DVHA Routing Form

Revision Date 5/1/12

Type of Agreement: **Grant** Agreement #: **03410-6114-12** Form of Agreement: **Amendment** Amendment #: **3**

Name of Recipient: **North Country Hospital** Vendor #: **41864**

Program Manager : **Lisa Dulsky Watkins** Phone #: **802-872-7535**

Agreement Manager: **Emily Trantum** Phone #: **802-879-5946**

Brief Explanation of Agreement: **Extend grant term, increase the maximum amount, revise Attachment A, and revise Attachment B**

Start Date: **November 28, 2011** End Date: **May 30, 2014** Maximum Amount: **$391,440.00**

Amendments Only: Maximum Prior Amount: **$345,315.00** Percentage of Change: **13.36%**

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

Funding Source

Global Commitment 93.778	**$316,515.00**	**GC- HIT**	**$20,000.00**
Special: HIT	**$6,800.00**	**ACA Exchange 93.525**	**$48,125.00**

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: **Base, Amend 1 & 2**

Reviewer		Reviewer Initials	Date In	Date Out
DVHA Grant & Contract Administrator	**Kate Jones**	K.J.		
DVHA BO	**Jill Gould**	J.G.		
DVHA Commissioner or Designee	**Mark Larson, Commissioner**	M.L.		
AHS Attorney General	**Seth Steinzor, AAG**	S.S.		
Following Approvals for Contracts Only:				
AHS CIO				
AHS Central Office				
AHS Secretary				

Vision Account Codes:

☐ FFATA Entry ☐ Grant Tracking Module Vision PO #: Initials & Date: Approval & B/C:

AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and North Country Hospital (hereafter called the "Grantee") that the grant on the subject of administering the Vermont Blueprint Integrated Health System in the Newport Health Service Area, effective November 28, 2011, is hereby amended effective July 23, 2013 as follows:

1. **By deleting Section 3 (Maximum Amount) on page 1 of 18, as amended by Amendment 2, and substituting in lieu thereof the following Section 3:**

   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 $391,440.

2. **By deleting on page 1 of 18 of Amendment 2, Section 4 (Grant Term) and substituting in lieu thereof the following Section 4:**

   4. **Grant Term:** The effective date of this Grant Agreement shall be 1/24/2012 and end on 5/30/2014.

3. **By deleting Section 5 (Source of Funds) on page 1 of 18, as amended by Amendment 2, and substituting in lieu thereof the following Section 5:**

   5. **Source of Funds:** GC $316,515 Special: HIT $6,800 GC-HIT $20,000 Federal-$48,125

4. **By deleting in its entirety Section F (Community-Based Self-Management Programs) of Attachment A as amended on page 9 of Amendment 2, and substituting in lieu thereof the following Section F:**

F. 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 action plans, provide support and develop 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 State supports Healthier Living Workshops (HLW) for chronic disease, diabetes, and chronic pain; Tobacco Cessation programs; Wellness Recovery Action Plan (WRAP) Workshops; and the Diabetes Prevention Program.

The Grantee shall oversee local planning, participant recruitment, implementation and evaluation of the community based self-management programs.

The Grantee shall ensure that all workshops will be led by certified leaders as specified by the State. The Grantee shall assure the retention of certified course leaders to lead the workshops. The Grantee shall ensure that the regional coordinator reviews workshop evaluations with every leader or leader pair following each workshop and makes a plan for improvements.

The Grantee shall ensure that the HSA has at least one person providing support to the tobacco cessation group program who is certified as a tobacco treatment specialist (TTS) by an accepted training program. A list of accepted training programs is available through the Vermont Department of Health.

The Grantee shall ensure that interpreter services from appropriately credentialed interpreters are available to workshop participants upon request.

As part of the statewide evaluation of the Blueprint self-management programs, the Grantee will provide participant data in a format specified by the State for each workshop.

