

STATE OF VERMONT
CONTRACT AMENDMENT

It is hereby agreed by and between the State of Vermont, Department of Vermont Health Access (the "State") and the University of Vermont (VCHIP), with a principal place of business in Burlington, Vermont, (the "Contractor") that the contract between them originally dated as of July 1, 2017, Contract # 34113, as amended to date, (the "Contract") is hereby amended effective July 1, 2019 as follows:

I. **Maximum Amount.** The maximum amount payable under the Contract, wherever such reference appears in the Contract, shall be changed from \$948,644.00 to \$1,429,484.00, representing an increase of \$480,840.00.

II. **Contract Term.** The Contract end date, wherever such reference appears in the Contract, shall be changed from June 30, 2019 to June 30, 2020. The Contract term may be renewed for one additional one-year period at the discretion of the State.

III. **Contacts and Notices.** Contacts are deleted and replaced as follows:

	<u>State Fiscal Manager</u>	<u>State Program Manager</u>	<u>For the Contractor</u>
Name:	Tim Harvey	Erin Just	Emily Trantum
Phone #:	(802) 241-0389	802-760-8467	(802) 656-1270
E-mail:	Tim.Harvey@Vermont.gov	Erin.Just@Vermont.gov	SPA@uvm.edu

IV. **Attachment A, Specifications of Work to be Performed.** The scope of services is hereby deleted in its entirety and replaced by the Attachment A attached to this Amendment.

V. **Attachment B, Payment Provisions.** Attachment B is hereby deleted in its entirety and replaced by the Attachment B attached to this Amendment.

Taxes Due to the State. Contractor certifies under the pains and penalties of perjury that, as of the date this Contract amendment is signed, the Contractor is in good standing with respect to, or in full compliance with a plan to pay, any and all taxes due the State of Vermont.

Child Support (Applicable to natural persons only; not applicable to corporations, partnerships or LLCs). Contractor is under no obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date of this amendment.

Certification Regarding Suspension or Debarment. Contractor certifies under the pains and penalties of perjury that, as of the date this Contract Amendment is signed, neither Contractor nor Contractor's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds.

Contractor further certifies under pains and penalties of perjury that, as of the date this contract

amendment is signed, Contractor is not presently debarred, suspended, nor named on the State's debarment list at: <http://bgs.vermont.gov/purchasing-contracting/debarment>

This document consists of 14 pages. Except as modified by this Amendment No. 2, all provisions of the Contract remain in full force and effect.

The signatures of the undersigned indicate that each has read and agrees to be bound by this Amendment to the Contract.

STATE OF VERMONT

By: E-SIGNED by Cory Gustafson October 29, 2019
on 2019-10-29 17:03:34 GMT

UNIVERSITY OF VERMONT (VCHIP)

By: E-SIGNED by Emily Trantum October 29, 2019
on 2019-10-29 16:40:23 GMT

CORY GUSTAFSON, COMMISSIONER DATE
NOB 1 SOUTH, 280 STATE DRIVE
WATERBURY, VT 05671-1010
PHONE: 802-241-0239
EMAIL: CORY.GUSTAFSON@VERMONT.GOV

EMILY TRANTUM, TEAM LEAD DATE
217 WATERMAN BUILDING
BURLINGTON, VT 05405
PHONE: (802) 656-3360
EMAIL: SPA@UVM.EDU

ATTACHMENT A – SPECIFICATION OF WORK TO BE PERFORMED

Contractor shall provide QI Facilitators for consulting and logistical support to health care providers and community groups who are seeking to participate in the Blueprint for Health project (“Blueprint”), furthering its mission to maintain an integrated system of care across health care and community service providers and to foster the adoption of technology and integrated practice models by health care providers. Successful QI Facilitators will establish a close partnership with stakeholders in the communities they serve and will provide support to practices and community groups in selecting, planning, and executing QI projects involving the adoption of clinical best practices and integration of care both within a multi-disciplinary care team within a practice and through cooperation and referral with health care and community service providers in the community.

