

1. **Parties:** This is an Amendment for Grant #03410-6113-12 for services between the State of Vermont, Department of Vermont Health Access, (hereinafter called “State”), and the Windsor Hospital Corporation, (hereinafter called “Grantee”). This is the second change.
2. **Reason for Amendment:** The reason for this amendment is addition of practice facilitation training and consultation at the Windsor HSA level and statewide level.
3. **By deleting on pages 1 of 2, Amendment #1 dated 4/2/2012, Section 3 “Maximum Amount” and its contents, 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 \$211,975.

4. **By deleting on pages 1 of 2, Amendment #1 dated 4/2/2012, Section 3 “Source of Funds” and its contents, and substituting in lieu of thereof the following:**

**Source of Funds:** GC \$ 206,600 Special: HIT \$5,000 Settlement \$ 375

5. **By adding on page 10 of 25 of the original agreement, dated 12/2/2011, the following sections to Attachment A (Scope of Work to Be Performed):**

**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. 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 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.

6. By adding on page 13 of 25 of the original agreement, dated 12/2/2011, the following passage to Attachment B (Payment Provisions):

**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.

**Statewide Training, Consultation, Technical Assistance and Travel Expenses**

The Grantee will invoice the State monthly for the actual expenses incurred not to exceed \$100,000.

Mileage expenses for use of personal vehicles and meals will be reimbursed as actual expenses up to the current State rate.

7. By deleting the budget table on page 2 of 2, Amendment #1, dated 4/2/2012, in Attachment B, and substituting in lieu of thereof the following budget table:

**Approved Budget for SFY 2012:**

Project Management (0.5 FTE)	In-Kind
Community Health Team Staff	\$40,000
HIT Data Entry	\$5,000
Self-Management Programs	\$48,600
H.S.A. Specific Training and Meetings	\$10,000
Statewide Training and Consultation	\$100,000
Tobacco Cessation Training	\$375
Program Budget Total	\$203,975
HLW Incentive	\$1,500
Tobacco Cessation Incentive	\$1,500
QI Activity [optional]	\$5,000
Potential Incentives Total	\$8,000
<b>Total</b>	<b>\$211,975</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 W. Donovan, CEO**

**AHS/DVHA**

**Windsor Hospital Corporation**

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

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