

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 sustaining a Blueprint Integrated Health Systems for the Blueprint for Health program, dated October 1, 2010 is hereby amended as follows:

By deleting on page 1 of 23, Item # 3 (Maximum Amount) and substituting in lieu 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 **\$357,592.91.**

By deleting on pages 10 and 11 of 23, Attachment B (Payment Provisions), and substituting in lieu there of the following:

ATTACHMENT B - PAYMENT PROVISIONS

The State will pay Subrecipient the sum of \$357,592.91. 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.

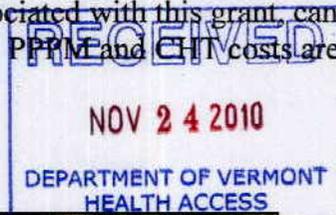
Subrecipient will invoice the Department of Vermont Health Access (DVHA) on a monthly basis, for the previous month's actual and approved expenditures. Monthly invoicing in arrears will continue through the life of the grant. The maximum payable amount under this Grant shall not exceed \$357,592.91.

Subrecipient may invoice for Project Management and HLW cost associated with this grant beginning in November (arrears payment for October). Project Management and HLW cost are covered under this grant for a 15 month period.

CVMC 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 and CHT costs are covered under this grant for a 14 month period.

PPPM and CHT cost under this grant are calculated as follows

CHT Costs (11/1/2010 – 12/31/2010)	
Medicare @ 30% of 350,000.00 = 105,000.00 but for 14 months	122,500.00
Medicaid @ 20% of 350,000.00 = 70,000.00 but for 14 months	81,666.67
CHT TOTAL	204,166.67



PPPM Costs (11/1/2010 – 12/31/2010)	
Associates in Family Health: 740 pts X 1.52 = 1,124.80 X 14	15,747.20
The Health Center Plainfield: 782 pts X 1.52 = 1,188.64 X 14	16,640.96
Central Vermont Primary Care: 696 pts X 1.52 = 1,057.92 X 14	14,810.88
Waterbury Medical Associates: 696 pts X 1.52 = 1,057.92 X 14	14,810.88
Anthony Williams: 419 pts X 1.52 = 663.88 X 14	8,916.32
PPPM TOTAL	70,926.24

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 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:

James R. Morgan MSW
Department of Vermont Health Access
312 Hurricane Lane

Suite 201
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 the Approved Budget for SFY 2011 appearing on pages 11, 12 and 13 and substituting in lieu thereof the following:

Approved Budget for SFY 2011:

**Department of Vermont Health Access
Financial Report Form
Original Budget**

Subrecipient Name:	Central Vermont Medical Center	
Grantee's/Contractor's Contact Person:	Laura Hubbell	
Grantee's/Contractor's Email Address:	Laura.Hubbell@CVMC.org PO Box 547 Barre, Vermont 05641	Phone: (802)371-4186
	TOTAL GRANT/CONTRACT BUDGET	
PERSONNEL		
Salaries and Benefits		
Laura Hubbell, 0.5 Program Manager	in kind	
Marc Comtois, 1.0 FTE CHT Manager Salary		56,971.20
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
Sub Grantee/Sub Contractors		
List		
Other		
List		

OPERATING		
Advertising/Marketing	in kind	
Training		200
Travel		2000
Postage	in kind	
Supplies/Materials		2904.8
Printing	in kind	
Other	in kind	
Total Operating		
INDIRECT COSTS/ADMIN		
List		
Total Administration		
TOTAL Personnel and operating		82,500
CHT Costs (11/1/2010 – 12/31/2010)		
Medicare @ 30% of 350,000.00 = 105,000.00 but for 14 months		122,500.00
Medicaid @ 20% of 350,000.00 = 70,000.00 but for 14 months		81,666.67
TOTAL CHT COSTS		204,166.67
PPPM Costs (11/1/2010 – 12/31/2010)		
Associates in Family Health: 740 pts X 1.52 = 1,124.20 X 14		15,747.20
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Anthony Williams: 419 pts X 1.52 = 663.88 X 14		8,916.32
PMPM TOTAL		70,926.24
TOTAL GRANT AWARD		357,592.91

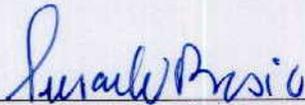
This amendment consists of 5 pages. Except as modified by this amendment and any previous amendments, all provisions of this grant (#03410-6109-11) dated October 1, 2010 shall remain unchanged and in full force and effect.

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

STATE OF VERMONT

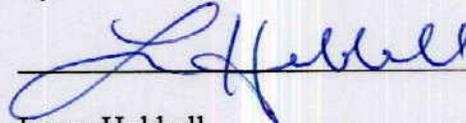
GRANTEE

By:



Susan Besio, Commissioner
Department of Vermont Health Access

By:



Laura Hubbell
Central Vermont Medical Center
P.O. Box 547
Barre, Vermont 05641

Date:

11/24/10

Date:

11/23/10