During the annual grant period the Grantee shall implement a minimum of 10 self-management group workshops from the following list, the combination of which will be based on the needs of the community and approval of the State Blueprint Assistant directors.

- HLW – Chronic Disease during the grant time period
- HLW – Diabetes during the grant time period
- HLW – Chronic Pain during the grant time period
- Freshstart Workshops (tobacco cessation) during the grant time period
- WRAP Workshops during the grant time period
- Diabetes Prevention Program Workshops during the grant time period

During the grant period the Blueprint may choose to add or remove self-management programs to the approved list.

Grant Deliverables

XIII. The Grantee shall complete and submit all data and paperwork for self-management programs as specified and required by the State.

5. **By adding on page 11 of 18 in ATTACHMENT A (Scope of Work to be Preformed), under II. Scope of Work and Performance Expectations as amended by Amendment 2 the following:**

J. **Health Care Marketplace Navigation**

Starting in October 2013, individuals, families and small businesses will use Vermont Health Connect to compare health plans side-by-side and find one that fits their needs and budget. Navigators will be available to sit down with Vermonters one-on-one to help them understand their health care options, compare health plan benefits and prices, and select a plan that fits their needs. Small businesses can also turn to Navigators for help in determining the best options for their business. The primary goals of the State's Vermont Health Connect Navigator Program are to:

1) Provide free in-person enrollment assistance to individuals and businesses in communities across Vermont;

2) Conduct outreach and education to individuals and businesses across Vermont to help them learn about Vermont Health Connect, how it relates to them, and the key timelines to make enrollment decisions; and

3) Fulfill all duties and criteria as determined by state and federal law.

In order to maximize Navigators' impact and ensure accountability, Navigators will be managed by entities selected by Vermont Health Connect to be "Navigator Organizations." By accepting this grant, the Grantee is attesting their intention to serve as a Navigator Organization.

1. Grantee Duties and Criteria

- Assign qualified personnel to be trained and certified as Navigators by the State;
- Obtain a State of Vermont criminal conviction report on each selected Navigator and keep on file. If the prospective Navigator has not resided in the state of Vermont for the past five consecutive years, then an FBI criminal background check is required. Navigators may initiate employment with the grantee prior to the receipt of background check results by the Navigator organization. Continued employment of Navigators is contingent upon satisfactory results of the required criminal history;
- Manage and oversee Navigators;
- Ensure that only certified Navigators are providing enrollment assistance;
- Leverage connections with key target populations to boost the State's outreach efforts;
- Provide quarterly status reports detailing engagement and enrollment efforts;
- Meet with the state on a quarterly basis; attend additional meetings either in person or by phone as requested by the State;

2. Navigator Duties and Criteria as determined by state and federal law

- Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the Vermont Health Connect;
- Provide information and services in a fair, accurate and impartial manner; such information must acknowledge other health programs;
- Facilitate selection of a qualified health plan (QHP) and/or Medicaid, Dr. Dynasaur, VPharm and other public health benefit. Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the PHS Act, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange, including individuals with limited English proficiency, and ensure accessibility and usability of Navigator tools and functions for individuals with disabilities in accordance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

The State's Training Process and Requirements

As the Navigator certification criteria dictates, individuals designated to become Navigators by Grantee must complete the Navigator training program and pass an exam to demonstrate an understanding of the information taught in the training program. This is a two-step process:

1. Complete 24 hours of Navigator Training
2. Pass a written exam

The training program and exam will take place in July 2013 and September 2013. Over time, new regulations and information pertaining to Vermont Health Connect may be released and it will be important for Navigators to be aware of those changes or updates. Pending how much new information is available, it is estimated that Navigators may be required to complete an additional 4-12 hours of training over the course of the year.

Evaluation of Navigator Organizations
Grantee shall submit, with the quarterly reports to the State using the reporting form provided to track navigator activity. Reports will detail progress in engagement and enrollment levels, assessment of Navigator and Navigator Organization activities, forecasting for upcoming months and recommendations for strategic adjustments if applicable. The State will review reports and evaluate Navigator Organizations on a quarterly basis.

