

1. **Parties:** This is an Amendment for Grant #03410-6115-12 for services between the State of Vermont, Department of Vermont Health Access, (hereinafter called “State”), and Porter Hospital, (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 Middlebury to be funded through VDH Tobacco funds.
3. **Delete:** By deleting on pages 1 of 22, 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 \$57,874.

By deleting on pages 1 of 22, Section 5 “Source of Funds” and its contents, and substituting in lieu of thereof the following Section 5:

**Source of Funds:** GC \$ 48,800 Special: HIT \$5,000 Settlement \$ 4,074

4. **Add:** By adding on the bottom of page 9 of 22, the following section to Attachment A:

#### **H. 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 12 of 22, 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 \$4,074.

- 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 3 people.
- For level 2 FreshStart Facilitator Training, the Grantee may invoice the State upon completion of the training at a rate of \$70.90 per person for up to 2 people.
- For level 3 Tobacco Treatment Specialist Training, the Grantee may invoice the State upon enrollment in the training at a rate of up to \$1,000 per person for up to 2 people.

Upon completion of the level 3 Tobacco Treatment Specialist Training, the Grantee may invoice the State for actual expenses up to \$778.40 per person for lodging, mileage and meals not provided at the training. Mileage will be reimbursed at the State rate. Meals will be reimbursed up to: \$6.25 per breakfast, \$7.25 per lunch and \$18.50 per dinner.

5. **Delete:** By deleting the budget table on bottom of page 13 of 22, of Attachment B, 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	\$2,300
Tobacco Cessation Training	\$4,074
Program Budget Total	\$51,374
Tobacco Cessation Incentive	\$1,500
QI Activity [optional]	\$5,000
Potential Incentives Total	\$6,500
<b>Total</b>	<b>\$57,874</b>

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**

**GRANTEE**

**By:**

**By:**

\_\_\_\_\_

\_\_\_\_\_

**Mark Larson, Commissioner**

**James Daily**

**AHS/DVHA**

**Porter Hospital**

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

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