New York State, Provider Manuals and other official bulletins of the Department, including Regulation 504.8(2) which requires providers to pay restitution for any direct or indirect monetary damage to the program resulting from improperly or inappropriately ordering services. I (or the entity making the request) certify that the statements made hereon are true, accurate and complete to the best of my knowledge; no material fact has been omitted from this form.

**Medical Provider Information:**

A medical provider is defined as a Physician, Physician’s Assistant, Nurse Practitioner, Licensed Social Worker, Dentist or Registered Nurse who has provided direct medical care to the Medicaid enrollee.

Medical Provider’s Name	NPI #	Date of Request		
Clinic/Facility/Office Name	Clinic/Facility/Office Address	City	State	Zip
Telephone #	Fax #			
Name of person completing this form	Title			

Signature

This form **must** be completed in its entirety or it will not be processed nor approved.  
**Fax to: TBD (Pending Award)**