Upon execution of this grant the State will provide the Grantee with the required reporting forms. The Grantee shall be required to report the following data elements on a monthly basis.

Outreach Activities
- Number of outreach events by event type (e.g., meeting with community group, attendance at public event, social media, materials distribution, other)
- Number of individuals reached (e.g., number in attendance at community meeting, contacts at public event, followers/likes/friends on social media, amount of materials distributed)

Enrollment Activities
Enrollment Assistance Contacts - Individuals
- Number of those assisted from target population
- Number of those assisted not from target population
- Number of those assisted by application outcome (complete, incomplete, unknown)
- Number of applications by enrollment outcome (enrolled, not enrolled, unknown)

Enrollment Assistance Contacts – Small Businesses
- Number of businesses assisted
- Number of businesses assisted by coverage type (e.g., all carriers and plans, one carrier and all plans, unknown)
- Total number of employees represented by small business enrollment assistance contacts
- Total number of employees electing coverage

Qualitative Reporting

- Assessment of organization's progress toward outreach goals for the period; observations about most/least successful outreach and education activities during the reporting period
- Assessment of organization's progress against enrollment goals
- Barriers encountered during reporting period with respect to outreach and/or enrollment activities
- Observations about the type of enrollment assistance requested by individuals and/or businesses – e.g., type of assistance requested, at what point in the process individuals/businesses seek assistance, at what point they no longer need assistance
- Assessment/observations about length of time spent on each person/entity assisted with enrollment

Additionally, the Grantee will be expected to meet with the State at least monthly by phone or more often as determined by the State and to attend quarterly Navigator Organization summits to share lessons learned, collaborate on strategies to address shared challenges, and provide feedback to the State.

Grantee Deliverables

1. Target Population and Enrollment:
   Grantee will target a coverage-eligible population that includes those attributed to primary care practices in the Health Services Area and individuals identified as uninsured or underinsured at the point of care. Navigators or Community Health Teams will work with health systems to query their panel of patients to identify those who are coverage-eligible, including working with the primary care practices, addictions treatment centers, hospitals, and emergency departments.

2. Outreach and Education:
   a) Partner with Community Health Team members (as outlined in the grant application) to disseminate Vermont Health Connect information.

   b) Hold "Open Enrollment Days" at a public venue in the targeted service area for specific target populations with trained navigators available.

   c) Utilize computer, tablets, or other technology to access the State's Vermont Health Connect online portal to enroll members of the targeted population when working in the community.

   d) As indicated in its grant application, the Grantee will implement multiple modes of outreach and education, such as:

      - In person CHT visits
      - In-person activity-space outreach and education
        - Community-based self-management workshops
        - Primary care practices

    - Addiction treatment centers and peer organizations
    - Grantee programs
    - Normal office hours (Monday-Friday 9 until 5)
  - Presentations and specially billed Open Enrollment sessions at Grantee's facility or other activity space

e) 4. At each point of contact the Grantee will provide information and guidance about appropriate utilization of health services, including assistance with establishing a primary care medical home, education on when to access the emergency room, and referral to preventive health services.

f) Promote use of Community Health Team among local navigator organizations and support their clients by providing information and guidance about appropriate utilization of health services, including assistance with establishing a primary care medical home, education on when to access the emergency room, and referral to preventive health services.

Additional Deliverables as outlined in the Navigator Application
Between July and September activities, the Grantee will engage a network of potential enrollees by:

- Maintaining a presence in five or more events or festivals
- Meeting one-on-one with all relevant organizations that serve the designated population that will require enrollment support;
- Coordinating and convening overlapping Navigator organizations to present a clear, consistent message and avoid duplication of effort;
- Identifying locations and dates and conducting Vermont Health Connect presentations to the communities they serve; and,
- Placing existing Vermont Health Connect materials in markets, community centers, primary care practices, hospitals, emergency rooms, addiction treatment centers, peer organizations, and other physical and online venues that their target population frequents.

