

AMENDMENT

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

By deleting on page 1 of 23, Item #4 (Grant Term) and substituting in lieu thereof the following:

4. **Grant Term:** The period of Grantee's performance shall begin on **October 1, 2010** and end on **December 31, 2011**.

Replace in Amendment 1, Item # 3 (Maximum Amount) with 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, a sum not exceed \$265,685.27.

Replace in Amendment 1, Attachment B (Payment Provisions), with the following:

ATTACHMENT B - PAYMENT PROVISIONS

The maximum dollar amount payable under this agreement is not intended as any form of a guaranteed amount. The State agrees to compensate the Grantee for services performed up to the maximum amounts stated below provided such services are within the scope of the grant and are authorized as provided for under the terms and conditions of this grant. 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:

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 Grantee will invoice the State on a monthly basis, for the next month's actual and approved expenditures. Monthly prospective invoicing will continue through the life of the grant. The maximum payable amount under this Grant shall not exceed \$265,685.27.

The Grantee may invoice for Project Management and HLW costs associated with this grant beginning in November (arrears payment for October). Project Management costs are covered under this grant for a 12-month period. HLW costs are covered under this grant for a 15-month period.

The Grantee has an Integrated Pilot Grant (03420-5419) that is active until 10/30/2010; therefore, none of the Per Patient Per Month (PPPM) or Community Health Team (CHT) costs associated with this grant can be invoiced through this grant until 12/1/2010 (arrears payment for November). PPPM costs shall be covered under this grant for an 8 month period, while CHT costs shall be covered under this grant for a 14-month period. However, the first 8 months of CHT payments shall be invoiced with other grant expenses through June 30, 2011 with the remaining 6 months invoiced separately from grant expenses

and submitted to the State's Blueprint for Health Associate Director. Payment for that 6-month period shall be made from Medicaid program funds.

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 reviewer to match invoiced expenses against approved budget line items.**

The Grantee agrees to provide the State with 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 attendees should represent non-hospital/parent owned practices/facilities. **All Grantees, 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, the Grantee 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 Grantee's 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:

Jason Elledge
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 grant funds if the state does not receive timely documentation of the successful completion of grant deliverables.

	TOTAL GRANT BUDGET
PERSONNEL	
Salaries and Benefits	
Laura Hubbell, 0.5 Program Manager	IN KIND
Marc Comtois, 1.0 FTE CHT Manager Salary	\$ 45,576.96
Marc Comtois, 1.0 FTE CHT Manager Benefits	IN KIND
Lisa Willette, HLW Regional Coordinator salary	\$ 12,480.00
Lisa Willette, HLW Regional Coordinator benefits	\$ 3,744.00
2 Facilitators per workshop	\$ 4,200.00
OPERATING	
Advertising/Marketing	IN KIND
Training	\$ 200.00
Travel	\$ 2,000.00
Postage	IN KIND
Supplies/Materials	\$ 2,904.80
Printing	IN KIND
Other	IN KIND
Total Operating	\$ 5,104.80
TOTAL Personnel and Operating	\$ 71,105.76
CHT Costs (11/1/2010 – 12/31/2011)	
Medicare @ 30% of 350,000.00 = 105,000.00 but for 8 months	\$ 70,000.00
Medicaid @ 20% of 350,000.00 = 70,000.00 but for 8 months	\$ 46,666.67
Medicaid @ 22.22% of 350,000.00 = 77,770.00 but for 6 months*	\$ 38,885.00
CHT TOTAL	\$ 155,551.67
PPPM Costs (11/1/2010 – 12/31/2011)	
Associates in Family Health: 740 pts X 1.52 = 1,124.8 X 8	\$ 8,998.40
The Health Center Plainfield: 782 pts X 1.28 = 1,000.96 X 8	\$ 8,007.68
Central Vermont Primary Care: 696 pts X 1.52 = 1,057.92 X 8	\$ 8,463.36
Waterbury Medical Associates: 696 pts X 1.52 = 1,057.92 X 8	\$ 8,463.36
Anthony Williams: 419 pts X 1.52 = 636.88 X 8	\$ 5,095.04
PMPM TOTAL	\$ 39,027.84
Program Costs (10/1/2010 – 12/31/2011)	
HLW and Operating:	\$ 25,528.80
Project Management:	\$ 45,576.96
PROGRAM TOTAL	\$ 71,105.76
GRANT TOTAL	\$ 265,685.27

*Included as part of grant budget, but should be invoiced separately and will be paid from Medicaid program funds.

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 (#03410-6109-11) dated October 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:



MARK LARSON, COMMISSIONER
DEPARTMENT OF VERMONT HEALTH ACCESS

GRANTEE

By:



LAURA HUBBELL
CENTRAL VERMONT MEDICAL CENTER

Date:

10.24.11

Date:

10/17/11

