

1. **Parties:** This is an Amendment for Grant #03410-6110-12 for services between the State of Vermont, Department of Vermont Health Access, (hereinafter called “State”), and Community Health Services of Lamoille Valley, (hereinafter called “Grantee”). This is the second change.
2. **Reason for Amendment:** The reason for this Amendment is the addition of Health Service Area specific training, consultation, and travel expenses as well as the addition of computer tablet technology for the practice facilitator.
3. **By deleting on page 1 of 2 of Amendment 1 dated 4/17/2012, 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 \$121,615.

4. **By deleting on page 1 of 2 of Amendment 1 dated 4/17/2012, Section 5 “Source of Funds” and its contents, and substituting in lieu of thereof the following Section 5:**

**Source of Funds:** GC \$ 116,115 Special: HIT \$5,000 Settlement \$ 500

5. **By adding on the bottom of page 10 of 26 of the original agreement, the following section to Attachment A (Scope of Work):**

**J. HSA-Specific Training, Consultation, and Travel Expenses:**

Upon approval of the assigned Blueprint Assistant Director, the Grantee will coordinate training, consultation, and travel expenses up to \$10,000 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.

**K. Technology**

**iPad and Monthly Data Plan**

The facilitator will use iPads with data plans in the course of their work to accomplish daily activities including Basecamp participation, participation in or hosting electronic meetings, recording minutes during meetings, and completing forms for the statewide facilitator evaluation. The Grantee will ensure that the facilitator have access to the appropriate cellular data plan to accomplish this work.

6. **By adding on page 15 of 26 of the original agreement, the following passage to Attachment B (Payment Provisions) immediately preceding the “Incentives” heading:**

**HSA-Specific Training, Consultation, and Travel Expenses**

The Grantee will invoice the State monthly for the actual expenses incurred for training, consultation and travel not to exceed \$10,000. Mileage expense for use of personal vehicles will be reimbursed at the current State rate. Meals will be reimbursed as actual expenses up to the current State rate.

**iPad and Monthly Data Plan**

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 iPad not to exceed \$30 per month.

7. **By deleting the budget table on page 2 of 2 of Amendment 1 dated 4/17/2012, of Attachment B (Payment Provisions), and substituting in lieu of thereof the following budget table:**

**Approved Budget for SFY 2012:**

Project Management	\$40,000
HIT Data Entry	\$5,000
Self-Management Programs	\$16,400
Practice Facilitation	\$40,000
Facilitator Travel Costs to regularly scheduled in-person meetings of Blueprint practice facilitators: 60 miles at state mileage rate X 24 meetings	\$720
HSA-Specific Training & Consultation	\$10,000
Tobacco Cessation Training	\$500
iPad and Monthly Data Plan	\$995
Program Budget Total	\$113,615
HLW Incentive	\$1,500
Tobacco Cessation Incentive	\$1,500
QI Activity [optional]	\$5,000
Potential Incentives Total	\$8,000
<b>Total</b>	<b>\$121,615</b>

8. **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**

**GRANTEE**

**By:**

**By:**

\_\_\_\_\_

\_\_\_\_\_

**Mark Larson, Commissioner**

**Kevin Kelley, CEO**

**AHS/DVHA**

**Community Health Services of  
Lamoille Valley**

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_