

DVHA Routing Form

Revision Date 5/1/12

Type of Agreement: Grant Agreement #: 03410-6111-12 Form of Agreement: Amendment Amendment #: 3

Name of Recipient: Fletcher Allen Health Care Vendor #: 7449

Program Manager: Lisa Dulsky Watkins Phone #: 802-872-7535

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

Brief Explanation of Agreement: **Renew current grant for an additional year, add Scope of Work for the amended term, and add a new Attachment B for the Blueprint HSA agreement**

Start Date: 11/14/2011 End Date: 9/30/2013 Maximum Amount: \$605,610.00

Amendments Only: Maximum Prior Amount: \$255,510.00 Percentage of Change: 237.08%

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

Funding Source

Global Commitment 93.778	\$557,900	GC- HIT 93.778	\$20,000.00
Special: Settlement	\$22,710	Special: HIT	\$5,000.00

Contents of Attached Packet

- AA-14 Attachments A, B, C & F Attachment G - Academic Research
 Sole Source Memo Attachment D - Modifications to C & F MOU
 Qualitative/Justification Memo Attachment E - Business Associate Agreement Other: **Amendments 3, 2, 1 & Base**

Reviewer	Reviewer Initials	Date In	Date Out
DVHA Grant & Contract Administrator	Kate Jones		
DVHA BO	Jill Gould	8/10	8/15/12
DVHA Commissioner or Designee	Mark Larson, Commissioner	8/17/12	8/17/12
AHS Attorney General	Seth Steinzor, AAG		8/29/12
Following Approvals for Contracts Only:			
AHS CIO			
AHS Central Office			
AHS Secretary			

Vision Account Codes: 7316.700: 3410010000/20405/550500/41628, \$20,000: 3410010000/20405/550500/41692

914,400: 3410010000/21500/550500/41470



FFATA Entry Grant Tracking Module Vision PO #: 3914 Initials & Date: MK 10/22/12 Approval & B/C: [Signature]

Received in BO

SEP 24 2012

STATE OF VERMONT
GRANT AMENDMENT
FLETCHER ALLEN HEALTH CARE

PO Attached
Packing Slip

PAGE 1 OF 19
GRANT #: 03410-6111-12
AMENDMENT #3

AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and Fletcher Allen Health Care (hereafter called the "Grantee") that the grant on the subject of administering the Vermont Blueprint Integrated Health System in the Chittenden County Health Service Area for an additional year, effective November 14, 2011, is hereby amended effective October 1, 2012, as follows:

1. By deleting on page 1 of 2 of Amendment 2, Section 3 (Maximum Amount) and substituting in lieu thereof the following Section 3:

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 \$605,610.

2. By deleting on page 1 of 27 of the original base agreement, Section 4 (Grant Term) and substituting in lieu thereof the following Section 4:

4. Grant Term: The effective date of this Grant Agreement shall be November 14, 2011 and end on 9/30/2013. The State and the Grantee have the option of renewing this grant agreement for up to one (1) additional one-year grant term.

3. By deleting on page 1 of 2 of Amendment 2, Section 5 (Source of Funds) and substituting in lieu thereof the following Section 5:

5. Source of Funds: GC \$592,300 Special: HIT \$5,000 Settlement \$ 8,310

4. By adding to page 3 of 27 of the original base agreement, Attachment A (Scope of Work to be Performed), specific to the period from 10/1/2012 to 9/30/2013:

SCOPE OF WORK TO BE PERFORMED

I. Overview of Work to be Performed

This grant agreement is to manage ongoing operations of the Vermont Blueprint for Health in the Chittenden County Health Service Area. The Grantee will lead and oversee the Blueprint infrastructure to sustain a learning health system comprised of:

- A. Project Management
- B. Advanced Primary Care Practices (APCPs)
- C. Community Health Teams
 - C.1. Community Health Team (CHT) Planning
 - C.2. Core CHT
 - C.3. Extended and Functional CHTs
- D. Health Information Technology Interface with State Health Information Exchange and Covisint DocSite Registry
- E. Administration of Blueprint Payment Processes and Participation in Blueprint Evaluation

B. Advanced Primary Care Practices (APCPs)

The intent of the Vermont General Assembly expressed in Act 128 (2010) is to expand the Blueprint for Health to all *willing* primary care providers by October 2013. To support the implementation of this intent, the Grantee shall meet with or provide documentation that they have tried to meet with all primary care practices in the HSA in order to introduce the Blueprint for Health, assess their needs for initial recognition or reassessment as advanced primary care practices through the National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) standards, and encourage their participation in the Blueprint for Health and learning health system activities.

