

STATE OF VERMONT CONTRACT SUMMARY AND CERTIFICATION ----- Form AA-14 (10/18/2010)

Note: All sections are required. Incomplete forms will be returned to department.

CHECK ONLY ONE BOX IF APPLICABLE:

ARRA Contract

ACA Contract

I. CONTRACT INFORMATION:

Agency/Department: AHS/ DVHA Contract #: 16800 Amendment #: 4
 Vendor Name: Lake Champlain Capital Management, LLC VISION Vendor No: 274800
 Vendor Address: 1018 Cheese Factory Road, Shelburne, VT 05482
 Starting Date: 3/1/2010 Ending Date: 12/31/2012 Amendment Date: 10/6/2011
 Summary of agreement or amendment: One year extension of financial modeling and projections duties for Blueprint initiatives to match the term of the contract.

II. FINANCIAL INFORMATION

Maximum Payable: \$334,616 Prior Maximum: \$ 232,616 Prior Contract # (If Renewal):
 Current Amendment: \$102,000 Cumulative amendments: \$ 259,616 % Cumulative Change: 346.15 %
 Business Unit(s): 3410 VISION Account: 507600

III. PERFORMANCE INFORMATION

Does this Agreement include Performance Measures tied to Outcomes and/or financial reward/penalties? Yes No

Estimated Funding Split: G-Fund % S-Fund % F-Fund % GC-Fund 100.00 % Other %

III. PUBLIC COMPETITION

The agency has taken reasonable steps to control the price of the contract or procurement grant and to allow qualified organizations to compete for the work authorized by this contract. The agency has done this through:
 Standard bid or RFP Simplified Bid Sole Sourced Qualification Based Selection Statutory

IV. TYPE OF AGREEMENT & PERFORMANCE INFORMATION

Check all that apply: Service Personal Service Architect/Engineer Construction Marketing
 Information Technology Other, describe:

V. SUITABILITY FOR CONTRACT FOR SERVICE

Yes No n/a If this is a Personal Service contract, does this agreement meet all 3 parts of the "ABC" definition of independent contractor? (See Bulletin 3.5) If NO, then contractor must be paid through Payroll

VI. CONFLICT OF INTEREST

By signing below, I certify that no person able to control or influence award of this contract had a pecuniary interest in its award or performance, either personally or through a member of his or her household, family, or business.
 Yes No Is there an "appearance" of a conflict of interest so that a reasonable person may conclude that this party was selected for improper reasons: (If yes, explain)

VII. PRIOR APPROVALS REQUIRED OR REQUESTED

Yes No Agreement must be approved by the Attorney General under 3 VSA §311(a)(10) (personal service)
 Yes No I request the Attorney General review this agreement as to form
 No, already performed by in-house AAG or counsel: _____ (initial)
 Yes No Agreement must be approved by the Comm. of DII; for IT hardware, software or services and
 Telecommunications over \$100,000
 Yes No Agreement must be approved by the CMO; for Marketing services over \$15,000
 Yes No Agreement must be approved by Comm. Human Resources (privatization and retiree contracts)
 Yes No Agreement must be approved by the Secretary of Administration

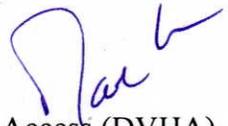
VIII. AGENCY/DEPARTMENT HEAD CERTIFICATION; APPROVAL

I have made reasonable inquiry as to the accuracy of the above information:

Date 10/9/11 Agency / Department Head [Signature] Date 11/23/11 Agency Secretary or Other Department Head (if required) [Signature: Patricia Flood]
 Date 11/7/11 Approval by Attorney General [Signature] Date N/A Approved by Commissioner of Human Resources
 Date N/A CIO (initial) Date [Signature] CMO (initial) Date [Signature] Secretary of Administration [Signature]

REC'D NOV 29 2011

MEMORANDUM

TO: Jeb Spaulding; Secretary, Agency of Administration (AOA) 

FROM: Mark Larson; Commissioner, Department of Vermont Health Access (DVHA)

THROUGH: Doug Racine; Secretary, Agency of Human Services (AHS)

DATE: October 14th, 2011

SUBJECT: Approval for Contract Amendment to Lake Champlain Capital Management (Contract #16800)
Current Value of Contract: \$232,616; Amended Amount: \$334,616
Current Duration is: 03/01/10 – 12/31/12

DVHA is amending contract number 16800. Lake Champlain Capital Management (LCCM) has been requested to provide consultation and assistance to DVHA in developing a financial model adapted from the Blueprint financial model. Since March 2010, LCCM has continued to develop this model which will support payment reform pilots. During the original contract term the Contractor developed a tracking system to compare actual data with model planned results. Going forward we are asking the contractor to maintain projections and financial modeling related to commercial and public insurance companies return on investment in the Blueprint for Health Program. This amendment extends these Blueprint modeling services, specifically, for an additional 12 months, to match the time frame of other financial tasks and the current term of the contract. These services will be placed out to bid in the fall of 2012.

