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MAR 21 2013

DVHA Routing Form

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MAR 19 2013 Revision Date 5/1/12

Type of Agreement: POA Special Bidding Grant Agreement #: 03410-6108-12 Form of Agreement: Amendment Amendment #: 4

Name of Recipient: Brattleboro Memorial Hospital Vendor #: 41963

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

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

Brief Explanation of Agreement: Decreases the maximum amount and further refines the scope

Start Date: 10/14/2011 End Date: 9/30/2013 Maximum Amount: \$237,821.00

Amendments Only: Maximum Prior Amount: \$253,821.00 Percentage of Change: -6.30%

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

Funding Source

Global Commitment 93.778	\$201,800.00	GC: HIT	\$20,000.00
Special: Federal	\$8,150.2	Special: HIT	\$5,000.00
SPECIAL: SETTLEMENT	\$2,858		

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, & 3**

Reviewer	Reviewer Initials	Date In	Date Out
DVHA Grant & Contract Administrator	Kate Jones		3/16
DVHA BO	Jill Gould	3/7/13	3/7/13
DVHA Commissioner or Designee	Mark Larson, Commissioner	3/7/13	3/7/13
AHS Attorney General	Seth Steinzor, AAG		3/17/13
Following Approvals for Contracts Only:			
AHS CIO			
AHS Central Office			
AHS Secretary			

Vision Account Codes:

- 3410010000/550500/20405/41628 \$109,500
- 3410010000/550500/20405/41628/BPTENG \$19,921
- 3410010000/550500/20405/41692 \$20,000
- 3410010000/550500/21500/41470/BPADAP \$6,142
- 3410010000/550500/21500/41470/BPB \$2,858

} F413 Key

AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and Brattleboro Memorial Hospital (hereafter called the "Grantee") that the grant on the subject of administering the Vermont Blueprint Integrated Health System in the Brattleboro Health Service Area for an additional year, effective October 14, 2011, is hereby amended effective October 1, 2012, as follows:

1. By deleting Section 3 (Maximum Amount) on page 1 of 2, 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 \$237,821.

2. By deleting Section 4 (Grant Term) on page 1 of 25 of the original base agreement, and substituting in lieu thereof the following Section 4:

4. Grant Term: The effective date of this Grant Agreement shall be 10/14/2011 and end on 9/30/2013. The State and the Grantee have the option of renewing this grant agreement for up to one (1) additional one-year grant term.

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

5. Source of Funds: GC \$201,800 Special-HIT \$5,000 Federal \$ 11,021
GC-HIT: \$20,000

4. By deleting Attachment A (Scope of Work to be Performed) on page 1 of 15 of the Amendment 3, and replacing with the following Attachment A:

SCOPE OF WORK TO BE PERFORMED

I. Overview of Work to be Performed

This grant agreement is to manage ongoing operations of the Vermont Blueprint for Health in the Brattleboro Health Service Area. The Grantee will lead and oversee the Blueprint infrastructure to sustain a learning health system comprised of:

- A. Project Management
- B. Advanced Primary Care Practices (APCPs)
- C. Community Health Teams
 - 1. Community Health Team (CHT) Planning Group
 - 2. Core CHT
 - 3. Extended and Functional CHTs
- D. Health Information Interface with State Health Information Exchange and Covisint DocSite Registry
- E. Administration of Blueprint Payment Processes and Participation in Blueprint Evaluation
- F. Community-Based Self-Management Programs
- G. Training

The Project Manager, with support from Brattleboro Memorial Hospital, will accelerate the pace of preparation for NCQA scoring in the Brattleboro Health Services Area. The State will increase the level of funding for the project manager to support progress and success towards appropriate proportional NCQA PCMH recognition of primary care practices. In addition, the Blueprint for Health will directly hire and provide to Brattleboro area practices a 75% FTE practice facilitator to assist the practices to prepare for recognition.

