



Department of Administration  
Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

# State of West Virginia Master Agreement

Order Date: 09-16-2021

CORRECT ORDER NUMBER MUST  
APPEAR ON ALL PACKAGES, INVOICES,  
AND SHIPPING PAPERS. QUESTIONS  
CONCERNING THIS ORDER SHOULD BE  
DIRECTED TO THE DEPARTMENT  
CONTACT.

Order Number:	CMA 0511 2672 BMS2000000011 2	Procurement Folder:	671904
Document Name:	Change Order No. 1 - Renewal and Name Change - NEMT Services	Reason for Modification:	Change Order No. 1 is for the renewal of the contract from 05/22/2021 - 05/21/2022 and name change from Logisticare Solutions, LLC to ModiveCare Solutions, LLC
Document Description:	Non Emergency Medical Transportation (NEMT) and STP		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2020-06-22
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2022-05-21

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000216444 MODIVCARE SOLUTIONS LLC 1275 PEACHTREE ST NE 6TH FL  ATLANTA GA 30309 US Vendor Contact Phone: 999-999-9999 Extension:  Discount Details: <table><thead><tr><th></th><th>Discount Allowed</th><th>Discount Percentage</th><th>Discount Days</th></tr></thead><tbody><tr><td>#1</td><td>No</td><td>0.0000</td><td>0</td></tr><tr><td>#2</td><td>No</td><td></td><td></td></tr><tr><td>#3</td><td>No</td><td></td><td></td></tr><tr><td>#4</td><td>No</td><td></td><td></td></tr></tbody></table>		Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No			Requestor Name: Kevin L Bowling Requestor Phone: 304-356-4958 Requestor Email: lee.k.bowling@wv.gov  <b>22</b> FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
PROCUREMENT OFFICER: 304-352-4286 HEALTH AND HUMAN RESOURCES  BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251  CHARLESTON WV 25301-3709  US	PROCUREMENT OFFICER: 304-352-4286 HEALTH AND HUMAN RESOURCES  BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251  CHARLESTON WV 25301-3709  US

9-17-21  
BPS

Purchasing Division's File Copy

Total Order Amount:

Open End

CH 9/16/21

ENTERED

PURCHASING DIVISION AUTHORIZATION  
*Linda Harper*  
DATE: 9/17/2021  
ELECTRONIC SIGNATURE ON FILE

ATTORNEY GENERAL APPROVAL AS TO FORM  
*John S. Gray*  
DATE: 9/21/2021  
ELECTRONIC SIGNATURE ON FILE

ENCUMBRANCE CERTIFICATION  
*Beverly Tolson*  
DATE: 9-22-2021  
ELECTRONIC SIGNATURE ON FILE

9/21/2021

**Extended Description:**

Change Order No. 1 is issued to renew the original contract according to all terms, conditions, pricing, and specifications contained in the original contract including all authorized change orders.

Effective date of renewal: 05/22/2021 - 05/21/2022

Renewal Years Remaining: Four (4)

Change Order No. 1 is also issued to complete a name change from Logisticare Solutions, LLC (V/C account 000000216444) to ModivCare Solutions, LLC (V/C account 000000216444) effective 5/22/2021.

No other changes.

Award of CRFP 0511 BMS2000000011

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	81141604				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2020-06-22	2020-08-21			

**Commodity Line Description:** Implementation Cost-NEMT

**Extended Description:**

Implementation Cost-NEMT (2 months)

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	81141604				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2020-08-22	2021-05-21			

**Commodity Line Description:** Base Year 1 Cost Per Member Per Month-NEMT

**Extended Description:**

Base Year 1 Cost Per Member Per Month \$-NEMT (9 months)

Please see Attachment A: Cost Sheet

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
8	81141604				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2020-06-22	2020-08-21			

**Commodity Line Description:** Implementation Cost-STP

**Extended Description:**

Implementation Cost-STP

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
9	81141604				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2020-08-22	2021-05-21			

**Commodity Line Description:** Opt. Base Year 1:0-50,000 miles-STP

**Extended Description:**

Opt. Base Year 1:0-50,000 miles(multiplier of 50,000)-STP

Please see Attachment A: Cost Sheet

Per Mile Rate: \$0.02

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
10	81141604				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2020-08-22	2021-05-21			

