AMENDMENT

It is agreed by and between the State of Vermont, Agency of Human Services, **Department of Vermont Health Access** (hereinafter called "State") and **Northeastern Vermont Regional Hospital** (hereinafter called "Grantee") that the grant agreement between the State and Grantee for the Blueprint for Health Program, dated July 1, 2010 is hereby amended as follows:

By deleting on page 1 of 23, Item # 3 (Maximum Amount) and substituting in lieu of thereof the following:

3. Maximum Amount: In consideration of the services to be performed by Grantee, the State agrees to pay Grantee, in accordance with the payment provisions specified in Attachment B, at sum not exceed **$321,514.73**.

By deleting on pages 6 and 7 of 23, Attachment B (Payment Provisions), and substituting in lieu there of the following:

ATTACHMENT B - PAYMENT PROVISIONS

A final financial report will be due no later than 30 days after the end date of the Grant. The final financial report will report actual approved expenditures against payments received.

The State will pay Subrecipient the sum not to exceed $321,514.73. This amount will be paid in the following manor:

Subrecipient will invoice the Department of Vermont Health Access (DVHA) on a monthly basis, for the previous month's actual and approved expenditures. Monthly invoicing in arrears will continue through the life of the grant. The maximum payable amount under this Grant shall not exceed $321,514.73.

The State will pay invoices of actual expenses upon receipt of the DVHA Financial Report Form with documentation of expenses and all other required reports in Attachment A and Attachment B; when in receipt of an invoice with supporting documentation articulating actual expenditures for approved activities during the said time period. **The Financial Report Form and the supporting documentation will be sufficiently detailed to allow the reviewed to match invoiced expenses against approved budget line items.**

Subrecipient agrees to provide DVHA all meeting minutes associated with the Blueprint for Health initiative, during the grant time period. Meeting minutes will be sufficiently detailed to document movement toward and achievement of deliverables noted in Attachment A. Meeting minutes will include the names of the attendees as well as the facility they represent. Meeting should represent non-hospital/parent owned practices/facilities. **All subrecipients, no matter what phase of development are required to continually involve non-hospital owned/non parent owned practices in ongoing planning efforts**

On or before April 30th 2011, Subrecipient will submit a mid-year report include a financial report (which will report actual approved expenditures against payments received); and, a program report addressing projects in your approved work plan.

A final program and financial report is due no later than 30 days after the end of the grant and will be reconciled to actual costs incurred for the grant term. Any overpayment of expenses will be returned to the State no later than 60 days after the end of the grant term.

All reports related to this grant should be submitted in electronic format. Reports should reference this grant number and be submitted to:

Lisa Dulsky Watkins MD
Department of Vermont Health Access
312 Hurricane Lane
Suite 201
Williston, Vermont 05495-2806
Lisa.Watkins@ahs.state.vt.us

An electronic copy of all reports and a **hard copy of invoices with original signature** should be sent to:

James R. Morgan MSW
Department of Vermont Health Access
312 Hurricane Lane
Suite 102
Williston, Vermont 05495-2806
Jim. Morgan@ahs.state.vt.us

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

By deleting on page 8 of 23, Attachment B (Payment Provisions, Approved Budget) and substituting in lieu thereof, Attachment B, (Payment Provisions, Approved Budget) which is included below.

Department of Vermont Health Access
Financial Report Form
Original Budget
Subrecipient Name:
Northeastern VT Regional Hospital
Grantee's/Contractor's Contact Person:
Laural Ruggles
Grantee's/Contractor's Email Address:
l.ruggles@nvrh.org
Phone:
802-748-7590

	TOTAL GRANT/CONTRACT		Match
PERSONNEL			
Salaries and Benefits			
Laural Ruggles	-		47,250.00
Andrea Lott	-		10,000.00
Paula Gaskin	-		10,000.00
Joyce Dobbertin, MD		10,000.00	10,000.00