The Grantee will be expected to do the above while also working on an ongoing basis to connect their target population to the Vermont Health Connect participatory activities – both through social media and offline – directing the target population to kick-off events.

The Grantee will be expected to share detailed plans for the outreach and engagement listed above with Blueprint for Health Assistant Director as assigned – both verbally and through online tools as directed by the Blueprint. The Grantee will be expected to adhere to the Blueprint's guidance regarding public communication, coordination with other Navigator organizations, and necessary adjustments to outreach and enrollment efforts.

6. **By deleting in its entirety Attachment B (Payment Provisions), as amended on pages 14 through 18 of Amendment 2, and substituting in lieu thereof the following Attachment B:**

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. State of Vermont payment terms are Net 00 days from date of invoice; payments against this grant will comply with the State's payment terms. 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 $6,000 for project activities in Sections A-E based on expenses incurred and completion of grant deliverables.

In addition to the monthly payments, Grantee can invoice the State for milestone payments, which will be paid as follows:

Up to $2,000, for which the Grantee can invoice the State quarterly, which will be paid as follows:

- CHT will enter patient encounter data into DocSite. For payment, encounter data should be entered and up-to-date by the end of each quarter: $1,000.00 per quarter.

Up to $4,000, for which the Grantee can invoice the State on January 15, 2013 and July 15, 2013 and which will be paid as follows:

- Documentation that Grantee has evaluated the number of referrals to the CHT from each practice relative to the practice's number of total unique Vermont patients, and conducted additional in-person outreach activities to practices that have the lowest proportion of CHT referrals: $2,000 for conducting evaluation and outreach up to twice during grant year.

Payments for project management will only be issued after all reports due in that month or quarter are received by the State.

Health Information Technology Interface with State Health Information Exchange and Covisint DocSite Registry

The Grantee may invoice for up to $20,000 in information technology payments for the following activities:

- Up to $3,000 per practice to assist in practice-level data entry or EMR modification, upon approval by the State's Blueprint Assistant Director of a proposal for such work and completion of the work.
- Up to $3,000 per practice to assist in successful DocSite connectivity, as evidenced by practice satisfaction with connectivity.
- Up to $1,000 per practice to assist in successful generation of reports from DocSite or the EMR to support panel management as evidenced by practice satisfaction with reporting.

Community Based Self-Management Programs

The community based self-management budget supports the salary and benefits of the regional coordinator, plus all other expenses to implement the workshops, including but not limited to marketing, leader stipends, materials, book and CDs for participants, and facility expenses. The Grantee shall invoice the State monthly up to the sum of $2,500 for self-management activities in Section F based on expenses incurred and completion of grant deliverables.

In addition to the monthly base payments, the Grantee shall be paid $200 per participant who completes:

- **HLW:** 4 or more sessions of a Healthier Living Workshop (chronic disease, diabetes, or chronic pain)
- **WRAP:** 18 or more hours of Wellness Recovery Action Planning Workshop with 10 or more registrants.
- **Tobacco:** 3 or more sessions of an approved tobacco cessation workshop with 5 or more registrants.
- **DPP:** 9 or more sessions of the Diabetes and Prevention Program with 10 or more registrants.

Completer payments 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.

Practice Facilitation

The Grantee shall invoice the State monthly up to the sum of $3,000 for facilitation based on reporting requirements outlined in the scope of work.

In addition to the monthly payments, milestone payments of up to $4,000, for which the Grantee can invoice the State at any point during the grant period, will be paid as follows:

- Completion of a Patient Centered Care PDSA (incorporation of shared decision making, self-management support, panel management, or mental health and substance abuse treatment into clinical practice): $1,000 per practice.
- Documentation of the workflow and referral protocols in the primary care practice for the CHT: $500 (only one payment per practice).
- NCQA recognition (initial survey or rescoring): $500 per practice.

