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AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and United Health Alliance (hereafter called the "Grantee") that the grant on the subject of administering the Vermont Blueprint Integrated Health System in the Bennington Health Service Area for an additional year, effective October 21, 2011, is hereby amended effective October 1, 2012, as follows:

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

3. <u>Maximum Amount</u>: 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 $476,729.

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. <u>Grant Term</u>: The effective date of this Grant Agreement shall be October 21, 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 3 of Amendment 3, Section 5 (Source of Funds) and substituting in lieu thereof the following Section 5:

5. <u>Source of Funds</u>: GC $469,206 Special: HIT $5,000 Settlement $ 2,523

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 Bennington 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 Group
- 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

F. Community-Based Self-Management Programs

G. Practice Facilitation

H. Training and Travel

I. Flexible Funding Mechanism

II. Scope of Work and Performance Expectations

The Grantee shall perform the scope of work and meet the performance expectations detailed in sections "A" through "I" below.

A. Project Management

The Grantee will dedicate 1.0 full-time equivalent to project management activities. The project management staffing plan will be proposed by the Grantee and approved by the State.

The Grantee shall identify a Project Manager to oversee Blueprint implementation in the local HSA and provide a copy of the Project Manager's résumé whenever a new Project Manager is hired. The Project Manager will be the primary local contact responsible for overseeing all components of the grant agreement. The Project Manager will work collaboratively with the State and participate in regularly scheduled statewide Blueprint program activities and meetings including but not limited to: Project Managers meetings, Expansion Design and Evaluation Committee meetings, Payment Implementation Work Group meetings, Information Technology meetings, and the Blueprint Annual Meeting.

The Project Manager will develop project reports as set out under this agreement, assure Health Service Area (HSA) participation in Blueprint for Health evaluation, and complete reports as required for Blueprint payments.

The Project Manager will lead the recruitment of area primary care (internal medicine, family practice and pediatric) practices to participate in the Blueprint for Health in the Grantee's HSA. The Project Manager and Practice Facilitator(s) will collaborate to promote quality improvement across the health service area.

Local implementation of the Blueprint for Health requires the participation of a wide array of community partners and stakeholders to operate community health team(s), coordinate the interface with the Health Information Exchange and the Covisint/DocSite central registry, and support the development of a learning health system. The Grantee shall convene, lead and provide staffing support for stakeholder planning and advisory groups.

Grant Deliverable

I. Identified Project Manager with organizational support to meet all the obligations and responsibilities found within this agreement.

II. Dedicate at least 100% FTE to Blueprint project management activities. Should a project management vacancy occur during the grant term, the Grantee will seek to fill the vacancy immediately or shall develop a contingency plan, in consultation with the State's Blueprint Associate Director, to ensure that project management responsibilities are fulfilled.

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 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 will monitor the progress of each primary care practice's work towards NCQA PCMH recognition.

The Project Manager will also support primary care practices in implementing quality improvement initiatives through activities including:

- Providing access to relevant data (e.g. - providing primary care practices with lists of their patients with recent emergency room and inpatient admissions, and data on trends in hospital readmission rates)
- Integration of the community health team into primary care workflow
- Panel management
- Working with practice facilitators 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)

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.

V. Data sharing 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 Group

The Grantee shall convene an advisory group for ongoing planning, development and expansion of CHT(s), which shall be representative of local community health and human services organizations and stakeholders. Invitees to these groups should include, but are not limited to:

- All area primary care practices, including community/independent practices that are not owned by the Grantee, and including Blueprint-recognized practices and practices that are not recognized

- Hospital administrators and staff
- Clinical and IT leadership
- Medical and non-medical providers from community service organizations
- The area-designated mental health and substance abuse agencies and area mental health and substance abuse providers
- Public health leadership from Vermont Department of Health (VDH) local district offices
- Agency of Human Services (AHS) field services director, and leaders of local AHS initiatives, such as:
    - Children's Integrated Services (CIS)
    - Enhanced Family Services (EFS)
    - Adult Local Interagency Team (LIT)
- Consumer/patient representative(s)
- Vermont Chronic Care Initiative coordinator(s)
- Designated Regional Housing Organization (DRHO) leaders
- Support and Services at Home (SASH) staff

In consultation with the advisory group, the Grantee shall continue to update the CHT Plan and provide quarterly updates in writing to the State's Blueprint Associate Director.

