

# DVHA Routing Form

Revision Date 5/1/12

Type of Agreement: Grant      Agreement #: 03410-6109-12      Form of Agreement: Amendment      Amendment #: 4

Name of Recipient: Central Vermont Medical Center      Vendor #: 41857

Program Manager : Lisa Dulsky Watkins      Phone #: 802-879-7535

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

Brief Explanation of Agreement: **This amendment will add to the scope of work and revise Attachment B.**

Start Date: 01/20/2011      End Date: 09/30/2013      Maximum Amount: \$277,724.00

Amendments Only:      Maximum Prior Amount: \$251,724.00      Percentage of Change: 10.30%

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

Funding Source

<b>Global Commitment 93.778</b>	<b>\$243,460.00</b>	<b>GC- HIT</b>	<b>\$20,000.00</b>
<b>Special: HIT</b>	<b>\$5,000.00</b>	<b>Special: Settlement</b>	<b>\$9,264.00</b>

Contents of Attached Packet

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> AA-14                          | <input type="checkbox"/> Attachments A, B, C & F                     | <input type="checkbox"/> Attachment G - Academic Research                   |
| <input type="checkbox"/> Sole Source Memo               | <input type="checkbox"/> Attachment D - Modifications to C & F       | <input type="checkbox"/> MOU  |
| <input type="checkbox"/> Qualitative/Justification Memo | <input type="checkbox"/> Attachment E - Business Associate Agreement | <input checked="" type="checkbox"/> Other: <b>Base, Amend 1, 2, &amp; 3</b> |

Reviewer	Reviewer Initials	Date In	Date Out
DVHA Grant & Contract Administrator	Kate Jones		3/19
DVHA BO	Jill Gould <i>CornelHawley</i>	3-20	3-21
DVHA Commissioner or Designee	Mark Larson, Commissioner	3-22-13	3-22-13
AHS Attorney General	Seth Steinzor, AAG		3/27/13
Following Approvals for Contracts Only:			
AHS CIO			
AHS Central Office			
AHS Secretary			

Vision Account Codes:

341001/20405/41628/550500 \$162,700

341001/20405/41628/550500/BPTRNG \$20,000

341001/21500/41470/550500/BPTS \$7,200

341001/20405/41628/550500 \$20,000

## AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and Central Vermont Medical Center. (hereafter called the "Grantee") that the grant on the subject of administering the Vermont Blueprint for Health System in Barre Health Service Area, effective January 1, 2012, is hereby amended effective March 25, 2013 as follows:

**1. By deleting Section 3 (Maximum Amount) on page 1 of 16, as amended by Amendment 3, 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 \$281,724.

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

**5. Source of Funds:** GC \$247,460 Special: HIT \$5,000 Settlement \$9,264 GC-HIT \$20,000

**3. By adding to Attachment A (Scope of Work to be Performed) on page 9 of 16 of Amendment 3, specific to the period from 11/1/2012 to 9/30/2013:**

### **I. Practice Facilitation**

Following the recruiting, interview and subsequent approval by the State's Blueprint Associate Director, the Grantee may hire a local practice facilitator. The State's Blueprint leadership must interview and approve all hired facilitators.

The Grantee will serve as a Practice Facilitator (.9 FTE) to coach approximately 8 to 10 primary care practices; the specific number of practices will be determined by the NCQA scoring schedule, the needs of the practices, and discussion between the State and the Grantee. Work will be tailored to helping each practice be successful in implementing and managing quality improvement (including NCQA PCMH recognition); effective use of information technology systems such as registries (Covisint) and portals to improve patient care; integration of self-management support, shared decision making, and planned care visits; redefining roles and establishing team-based care; and seamlessly connecting with community resources and specialty referrals (for example with the CHT). The practice facilitator shall meet with each practice on a regular basis as negotiated with the practice and as approved by the State.

