

# DVHA Routing Form

Type of Agreement: Grant      Agreement #: 03410-6104-12      Form of Agreement: Renewal      Amendment #: \_\_\_\_\_

Name of Recipient: Northeastern Vermont Regional Hospital      Vendor #: 41866

Agreement Manager: Jason Elledge      Phone #: 802-879-5946

Brief Explanation of Agreement: To administer the Vermont Blueprint Integrated Health System in the St. Johnsbury Health Service Area

Start Date: 10/1/2011      End Date: 09/30/2012      Maximum Amount: \$111,960.00

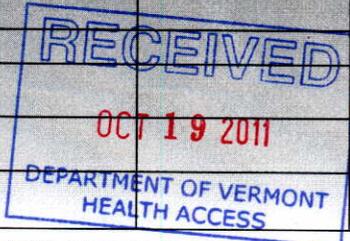
Amendments Only:      Maximum Prior Amount: \_\_\_\_\_      Percentage of Change: \_\_\_\_\_

Bid Process (Contracts Only):     Standard     Simplified     Sole Source     Statutory     Master Contract SOW

Funding Source			
Global Commitment 93.778	\$106,960.00		
Special: HIT	\$5,000.00		

- Contents of Attached Packet
- AA-14
  - Attachments A, B, C & F
  - Attachment G - Academic Research
  - Sole Source Memo
  - Attachment D - Modifications to C & F
  - MOU
  - Qualitative/Justification Memo
  - Attachment E - Business Associate Agreement
  - Other: **Attachment H - Report Form**

Reviewer	Reviewer Initials	Date In	Date Out
DVHA Grant & Contract Administrator	Kate Jones	9/28	9/28
DVHA BO	Jill Gould	9/28/11	9/28/11
DVHA Commissioner	Mark Larson	9/28/11	
AHS Attorney General	Seth Steinzor		10/17/11
Following Approvals for Contracts Only:			
AHS CIO			
AHS Central Office			
AHS Secretary			



Vision Account Codes: \$5000 : 341001 | 21916 | 550500 | ~~41470~~ 41470  
\$106,960 : 341001 | 20405 | 550500 | 41628

<input type="checkbox"/> Subrecipient Module Entry <input type="checkbox"/> FFATA Entry	Initials & Date _____ _____
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Vision PO #: \_\_\_\_\_

1. **Parties:** This is a Grant Agreement for services between the State of Vermont, Department of Vermont Health Access (hereafter called "State"), and Northeastern Vermont Regional Hospital with a principal place of business at St. Johnsbury, Vermont (hereafter called "Grantee"). It is the Grantee's responsibility to contact the Vermont Department of Taxes to determine if, by law, the Grantee is required to have a Vermont Department of Taxes Business Account Number.
2. **Subject Matter:** To administer the Vermont Blueprint Integrated Health System in the St. Johnsbury Health Service Area. Detailed services to be provided by the Grantee are described in Attachment A.
3. **Maximum Amount:** In consideration of services to be performed by the Grantee, the State agrees to pay the Grantee, per payment provisions specified in Attachment B, a sum not to exceed \$111,960.
4. **Grant Term:** The effective date of this Grant Agreement shall be October 1, 2011 and end on September 30, 2012. The State and the Grantee have the option of renewing this grant agreement for up to two (2) one-year grant terms.
5. **Source of Funds:** State \$ 0 Special: HIT \$5,000 Other: GC \$ 106,960
6. **Amendment:** No changes, modifications, or amendments in the terms and conditions of this procurement grant shall be effective unless reduced to writing, numbered, and signed by the duly authorized representative of the State and Grantee.
7. **Cancellation:** This procurement grant agreement may be suspended or cancelled by either party by giving the other party written notice at least 30 days in advance. Notwithstanding this provision, if a governmental agency with due authority determines that a program or facility operated by the Grantee, wherein services authorized under this procurement grant are provided, is not in compliance with State and Federal law or is operating with deficiencies that pose immediate jeopardy to a child's health, welfare or safety, the State may terminate this procurement grant immediately and notify the Grantee accordingly. Also, in the event that federal funds supporting this procurement grant become unavailable or are reduced, the State may cancel this procurement grant with no obligation to pay the Grantee from State revenues.
8. **Contact Persons for this Award:**

