

# DVHA Routing Form

Type of Agreement: Grant      Agreement #: 03410-6118-12      Form of Agreement: Amendment      Amendment #: 1

Name of Recipient: United Health Alliance      Vendor #: 8213

Agreement Manager: Jason Elledge      Phone #: 802-879-5946

Brief Explanation of Agreement: To administer the Vermont Blueprint Integrated Health System in the Bennington Health Service Area

Start Date: 10/1/2011      End Date: 09/30/2012      Maximum Amount: \$206,776.00

Amendments Only:      Maximum Prior Amount: \$205,564.00      Percentage of Change: 0.60%

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

Funding Source		
Global Commitment 93.778	\$201,776.00	
Special: HIT	\$5,000.00	

- 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>Original Grant Award</b> |

Reviewer	Reviewer Initials	Date In	Date Out
DVHA Grant & Contract Administrator	Kate Jones	11/29	11/30
DVHA BO	Jill Gould	11/30	11/30
DVHA Commissioner	Mark Larson	12-1-11	
AHS Attorney General	Seth Steinzor		12/7/11
Following Approvals for Contracts Only:			
AHS CIO			
AHS Central Office			
AHS Secretary			

Vision Account Codes: **3410010000/550500/20405/41628 - \$201,776, 3410010000/550500/21916/41470 - \$5,000**

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

Vision PO #: **3560**

1. **Parties:** This is an Amendment for Grant #03410-6118-12 for services between the State of Vermont, Department of Vermont Health Access, (hereinafter called "State"), and United Health Alliance, (hereinafter called "Grantee"). This is the first amendment.
2. **Reason for Amendment:** The reason for this Amendment is to increase travel mileage allowed due to additional travel to the Windham Health Service Area.
3. **Replace the Following Sections:**

By deleting on page 1 of 27, Item # 3 (Maximum Amount) and substituting in lieu of thereof the following:

**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 \$206,776.

By deleting on page 1 of 27, Item # 5 (Source of Funds) and substituting in lieu of thereof the following:

**Source of Funds:** State \$ 0 Special \$ 5,000 Other- \$ 201,776.00  
 HIT GC

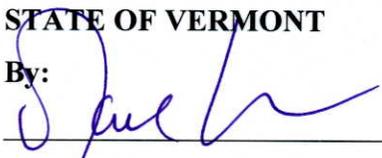
By deleting the table on page 16 of 27, Attachment B (Payment Provisions, Approved Budget) and substituting in lieu thereof, Attachment B, (Payment Provisions, Approved Budget) which is included below.

**Approved Budget for SFY 2012:**

Project Management (0.5 FTE)	\$40,000
HIT Data Entry	\$5,000
Self-Management Programs	\$49,500
Practice Facilitation (1 FTE)	\$80,000
Facilitator Travel Costs to regularly scheduled in-person meetings of Blueprint practice facilitators: [16,152] miles at state mileage rate for 26 meetings	\$8,076
Health Team Works Training (2 participants)	\$12,000
Project Manager/Facilitator per diem X 12 trips @ \$100	\$1,200
Master Trainer (HLW)	\$3,000
Program Budget Total	\$198,776

HLW Incentive	\$1,500
Tobacco Cessation Incentive	\$1,500
QI Activity [optional]	\$5,000
Potential Incentives Total	\$8,000
<b>Total</b>	<b>\$206,776</b>

4. **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.

<b>WE, THE UNDERSIGNED PARTIES, AGREE TO BE BOUND BY THIS GRANT.</b>	
<b>STATE OF VERMONT</b>	<b>GRANTEE</b>
By: 	By: 
Mark Larson, Commissioner	Eric Seyferth, M.D., Chairperson, Board of Directors
AHS/DVHA	United Health Alliance
Date: <u>12.19.11</u>	Date: <u>12/13/11</u>