The Project Manager, in collaboration with the community based DVHA practice facilitators, will also support primary care practices in implementing quality improvement initiatives through activities including:

- Supporting Primary Care practices' access to lists of their patients and other relevant patient data through PRISM or "PRISM Link"
- Integration of the community health team into primary care workflow
- Panel management as defined jointly by the Grantee and the Blueprint contract.
- Working with practice facilitators (those hired by both the State and the Grantee) to promote learning health system activities (e.g. – providing logistical support for local meetings of practices, creating innovative opportunities for learning and communication between practices)

Some of the quality improvement activities may be achieved through collaboration with the practice facilitators including those contracted by the State and the Grantee.

Grant Deliverables

- III. Grantee will demonstrate outreach and/or progress in recruiting all primary care practices into the Blueprint. Progress will be measured by the proportion of area practices involved with the Blueprint. Outreach will be measured by evidence of meetings with individual practices to discuss participation in the Blueprint, as documented in updates of primary care practice's progress, using the quarterly report tools provided by the State.
- IV. Progress toward initial or continued NCQA recognition of participating practices as patient centered medical homes as measured by NCQA scoring dates and results of initial, add-on and rescored surveys for primary care practices in the HSA.
- V. Data sharing, through PRISM or PRISM Link, between organizations to enhance care coordination, such as sharing reports on patients hospitalized or discharged from the emergency room.

C. Community Health Teams

C.1. Community Health Team (CHT) Planning

according to timeframes that provide for staffing increases when Blueprint payer CHT funding increases.

The Core CHT is funded through CHT payments from the public and commercial payers as delineated in the Integrated Health Services Program Memorandum of Understanding (MOU) between the Blueprint for Health and the Payers, effective July 1, 2011. The MOU also details the timing of CHT payments and how funding for the core CHT is scaled to the number of unique Vermont patients attributed to participating Blueprint Practices. This MOU can be found at <http://dvha.vermont.gov/administration/final-signed.pdf>.

The Grantee shall support the input of required data elements of the CHT Measure Set (via interface, mapping or directly) into the Covisint DocSite registry in a timely manner.

The Grantee shall also complete CHT Staffing data collection tools as required by the State.

C.3. Extended and Functional CHTs

The Grantee shall coordinate the operations of the Core CHT with Extended and Functional CHTs, and shall develop strong collaborative relationships between the Core CHT and the Extended and Functional CHTs. The Extended CHT activities include Medication Assisted Treatment, Support and Services at Home, and the Vermont Chronic Care Initiative. The Functional CHT includes key local health and human services providers.

The Grantee in collaboration with extended and functional CHT members will document:

- Respective roles of the Core CHT, Extended CHTs and Functional CHT
- Clear referral protocols and methods of communication between the Core CHT, Extended CHTs and Functional CHT
- Well-coordinated and non-duplicative services for participants

Medication Assisted Treatment

The Agency of Human Services is collaborating with community providers to create a coordinated, systematic response to the complex issues of opioid and other addictions in Vermont. Medication assisted treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance abuse disorders.

The Grantee shall collaboratively plan, coordinate and implement the hiring and placement of (or subcontracting for) nurse case management and licensed substance abuse and/or mental health clinicians with local physicians who prescribe buprenorphine in the Grantee's health service area and the Howard Center. The MAT staff may be hired by the Grantee, subcontracted by the Grantee or hired by another designated agency as determined through the planning process and approved by the State. The Grantee will work collaboratively as part of the care team with the MAT staff and prescribing physicians in the Chittenden County HSA to monitor adherence to treatment, coordinate access to recovery supports, provide counseling and health promotion services, and provide comprehensive care management to patients receiving MAT. The MAT staff will document their activities in the appropriate module of the DocSite clinical registry and will participate in the evaluation of the initiative. DVHA/Medicaid will provide funds for one

D. Health Information Technology Interface with State Health Information Exchange and Covisint DocSite Registry

The Grantee shall use best efforts to support the implementation of Health Information Technology (HIT) architecture in the Grantee's HSA. The goals across the HSA, including community-based primary care clinics and those owned by the Grantee, are to:

- Establish integrated health records
- Ensure linkage of health records (e.g. – practice electronic medical records [EMRs], the DocSite clinical registry, hospital laboratory feeds, the Vermont Department of Health immunization registry) with the Vermont Health Information Exchange (HIE)
- Develop an architecture that allows clinicians to use the clinical tracking system of their choice (e.g. – EMR, DocSite) for patient care, care coordination, panel management, and performance reporting
- Make DocSite available to participating practices and CHTs to support individual patient care, panel management and outreach, performance reporting, and quality improvement efforts
- Populate DocSite with core data elements through usual processes for patient care (e.g. - through data feeds from the EMR through the HIE to DocSite)
- Use clinical data from DocSite for Blueprint program evaluation

The Grantee shall work closely with the Vermont Information Technology Leaders (VITL) and the Blueprint registry vendor (Covisint/DocSite) to establish data transmission with participating community-based primary care and Grantee-owned practices and the Health Information Exchange / DocSite. The Grantee shall request Covisint/DocSite staff support as needed for mapping the Blueprint core data dictionary elements with the locally used EMR systems of participating practices with a specific focus on ensuring the practices have the reporting capabilities needed to become or maintain their NCQA PCMH recognition or to perform quality improvement and panel management activities. For its owned practices, the Grantee hereby confirms that it has already put in place the necessary business associate agreements with VITL/Vermont Health Insurance Exchange (“VITL”) and Covisint/DocSite (“Covisint”) to ensure that VITL and Covisint are contractually bound to meet the legal obligations of a business associate as required by HIPAA. Additionally, the Grantee shall advise non-owned, community-based practices of their legal obligation to enter into business associate agreements with VITL and Covisint to protect the exchange of their Protected Health Information to those entities, and the Grantee shall assist the community-based practices with any technical questions they have regarding this process. If community-based practices are unwilling to sign the necessary agreements, the Grantee will inform the State.

The Grantee shall convene any necessary planning and advisory groups to ensure the development of health information technology interfaces, including individual practice (community-based and Grantee-owned) interfaces with the State Health Information Exchange and/or practice interfaces directly with the Covisint/DocSite central registry. Payments will be provided for the Grantee to assist in facilitating the implementation and/or refinement of

prior to the anticipated scoring date. Grantee shall accurately complete these data collection tools within fifteen business days of receipt.

- c. The State shall provide data collection tools for the CHT-MAT payments.

The Grantee shall report practice changes (e.g. – provider changes) to the State and all payers (with the exception of Medicare) as the Project Manager is notified.

The State reserves the right to require the Grantee to provide additional payment-related information, or to require that the information described in this section be provided according to a different schedule.

E.2. Participation in Blueprint Evaluation

Once DocSite attains the functionality to receive data transmissions from PRISM, the Grantee shall transmit such data to DocSite as reasonably requested by the State for its evaluation of the Blueprint, such as participation in chart reviews, patient experience of care surveys, and focus groups. The Grantee shall participate in evaluation-related meetings as requested by the State.

Grant Deliverables

- X. The Grantee shall accurately complete CHT quarterly data collection tools regarding the number of total unique Vermont patients for each practice within 20 business days of request. If the Grantee is unable to obtain this information from a practice that is not affiliated with the Grantee within 20 business days, after making at least 3 attempts, the Grantee will notify the State's Blueprint Associate Director so that the State can contact the practice.
- XI. The Grantee shall accurately complete practice and provider payment data collection tools within 15 business days of request. If the Grantee is unable to obtain this information from a practice that is not affiliated with the Grantee within 15 business days, after making at least 3 attempts, the Grantee will notify the State's Blueprint Associate Director so that the State can contact the practice.
- XII. The Grantee shall report practice changes (e.g. – provider changes) to the State and payers (with the exception of Medicare) as they occur and as the Grantee is informed of the changes.

F. Community-Based Self-Management Programs

The objective of Blueprint community-based self-management programs is to provide a coordinated approach to patient self-management support. Ideally, advanced primary care practices use a variety of mechanisms to work with their patients to establish goals and action plans, provide support and develop strategies for self-management. That work is reinforced when CHTs provide self-management counseling and education to patients with complex needs. For those patients who wish to participate in specialized group programs, the State supports Healthier Living Workshops (HLW) for chronic disease, diabetes, and chronic pain; Tobacco Cessation programs; Wellness Recovery Action Plan (WRAP) Workshops; and the Diabetes Prevention Program.