	<u>For the State</u>	<u>For the Grantee</u>
Name:	Jason Elledge	Laural Ruggles
Phone #:	802-879-5946	802-748-7590
E-mail:	jason.elledge@ahs.state.vt.us	l.ruggles@nvrh.org
9. **Fiscal Year:** Grantee's fiscal year starts on October 1st and ends on September 30th.
10. **Attachments:** This Grant consists of 24 pages including the following attachments which are incorporated herein:

Attachment A – Scope of Work to be Performed  
Attachment B – Payment Provisions  
Attachment C – Customary State Contract and Grant Provisions  
Attachment F – AHS Customary Grant Provisions  
Attachment H – Financial Report Form

Order of precedence of these documents shall be as follows:

**ATTACHMENT A**  
**SCOPE OF WORK TO BE PERFORMED**

**I. Overview of Work to be Performed**

This grant agreement is for leadership and management for ongoing operations of the Vermont Blueprint for Health in the St. Johnsbury Health Service Area (Grantee) consistent with the Vermont Blueprint for Health Implementation Manual. As the local Administrative entity for the Blueprint, the Grantee is responsible for leading the implementation and ongoing operations of the Multi-Payer Advanced Primary Care Practice Blueprint project. The Grantee will lead and oversee the Blueprint infrastructure to sustain a learning health system comprised of:

- A. A project manager
- B. Stakeholder planning and advisory groups
- C. Advanced Primary Care Practices
- D. Community Health Team(s)
  - 1. Core Community Health Team Operations
  - 2. Extended Community Health Team: Coordination of Care
  - 3. Functional Team: Interface with area health and human services providers
- E. Health information interface with State Health Information Exchange and Covisint DocSite central registry
- F. Administration of payment processes and participation in Blueprint evaluation
- G. Community Based Self-Management Programs
- H. Statewide Technical Assistance
- I. Optional Quality Improvement Activity

**II. Scope of Work and Performance Expectations**

The Grantee shall perform the scope of work and meet the performance expectation detailed in sections "A" through "H" below.

**A. Project Manager**

The Grantee shall identify a Project Manager and provide a copy of the Project Manager's résumé whenever a new Project Manager is hired. The Project Manager shall dedicate 50% of a full time equivalent position. The Project Manager will be the primary local contact responsible for overseeing all components of the grant agreement. The Project Manager will work collaboratively with the Blueprint leadership and participate in regularly scheduled state-wide Blueprint project activities and meetings including but not limited to:

- *monthly conference calls and quarterly in-person meetings of the project managers group.*
- the Expansion Design and Evaluation Committee, the Payment Implementation Work Group, and the monthly interface call with Vermont Information Technology Leaders (VITL) and Covisint DocSite.

The project manager will develop project reports as set out under this agreement, and assure Health Service Area (HSA) participation in Blueprint for Health evaluation activities.

The project manager will lead the recruitment of area primary care (internal medicine, family practice and

The Grantee will develop a clinical operations group comprised of representatives from organizations responsible for the direct provision and coordination of care for patients seen in the participating practices. The clinical operations group should include but is not limited to the participating primary care practices, the Vermont Chronic Care Initiative nurse/case manager, the Support and Services at Home (SASH) coordinator(s), and other service-providing organizations such as Caledonia Home Health Care and Hospice and Northeast Kingdom Human Services.

## **B.2. Health Information Technology**

The Grantee shall convene any necessary planning and advisory groups for the development of the health information technology interfaces. These interfaces include individual practice interfaces with the State Health Information Exchange and/or practice connection directly to the Covisint DocSite central registry.

### **Grant Deliverables**

- II. Description of fully implemented CHT, including but not limited to a summary of advisory group membership, clinical operations group membership, staff titles and credentials, number of full time equivalents supported by Blueprint payer funding, participating practices, referral protocols and plans for expansion (if applicable).
- III. Using the Blueprint HSA Quarterly Reporting Template provided by the State, the Grantee will report on the status and progress of IT implementation in the HSA. The template can be found at <http://dvha.vermont.gov/administration/blueprint-hsa-implementation-materials>

## **C. Advanced Primary Care Practices (APCP)**

The intent of the Vermont General Assembly expressed in Act 128 (2010) is to expand the Blueprint for Health to all *willing* primary care providers by October 2013. To support the implementation of this intent, the Grantee shall meet with all primary care practices in the HSA in order to introduce the Blueprint for Health, make an initial assessment of what they may need to become advanced primary care practices recognized through the National Committee for Quality Assurance (NCQA) Physician Practice Connections – Patient-Centered Medical Homes (PPC-PCMH) standards, and encourage their participation in the Blueprint for Health and learning health system activities. In addition, the project manager will monitor the progress of each primary care practice's work towards NCQA PPC-PCMH recognition by regular meetings with the practices and, if assigned, Blueprint practice facilitators.