The Grantee shall ensure that practice facilitation work includes:

1. Assisting practices with forming a functional multi-disciplinary quality improvement team.
2. Ensuring leadership involvement and communication.
3. Encouraging/fostering practice ownership and support for Continuous Quality Improvement to improve patient centered care.
4. Initiating work with the practice team to incorporate a Model for Improvement (such as the PDSA [Plan-

- Do-Study-Act] cycle) and Clinical Microsystems Methodology into daily practice to improve care and measure change.
5. Ensuring that practices develop an action plan to prepare for NCQA scoring as outlined in the Scoring Timeline by the State; timeline will include development of a binder identifying current state of readiness.
  6. Supporting practice teams in the implementation of PDSA cycles, including shared decision making, self-management support, panel management, or mental health and substance abuse treatment into clinical practice.
  7. Supporting the incorporation of the Core, Extended and Functional CHTs into practice workflow.
  8. Participating in regular phone calls with the State (at least one biweekly), regularly scheduled meetings of the practice facilitators, and other ad-hoc conference calls, meetings, or trainings with the State and other practice facilitators.
  9. Encouraging innovative strategies for communication and learning between practices (e.g. – learning collaboratives or online learning environments).

#### **Grant Deliverables**

XIV. Document attendance at 80 percent of scheduled meetings with the State's Blueprint Assistant Director and practice facilitators.

XV. Create and implement a work plan for each practice seeking NCQA PCMH recognition.

XVI. Work with each practice to implement at least one ongoing quality improvement initiative (PDSA cycle), and provide the State's Blueprint Assistant Director with written summaries of PDSA cycles within 6 weeks of completion.

XVII. Attend at least 80 percent of Central Vermont Medication Assisted Treatment (MAT) Learning Collaborative meetings, and work with each practice to complete at least one MAT focused quality improvement initiative (PDSA cycle), to collect the MAT collaborative data and to prepare a presentation of the data collected and the PDSA cycle results at each Learning Collaborative meeting.

XIX. Provide all documentation requested by VCHIP and the Blueprint for the evaluation of the EQUiP program including weekly and monthly activity reports, practice meeting minutes, and PDSA forms for each practice with which the facilitator works.

- 4. By deleting on page 9 of Amendment 3, Section F (Community-Based Self-Management Programs) in its entirety, 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 deleting page 13 through 16 of Amendment 3, Attachment B (Payment Provisions) in its entirety, 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 \$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:

6. CHT will enter patient encounter data into Covisint. 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:

7. 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 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 Covisint connectivity, as evidenced by practice satisfaction with connectivity.
- Up to \$1,000 per practice to assist in successful generation of reports from Covisint 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/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.
- **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 \$5,500 for facilitation based on reporting requirements outlined in the scope of work.

In addition to the monthly payments, milestone payments of up to \$3,000, 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 expenses incurred for approved training, consultation and travel, not to exceed \$10,000 during the grant time period. Grantee will submit an expense form with each invoice documenting travel and mileage expenses. Mileage expense for use of personal vehicles and meal expense will be reimbursed at the current State rate. 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 State 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.

**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:

Pat Jones, Blueprint Assistant Director  
Department of Vermont Health Access  
312 Hurricane Lane  
Suite 201  
Williston, Vermont 05495-2806  
[Pat.Jones@state.vt.us](mailto:Pat.Jones@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](mailto: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	\$8,000
Health Information Technology Interfaces	\$20,000
Self-Management Programs	\$30,000
Self-Management Completers (\$200/completer each)	\$19,200
Tobacco Cessation Completers (\$200/completer each)	\$7,200
Practice Facilitation (specific to 4/1/2013 to 9/30/2013)	\$23,000
Practice Facilitation Milestones (specific to 4/1/2013 to 9/30/2013)	\$3,000
Training and Travel	\$10,000
Training Carried Over (2011-2012) – Purposed for training practice facilitator	\$10,000

STATE OF VERMONT  
GRANT AMENDMENT  
CENTRAL VERMONT MEDICAL CENTER

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AMENDMENT # 4

Flexible funding	\$7,500
<b>Total</b>	<b>\$209,900</b>

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 7 pages. Except as modified by this amendment and any previous amendments, all provisions of this grant, (#03410-6109-12) dated **January 1, 2012** shall remain unchanged and in full force and effect.

STATE OF VERMONT  
DEPARTMENT OF VERMONT HEALTH ACCESS

GRANTEE  
CENTRAL VERMONT MEDICAL CENTER

E-SIGNED by Mark Larson  
on 2013-Apr-02

E-SIGNED by Cheyenne Holland  
on 2013-Apr-02

MARK LARSON, COMMISSIONER

DATE

CHEYENNE HOLLAND, VP/CFO

DATE