**Commodity Line Description:** Opt. Base Year 1:50,001--150,000 miles-STP

**Extended Description:**

Opt. Base Year 1:50,001--150,000 miles-STP/Multplier of 150,000

Please see Attachment A: Cost Sheet

Per Mile Rate: \$0.02

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
11	81141604				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2020-08-22	2021-05-21			

**Commodity Line Description:** Opt. Base Year 1:150,001--250,000 miles-STP

**Extended Description:**

Opt. Base Year 1:150,001--250,000 miles-STP/Multplier of 250,000

Please see Attachment A: Cost Sheet

Per Mile Rate: \$0.02

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
12	81141604				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2020-08-22	2021-05-21			

**Commodity Line Description:** Opt. Base Year 1:250,001--350,000 miles-STP

**Extended Description:**

Opt. Base Year 1:250,001--350,000 miles-STP/Multplier of 350,000

Please see Attachment A: Cost Sheet

Per Mile Rate: \$0.02

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
13	81141604				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2020-08-22	2021-05-21			

**Commodity Line Description:** Opt. Base Year 1:350,001--450,000 miles-STP

**Extended Description:**

Opt. Base Year 1:350,001--450,000 miles-STP/Multplier of 450,000

Please see Attachment A: Cost Sheet

Per Mile Rate: \$0.02



Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
14	81141604				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2020-08-22	2021-05-21			

**Commodity Line Description:** Opt. Base Year 1:450,001--500,000 miles-STP

**Extended Description:**

Opt. Base Year 1:450,001--500,000 miles-STP/Multiplier of 500,000

Please see Attachment A: Cost Sheet

Per Mile Rate: \$0.02

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
15	81141604				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2020-08-22	2021-05-21			

**Commodity Line Description:** Opt. Base Year 1:500,001+ miles-STP

**Extended Description:**

Opt. Base Year 1:500,001+ miles-STP/Multiplier of 500,001

Please see Attachment A: Cost Sheet

Per Mile Rate: \$0.02

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
16	81141604				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2021-05-22	2022-05-21			

**Commodity Line Description:** Optional Renewal Year 1 Cost Per Member Per Month \$-NEMT

**Extended Description:**

Optional Renewal Year 1 Cost Per Member Per Month \$-NEMT

Please see Attachment A: Cost Sheet

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
17	81141604				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2021-05-22	2022-05-21			

**Commodity Line Description:** Opt. Renewal Year 1:0-50,000 miles-STP

**Extended Description:**

Opt. Renewal Year 1:0-50,000 miles-STP/Multiplier of 50,000

Please see Attachment A: Cost Sheet

Per Mile Rate: \$0.03

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
18	81141604				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2021-05-22	2022-05-21			

**Commodity Line Description:** Opt. Renewal Year 1:50,001--150,000 miles-STP

**Extended Description:**

Opt. Renewal Year 1:50,001--150,000 miles-STP/Multiplier of 150,000

Please see Attachment A: Cost Sheet

Per Mile Rate: \$0.03

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
19	81141604				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2021-05-22	2022-05-21			

**Commodity Line Description:** Opt. Renewal Year 1:250,001--350,000 miles-STP

**Extended Description:**

Opt. Renewal Year 1:250,001--350,000 miles-STP/Multiplier of 350,000

Please see Attachment A: Cost Sheet

Per Mile Rate: \$0.03

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
20	81141604				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2021-05-22	2022-05-21			

**Commodity Line Description:** Opt. Renewal Year 1:350,001--450,000 miles-STP

**Extended Description:**

Opt. Renewal Year 1:350,001--450,000 miles-STP/Multiplier of 450,000

Please see Attachment A: Cost Sheet

Per Mile Rate: \$0.03

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
21	81141604				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2021-05-22	2022-05-21			

**Commodity Line Description:** Opt. Renewal Year 1:450,001--500,000 miles-STP

**Extended Description:**

Opt. Renewal Year 1:450,001--500,000 miles-STP/Multiplier of 500,000

Please see Attachment A: Cost Sheet

Per Mile Rate: \$0.03

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
22	81141604				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2021-05-22	2022-05-21			

**Commodity Line Description:** Opt. Renewal Year 1:500,001+ miles-STP

**Extended Description:**

Opt. Renewal Year 1:500,001+ miles-STP/Multiplier of 500,001

Please see Attachment A: Cost Sheet

Per Mile Rate: \$0.03

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
23	81141604				0.000000
	<b>Service From</b>	<b>Service To</b>			
	2021-05-22	2022-05-21			