### **Grant Deliverables**

- IV. Updated demographic roster of all Health Services Area primary care (family medicine, internal medicine, and pediatric) practices within one month of the execution of this grant agreement.
- V. Following consultation with potential APCPs, a proposed 24 month schedule (October 2011 – September 2013) for initial scoring and rescoring for those practices that wish to participate in the Blueprint for Health. The proposed schedule is due by January 15, 2012 and must be updated as needed.

## **D. Community Health Teams (CHT)**

### **D.1. Core Community Health Team**

- clear methods of communication between the CHT and the VCCI
- processes to support integration of the CHT and VCCI (including a reciprocal referral process)
- well coordinated services for participants.

### **D.3. Functional Team: Interface with area health and human services providers**

The Blueprint Core Community Health Team is a unique interdisciplinary team designed to support the general population served by participating primary care practices. The CHT shall help to assure coordination of care with other area health and human services providers and to assure that services are efficiently rendered and not duplicated. The Grantee shall coordinate the operations of the CHT(s) with key local health and human services organizations and shall develop a strong collaborative relationship between the CHT and these organizations in the Grantee's Health Service Area. This includes but is not limited to Caledonia Home Health Care and Hospice; Northeast Kingdom Human Services; Children's Integrated Services (CIS) and Enhanced Family Services (EFS).

The objectives of the collaborative relationship will be to establish:

- an understanding of the respective roles of the CHT and other service providers
- clear methods of communication between the CHT and these providers
- processes to support well-coordinated services for participants (including a reciprocal referral process).

### **Grant Deliverables**

- VI. Copies of the Grantee's letters of hire or subcontractor agreements for the CHT Core Team members.
- VII. Coordination and referral protocols between the Core CHT and the SASH Program, the VCCI; Caledonia Home Health Care and Hospice; Northeast Kingdom Human Services; and other area service providers.

### **E. Health Information Interface with State Health Information Exchange and Covisint DocSite Registry**

The Grantee shall support the implementation of Health Information Technology (HIT) architecture in the Health Services Area. The goal is an architecture that allows clinicians to use the clinical tracking system of their choices (e.g. EMR, registry) for patient care, care coordination, population management, and performance reporting, while populating the Blueprint registry with core data elements. The registry is available to participating practices and Community Health Teams to support: individual patient care; population management and outreach; performance reporting; and quality improvement efforts.

The Grantee shall work closely with the VITL and the Blueprint Registry vendor (Covisint DocSite) to establish linkages and data transmission between the participating practices, and with the community health team to optimize the use of guideline-based data elements, to support patient care, outreach, panel management and the project evaluation activities. The Grantee shall request Covisint DocSite staff support as needed for mapping the Blueprint core data dictionary elements with the locally used Electronic Medical Records systems of participating practices. The Grantee will assure that the necessary business associates agreements with VITL/Vermont Health Insurance Exchange and Covisint DocSite and the practices are in place.

The Grantee shall provide participating practices with data entry support for initial population of the Covisint DocSite central registry or for mapping to the Health Information Exchange from practice electronic medical records.

receipt. If the Grantee is unable to obtain this information from a practice that is not affiliated with the Grantee within fifteen business days, after making at least 3 attempts, the Grantee will notify the Blueprint Associate Director so that the Blueprint can contact the practice.

- XI. The Grantee shall report practice changes (e.g. – provider changes) to the State and all payers (with the exception of Medicare) as they occur and as the Grantee is informed of the changes.

### **G. Community-Based Self-Management Programs**

The objective of Blueprint community-based self-management programs is to provide a coordinated approach to patient self-management support. Ideally, advanced primary care practices use a variety of mechanisms to work with their patients to establish goals and provide messages and strategies for self-management. That work is reinforced when CHTs provide self-management counseling and education to patients with complex needs. For those patients who wish to participate in specialized group programs, the Blueprint supports Healthier Living Workshops and Tobacco Cessation programs.