Upon approval of updates to the CHT Plan by the State's Blueprint Associate Director, the Grantee will continue to either directly hire or subcontract for the CHT members based on the approved revisions to the CHT Plan.

C.2. Core CHT

The Grantee shall plan, implement and oversee the area CHT(s) designed to support participating primary care practices and to improve the health of the region's population. This work is to be undertaken in collaboration with a wide array of community service partners and stakeholders as described in Section C.1. above. The practices served by the CHT must participate in and approve of the CHT staffing. The Grantee shall provide organizational support for the operations of the CHT(s) including recruitment, hiring (or subcontracting), ongoing mentoring and supervision of team members and the team leader. Recruitment and hiring should occur 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.

Upon execution of this grant agreement, the Grantee shall ensure that all required data elements in the Covisint DocSite CHT Measure Set are being entered (via interface, mapping or directly) 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 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. The MAT staff will work as a team with prescribing physicians 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 licensed nurse care manager and one licensed substance abuse and/or mental health clinician for every 100 buprenorphine patients served by HSA physicians. DVHA/Medicaid will provide financing for MAT staff through the CHT payments mechanism. There will be no patient co-payments or fees for these services, to assure barrier-free access to these services for patients and providers.

Support and Services at Home (SASH)

Under the Multi-payer Advanced Primary Care Practice Demonstration Project, Medicare is supporting the development of the Support and Services at Home (SASH) program as part of the Blueprint CHTs. SASH teams are intended to supplement core CHT functions by providing intensive, multi-disciplinary, team-based non-medical wellness and coordination of care support to Medicare beneficiaries in Vermont who are at risk for poor health outcomes and high health

care costs. The Designated Regional Housing Organization will administer SASH locally and will be responsible for hiring and supervising SASH staff.

The Vermont Chronic Care Initiative

The Vermont Medicaid program provides financial support for statewide implementation of the Vermont Chronic Care Initiative (VCCI). The VCCI provides clinical case management and support services to the most high cost Medicaid beneficiaries in order to better manage their health care. The Vermont Chronic Care Coordinators are intended to supplement core CHT functions by providing intensive case management to the most high cost Medicaid beneficiaries.

Functional CHT: Interface with area health and human services providers

The Blueprint Core CHT is a unique interdisciplinary team designed to support the general population served by participating primary care practices. The Grantee shall help to assure coordination of care by supporting a Functional CHT consisting of key local health and human services providers and to assure that services are efficiently rendered and not duplicated. Key local providers include but are not limited to the local Home Health Agency, Designated Mental Health Agency, addictions treatment providers, Children's Integrated Services (CIS) team and Enhanced Family Services (EFS) team.

Grant Deliverables

VI. Quarterly updated CHT Plan, including but not limited to a summary of advisory group membership, staff titles and credentials, number of full time equivalents supported by Blueprint payer funding, participating practices, referral protocols, subcontracting agreements, memoranda of understanding (MOUs) and plans for expansion.

VII. Annual review of coordination and referral protocols between the Core CHT and the MAT staff, SASH Program, VCCI, Home Health Agency, Designated Mental Health Agency, primary care practices and other area service providers

VIII. All required data elements entered in the Covisint DocSite CHT Measure Set (via interface, mapping or directly) in a timely manner.

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

The Grantee shall support the implementation of Health Information Technology (HIT) architecture in the Grantee's HSA. The goals 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 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. The Grantee will assure that the necessary business associate agreements with VITL/Vermont Health Insurance Exchange and Covisint/DocSite and the practices are in place.