**Commodity Line Description:** Opt. Renewal Year 1:150,001--250,000 miles-STP

**Extended Description:**

Opt. Renewal Year 1:150,001--250,000 miles-STP/Multplier of 250,000

Please see Attachment A: Cost Sheet

Per Mile Rate: \$0.03

June 11, 2021

Richard D. Ernest, Jr. MSW  
Program Manager  
Bureau for Medical Services  
350 Capitol Street, Room 251  
Charleston, WV 25301

Re: West Virginia Department of Health and Human Resources NEMT Program  
Contract No. CMA BMS20\*11, Renewal Effective Dates: 05/22/2021 –  
05/21/2022

Dear Richard:

ModivCare Solutions, LLC hereby requests that our company name change be updated on all records and reflected accordingly effective with the renewal start of 05/22/2021.

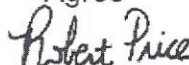
Former name: LogistiCare Solutions, LLC to be changed to the current name: ModivCare Solutions, LLC.

Thank you.

Sincerely,



William "Chris" Echols  
SVP of Contracts and Pricing

Agree  




1275 Peachtree Street NE    ☎ 404.888.5800  
6<sup>th</sup> Floor    📠 404.888.5800  
Atlanta, GA 30309    [modivcare.com](http://modivcare.com)

April 28, 2021

Richard D. Ernest, Jr. MSW  
Program Manager  
Bureau for Medical Services  
350 Capitol Street, Room 251  
Charleston, WV 25301

Re: West Virginia Department of Health and Human Resources NEMT Program  
Contract No. CMA BMS20\*11, Renewal Effective Dates: 05/22/2021 – 05/21/2022

Dear Richard:

This letter serves as ModivCare Solutions, LLC's (f/k/a LogistiCare Solutions, LLC) agreement to renew Contract No. CMA BMS20\*11 (the "Contract"), with renewal effective dates from 05/22/2021 to 05/21/2022. ModivCare agrees to the Contract renewal according to all terms, conditions, prices and specifications contained in the original contract, including all authorized change orders. ModivCare also acknowledges the Contract has four (4) renewals remaining.

Sincerely,

William "Chris" Echols  
SVP of Contracts and Pricing





STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES

Office of Procurement Services

350 Capitol Street, Room 251  
Charleston, West Virginia 25301-3712  
Telephone: (304) 558-1700 Fax: (304) 558-4398

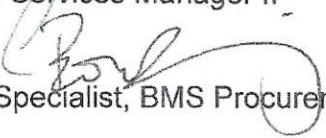
Bill J. Crouch  
Cabinet Secretary

Cynthia E. Beane  
Commissioner

APPROVED  
L. H. Hult  
9/15/21

DATE: September 2, 2021

TO: Robert L. Price, CPPB, CPPO, NIGP-CPP  
Administrative Services Manager II

FROM: Lee Bowling   
Procurement Specialist, BMS Procurement Services

RE: Agency Justification for renewal approval of Change Order No. 1 (Renewal and update of vendor name on PF671904, CMA BMS 20\*11)

The Bureau for Medical Services (BMS) respectfully requests approval for Change Order No. 1 for the first of five (5) renewals and to update the Vendor Name on PF671904, CMA BMS20\*11, according to all terms, conditions, pricing, and specifications included in original contract, including all authorized change orders. The current contract expired May 21, 2021. This is the first of five optional renewals. The estimated cost of this renewal, which will have the effective date of May 22, 2021 through May 21, 2022, is \$41.2 million. The reason for the backdated approval is due to receiving MIS/OT approval on August 30, 2021 as well as competing priorities.

The Vendor name change is needed to change the name of the vendor from Logisticare Solutions, LLC (V/C account 000000216444) to ModivCare Solutions, LLC (V/C account 000000216444). The original contract, including all terms, conditions, prices, specifications, and change orders contained therein remain in full force and effect. The effective date of this change is May 22, 2021. The Vendor provides Non-Emergency Medical Transportation (NEMT) Services to the Department of Health and Human Resources (DHHR) Bureau for Medical Services (BMS) and a Statewide Transportation program for the Office of Drug Control Policy.

If you need any further information or have any questions, please feel free to reach me at 304-352-4319 or [lee.k.bowling@wv.gov](mailto:lee.k.bowling@wv.gov).

Thanks for your time and consideration.