#### **G.1. Healthier Living Workshops (HLW)**

The Grantee shall arrange for a Healthier Living Workshop Master Trainer. The Master Trainer will provide: a refresher, leader audits, and leader training(s) in all programs in which they are certified annually. The Master Trainer will participate in master trainer meetings and provide technical assistance on Healthier Living programs.

The Grantee shall oversee local planning, participant recruitment and implementation of Healthier Living Workshops. The Grantee shall assure the retention of certified course leaders to lead the workshops. The Grantee will provide reports on the workshops as required below and will participate in the statewide evaluation of the Blueprint Self Management programs.

In order to be recognized for payment, each Healthier Living Workshops should have enough registrants to facilitate successful workshop activities and should have at least a 70% retention rate of participants.

During this grant period the Grantee shall implement:

- Four Healthier Living Workshops – Chronic Disease during the grant time period.
- Two Healthier Living Workshops – Pain during the grant time period.

The Grantee shall ensure that all workshops will be led by a leader meeting the following criteria:

- Initially trained by a Stanford Chronic Disease Self-Management Program (CDSMP)-recognized master trainer
- Audited during the first workshop they led in any new program and then at least once every two years by a Blueprint leadership-approved auditor
- Led at least one workshop annually for each program in which they are certified
- Attended a leader refresher at least once every 2 years.

The Grantee shall ensure that the regional coordinator reviews workshop evaluations with every leader pair following each workshop and makes a plan for improvements.

#### HLW Reporting Requirements:

The Grantee shall complete and submit all data and paperwork to the Healthier Living Workshop Statewide Coordinator within the timeframes specified:

- Workshop scheduling forms are due electronically as soon as a workshop is scheduled.

During the grant period the project manager will propose and upon approval will implement a quality improvement project to solicit feedback from community stakeholders and organizations about the effectiveness of the community health team planning process or community health team operations (evaluation phase). The project may involve focus groups, key informant interviews, and or a survey.

Upon conclusion of the evaluation phase the project manager will present a plan with timelines and milestones for implementing changes based on the feedback received to improve Community Health Team planning and operations (implementation phase).

### III. Reporting Requirements

#### Section A: Project Manager

- Project manager's resume, if new project manager is hired during the grant term.
- Quarterly project report received by the 15<sup>th</sup> of the month beginning the next quarter (January 15, 2012 for the period Oct – Dec 2011).

#### Section B: Stakeholder and Advisory Groups

- [Initial CHT plan, updated CHT plan, or description of fully implemented CHT, depending on stage of CHT development] due by December 15, 2011 and reviewed quarterly thereafter (grant deliverable II).

#### Section C: Advanced Primary Care Practices

- Updated demographic roster of all Health Service Area primary care (family medicine, internal medicine, and pediatric) practices within one month of the execution of this grant agreement (grant deliverable IV).
- ACP recognition schedule that covers 24 months (grant deliverable V).

#### Section D: CHT Activities

- Prior to the development of the Community Health Team Module in Covisint DocSite, the Grantee shall include the following data on the Community Health Team(s) in the quarterly reports:
  - CHT members by title and credential, and % of full time equivalent effort supported by Blueprint Payer funding.
  - Number of referrals to the team and reason for referral.
  - Number of unique patients served by the team by referral reason.
  - Number of face-to-face and phone contacts by referral reason served by the team.
  - A description of the how the team members' services are allocated to the participating practices.
  - A description of the panel management and outreach activities undertaken by the team during the quarter.
- When the CHT reporting module becomes available in Covisint DocSite or is mapped to practice electronic medical records, the Grantee shall ensure that all required data elements are entered (via interface or directly).
- New or updated copies of the Grantee's letters of hire or subcontractor agreements for the CHT Core Team members (grant deliverable VI).
- New or revised service coordination / referral protocols (grant deliverable VII).

#### Section E: HIT Activities

To be included in the quarterly project manager's report:

- Using the template provided by the State, a quarterly log of written work requests on behalf of the enrolling and participating practices to VITL and Covisint DocSite (grant deliverable VIII).

## 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:

### **Project Management**

The Grantee shall invoice the State monthly up to the sum of \$3,000.00 for project activities A-F based on expenses incurred and completion of grant deliverables.

