

Note: All sections must be completed. Incomplete forms will be returned to the originating department.

I. CONTRACT INFORMATION

Agency/Department: AOA/ Green Mountain Care Board Contract #: 44349 Amendment #: 5
Vendor Name: Mathematica Policy Research, Inc. VISION Vendor No: 331790
Vendor Address: 955 Massachusetts Avenue, Suite 801, Cambridge, MA 02139
Starting Date: 10/03/22 Ending Date: 06/30/2024 Amendment Date: 04/01/2024
Summary of agreement or amendment: Amendment 4 extended this contract time so we could plan to update the first deliverable report with expanded data sources. This amendment 5 adds funding to authorize the additional work to update the report with CMS and Vermont specific Medicaid data for more comprehensive results.

II. FINANCIAL & ACCOUNTING INFORMATION

Maximum Payable: \$499,557.00 Prior Maximum: \$ 474,557.00 Prior Contract # (If Renewal):
Current Amendment: \$25,000.00 Cumulative amendments: \$ 80,000.00 % Cumulative Change: 19.1 %
Business Unit(s): 03330; ; - [notes: ] VISION Account(s): 507600;
Estimated Funding Split: 40.00% GF 60.00% SF % EF % Other
% TF % GC % FF (name)

III. PROCUREMENT & PERFORMANCE INFORMATION

A. Identify applicable procurement process utilized.
[ X ] Standard Bid/RFP [ ] Simplified [ ] Sole Source (See B.) [ ] Qualification Based Selection [ ] Statutory
B. If Sole Source Contract, contract form includes self-certification language? [ ] Yes [ X ] N/A
C. Contract includes performance measures/guarantees to ensure the quality and/or results of the service? [ X ] Yes [ ] No

IV. TYPE OF AGREEMENT (select all that apply)

[ X ] Service [ ] Construction [ ] Arch/Eng. [ ] Marketing [ ] Info. Tech. [ X ] Prof. Service [ ] Personal Service
[ ] Commodity [ ] Retiree/Former SOV EE [ ] Financial Trans [ ] Zero-Dollar [ ] Privatization [ ] Other

V. SUITABILITY FOR CONTRACT FOR SERVICE

[ X ] Yes [ ] No [ ] N/A Does this contract meet the determination of an Independent Contractor? If "NO", then consult with the Department of Human Resources for guidance.

VI. CONTRACTING PLAN APPLICABLE

Is any element of this contract subject to a pre-approved Agency/Department Contracting Waiver Plan? [ ] Yes [ X ] No

VII. CONFLICT OF INTEREST

By signing below, I (Agency/Department Head) 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 [ X ] 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)

VIII. PRIOR APPROVALS REQUIRED OR REQUESTED

[ X ] Yes [ ] No Is this a Contract for Services valued at \$25,000 or more per year? If yes, attach AGO Certification Form.
[ X ] Yes [ ] No Attorney General review As To Form is required (\$25,000 and above) or otherwise requested.
[ X ] Yes [ ] No Agreement must be approved by the Secretary of ADS/CIO
[ ] Yes [ X ] No Agreement includes marketing services and CMO sent copy of contract. If / when marketing services exceed \$25,000 CMO must approve contract. CMO Approved:
[ ] Yes [ X ] No Chief Information Security Officer (CISO) approval required for modification of Attachment C.12 use/protection of state information. CISO Approved:
[ ] Yes [ X ] No Auditor approval required for modification of Attachment C.13 audit clause. AUDITOR Approved:
[ ] Yes [ X ] No Risk Management approval required for modification of Attachment C.8 insurance clause. RISK Approved:
[ ] Yes [ X ] No Is this a Contract for Legal Services? If yes, attach AGO 17.10 Approval Form.
[ ] Yes [ X ] No Agreement must be approved by Commissioner of Human Resources: for Privatization, Retirees, Former Employees, & if a Contract fails the IRS test. DHR Approved:
[ ] Yes [ X ] No Agreement must be approved by the Secretary of Administration

IX. AGENCY/DEPARTMENT HEAD CERTIFICATION; APPROVAL

I have made reasonable inquiry as to the accuracy of the above information (sign in order):

Table with 4 columns: 1-Date, 1-Appointing Authority, 2-Date, 2-Secretary of ADS/CIO, 3-Date, 3-AGO Approval as To Form, 4-Date, 4-Secretary of Administration. Includes dates and signatures for Susan Baratt, Denise Reilly-Hughes, and Jesse Moorman.