Pam Smart	29,600.00	
Shauna Barrett	29,600.00	
Mitya Schoppe	29,600.00	
Janice Duncan	22,600.00	
Sub Grantee/Sub Contractors		
Sharon Fine, MD	10,000.00	10,000.00
Dana Kraus, MD	10,000.00	10,000.00
Julie Riffon -		10,000.00
Allison Wright Roberts	31,800.00	
Donna Ransmeier	31,800.00	
HLW Stipends	3,600.00	
Total Personnel	**208,600.00**	
OPERATING		
Advertising/Marketing	1,500.00	
Training		
Travel	2,020.00	
Postage		
Supplies/Materials	2,880.00	
Printing		
PPPM Medicare Physician Incentive	106,514.73	
Total Operating	**112,914.73**	
INDIRECT COSTS/ADMIN	-	
List		
Total Administration	-	
TOTAL	**321,514.73**	107,250.00
GRANT/CONTRACT AMOUNT		

Medicare Per Patient Per Month (PPPM); and Community Health Team (CHT) costs/totals are articulated in the following table and will be paid monthly by invoice, for actual costs:

CHT Costs		
Medicaid CCT costs		$70,000.00
Medicare CCT costs		$70,000.00
MVP Subsidy		$35,000.00
	CHT TOTAL	**175,000.00**
PPPM Costs		
Corner Medicare Patients 7/1/10 – 9/30/10	3175 X 1.52 X 3	$14,478.00
Corner Medicare Patients 10/1/10 – 6/30/11	1908 X 1.52 X 9	$26,101.44
TOTAL CORNER MEDICARE PPPM	**7/1/10 – 6/30/11**	**$40,579.44**
Concord Medicare Patients 7/1/10 – 9/30/10	769 X 1.52 X 3	$3,506.64
Concord Medicare Patients 10/1/01 – 6/30/11	285 X 2.15 X 9	$5,514.75
TOTAL CONCORD MEDICARE PPPM	**7/1/10 – 6/30/11**	**$9,021.39**
Caledonia Medicare Patients 7/1/10 – 9/30/10	1521 X 2.00 X 3	$9,126.00
Caledonia Medicare Patients 10/1/10 – 6/30/11	752 X 2.15 X 9	$14,551.20
TOTAL CALEDONIA MEDICARE PPPM	**7/1/10 – 6/30/11**	**$23,677.20**
Danville Medicare Patients 7/1/10 – 9/30/10	1237 X 2.00 X 3	$7,422.00
Danville Medicare Patients 10/1/10 – 6/30/11	498 X 2.15 X 9	$9,636.30
TOTAL DANVILLE PPPM	**7/1/10 – 6/30/11**	**$17,058.30**
St. J Medicare Patients 7/1/10 – 9/30/10	1175 X 2.07 X 3	$7,296.75
St. J Medicare Patients 10/1/10 – 6/30/11	459 X 2.15 X 9	$8,881.65
TOTAL ST. J PPPM	**7/1/10 – 6/30/11**	**$16,178.40**

PPPM TOTAL	**$106,514.73**
Program Costs	
HLW budget	$10,000.00
Project Management (9 months October 1, 2010 – June 30, 2011)	$30,000.00
PROGRAM BUDGET TOTAL	**$40,000.00**
Grant Total	**$321,514.73**

Variances of the budgeted lines items shall not exceed 10% without prior approval from State. Written requests for such approvals must first be submitted by the Grantee prior to the expenditure of funds in excess of the above budgeted line items.

This amendment consists of 4 pages. Except as modified by this amendment and any previous amendments, all provisions of this grant (#03410-6104-11) dated July 1, 2010 shall remain unchanged and in full force and effect.

IN WITNESS THEREOF, the parties set forth below agree to execute this Amendment:

STATE OF VERMONT

By: Susan Besio

Susan Besio, Commissioner
Department of Vermont Health Access

Date: 11/18/10

GRANTEE

By: Robert Hersey

Northeastern Vermont Regional Hospital

Date: 11/15/2010