This contract was originally placed out to bid in 2008 and followed the standard bidding process. Lake Champlain Capital Management (Greg Peters) is an excellent and valued Blueprint contractor whose services help us with the very important task of evaluating the effectiveness of the Blueprint. He is thorough, concise and timely with his monthly reporting. Although not "on call" for the Blueprint, Greg has been available with little notice to present his financial modeling to the legislature and other Blueprint stakeholders.

The funding for this amendment will be covered by the Global Commitment to Health Appropriations and complies with all mandatory provisions of AOA Bulletin 3.5. OVHA looks forward to approval of this amendment.

APPROVAL: _____ DATE: _____
JEB SPAULDING, SECRETARY OF ADMINISTRATION

AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and Lake Champlain Capital Management, LLC (hereafter called the "Contractor") that contract number 16800, effective 3/1/10, is hereby amended effective upon execution, as follows:

By deleting in Amendment number 3, on page 1 of 2, Item 1 (Section 3. Maximum Amount) and substituting in lieu thereof the following Section 3:

3. Maximum Amount. In consideration of the services to be performed by the Contractor, the State agrees to pay the Contractor, in accordance with the payment provisions specified in Attachment B, a sum not to exceed \$334,616.

By adding to the Blueprint Evaluation language referencing calendar year 2011 in the Scope of Work as amended on December 16, 2010 in amendment 1, on page 1-5 of 7 to include calendar year 2012.

By deleting in Amendment number 3, on pages 1 and 2 of 2 Attachment B, Payment Provisions, and substituting in lieu thereof the following.

ATTACHMENT B

The maximum dollar amount payable under this agreement is not intended as any form of a guaranteed amount. The Contractor will be paid for services actually performed as specified in Attachment A, up to the maximum allowable. The payment schedule for delivered products, or rates for services performed, and any additional reimbursements, are included in this attachment. The following provisions specifying payments are:

Contractor will invoice monthly, for services performed in this contract. The contract maximum is \$334,616.00. Monthly program reports will outline progress toward completing deliverables as noted in Attachment A, as well as the work planned for the next month. The monthly program report will be in sufficient detail as to document progress toward and/or achievement of deliverables described in Attachment A. Contractor will be paid an hourly rate of \$188.00.

All reports related to this contract should be submitted in electronic format. **Invoices should be submitted both electronically and in hard copy with original signature.** Reports and invoices should reference this contract number. Invoices will not be paid until the monthly program report is received and approved by the State.

An electronic copy of the Monthly Progress Report should be sent to:

Lisa Dulsky Watkins, MD
Blueprint for Health – Associate Director
Department of Vermont Health Access
312 Hurricane Lane
Williston, Vermont 05495-2806
Lisa.Watkins@ahs.state.vt.us

An electronic copy of all reports; and, an **original signed hard copy of invoices** should be sent to:

Jason Elledge



**STATE OF VERMONT, DEPT VERMONT HEALTH ACCESS
AMENDMENT TO CONTRACT FOR PERSONAL SERVICES
LAKE CHAMPLAIN CAPITAL MANAGEMENT, LLC**

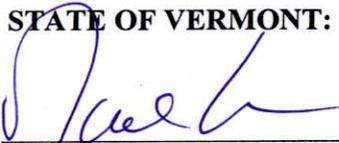
**PAGE 2 OF 2
CONTRACT #16800
AMENDMENT #4**

Blueprint for Health - Project Manager
Department of Vermont Health Access
312 Hurricane Lane - Suite 102
Williston, Vermont 05495-2806
Jason.Elledge@ahs.state.vt.us

The State reserves the right to withhold part or all of the contract funds if the state does not receive timely documentation of the successful completion of contract deliverables.

This amendment consists of 2 pages. Except as modified by this amendment and any previous amendments, all provisions of this contract, (#16800) dated 3/1/10 shall remain unchanged and in full force and effect.

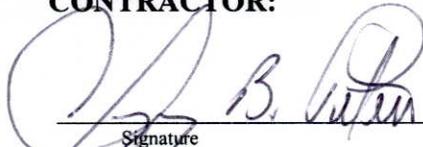
STATE OF VERMONT:

 12-7-11

Signature Date

**Mark Larson, Commissioner
Department of Vermont Health Access**

CONTRACTOR:

 12/4/11

Signature Date

**Greg Peters
Lake Champlain Capital Management, LLC**