  
Agree



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/14/2021

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

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

<b>PRODUCER</b> MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326  CN102926104--GAWUp-21-22	<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:  <b>INSURER(S) AFFORDING COVERAGE</b>  INSURER A : Illinois Union Insurance Co INSURER B : ACE American Insurance Company INSURER C : Indemnity Ins Co Of North America INSURER D : INSURER E : INSURER F :  <b>NAIC #</b> 27960 22667 43575
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**COVERAGES**      **CERTIFICATE NUMBER:** ATL-005052158-04      **REVISION NUMBER:** 1

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		MLP G71128192 004	05/15/2021	05/15/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		ISA H25549570	05/15/2021	05/15/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		XFL G27171060 009	05/15/2021	05/15/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	WLR C67806505 (AOS) WLR C67806463 (CA, MA)	05/15/2021 05/15/2021	05/15/2022 05/15/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	Professional Liability		MLP G71128192 004	05/15/2021	05/15/2022	Limit 1,000,000 Deductible 250,000

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

**CERTIFICATE HOLDER**

State of West Virginia WV DHHR  
350 Capital Street  
Room 251  
Charleston, WV 25301

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE  
of Marsh USA Inc.

Manashi Mukherjee

*Manashi Mukherjee*

© 1988-2016 ACORD CORPORATION. All rights reserved.





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<b>PRODUCER</b> MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326  CN102926104--GAUW-21-22	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>														
<b>INSURED</b> ModivCare Solutions, LLC 1275 Peachtree Street NE 6th Floor Atlanta, GA 30309	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Illinois Union Insurance Co</td><td>27960</td></tr><tr><td>INSURER B : ACE American Insurance Company</td><td>22667</td></tr><tr><td>INSURER C : Indemnity Ins Co Of North America</td><td>43575</td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Illinois Union Insurance Co	27960	INSURER B : ACE American Insurance Company	22667	INSURER C : Indemnity Ins Co Of North America	43575	INSURER D :		INSURER E :		INSURER F :	
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INSURER D :															
INSURER E :															
INSURER F :															

## COVERAGES

CERTIFICATE NUMBER:

ATL-005052195-03

REVISION NUMBER: 0

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		ISA H25549570	05/15/2021	05/15/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		XFL G27171060 009	05/15/2021	05/15/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> A	WLR C67806505 (AOS) WLR C67806463 (CA, MA)	05/15/2021 05/15/2021	05/15/2022 05/15/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

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

West Virginia Department of Health and Human Resources and Bureau of Medical Services are included as Additional Insured where required by written contract with respect to General Liability.

## CERTIFICATE HOLDER

## CANCELLATION

West Virginia Department of Health  
and Human Resources and  
Bureau of Medical Services  
350 Capitol Street, Room 251  
Charleston, WV 25301-3709

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

AUTHORIZED REPRESENTATIVE  
of Marsh USA Inc.

Manashi Mukherjee

*Manashi Mukherjee*




STATE OF WEST VIRGINIA  
DEPARTMENT OF ADMINISTRATION  
OFFICE OF TECHNOLOGY  
State Capitol  
Charleston, West Virginia 25305

Allan L. McVey  
Cabinet Secretary

Joshua D. Spence  
Chief Information Officer

**MEMORANDUM**

**TO:** Alicia Sodder, Administrative Services Manager 1  
Department of Health and Human Resources

**FROM:** Joshua D. Spence, Chief Information Officer  
Office of Technology 

**SUBJECT:** INFORMATION TECHNOLOGY PROCUREMENT  
HR002120; CMA BMS20\*11; IS&C NUMBER: 2021-9149

**DATE:** August 30, 2021

West Virginia Code §5A-6-4(a)(3) permits the Chief Technology Officer to "evaluate the economic justification, system design and suitability of information equipment and related services, and review and make recommendations on the purchase, lease or acquisition of information equipment and contracts for related services by the state spending units."

West Virginia Code §5A-6-4c requires that the Chief Technology Officer review and approve "a major information technology project."

West Virginia Code §5A-6-5 requires that "any state spending unit that pursues an information technology purchase that does not meet the definition of a 'major technology project' and that is required to submit a request for proposal to the State Purchasing Division prior to purchasing goods or services shall obtain the approval of the Chief Technology Officer, in writing, of any proposed purchase of goods or services related to its information technology and telecommunication systems."



After conducting a review of your request for blanket approval for all available renewal periods for renewal and update of vendor Name on PF671904 CMA BMS20\*11), according to all terms, conditions, pricing and specifications included in original contract, including all authorized change orders. Original CTO Request 2019-5234

The current contract expired 05/21/2021. This is the first of five optional renewals. There will be four (4) optional renewal remaining. The renewal periods and estimated cost for each period is below.