Payments for practice facilitation will only be issued after all reports due in that month are received by the State.

Training and Travel

The Grantee will invoice the State monthly for the actual expenses incurred for approved training, consultation and travel, not to exceed $15,560.36 during the grant time period. Mileage expense for use of personal vehicles and meal expense will be reimbursed at the current State rate. The Grantee will hold all receipts and necessary documentation on file and make

documentation available upon request by the State. Travel expenses must be in compliance with State of Vermont Administrative Bulletin 3.4.

Flexible Funding Mechanism

The Grantee will invoice the State monthly for the actual expenses incurred for those items approved in writing by the Blueprint under the Flexible Funding Mechanism, not to exceed $7,500 during the grant time period. Such approval will include performance based deliverables and payment methods. Examples may include interpreter services for community-based self-management programs.

Navigator

The Grantee shall invoice the State monthly up to the sum of $3,750 per month ($1875 for one-half month) for 11.5 months for navigator activities in Attachment A on expenses incurred and completion of grant deliverables. Payments for navigator activities will only be issued after all reports due quarterly are received by the State.

Navigator Milestone Payments

The Grantee shall invoice the State $500/150 enrollees up to $5,000.

A final financial report (Attachment H) 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.

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
Blueprint Assistant Director
Department of Vermont Health Access
312 Hurricane Lane
Suite 201
Williston, Vermont 05495-2806
Lisa.Watkins@state.vt.us

An electronic copy of all reports and a **hard copy of invoices with original signature** should be sent to:

Emily Trantum
Department of Vermont Health Access
312 Hurricane Lane
Suite 201
Williston, Vermont 05495-2806

Emily.Trantum@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.

Note: Each line item of this budget covers all expenses needed to meet the deliverables as outlined in the grant agreement (including personnel salaries and benefits; supplies; equipment; overhead; marketing; travel; and community self-management program leader training, auditing, and stipends), unless otherwise specified.

Approved Budget for October 1, 2012 to September 30, 2013:

Project Management	$72,000
Project Management Milestones	$6,000
Health Information Technology Interfaces	$20,000
Self-Management Programs	$30,000
Self-Management Completers ($200 each)	$16,200
Practice Facilitation	$36,000
Practice Facilitation Milestones	$4,000
Training and Travel	$10,000
Training Carried Over (2011-2012)	$5,560.36
Flexible funding	$7,500
Vermont Health Connect Navigation (July 15 to September 30, 3013)	$9,375
Navigation Milestones (July 15 to June 30, 2014)	$5,000
Amendment #3 Total	**$221,635.36**

The total grant award was calculated by adding the budgets from the annual periods October 1, 2011 to September 30, 2012 and October 1, 2012 to September 30, 2013. If the Grantee expends less than the budgeted amount to accomplish the work outlined in the 2011/2012 Scope of Work to be Performed, then the maximum amount of the grant for the grant period October 1, 2011 to September 30, 2013 will be reduced by administrative letter to reflect the unexpended funds in the first annual period.

Navigator Budget October 1, 2013 to June 30, 2014	
Vermont Health Connect Navigation	$33,750

This amendment consists of 11 pages. Except as modified by this amendment and any previous amendments, all provisions of this grant, (#**03410-6114-12**) dated November 28, 2011, shall remain unchanged and in full force and effect.

STATE OF VERMONT

DEPARTMENT OF VERMONT HEALTH ACCESS

E-SIGNED by Mark Larson
on 2013-08-06 23:49:44 GMT

MARK LARSON, COMMISSIONER DATE

GRANTEE

NORTH COUNTRY HOSPITAL

E-SIGNED by Claudio Fort
on 2013-08-06 18:51:51 GMT

CLAUDIO FORT, PRESIDENT DATE