

AMENDMENT

It is agreed by and between the State of Vermont, Agency of Human Services, **Department of Vermont Health Access** (hereinafter called "State") and Fletcher Allen Health Care (hereinafter called "Subrecipient") that the grant agreement between the State and Grantee for sustaining a Blueprint Integrated Health Systems for the Blueprint for Health program, dated October 1, 2010 is hereby amended as follows:

By deleting on pages 1 of 28, Section 3 "Maximum Amount" and its contents, and substituting in lieu of thereof the following Section 3:

3. Maximum Amount: In consideration of the services to be performed by Subrecipient, the State agrees to pay Subrecipient, in accordance with the payment provisions specified in Attachment B, a sum not to exceed \$451,333.

By adding on page 8 of 28, the following passage to "Attachment A" immediately at the end of the first paragraph under the "Practice Facilitator" heading:

The subrecipient will also employ a second half-time (20 hours per week) quality improvement practice facilitator for 5 to 8 primary care practices.

By adding on page 10 of 28, the following passage to "Attachment A" immediately at the end of the evaluation section:

Additional evaluation duties as conducted by the subrecipient Project Manager are to include collection, analyzing and reporting of inpatient hospital and emergency department use trends for Fletcher Allen Health Care, St. Johnsbury Medical Center, Central Vermont Medical Center and up to 11 other hospital service areas. Will also be expected to provide a quarterly data report to the Blueprint Executive Director.

By deleting on pages 11-13 of 28, "Attachment B" and its contents, and substituting in lieu of thereof the following Attachment B:

ATTACHMENT B - PAYMENT PROVISIONS

The State will pay Subrecipient the sum of \$451,333.00. This amount will be paid in the following manner:

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.

Subrecipient will invoice the State 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 \$451,333.00.

The State will pay invoices of actual expenses upon receipt of the State 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 the State all meeting minutes associated with the Blueprint for Health initiative, during the grant time period. Meeting minutes will be sufficiently detailed 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 expenditure 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 201
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.

The Practice Facilitator position for Fletcher Allen Health Care is targeted at 0.5 FTE (\$40,000/yr) based on an annual FTE rate of \$80,000. The targeted start date for the position is March 1, 2011. During FY2011, the Practice Facilitator will work based on the following priorities:

- SFP/MFHC NCQA recognition
- IHS/HIT meetings and related coordination
- Community Practices in Copley HSA
- CHT/IHS/HIT meetings and related coordination

Approved Budget for SFY 2011:

Department of Vermont Health Access
 Financial Report Form
 Amended Budget

Subrecipient Name: Fletcher Allen Health Care		
Grantee's/Contractor's Contact Person: Randall Messier	randall.messier@vtmednet.org	
Grantee's/Contractor's Email Address: 1 South Prospect Street Burlington, VT 05401		Phone: 802-847-0143
	TOTAL GRANT/CONTRACT BUDGET	
	\$451,333	
PERSONNEL		
Salaries and Benefits		
FT RN Lead	\$61,124.56	CHT Coordinator
FT Cmty SW	\$50,592.62	CHT
FT Office Coord.	\$37,888.20	CHT
PT Admin Support	\$19,968.96	CHT
FT Hlth Educ.	\$27,581.94	CHT
PT HLW Coordinator	\$2,291.48	HLW Coordination
PD RD's	\$12,400.00	CHT
Project Manager	\$26,812.50	Total Program support
Coordinator/Facilitator	\$61,814.56	In practice coordination
PT Facilitator	\$23,333.00	Assist in coordination and facilitation
MD Leads PCIM/FM	\$18,600.00	CHT/Practice/Clinical Leadership
Dr. Moore Cmty Provider Leader	\$12,400.00	CHT/Cmty Practice Spread
Measurement	\$19,300.00	Total Program support
Beh Health Coord	\$6,200.00	Integrated Beh Health Expansion/Supervision
Jeffords Institute	\$6,200.00	Total Program Support
Panel Mgr (3mths only)	\$13,640.00	Covers to 1/1/11 and PMPM initiation
Total Personnel	\$400,147.81	
OPERATING		
Advertising/Marketing	\$1,240.00	
Training	\$9,300.00	
Travel	\$3,534.00	
Postage	\$620.00	
Supplies/Materials	\$3,100.00	
Printing	\$1,364.00	
Other (YMCA + other)	\$9,300.00	
Total Operating	\$28,458.00	
INDIRECT COSTS/ADMIN	\$22,727	Occupancy
List		

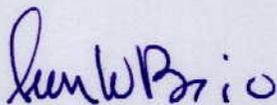
Total Administration	\$22,727.00
TOTAL GRANT/CONTRACT AMOUNT	\$451,333
FAHC MATCH	\$112,833

This amendment consists of 4 pages. Except as modified by this amendment and any previous amendments, all provisions of this grant (#03410-6111-11) 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:



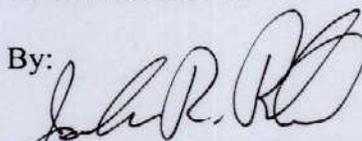
Susan Besio, Commissioner
Department of Vermont Health Access

Date:

4/28/11

SUBRECIPIENT

By:



John Brumsted, MD
c/o Penrose Jackson
Fletcher Allen Health Care
199 Main Street
Suite 150
Burlington, Vermont 05401

Date:

4/25/11

