



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:

Replace in Amendment 2, Item #1, Page 1 of 4, 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, at sum not exceed **\$331,514.73**.

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

4. Grant Term: The period of the Grantee's performance shall begin on **July 1, 2010** and end on **September 30, 2011**.

Replace in Amendment #2, Item #2, Page 1 of 4, with 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 Grantee the sum not to exceed \$331,514.73. This amount will be paid in the following manner:

Grantee 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 \$331,514.73.

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

The Grantee 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 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 subrecipients, no matter what phase of**

development,are required to continually involve non-hospital owned/non parent owned practices in ongoing planning efforts

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.

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 CHT costs (7/1/10 – 6/30/11) | | | \$70,000.00 |
| Medicare CHT 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 (7-1-10 – 9-30-11) | | \$10,000.00 |
| Project Management (10-1-10 – 9-30-11) | | \$40,000.00 |
| PROGRAM BUDGET TOTAL | | \$50,000.00 |
| Grant Total | | \$331,514.73 |

Variiances 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.

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

PERSONNEL

Salaries and Benefits

| | | Match |
|------------------------------------|-----------|-----------|
| Laural Ruggles | - | 60,000.00 |
| Andrea Lott | - | 12,500.00 |
| Paula Gaskin | - | 12,500.00 |
| Joyce Dobbertin, MD | 13,334.00 | 12,500.00 |
| 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 | 13,333.00 | 12,500.00 |
| Dana Kraus, MD | 13,333.00 | 12,500.00 |
| Aaron French | - | 12,500.00 |

State of Vermont
Amendment to Grant Agreement
Northeastern Vermont Regional Hospital

Agreement # 03410-6104-11
Amendment # 3
Page 4 of 4

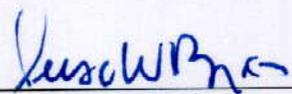
| | | |
|------------------------------------|-------------------|-------------------|
| Jody Taylor | 31,800.00 | |
| Chelsea Gonyaw | 31,800.00 | |
| HLW Stipends | 3,600.00 | |
| Total Personnel | 218,600.00 | |
| OPERATING | | |
| Advertising/Marketing | 1,500.00 | |
| Training | | |
| Travel | 2,020.00 | |
| 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 GRANT/CONTRACT AMOUNT | 331,514.73 | 135,000.00 |

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

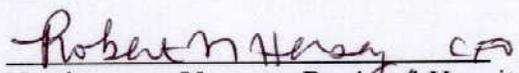
By:



Susan Besio, Commissioner
Department of Vermont Health Access

GRANTEE

By:



Robert M. Hersey, CEO
Northeastern Vermont Regional Hospital

Date: 6/6/11

Date: June 2 2011