In addition to the monthly payments, milestone payments of up to \$4,000, for which the Grantee can invoice the state, will be paid as follows:

- With the November 2011 monthly invoice, documentation of grant deliverables I (project manager) and IV (updated demographic practices roster): \$1,250.00.
- By January 15, 2012, documentation of grant deliverable V (24-month schedule for practice NCQA scoring and rescoring) and the first quarter report: \$1,250.00.
- By April 15, 2012, documentation of the second quarter report: \$750.00.
- By July 15, 2012, documentation of the third quarter report: \$750.00.

### **Community Based Self-Management Programs**

#### Healthier Living Workshops

The Grantee shall be paid:

- \$1500 for each workshop conducted.
- \$200 per participant that completes 4 or more sessions.

#### Tobacco Cessation Freshstart Workshops

The Grantee shall be paid:

- \$300 for each workshop with 5 or more registrants (those who complete a Vermont Quit Network Intake and selects enrolling in Quit in Person Group as their optional service, but do not necessarily attend).
- \$140 for each person who completes 3 or more sessions.

Payment for community based self-management programs will only be issued after all data and paperwork for a workshop is received by the state. The Grantee will be paid up to the maximum amount allocated under Self-Management Programs contained in the included budget.

### **Statewide Technical Assistance**

The Grantee shall invoice the state monthly up to the sum of \$833.33 for project activity H (Statewide Technical Assistance).

### **Incentives**

**Approved Budget:**

Project Management	\$40,000
HIT Data Entry	\$5,000
Self-Management Programs	\$45,960
Master Trainer (HLW)	\$3,000
Statewide Technical Assistance	\$10,000
Program Budget Total	\$103,960
<hr/>	
HLW Incentive	\$1,500
Tobacco Cessation Incentive	\$1,500
QI Activity	\$5,000
Potential Incentives Total	\$8,000
<hr/>	
<b>Total</b>	<b>\$111,960</b>

for the Party's operations. These are solely minimums that have been established to protect the interests of the State.

**Workers Compensation:** With respect to all operations performed, the Party shall carry workers' compensation insurance in accordance with the laws of the State of Vermont.

**General Liability and Property Damage:** With respect to all operations performed under the Agreement, the Party shall carry general liability insurance having all major divisions of coverage including, but not limited to:

Premises - Operations  
Products and Completed Operations  
Personal Injury Liability  
Contractual Liability

The policy shall be on an occurrence form and limits shall not be less than:

\$1,000,000 Per Occurrence  
\$1,000,000 General Aggregate  
\$1,000,000 Products/Completed Operations Aggregate  
\$ 50,000 Fire/ Legal/Liability

Party shall name the State of Vermont and its officers and employees as additional insureds for liability arising out of this Agreement.

**Automotive Liability:** The Party shall carry automotive liability insurance covering all motor vehicles, including hired and non-owned coverage, used in connection with the Agreement. Limits of coverage shall not be less than: \$1,000,000 combined single limit.

Party shall name the State of Vermont and its officers and employees as additional insureds for liability arising out of this Agreement.

**Professional Liability:** Before commencing work on this Agreement and throughout the term of this Agreement, the Party shall procure and maintain professional liability insurance for any and all services performed under this Agreement, with minimum coverage of \$1,000,000 per occurrence, and \$1,000,000 aggregate.

8. **Reliance by the State on Representations:** All payments by the State under this Agreement will be made in reliance upon the accuracy of all prior representations by the Party, including but not limited to bills, invoices, progress reports and other proofs of work.
9. **Requirement to Have a Single Audit:** In the case that this Agreement is a Grant that is funded in whole or in part by federal funds, and if this Subrecipient expends \$500,000 or more in federal assistance during its fiscal year, the Subrecipient is required to have a single audit conducted in accordance with the Single Audit Act, except when it elects to have a program specific audit.

The Subrecipient may elect to have a program specific audit if it expends funds under only one federal program and the federal program's laws, regulating or grant agreements do not require a financial statement audit of the Party.

A Subrecipient is exempt if the Party expends less than \$500,000 in total federal assistance in one year.

- c. has agreed to a payment plan with the Vermont Office of Child Support Services and is in full compliance with that plan.

Party makes this statement with regard to support owed to any and all children residing in Vermont. In addition, if the Party is a resident of Vermont, Party makes this statement with regard to support owed to any and all children residing in any other state or territory of the United States.

