

1. **Parties:** This is an Amendment for Grant #03410-6101-12 for services between the State of Vermont, Department of Vermont Health Access, (hereinafter called “State”), and Northwestern Medical Center, (hereinafter called “Grantee”). 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 St. Albans to be funded through VDH Tobacco funds. Additional funding for HSA specific training costs and an iPad with data plan.
3. **By deleting on pages 1 of 25 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 \$184,301.

4. **By deleting on pages 1 of 25, Section 5 “Source of Funds” and its contents, and substituting in lieu of thereof the following Section 5:**

**Source of Funds:** GC \$ 177,235 Special: HIT \$5,000 Settlement \$2,066

5. **By adding on page 10 of 25, the following section to Attachment A, towards the bottom of the page:**

#### **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.

#### **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 an iPad with data plan 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 will have access to the appropriate cellular data plan to accomplish this work.

**6. By adding on page 15 of 25, 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 \$2,066.

- 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 1 person.
- For level 2 FreshStart Facilitator Training, the Grantee may invoice the State upon completion of the training at a rate of \$116.80 per person for up to 1 person.
- For level 3 Tobacco Treatment Specialist Training, the Grantee may invoice the State upon enrollment in the training at a rate of up to \$1000 per person for up to 1 person.

Upon completion of the level 3 Tobacco Treatment Specialist Training, the Grantee may invoice the State for actual expenses up to \$824.30 per person for lodging, mileage and meals not provided at the training.

**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.

**Technology**

The Grantee will invoice the State for the actual cost, not to exceed \$875.00, 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 16 of 25, under Approved Budget in Attachment B, and substituting in lieu of thereof the following budget table:**

**Approved Budget**

Project Management	\$40,000
HIT Data Entry	\$5,000
Self-Management Programs	\$37,200
Practice Facilitation	\$80,000

Facilitator Travel Costs to regularly scheduled in-person meetings of Blueprint practice facilitators: 80 miles at state mileage rate X 26 meetings	\$1,040
H.S.A. Specific Training, Consultation and Travel	\$10,000
Tobacco Cessation Training	\$2,066
iPad and Monthly Data Plan	\$995
Program Budget Total	\$176,301
HLW Incentive	\$1,500
Tobacco Cessation Incentive	\$1,500
QI Activity [optional]	\$5,000
Potential Incentives Total	\$8,000
<b>Total</b>	<b>\$184,301</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.

<b>WE, THE UNDERSIGNED PARTIES, AGREE TO BE BOUND BY THIS GRANT.</b>	
<b>STATE OF VERMONT</b>	<b>GRANTEE</b>
<b>By:</b>	<b>By:</b>
_____	_____
<b>Mark Larson, Commissioner</b>	<b>Ted Sirotta, CFO</b>
<b>AHS/DVHA</b>	<b>Northwestern Medical Center</b>
<b>Date:</b> _____	<b>Date:</b> _____