The Project Manager will also support primary care practices in implementing quality improvement initiatives through activities including:

- Providing access to relevant data (e.g. - providing primary care practices with lists of their patients with recent emergency room and inpatient admissions, and data on trends in hospital readmission rates)
- Integration of the community health team into primary care workflow
- Panel management
- Working with practice facilitators to promote learning health system activities (e.g. – providing logistical support for local meetings of practices, creating innovative opportunities for learning and communication between practices)

Grant Deliverables

- III. Grantee will demonstrate outreach and/or progress in recruiting all primary care practices into the Blueprint. Progress will be measured by the proportion of area practices involved with the Blueprint. Outreach will be measured by evidence of meetings (documented through meeting minutes) with individual practices to discuss participation in the Blueprint, as documented in quarterly updates of primary care practice demographic information, using data collection tools provided by the State.
- IV. Progress toward initial or continued NCQA recognition of participating practices as patient centered medical homes.
- V. Data sharing between organizations to enhance care coordination, including sharing reports such as patients hospitalized or discharged from the emergency room.

C. Community Health Teams

C.1. Community Health Team (CHT) Planning Group

The Grantee shall convene an advisory group for ongoing planning, development and expansion of CHT(s), which shall be representative of local community health and human services organizations and stakeholders. Invitees to these groups should include, but are not limited to:

- All area primary care practices, including community/independent practices that are not owned by the Grantee, and including Blueprint-recognized practices and practices that are not recognized
- Hospital administrators and staff
- Clinical and IT leadership
- Medical and non-medical providers from community service organizations
- The area designated mental health and substance abuse agencies and area mental health and substance abuse providers
- Public health leadership from Vermont Department of Health (VDH) local district offices

- Clear referral protocols and methods of communication between the Core CHT, Extended CHTs and Functional CHT
- Well-coordinated and non-duplicative services for participants

Medication Assisted Treatment

The Agency of Human Services is collaborating with community providers to create a coordinated, systematic response to the complex issues of opioid and other addictions in Vermont. Medication assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance abuse disorders.

The Grantee shall plan, coordinate and implement the hiring and placement of (or subcontracting for) nurse case management and licensed substance abuse and/or mental health clinicians with local physicians who prescribe buprenorphine in the Grantee's health service area. The MAT staff will work as a team with prescribing physicians to monitor adherence to treatment, coordinate access to recovery supports, provide counseling and health promotion services, and provide comprehensive care management to patients receiving MAT. The MAT staff will document their activities in the appropriate module of the DocSite clinical registry and will participate in the evaluation of the initiative. DVHA/Medicaid will provide funds for one licensed nurse care manager and one licensed substance abuse and/or mental health clinician for every 100 buprenorphine patients served by HSA physicians. DVHA/Medicaid will provide financing for MAT staff through the CHT payments mechanism. There will be no patient co-payments or fees for these services, to assure barrier-free access to these services for patients and providers.

Support and Services at Home (SASH)

Under the Multi-payer Advanced Primary Care Practice Demonstration Project, Medicare is supporting the development of the Support and Services at Home (SASH) program as part of the Blueprint CHTs. SASH teams are intended to supplement core CHT functions by providing intensive, multi-disciplinary, team-based non-medical wellness and coordination of care support to Medicare beneficiaries in Vermont who are at risk for poor health outcomes and high health care costs. The Designated Regional Housing Organization will administer SASH locally and will be responsible for hiring and supervising SASH staff.

The Vermont Chronic Care Initiative

The Vermont Medicaid program provides financial support for statewide implementation of the Vermont Chronic Care Initiative (VCCI). The VCCI provides clinical case management and support services to the most high cost Medicaid beneficiaries in order to better manage their health care. The Vermont Chronic Care Coordinators are intended to supplement core CHT functions by providing intensive case management to the most high cost Medicaid beneficiaries.