The Grantee shall convene any necessary planning and advisory groups to ensure the development of health information technology interfaces, including individual practice 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 interfaces that result in successful practice reporting.

The Grantee shall provide participating practices with data entry support for initial population of the Covisint/DocSite central registry or for mapping to the Health Information Exchange from practice electronic medical records.

Grant Deliverables

IX. Progress on practice level IT implementation, evidenced by the number of practices that have the capacity through their EMR or DocSite to produce accurate and reliable reports for panel management and quality improvement (measured by provider satisfaction and ability to achieve NCQA recognition).

E. Administration of Blueprint Payment Processes and Participation in Blueprint Evaluation

The Grantee shall provide administrative and fiscal support services to assure timely and accurate development of: provider and practice data for payments, information for payers regarding CHT size and payer responsibility for CHT funding, and general accounting of funds received under this agreement. The Grantee shall also provide information and support for Blueprint evaluation activities, as requested by the State. The Grantee shall participate in payment and evaluation-related meetings as requested by the State.

E.1. Administration of Blueprint Payment Processes

Enhanced payments under the Blueprint model include:

- Per Person Per Month (PPPM) payments from all participating payers to practices that have been recognized as patient-centered medical homes
- CHT payments from all participating payers to support core CHT functions
- CHT payments from Medicare to support the SASH program

- CHT payments from DVHA/Medicaid to support the CHT-MAT staff

Detailed information on providers, practices and CHT administrative entities is required by commercial and public payers in order to implement these enhanced payments. The State shall provide data collection tools for required information to project managers according to the following schedule:

a. The State shall provide data collection tools for practice-level patient numbers to determine CHT scaling on a quarterly basis, on or near the fifteenth of February, May, August, and November. Grantee shall accurately complete these data collection tools within 20 business days of receipt.

b. The State shall provide practice and provider payment data collection tools for practices undergoing initial NCQA PCMH recognition approximately two and one half months 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 they occur.

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

The Grantee shall provide data as requested by the State for evaluation of the Blueprint, including but not limited to participating in chart reviews, patient experience of care surveys, and focus groups, and to populate data elements in the DocSite clinical registry. 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 all 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 of the community based self-management programs.

The Grantee shall ensure that all workshops will be led by certified leaders as specified by the State. The Grantee shall assure the retention of certified course leaders to lead the workshops. The Grantee shall ensure that the regional coordinator reviews workshop evaluations with every leader or leader pair following each workshop and makes a plan for improvements.

The Grantee shall ensure that the HSA has at least one person providing support to the tobacco cessation group program who is certified as a tobacco treatment specialist (TTS) by an accepted training program. A list of accepted training programs is available through the Vermont Department of Health.

The Grantee shall ensure that interpreter services from appropriately credentialed interpreters are available to workshop participants upon request.

As part of the statewide evaluation of the Blueprint self-management programs, the Grantee will provide participant data in a format specified by the State for each workshop.

During this grant period the Grantee shall implement:

5 HLW – Chronic Disease during the grant time period

24 Freshstart Workshops (tobacco cessation) during the grant time period

1 WRAP Workshops during the grant time period

Grant Deliverables

XIII. The Grantee shall complete and submit all data and paperwork for self-management programs as specified and required by the State.

G. Practice Facilitation

Following the recruiting, interview and subsequent approval by the State's Blueprint Associate Director, the Grantee may hire a local practice facilitator. The State's Blueprint leadership must interview and approve all hired facilitators.

The Grantee will serve as a Practice Facilitator (1.0 FTE) to coach approximately 8 to 10 primary care practices; the specific number of practices will be determined by the NCQA scoring schedule, the needs of the practices, and discussion between the State and the Grantee. Work will be tailored to helping each practice be successful in implementing and managing quality

improvement (including NCQA PCMH recognition); effective use of information technology systems such as registries (Covisint DocSite) and portals to improve patient care; integration of self-management support, shared decision making, and planned care visits; redefining roles and establishing team-based care; and seamlessly connecting with community resources and specialty referrals (for example with the CHT). The practice facilitator shall meet with each practice on a regular basis as negotiated with the practice and as approved by the State.