Renewal 1: 5/22/21-5/21/22 \$41.2 Million

Renewal 2: 5/22/22-5/21/23 \$41.9 Million

Renewal 3: 5/22/23-5/21/24 \$42.6 Million

Renewal 4: 5/22/24-5/21/25 \$43.8 Million

Renewal 5: 5/22/25-5/21/26 \$44.5 Million

The Vendor, ModivCare Solutions, LLC (Formerly Logisticare Solutions, LLC) provides Non-Emergency Medical Transportation (NEMT) Services to the Department of Health and Human Resources (DHHR) Bureau for Medical Services (BMS) and a Statewide Transportation program for the Office of Drug Control Policy, the Office of Technology has determined:

☒ That your request is approved.

That your request is not subject to the review and approval provisions contained in Chapter 5A, Article 6 of the Code, therefore, it does not need approval by the Office of Technology.

This memorandum constitutes this office's official review and a copy should be attached to your purchase order and any other correspondence related to this request.

If you have questions, or need additional information, please contact Consulting Services at [Consulting.Services@wv.gov](mailto:Consulting.Services@wv.gov).

STATE OF WEST VIRGINIA  
Purchasing Division  
**PURCHASING AFFIDAVIT**

**CONSTRUCTION CONTRACTS:** Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

**ALL CONTRACTS:** Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

**DEFINITIONS:**

**"Debt"** means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

**"Employer default"** means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

**"Related party"** means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

**WITNESS THE FOLLOWING SIGNATURE:**

Vendor's Name: ModivCare Solutions, LLC (f/k/a LogistiCare Solutions, LLC)

Authorized Signature: *Will C. Ellis* Date: 04/28/2021

State of Florida

County of Miami-Dade, to-wit:

Taken, subscribed, and sworn to before me this 28 day of April, 2021.

My Commission expires September 7, 2024.

**AFFIX SEAL HERE**

**NOTARY PUBLIC**



*Leslie Gutierrez*  
Leslie Gutierrez  
Purchasing Affidavit (Revised 01/19/2018)



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## West Virginia Secretary of State — Online Data Services

### Business and Licensing

Online Data Services Help

### Business Organization Detail

*NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia Secretary of State's database.*

### MODIVCARE SOLUTIONS, LLC

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC   Limited Liability Company	3/21/2014		3/21/2014	Foreign	Profit			

Organization Information			
<b>Business Purpose</b>	4889 - Transportation and Warehousing - Support Activities for Transportation - Other Support Activities for Transportation (packing, crating)		<b>Capital Stock</b>
<b>Charter County</b>		<b>Control Number</b>	9A4T9
<b>Charter State</b>	DE	<b>Excess Acres</b>	
<b>At Will Term</b>	A	<b>Member Managed</b>	MGR
<b>At Will Term Years</b>		<b>Par Value</b>	
<b>Authorized Shares</b>		<b>Young Entrepreneur</b>	Not Specified

**Addresses**

Type	Address
<b>Designated Office Address</b>	1275 PEACHTREE STREET NE 6TH FLOOR ATLANTA, GA, 30309
<b>Mailing Address</b>	1275 PEACHTREE STREET NE 6TH FLOOR ATLANTA, GA, 30309 USA
<b>Notice of Process Address</b>	REGISTERED AGENT SOLUTIONS, INC. 200 CAPITOL ST CHARLESTON, WV, 25301
<b>Principal Office Address</b>	1275 PEACHTREE STREET NE 6TH FLOOR ATLANTA, GA, 30309 USA
Type	Address

**Officers**

Type	Name/Address
<b>Manager</b>	MODIVCARE, INC. 1275 PEACHTREE STREET NE 6TH FL ATLANTA, GA, 30309
Type	Name/Address

**Name Changes**

Date	Old Name
<b>2/2/2021</b>	LOGISTICARE SOLUTIONS, LLC
Date	Old Name

Date	Amendment
<b>2/2/2021</b>	NAME CHANGE: FROM LOGISTICARE SOLUTIONS, LLC
Date	Amendment

**Annual Reports****Filed For**



2021
2020
2019
2018
2017
2016
2015
<b>Date filed</b>

For more information, please contact the Secretary of State's Office at 304-558-8000.

Tuesday, September 7, 2021 — 2:59 PM

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