Functional CHT: Interface with area health and human services providers

The Blueprint Core CHT is a unique interdisciplinary team designed to support the general population served by participating primary care practices. The Grantee shall help to assure coordination of care by supporting a Functional CHT consisting of key local health and human services providers and to assure that services are efficiently rendered and not duplicated. Key local providers include but are not limited to the local Home Health Agency, Designated Mental Health Agency, addictions treatment providers, Children's Integrated Services (CIS) team and Enhanced Family Services (EFS) team.

Grant Deliverables

VI. Quarterly updated CHT Plan, including but not limited to a summary of advisory group

the capacity through their EMR or DocSite to produce accurate and reliable reports for panel management and quality improvement (measured by provider satisfaction and ability to achieve NCQA recognition).

E. Administration of Blueprint Payment Processes and Participation in Blueprint Evaluation

The Grantee shall provide administrative and fiscal support services to assure timely and accurate development of: provider and practice data for payments, information for payers regarding CHT size and payer responsibility for CHT funding, and general accounting of funds received under this agreement. The Grantee shall also provide information and support for Blueprint evaluation activities, as requested by the State. The Grantee shall participate in payment and evaluation-related meetings as requested by the State.

E.1. Administration of Blueprint Payment Processes

Enhanced payments under the Blueprint model include:

- Per Person Per Month (PPPM) payments from all participating payers to practices that have been recognized as patient-centered medical homes
- CHT payments from all participating payers to support core CHT functions
- CHT payments from Medicare to support the SASH program
- CHT payments from DVHA/Medicaid to support the CHT-MAT staff

Detailed information on providers, practices and CHT administrative entities is required by commercial and public payers in order to implement these enhanced payments. The State shall provide data collection tools for required information to project managers according to the following schedule:

- a. The State shall provide data collection tools for practice-level patient numbers to determine CHT scaling on a quarterly basis, on or near the fifteenth of February, May, August, and November. Grantee shall accurately complete these data collection tools within 20 business days of receipt.
- b. The State shall provide practice and provider payment data collection tools for practices undergoing initial NCQA PCMH recognition approximately two and one half months prior to the anticipated scoring date. Grantee shall accurately complete these data collection tools within fifteen business days of receipt.
- c. The State shall provide data collection tools for the CHT-MAT payments.

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

The State reserves the right to require the Grantee to provide additional payment-related information, or to require that the information described in this section be provided according to a different schedule.

E.2. Participation in Blueprint Evaluation

The Grantee shall provide data as requested by the State for evaluation of the Blueprint, including but not limited to participating in chart reviews, patient experience of care surveys, and focus groups, and to populate data elements in the DocSite clinical registry. The Grantee shall participate in evaluation-related meetings as requested by the State.

- 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.

G. Training and Travel

Upon approval by the assigned State Blueprint Assistant Director, the Grantee will coordinate training, consultation, and travel expenses for project management, community health team staff, practice facilitation, community-based self-management programs and Blueprint primary care practices. These activities will include support for learning collaboratives, travel to statewide meetings, registration fees for training events, and speaker’s fees.

H. Flexible Funding Mechanism

During the course of this grant, the State and Grantee may identify additional tasks in order to achieve the implementation requirements of the Grant. The State is allowing additional funding to support augmented services beyond what is already defined in the grant deliverables. Upon identifying such a task, the Grantee will submit a written scope of work, including the cost of such work, and a timeline for completion. The State must approve the scope of work before Grantee may proceed with the task.

