

DVHA Routing Form

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Type of Agreement: Grant Agreement #: 03410-6111-12 Form of Agreement: Amendment

MAR 26 2012

Amendment #: 1

Name of Recipient: Fletcher Allen Health Care

Vendor #: 7449

DEPARTMENT OF VERMONT
HEALTH ACCESS

Agreement Manager: Jason Elledge

Phone #: 802-879-5946

Brief Explanation of Agreement: Addition of Tobacco Cessation program training to the Blueprint HSA agreement in Chittenden County to be funded through VDH Tobacco funds.

Start Date: 10/1/2011

End Date: 09/30/2012

Maximum Amount: \$245,510.00

Amendments Only: Maximum Prior Amount: \$237,200.00

Percentage of Change: 3.50%

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

Funding Source

Global Commitment 93.778

\$232,200.00

Special: HIT

\$5,000.00

Special: Settlement

\$8,310.00

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: **Original Agreement**

Reviewer	Reviewer Initials	Date In	Date Out
DVHA Grant & Contract Administrator	Kate Jones	3/20	3/20
DVHA BO	JH Gaudin	3-21-12	3-21-12
DVHA Commissioner	Mark Larson	5.17.12	5.17.12
AHS Attorney General	Seth Steinzor	5/1	3/23/12
Following Approvals for Contracts Only:			
AHS CIO			
AHS Central Office			
AHS Secretary			

Vision Account Codes: 341001/21916/550500/41470(\$5000), 341001/20405/550500/41628(\$240,510), 341001/20405/550500/41470(\$8310)

	Initials & Date
<input type="checkbox"/> Subrecipient Module Entry	_____
<input type="checkbox"/> FFATA Entry	_____

Vision PO #: 3570

1. **Parties:** This is an Amendment for Grant #03410-6111-12 for services between the State of Vermont, Department of Vermont Health Access, (hereinafter called "State"), and Fletcher Allen Health Care, (hereinafter called "Grantee" or "Subrecipient"). This is the first change.
2. **Reason for Amendment:** The reason for this Amendment is addition of Tobacco Cessation program training to the Blueprint HSA agreement for Chittenden County to be funded through VDH Tobacco fund.
3. **Delete:** By deleting on pages 1 of 27, Section 3 "Maximum Amount" and its contents, and substituting in lieu of thereof the following Section 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 \$245,510.

By deleting on pages 1 of 27, Section 5 "Source of Funds" and its contents, and substituting in lieu of thereof the following Section 5:

Source of Funds: GC \$ 232,200 Special: HIT \$5,000 Settlement \$ 8,310

4. **Add:** By adding on page 12 of 27, the following section to Attachment A, midway through the page just before "III. Reporting Requirements":

I. Tobacco Cessation Training

The Grantee will ensure adequate faculty to facilitate tobacco treatment through the community-based self-management programs and the community health team. The Grantee will identify individuals to be trained to facilitate tobacco treatment. Individuals to be trained will be approved by the State. Levels of training may include:

- Level 1 - Basic Skills - Offered through the University of Massachusetts Medical School. An 8 hour, self directed on-line learning experience that will provide participant with the basic knowledge of tobacco cessation and knowledge about what treatments are available to treat tobacco dependence.
- Level 2 – Group Tobacco Cessation Curriculum – One day training on facilitating group tobacco cessation classes.
- Level 3 - Tobacco Treatment Specialist - Offered through the University of Massachusetts. A four day class prepares participants with the skills needed to offer individual tobacco dependence treatment. Participants must be willing to attend the four day training and go through the certification program to become a Certified Tobacco Treatment Specialist.

By adding on page 15 of 27, the following passage to Attachment B (Payment Provisions) immediately preceding the "Incentives" heading:

Tobacco Training

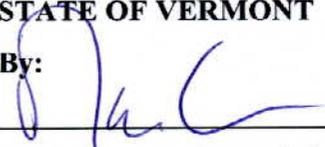
The Grantee may invoice the State for tobacco training up to \$8,310.

- For level 1 Basic Training, the Grantee may invoice the State upon completion of the training at a rate of \$125 per person for up to 4 people.

6. **Amendment:** All other terms and conditions of the original grant remain in full force and effect. No other changes, modifications, or amendments in the terms and conditions of this grant shall be effective unless reduced to writing, numbered, and signed by the duly authorized representative of the State and Grantee.

WE, THE UNDERSIGNED PARTIES, AGREE TO BE BOUND BY THIS GRANT.

STATE OF VERMONT

By: 

Mark Larson, Commissioner

AHS/DVHA

Date: 5-17-12

GRANTEE

By: 

Anna T. Noonan

Fletcher Allen Health Care

Date: 5-3-12