15. **Sub-Agreements:** Party shall not assign, subcontract or subgrant the performance of his Agreement or any portion thereof to any other Party without the prior written approval of the State. Party also agrees to include in subcontract or subgrant agreements a tax certification in accordance with paragraph 13 above.

Notwithstanding the foregoing, the State agrees that the Party may assign this agreement, including all of the Party's rights and obligations hereunder, to any successor in interest to the Party arising out of the sale of or reorganization of the Party.

16. **No Gifts or Gratuities:** Party shall not give title or possession of any thing of substantial value (including property, currency, travel and/or education programs) to any officer or employee of the State during the term of this Agreement.

17. **Copies:** All written reports prepared under this Agreement will be printed using both sides of the paper.

18. **Certification Regarding Debarment:** Party certifies under pains and penalties of perjury that, as of the date that this Agreement is signed, neither Party nor Party's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs or programs supported in whole or in part by federal funds.

1964, 42 USC Section 2000d, et seq., and with the federal guidelines promulgated pursuant to Executive Order 13166 of 2000, which require that Grantees and subgrantees receiving federal funds must assure that persons with limited English proficiency can meaningfully access services. To the extent the Grantee provides assistance to individuals with limited English proficiency through the use of oral or written translation or interpretive services in compliance with this requirement, such individuals cannot be required to pay for such services.

5. **Voter Registration.** When designated by the Secretary of State, the Grantee agrees to become a voter registration agency as defined by 17 V.S.A. §2103 (41), and to comply with the requirements of state and federal law pertaining to such agencies.
6. **Drug Free Workplace Act.** The Grantee will assure a drug-free workplace in accordance with 45 CFR Part 76.
7. **Privacy and Security Standards.**

**Protected Health Information:** The Grantee shall maintain the privacy and security of all individually identifiable health information acquired by or provided to it as a part of the performance of this grant. The Grantee shall follow federal and state law relating to privacy and security of individually identifiable health information as applicable, including the Health Insurance Portability and Accountability Act (HIPAA) and its federal regulations.

**Substance Abuse Treatment Information:** The confidentiality of any alcohol and drug abuse treatment information acquired by or provided to the Grantee or subgrantee shall be maintained in compliance with any applicable state or federal laws or regulations and specifically set out in 42 CFR Part 2.

**Other Confidential Consumer Information:** The Grantee agrees to comply with the requirements of AHS Rule No. 08-048 concerning access to information. The Grantee agrees to comply with any applicable Vermont State Statute, including but not limited to 12 VSA §1612 and any applicable Board of Health confidentiality regulations. The Grantee shall ensure that all of its employees and subgrantees performing services under this agreement understand the sensitive nature of the information that they may have access to and sign an affirmation of understanding regarding the information's confidential and non-public nature.

**Social Security numbers:** The Grantee agrees to comply with all applicable Vermont State Statutes to assure protection and security of personal information, including protection from identity theft as outlined in Title 9, Vermont Statutes Annotated, Ch. 62.

8. **Abuse Registry.** The Grantee agrees not to employ any individual, use any volunteer, or otherwise provide reimbursement to any individual in the performance of services connected with this agreement, who provides care, custody, treatment, transportation, or supervision to children or vulnerable adults if there is a substantiation of abuse or neglect or exploitation against that individual. The Grantee will check the Adult Abuse Registry in the Department of Disabilities, Aging and Independent Living. Unless the Grantee holds a valid child care license or registration from the Division of Child Development, Department for Children and Families, the Grantee shall also check the central Child Protection Registry. (See 33 V.S.A. §4919(a)(3) & 33 V.S.A. §6911(c)(3)).
9. **Reporting of Abuse, Neglect, or Exploitation.** Consistent with provisions of 33 V.S.A. §4913(a) and §6903, any agent or employee of a Grantee who, in the performance of services connected with this agreement, has contact with clients or is a caregiver and who has reasonable cause to believe that a child or vulnerable adult has been abused or neglected as defined in Chapter 49 or abused, neglected, or exploited as defined in Chapter 69 of Title 33 V.S.A. shall make a report involving children to the

1. Grantee's provision of certified computing equipment, peripherals and mobile devices, on a separate Grantee's network with separate internet access. The Agency of Human Services' accounts may or may not be provided.
2. State supplied and managed equipment and accounts to access state applications and data, including State issued active directory accounts and application specific accounts, which follow the National Institutes of Standards and Technology (NIST) security and the Health Insurance Portability & Accountability Act (HIPAA) standards.