The Grantee shall oversee local planning, participant recruitment, implementation and evaluation

1. Assisting practices with forming a functional multi-disciplinary quality improvement team.
2. Facilitating leadership involvement and communication.
3. Encouraging/fostering practice ownership and support for Continuous Quality Improvement to improve patient centered care.
4. Initiating work with the practice team to incorporate a Model for Improvement (such as the PDSA [Plan-Do-Study-Act] cycle) and Clinical Microsystems Methodology into daily practice to improve care and measure change.
5. Ensuring that practices develop an action plan to prepare for NCQA scoring as outlined in the Scoring Timeline by the Blueprint for Health; timeline will include development of a binder identifying current state of readiness.
6. Supporting practice teams in the implementation of PDSA cycles, including shared decision making, self-management support, panel management, or mental health and substance abuse treatment into clinical practice.
7. Supporting the incorporation of the Core, Extended and Functional CHTs into practice workflow.
8. Participating in regular phone calls with the State (at least one biweekly), regularly scheduled meetings of the practice facilitators, and other ad-hoc conference calls, meetings, or trainings with the State and other practice facilitators.
9. Encouraging innovative strategies for communication and learning between practices (e.g. – learning collaboratives or online learning environments).

Grant Deliverables

- XIV. Regular meetings with State's Blueprint Assistant Director and practice facilitators.
- XV. Assistance to practices seeking NCQA PCMH recognition.
- XVI. Assistance with implementation of ongoing quality improvement initiatives (PDSA cycles) in practices.
- XVII. Engagement in learning health system activities.
- XVIII. Weekly and monthly practice reports, including summaries of PDSA cycles.

H. Training and Travel

Upon approval of the assigned Blueprint Assistant Director, the Grantee will coordinate training, consultation, and travel expenses 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.

I. Flexible Funding Mechanism

During the course of this grant, the State and Grantee may identify additional tasks in order to

13, 2013	2013 to September 30, 2014; comments due May 13, 2013
April 30, 2013	Quarterly Report Due with Quarterly Report: <ul style="list-style-type: none"> • CHT Utilization report Reviewed and Updated as Necessary with the Quarterly Report: <ul style="list-style-type: none"> • Community Health Team Plan • CHT Staffing table • Practice Demographic and Staffing table
May 2013	
May 15, 2013	Invoice and financial report
June 2013	
June 3, 2013 – June 24, 2013	Review HSA grant agreement second draft for annual period October 1, 2013 to September 30, 2014; comments due June 24, 2013
June 15, 2013	Provide count of total unique Vermont patients in participating practices (spreadsheet will be provided)
June 15, 2013	Invoice and financial report
July 2013	
July 15, 2013	Invoice and financial report
July 31, 2013	Quarterly Report Due with Quarterly Report: <ul style="list-style-type: none"> • CHT Utilization report Reviewed and Updated as Necessary with the Quarterly Report: <ul style="list-style-type: none"> • CHT Plan • CHT Staffing table • Practice Demographic and Staffing table
August 2013	
August 5, 2013	Grant agreement language for the annual period October 1, 2013 to September 30, 2014 finalized; all negotiations complete
August 15, 2013	Invoice and financial report
September 2013	
September 15, 2013	Count of total unique Vermont patients in participating practices

or updated:	services agency
When self-management programs are implemented:	Complete and submit all data and paperwork for self-management programs as specified and required by the State
To obtain health information technology incentive payments:	Documentation of successful practice-level reporting
To obtain milestone payments for practice facilitators (if applicable):	Documentation of: <ul style="list-style-type: none"> • Completion of patient-centered PDSAs • Workflow and referral protocols in primary care practices for CHT • NCQA recognition as patient-centered medical homes

5. By adding to page 14 of 27 of the original base agreement, Attachment B (Payment Provisions), specific to the period from 10/1/2012 to 9/30/2013:

**ATTACHMENT B
 PAYMENT PROVISIONS**

The maximum dollar amount payable under this agreement is not intended as any form of a guaranteed amount. The State agrees to compensate the Grantee for services performed up to the maximum amounts stated below, provided such services are within the scope of the grant and are authorized as provided for under the terms and conditions of this grant. State of Vermont payment terms are Net 00 days from date of invoice; payments against this grant will comply with the State's payment terms. The payment schedule for delivered products, or rates for services performed, and any additional reimbursements, are included in this attachment. The following provisions specifying payments are:

Project Management

The Grantee shall invoice the State monthly up to the sum of \$6,000 per FTE for project activities in Sections A-E based on expenses incurred and completion of grant deliverables.

