AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and Bi-State Primary Care Association (hereafter called the "Grantee") that the grant on The subject matter of this Grant Agreement is for practice facilitation through implementing and managing quality improvement, effective July 1, 2012, is hereby amended effective December 1, 2012, as follows:

1. By deleting on page 1 of 20 of the grant agreement, Section 1 (Subject Matter) and substituting in lieu thereof the following Section 2:

2. **Subject Matter:** The subject matter of this Grant Agreement is for practice facilitation through implementing and managing quality improvement for six to twelve primary care practices in Vermont. Detailed services to be provided by the Grantee are described in Attachment A.

2. By deleting on page 1 of 20 of the grant agreement, Section 3 (Maximum Amount) 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 $77,290.00.

3. By deleting on page 1 of 20 of the grant agreement, Section 5 (Source of Funds) and substituting in lieu thereof the following Section 5:

5. **Source of Funds:** GC $0 Special $0 Other - GC $ 77,290

4. By deleting the first paragraph on page 3 of 20 of the grant agreement, Attachment A (Scope of Work to Be Performed) and substituting in lieu thereof the following paragraph:

The Grantee will serve as a Practice Facilitator (0.8 FTE) to coach approximately 6 to 12 primary care practices; the specific number of practices will be determined by the National Committee for Quality Assurance (NCQA) scoring schedule, the needs of the practices, and upon agreement between the State and the Grantee. Work will be tailored to helping each practice be successful in implementing and managing quality improvement including NCQA Physician Practice Connections – Patient Centered Medical Home (PPC-PCMH) recognition; effective use of information technology systems such as registries (Covisint DocSite) 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 Community Health Team). The practice facilitator shall meet with each practice on a regular basis as negotiated with the practice and as approved by the State.

5. By deleting on pages 5 and 6 of 20 of the grant agreement, Attachment B (Payment Provisions) and substituting in lieu thereof the following Attachment B:

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 Contractor cannot apply the below mentioned rates to work performed prior to December 1, 2012. 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 valid:

The Grantee shall invoice the State $5,900 per month as outlined in the Scope of Work. In addition to the monthly payments, incentive payments of up to $8,000, for which the Grantee can invoice the State at any point during the grant period, will be paid as follows:

- NCQA Recognition or rescoring at a level 1 or higher: $1,000
- Completion of a Patient Centered Care Plan-Do-Study-Act (PDSA): $1,000
- Documentation of the workflow and referral protocols in the primary care practice for the CHT: $500

The Grantee may invoice the State for actual miles traveled to and from in-person meetings with assigned practices and facilitator meetings at the most current State mileage reimbursement rate not to exceed $8,325 during the grant period.

The Grantee will invoice the State for the actual cost, not to exceed $875, for the purchase of the newest version of the iPad (3) with a minimum specification of 64 GB storage, Wi-Fi, and Cellular. The Grantee will invoice the State monthly for the actual cost of a cellular data plan for an iPad not to exceed $30 per month.

Invoices and reports should reference this grant number and be submitted to:

Jenney Samuelson

Department of Vermont Health Access

312 Hurricane Lane, Suite 201

Williston, Vermont 05495-2806

jenney.samuelson@state.vt.us

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

Kate Jones

Department of Vermont Health Access

312 Hurricane Lane, Suite 201

Williston, Vermont 05495-2806

kate.jones@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.

State of Vermont Payment Terms for this grant is Net 00 days from receipt date of invoice.

Budget

Grant Period ending June 30, 2013	
Facilitation	$59,730.00
Travel	$8,325.00
Milestone Incentives	$8,000.00
Technology	$1,235.00
Total	**$77,290.00**

This amendment consists of 3 pages. Except as modified by this amendment and any previous amendments, all provisions of this grant, (#03410-5534-13) dated July 1, 2012, shall remain unchanged and in full force and effect.

STATE OF VERMONT

DEPARTMENT OF VERMONT HEALTH ACCESS

11/30/12

MARK LARSON, COMMISSIONER DATE

GRANTEE

BI-STATE PRIMARY CARE ASSOCIATION

Lori H Real 11/28/12

LORI REAL, CHIEF OPERATING OFFICER DATE

RECEIVED
NOV 30 2012
DEPARTMENT OF VERMONT
HEALTH ACCESS