

RECEIVED

FEB 04 2013

Received in BO

DEPARTMENT OF VETERINARY HEALTH ACCESS

DVHA Routing Form

Revision Date 5/1/12

Type of Agreement: Grant Agreement #: 03410-6113-12 Form of Agreement: Amendment Amendment #: 4

PO Attached Packing Slip

Name of Recipient: Windsor Hospital Corporation Vendor #: 41863

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

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

Brief Explanation of Agreement: **This amendment will carry over unexpended training funds from 2011-2012, update Attachment A (Scope of Work to Be Performed), and update Attachment B (Payment Provisions) in its entirety.**

Start Date: 12/02/2011 End Date: 09/30/2013 Maximum Amount: \$377,075.00

Amendments Only: Maximum Prior Amount: \$377,075.00 Percentage of Change: 0.00%

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

Funding Source

Global Commitment 93.778	\$348,500.00	GC-HIT 93.778	\$20,000.00
Special: Settlement	\$3,575.00		
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:

Reviewer	Reviewer Initials	Date In	Date Out
DVHA Grant & Contract Administrator	Kate Jones	1/22	1/22
DVHA BO	Jill Gould - LORI COLLINS	1/24	1/24
DVHA Commissioner or Designee	Mark Larson, Commissioner	1/24	1/29
AHS Attorney General	Seth Steinzor, AAG	1/24	1/31/13
Following Approvals for Contracts Only:			
AHS CIO			
AHS Central Office			
AHS Secretary			

Vision Account Codes: \$20,000: 341001/20405/550500/41692 \$31,200: 341001/215/550500/41470 \$141,900: 34100/20405/550500/41628

AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and Windsor Hospital Corporation (hereafter called the "Grantee") that the grant on the subject of administering the Vermont Blueprint Integrated Health System in the Windsor Health Service Area for an additional year, effective December 2, 2011 is hereby amended effective February 1, 2013, as follows:

1. **By deleting Section 5 (Source of Funds) on page 1 of 25, as amended by Amendment 3, and substituting in lieu thereof the following Section 5:**
5. **Source of Funds:** GC \$348,500 Special: HIT \$5,000 Settlement \$3,575 GC-HIT \$20,000
2. **By deleting Section A (Project Management) of Attachment A, as amended by pages 2 through 13 of Amendment 3, and substituting in lieu thereof the following Section A:**

A. Project Management

The Grantee will complete all requirements of the project management activities as detailed within this grant agreement. The project management staffing plan will be proposed by the Grantee and approved by the State.

The Grantee shall identify a Project Manager to oversee Blueprint implementation in the local HSA and provide a copy of the Project Manager's résumé whenever a new Project Manager is hired by the State. 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 State's Blueprint leadership and participate in regularly scheduled statewide Blueprint program activities and meetings including but not limited to: Project Managers meetings, Expansion Design and Evaluation Committee meetings, Payment Implementation Work Group meetings, Information Technology meetings, and the Blueprint Annual Meeting.

The Project Manager will develop project reports as set out under this agreement, assure Health Service Area (HSA) participation in Blueprint for Health evaluation, and complete reports as required for Blueprint payments.

The Project Manager will lead the recruitment of area primary care (internal medicine, family practice and pediatric) practices to participate in the Blueprint for Health in the Grantee's HSA. The Project Manager and Practice Facilitator(s) will collaborate to promote quality improvement across the HSA.

Local implementation of the Blueprint for Health requires the participation of a wide array of community partners and stakeholders to operate community health team(s), coordinate the interface with the Health Information Exchange and the Covisint central registry, and support the development of a learning health system. The Grantee shall convene, lead and provide staffing support for stakeholder planning and advisory groups.

Grant Deliverable

- I. Identified Project Manager with organizational support to meet all the obligations and responsibilities found within this agreement.
- II. Complete all requirements of Blueprint project management activities as described in this grant agreement. Should a project management vacancy occur during the grant term, the Grantee will seek to fill the vacancy immediately or shall develop a contingency plan, in consultation with the State's Blueprint Associate Director, to ensure that project management responsibilities are fulfilled.

3. By deleting Section F (Community-Based Self-Management Programs) of Attachment A, as amended by pages 2 through 13 of Amendment 3, 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, and can be provided by contacting the State.

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's Blueprint Assistant directors.

4. HLW – Chronic Disease during the grant time period
5. HLW – Diabetes during the grant time period
6. HLW – Chronic Pain during the grant time period
7. Freshstart Workshops (tobacco cessation) during the grant time period
8. WRAP Workshops during the grant time period
9. Diabetes Prevention Program Workshops during the grant time period

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

Grant Deliverables

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

4. By deleting in its entirety Attachment B, as amended on pages 13 through 16 of Amendment #3, 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:

- 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:

- 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 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.

Grantee may also invoice for actual expenses up to \$3,000 for the local master trainer to provide consultation to the State, HLW training, HLW refreshers, or audits.

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.

Training and Travel

The Grantee will invoice the State monthly for the expenses incurred for approved training, consultation and travel, not to exceed \$14,500 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.

Statewide Training, Consultation, Technical Assistance and Travel Expenses

The Grantee will coordinate payments of up to \$100,000.00, based on the approval of the State's Blueprint Associate Director, for statewide training, consultation, and technical assistance services. The training, consultation and technical assistance services will support the:

- Capacity of primary care practices to meet the National Committee for Quality Assurance Patient Centered Medical Home 2011 Standards (enhance access and continuity of services, to identify and manage patient populations, to plan and manage care, to provide self-care support and community resources, to track and coordinate);
- Development of skills and knowledge of Community Health Team staff to provide care coordination for individual patients, panel management for patient sub-populations, and support patients and families in self management, self efficacy and behavior change;
- Integration of mental health and substance abuse treatment services in primary care and community health teams;
- Development of skills and competencies of practice facilitators; and/or
- Statewide spread of community-based self-management programs.

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:

Beth Tanzman, Blueprint Assistant Director
Department of Vermont Health Access
312 Hurricane Lane
Suite 201
Williston, Vermont 05495-2806
beth.tanzman@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	In-Kind
Community Health Team Staffing	\$72,000
Project Management Milestones	\$8,000
Health Information Technology Interfaces	\$20,000
Self-Management Programs	\$30,000
HLW Chronic Disease Completers (\$200/completer each)	\$6,400
HLW Diabetes Completers (\$200/completer each)	\$0
HLW Chronic Pain Completers (\$200/completer each)	\$0
Tobacco Cessation Completers (\$200/completer each)	\$3,200
WRAP Completers (\$200/completer each)	\$8,000
DPP Completers (\$200/completer each)	\$0
Training and Travel	\$10,000
Training Carried Over (2011-2012)	\$10,000
Statewide Training and Consultation	\$80,009.68
Flexible funding	\$7,500
Amendment #4 Total	\$255,109.68

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, (#03410-6113-12) dated shall remain unchanged and in full force and effect.

STATE OF VERMONT

DEPARTMENT OF VERMONT HEALTH ACCESS

E-SIGNED by Mark Larson
 on 2013-Feb-18

MARK LARSON, COMMISSIONER

DATE

GRANTEE

WINDSOR HOSPITAL CORPORATION

E-SIGNED by Kevin Donovan
 on 2013-Feb-18

KEVIN W. DONOVAN, CEO

DATE