In addition to the monthly payments, Grantee can invoice the State for milestone payments, which will be paid as follows:

Up to \$10,000, for which the Grantee can invoice the State on October 15, 2012, January 15, 2013, March 15, 2013 July 15, 2013, October 15, 2013 and which will be paid as follows:

- CHT will enter patient encounter data into DocSite either directly, through an interface with the Health Information Exchange, or a file sent to DocSite, which ever is available

- **HLW/WRAP:** 4 or more sessions of a Healthier Living Workshop (chronic disease, diabetes, or chronic pain) or Wellness Recovery Action Planning Workshop with 10 or more registrants.
- **Tobacco:** 3 or more sessions of an approved tobacco cessation workshop with 5 or more registrants.

Completer payments for community based self-management programs will only be issued after all data and paperwork for a workshop is received by the State. The Grantee will be paid up to the maximum amount allocated under Self-Management Programs contained in the included budget.

Practice Facilitation

The Grantee shall invoice the State monthly up to the sum of \$6,000 for facilitation based on reporting requirements outlined in the scope of work.

In addition to the monthly payments, milestone payments of up to \$8,000, for which the Grantee can invoice the State at any point during the grant period, will be paid as follows:

- Completion of a Patient Centered Care PDSA (incorporation of shared decision making, self-management support, panel management, or mental health and substance abuse treatment into clinical practice): \$1,000 per practice.
- Documentation of the workflow and referral protocols in the primary care practice for the CHT: \$500 (only one payment per practice).
- NCQA recognition (initial survey or rescoring): \$500 per practice.

Payments for practice facilitation will only be issued after all reports due in that month are received by the State.

Training and Travel

The Grantee will invoice the State monthly for the actual expenses incurred for approved training, consultation and travel, not to exceed \$10,000 during the grant time period. 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.

Flexible Funding Mechanism

The Grantee will invoice the State monthly for the actual expenses incurred for those items approved in writing by the Blueprint under the Flexible Funding Mechanism, not to exceed \$7,500 during the grant time period. Such approval will include performance based deliverables and payment methods. Examples may include interpreter services for community-based self-management programs.

A final financial report (Attachment H) will be due no later than 30 days after the end date of the grant. The final financial report will report actual approved expenditures against payments received.

All reports related to this grant should be submitted in electronic format. Reports should reference

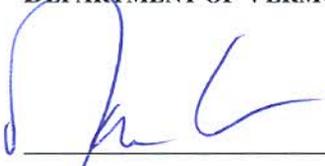
Tobacco Cessation Completers(\$200 each)	\$14,400
WRAP Completers (\$200 each)	\$1,200
Practice Facilitation	\$72,000
Practice Facilitation Milestones	\$8,000
Training and Travel	\$10,000
Flexible funding	\$7,500
Amendment #3 Total	\$350,100

The total grant award was calculated by adding the budgets from the annual periods October 1, 2011 to September 30, 2012 and October 1, 2012 to September 30, 2013. If the Grantee expends less than the budgeted amount to accomplish the work outlined in the 2011/2012 Scope of Work to be Performed, then the maximum amount of the grant for the grant period October 1, 2011 to September 30, 2013 will be reduced by administrative letter to reflect the unexpended funds in the first annual period.

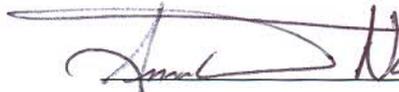
This amendment consists of 19 pages. Except as modified by this amendment and any previous amendments, all provisions of this grant, (#03410-6111-12) dated **November 14, 2011** shall remain unchanged and in full force and effect.

STATE OF VERMONT
 DEPARTMENT OF VERMONT HEALTH ACCESS

GRANTEE
 FLETCHER ALLEN HEALTH CARE



 MARK LARSON, COMMISSIONER DATE

 9-17-12

 ANNA NOONAN DATE