The Grantee shall ensure that practice facilitation work includes:

1. Assisting practices with forming a functional multi-disciplinary quality improvement team.
2. Ensuring 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 State; 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 State's Blueprint staff 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 the 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 by the assigned State's 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 achieve the implementation requirements of the Grant. The State is allowing additional funding to support augmented services beyond what is already defined in the grant deliverables. Upon identifying such a task, the Grantee will submit a written scope of work, including the cost of such work, and a timeline for completion. The State must approve the scope of work before Grantee may proceed with the task.

III. Reporting Requirements

Date Due	Description
November 2012	
November 15, 2012	Invoice and financial report, evidence of entry of CHT activity into DocSite for milestone payment
December 2012	
December 15, 2012	Count of total unique Vermont patients in participating practices (spreadsheet will be provided)
December 15, 2012	Invoice and financial report
January 2013	
January 15, 2013	Invoice and financial report
January 31, 2013	Quarterly Report (template provided) Due with Quarterly Report • CHT Utilization Report Reviewed and Updated as Necessary with the Quarterly Report: • CHT Plan • CHT Staffing table • Practice Demographic and Staffing table
February 2013	
February 15, 2013	Invoice and financial report
March 2013	

March 15, 2013	Count of total unique Vermont patients in participating practices (spreadsheet will be provided).
March 15, 2013	Invoice and financial report
April 2013	
April 15, 2013	Invoice and financial report, progress on IT implementation for milestone payment
April 22, 2012 – May 13, 2013	Review HSA grant agreement first draft for annual period October 1, 2013 to September 30, 2014; comments due May 13, 2013
April 30, 2013	Quarterly Report Due with Quarterly Report: • CHT Utilization report Reviewed and Updated as Necessary with the Quarterly Report: • 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, evidence of entry of CHT activity into DocSite for milestone payment
July 31, 2013	Quarterly Report Due with Quarterly Report: • CHT Utilization report Reviewed and Updated as Necessary with the Quarterly Report: • 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 (spreadsheet will be provided)
September 15, 2013	Invoice and financial report
September 30, 2013	CHT referral /coordination protocols with functional CHT members including Vermont Chronic Care Initiative (VCCI), local SASH panels, MAT, and the designated mental health /substance abuse services agency
October 2013	
October 15, 2013	Invoice and financial report
October 31, 2013	Quarterly Report Due with Quarterly Report: • CHT Utilization report Reviewed and Updated as Necessary with the Quarterly Report: • Community Health Team Plan • CHT Staffing table • Practice Demographic and Staffing table
On-going/ As Necessary	
Approximately 2 months prior to initiation of PPPM payments/NCQA score date:	Provide practice-level payment rosters (available on DVHA website)
Whenever changes occur:	Provide updated practice-level payment rosters
When a new project manager is hired:	Provide Project Manager Resume
When any new practice decides to participate in	Update Practice Demographic and Staffing table and inform the State by email of the anticipated NCQA score date

the Blueprint	
Whenever subcontracts are initiated or updated:	Describe any subcontracts executed by the Grantee for work covered by this Health Service Area grant agreement (e.g. subcontracts for CHT staffing and / or project management; format provided)
Whenever referral/coordination protocols are initiated or updated:	Provide CHT referral /coordination protocols with functional CHT members including Vermont Chronic Care Initiative (VCCI), local SASH panels, and the designated mental health /substance abuse 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: • 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 15 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 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 $4,000, for which the Grantee can invoice the State on October 15, 2012, January 15, 2013, March 15, 2013 and July 15, 2013 and which will be paid as follows:

- CHT will enter patient encounter data into DocSite. For payment, encounter data should be entered and up-to-date by the end of each quarter: $1,000.00 per quarter.