III. Reporting Requirements

Date Due	Description
November 2012	
November 15, 2012	Invoice and financial report, evidence of entry of CHT activity into DocSite for milestone payment
December 2012	
December 15, 2012	Count of total unique Vermont patients in participating practices (spreadsheet will be provided)
December 15, 2012	Invoice and financial report
January 2013	
January 15, 2013	Invoice and financial report
January 31, 2013	Quarterly Report (template provided) Due with Quarterly Report <ul style="list-style-type: none"> • CHT Utilization Report

July 31, 2013	<p>Quarterly Report</p> <p>Due with Quarterly Report:</p> <ul style="list-style-type: none"> • CHT Utilization report <p>Reviewed and Updated as Necessary with the Quarterly Report:</p> <ul style="list-style-type: none"> • CHT Plan • CHT Staffing table • Practice Demographic and Staffing table
August 2013	
August 5, 2013	Grant agreement language for the annual period October 1, 2013 to September 30, 2014 finalized; all negotiations complete
August 15, 2013	Invoice and financial report. Invoice milestone payment (\$16,000) for project management if an additional three primary care practices (for a total of 6) have a Blueprint qualifying score on the NCQA Patient-Centered Medical Homes Standards as evaluated by VCHIP.
September 2013	
September 15, 2013	Count of total unique Vermont patients in participating practices (spreadsheet will be provided)
September 15, 2013	Invoice and financial report
September 30, 2013	CHT referral /coordination protocols with functional CHT members including Vermont Chronic Care Initiative (VCCI), local SASH panels, MAT, and the designated mental health /substance abuse services agency
October 2013	
October 15, 2013	Invoice and financial report
October 31, 2013	<p>Quarterly Report</p> <p>Due with Quarterly Report:</p> <ul style="list-style-type: none"> • CHT Utilization report <p>Reviewed and Updated as Necessary with the Quarterly Report:</p> <ul style="list-style-type: none"> • Community Health Team Plan • CHT Staffing table • Practice Demographic and Staffing table
On-going/ As Necessary	
Approximately 2 months prior to initiation of PPPM payments/NCQA score date:	Provide practice-level payment rosters (available on DVHA website)

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

Up to \$4,000, for which the Grantee can invoice the State on October 15, 2012, January 15, 2013, March 15, 2013 and July 15, 2013 and which will be paid as follows:

- Consistent entry of CHT activity into DocSite: \$1,000.00 per quarter.

Up to \$4,000, for which the Grantee can invoice the State on January 15, 2013 and July 15th, 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 per activity per year.

The Grantee may invoice the State for \$16,000 on October 15, 2013 if at least three primary care practices have a Blueprint qualifying score on the NCQA Patient-Centered Medical Homes Standards as evaluated by the Vermont Child Improvement (VCHIP) evaluation team by September 30, 2013.

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

Health Information 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 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.

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/WRAP:** 4 or more sessions of a Healthier Living Workshop (chronic disease, diabetes, or chronic pain) or 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.

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	\$40,000
Project Management Milestones <ul style="list-style-type: none"> • \$4,000 for CHT activity in Docsite • \$4,000 for CHT referral assessment & outreach • \$16,000 for 3 practices with a qualifying NCQA score by 9/30/13 	\$24,000
Health Information Technology Interfaces	\$20,000
Self-Management Programs	\$30,000
HLW Chronic Disease Completers (\$200 each)	\$1,600
HLW Chronic Pain Completers (\$200 each)	\$4,800
Tobacco Cessation Completers(\$200 each)	\$9,000
WRAP Completers (\$200 each)	\$1,600
Training and Travel	\$10,000
Training Carried Over (2011-2012)	\$9,921
Flexible funding	\$7,500
Amendment #4 Total	\$158,421

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.

This amendment consists of 15 pages. Except as modified by this amendment and any previous amendments, all provisions of this grant, (#03410-6108-112) dated October 14, 2011 shall remain unchanged and in full force and effect.

STATE OF VERMONT
 DEPARTMENT OF VERMONT HEALTH ACCESS

GRANTEE
 BRATTLEBORO MEMORIAL HOSPITAL

E-SIGNED by Mark Larson
 on 2013-Mar-21

E-SIGNED by Steven Gordon
 on 2013-Mar-21

MARK LARSON, COMMISSIONER

DATE

STEVEN R. GORDON, CEO

DATE