The State will not supply e-mail accounts to the Grantee.

13. **Lobbying.** No federal funds under this agreement may be used to influence or attempt to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, continuation, renewal, amendments other than federal appropriated funds.
14. **Non-discrimination.** The Grantee will prohibit discrimination on the basis of age under the Age Discrimination Act of 1975, on the basis of handicap under section 504 of the Rehabilitation Act of 1973, on the basis of sex under Title IX of the Education Amendments of 1972, or on the basis of race, color or national origin under Title VI of the Civil Rights Act of 1964. No person shall on the grounds of sex (including, in the case of a woman, on the grounds that the woman is pregnant) or on the grounds of religion, be excluded from participation in, be denied the benefits of, or be subjected to discrimination, to include sexual harassment, under any program or activity supported by state and/or federal funds.

The grantee will also not refuse, withhold from or deny to any person the benefit of services, facilities, goods, privileges, advantages, or benefits of public accommodation on the basis of disability, race, creed, color, national origin, marital status, sex, sexual orientation or gender identity under Title 9 V.S.A. Chapter 139.

15. **Environmental Tobacco Smoke.** Public Law 103-227, also known as the Pro-children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, child care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds.

The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, & Children (WIC) coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

Grantees are prohibited from promoting the use of tobacco products for all clients. Facilities supported by state and federal funds are prohibited from making tobacco products available to minors.

**ATTACHMENT H  
 FINANCIAL REPORT FORM**

Department of Vermont Health Access  
 Financial Report Form

(Report Date)

Subrecipient Name:	Grant/Contract Number:													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	TOTAL EXPENDITURES TO DATE	BALANCE
Grantee's/Contractor's Contact Person:														
Grantee's/Contractor's Email Address:														
TOTAL GRANT BUDGET	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Project Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Practice Facilitation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Facilitator Travel to # scheduled meetings x # facilitators x # miles @ state rate (.50/m)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Team Works Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
HIT Data Entry	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Self-Management Programs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Master Trainer/Regional Coordinator	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
# Healthier Living Workshops	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
# Completers @ \$200 each	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
# Tobacco Cessation Workshops	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
# Registrants @ \$50 each	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
# Completers @ \$150 each	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program Budget Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Incentives	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Healthier Living Workshops	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Tobacco Cessation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Optional Quality Improvement Activity	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL GRANT AMOUNT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

SIGNATURE OF AUTHORIZING OFFICIAL

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

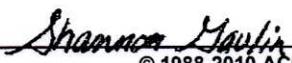
PRODUCER <b>Hackett Valine &amp; MacDonald</b> 140 Kennedy Drive P. O. Box 2127 So Burlington, VT 05407-2127	CONTACT NAME: <b>Shannon Gaulin</b>
	PHONE (A/C, No, Ext): <b>802 658-1100</b>
	FAX (A/C, No): <b>802 658 9419</b>
	E-MAIL ADDRESS: <b>sgaulin@hvm.com</b>
	INSURER(S) AFFORDING COVERAGE
	INSURER A : <b>Medical Mutual Ins Co of Maine</b>
	INSURER B : <b>MEMIC Indemnity Company</b>
	INSURER C : <b>Hanover Insurance Co.</b>
	INSURER D :
	INSURER E :
	INSURER F :
INSURED <b>Northeastern Vermont Regional Hospital Inc</b> Hospital Drive; P. O. Box 905 St Johnsbury, VT 05819	NAIC # <b>22292</b>

**COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			VTHPL000485	10/01/2011	10/01/2012	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			ABV887846100	10/01/2011	10/01/2012	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000			VTUMB000488	10/01/2011	10/01/2012	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	3102800496	10/01/2011	10/01/2012	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Medical Pro			VTGRP000482	10/01/2011	10/01/2012	\$1,000,000/\$3,000,000
A	Medical Pro			VTHPL000485	10/01/2011	10/01/2012	\$1,000,000/\$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**Certificate Holder is named as additional insured for the services rendered by the named insured as required under Grant Agreements between the insured and the State of Vermont**  
**RE: Vermont Blueprint for Health Grants**

<b>CERTIFICATE HOLDER</b> Vermont Department of Health Access 312 Hurricane Lane Williston, VT 05495	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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