Up to $4,000, for which the Grantee can invoice the State on January 15, 2013 and July 15, 2013 and which will be paid as follows:

- Documentation that Grantee has evaluated the number of referrals to the CHT from each practice relative to the practice's number of total unique Vermont patients, and conducted additional in-person outreach activities to practices that have the lowest proportion of CHT referrals: $2,000 for conducting evaluation and outreach up to twice during grant year.

Payments for project management will only be issued after all reports due in that month or quarter are received by the State.

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

The Grantee may invoice for up to $20,000 in information technology payments for the following activities:

- Up to $3,000 per practice to assist in practice-level data entry or EMR modification, upon approval by the State's Blueprint Assistant Director of a proposal for such work and completion of the work.
- Up to $3,000 per practice to assist in successful DocSite connectivity, as evidenced by practice satisfaction with connectivity.
- Up to $1,000 per practice to assist in successful generation of reports from DocSite or the EMR to support panel management as evidenced by practice satisfaction with reporting.

Community Based Self-Management Programs

The community based self-management budget supports the salary and benefits of the regional coordinator, plus all other expenses to implement the workshops, including but not limited to marketing, leader stipends, materials, book and CDs for participants, and facility expenses. The Grantee shall invoice the State monthly up to the sum of $2,500 for self-management activities in Section F based on expenses incurred and completion of grant deliverables.

Grantee may also invoice for actual expenses up to $3,000 for the local master trainer to provide consultation to the State, HLW training, HLW refreshers, or audits.

In addition to the monthly base payments, the Grantee shall be paid $200 per participant who completes:

- **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 this grant number and be submitted to:

Beth Tanzman

Blueprint Assistant Director

Department of Vermont Health Access

312 Hurricane Lane

Suite 201

Williston, Vermont 05495-2806

beth.tanzman@state.vt.us

An electronic copy of all reports and a **hard copy of invoices with original signature** should be sent to:

Jason Elledge

Department of Vermont Health Access

312 Hurricane Lane

Suite 201

Williston, Vermont 05495-2806

jason.elledge@state.vt.us

The State reserves the right to withhold part or all of the grant funds if the State does not receive timely documentation of the successful completion of grant deliverables. Remaining unspent funds at the end of the grant year can be formally requested to be rolled over into the subsequent year by contacting both contacts above. This carryover of funds will be awarded through a grant amendment or the following year's new grant award.

Note: Each line item of this budget covers all expenses needed to meet the deliverables as outlined in the grant agreement (including personnel salaries and benefits; supplies; equipment; overhead; marketing; travel; and community self-management program leader training, auditing, and stipends), unless otherwise specified.

Approved Budget for October 1, 2012 to September 30, 2013:

Project Management	$72,000
Project Management Milestones	$8,000
Health Information Technology Interfaces	$20,000
Self-Management Programs	$30,000
Self-Management Master Trainer Consultation	$3,000
HLW Chronic Disease Completers ($200 each)	$8,000
Tobacco Cessation Completers($200 each)	$14,400
WRAP Completers ($200 each)	$1,600
Practice Facilitation	$72,000
Practice Facilitation Milestones	$8,000

Training and Travel	$10,000
Flexible funding	$7,500
Amendment # 4 Total	**$254,500**

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 18 pages. Except as modified by this amendment and any previous amendments, all provisions of this grant, (**#03410-6118-12**) dated **October 21, 2011** shall remain unchanged and in full force and effect.

STATE OF VERMONT

DEPARTMENT OF VERMONT HEALTH ACCESS

9.25.12

MARK LARSON, COMMISSIONER DATE

GRANTEE

UNITED HEALTH ALLIANCE

9/13/12

ERIC SEYFERTH, DATE
CHAIR PERSON, BOARD OF DIRECTORS