A. Definitions

1. “Quality Improvement (QI) Facilitator” means a professional possessing specialized skills and expertise who provides consulting and logistical support services to improve organizational behavior, practices, and business processes to achieve better outcomes for health care providers and organizations and the individuals they serve.
2. “Blueprint Practice” or “Practice” means a health care office or provider group, having a distinct location and/or operational structure, and participating, or seeking to participate, in one of the following Vermont health care reform initiatives:
 - a. Recognition as a Patient Centered Medical Home;
 - b. Women’s Health Initiative;
 - c. Blueprint’s Medication Assisted Treatment Program; and
 - d. Recognition under other health care reform standards or participation in other health care reform projects adopted by Blueprint and/or its recognized partners.
3. “Community Entity” means a locally led group of community partners and stakeholders tasked by Blueprint or another State-sponsored health care reform program with developing and implementing collaborative strategies for achieving the State population health and/or accountable care organization (ACO) goals within their local health service area (HSA). Entities operating in Vermont identifying themselves as a “Community Collaborative” or “Accountable Community for Health” are included in this definition.
4. “Learning Collaborative” means a health service area-level rapid cycle quality improvement initiative with the goal of improving cross-organization care coordination and care management.
5. “Health Service Area Program Manager” means an individual, or the delegate of that individual, who performs managerial functions within the health service area in which a Practice operates under a Blueprint health service area grant from the State.

B. Objective

The Contractor shall, through its QI Facilitators:

1. Perform an annual Practice Assessment for each Practice served by the Contractor;
2. Provide services each month to at least 32 Practices and one Community Entity;
3. Facilitate Projects each month for at least 32 Practices and, if appropriate, for the Community Entity.

4. Participate in the Blueprint for Health statewide network.

C. General Tasks

Contractor shall provide the following services:

1. Practice assessment

Contractor's QI Facilitators shall formally assess each Practice served under this Contract. This assessment shall identify:

- a. Any resources and processes that the Practice will need to establish before commencement of project work;
- b. Any education or cultural changes that need to take place before commencement of project work;
- c. Whether the Practice will be required to meet any external quality standards and any known deadlines for meeting the standards;
- d. Whether the Practice has expressed interest in pursuing the implementation of a Blueprint or Blueprint-supported project or initiative;
- e. Whether the Practice has any goals related to continuous quality improvement; and
- f. Whether there are any other improvements or opportunities of note.

2. Practice meetings and services

Contractor's QI Facilitators shall meet in person with each Practice served by the Contractor. With documented agreement by the participating Practices, the Contractor's QI Facilitators may conduct joint meetings with multiple affiliated Practices. Between meetings, Contractor's QI Facilitators shall receive and respond to Practice questions by phone or email and provide regular consultation on clinical and QI topics, responding to inquiries and requests for consultation within one business day. Contractor's QI Facilitators shall provide the following to their assigned Practices, as appropriate:

- a. Minutes or a summary of all regular meetings;
- b. Team charters or group agreements;
- c. A summary of any practice assessment completed;
- d. A copy of all quality improvement tools used (e.g. PDSA/A3 Forms/Root Cause Analysis/Workflow diagrams); and
- e. A copy of all documented outcomes of facilitation/work projects.

3. Community Entity meetings and services

Contractor's QI Facilitators shall attend scheduled Community Entity meetings and applicable quality sub-workgroup meetings. Between meetings, Contractor's QI Facilitators shall provide regular consultation in response to Community Entity questions between meetings via phone and e-mail. Contractor's QI Facilitators shall provide the following to their assigned Community Entities, as appropriate:

- a. Minutes or a summary of all regular meetings;
- b. Team charters or group agreements;
- c. A copy of all quality improvement tools used (e.g. PDSA/A3 Forms/Root Cause Analysis/Workflow diagrams); and
- d. A copy of all results.

4. Participation in Blueprint State network

Contractor's QI Facilitators shall:

- a. Respond to inquiries by the State within one business day;
- b. Attend all Blueprint meetings and calls scheduled by the State, including expansion and quality improvement program (EQuIP), project and initiative-specific meetings, all field team meetings, and the Blueprint annual conference;
- c. As required by the State, attend Practice and Community Entity meetings of other QI Facilitators and other ad-hoc conference calls, meetings, or trainings with State and other QI Facilitators;
- d. Participate in bi-weekly (or monthly if determined by State) check-in calls with the State;
- e. Provide peer-to-peer mentoring and support to other contracted QI Facilitators, ACOs and State staff; and
- f. Monitor and contribute as appropriate to the statewide QI Facilitator web-based communication and information sharing system provided by the State.

5. Short Term Support

Contractor's QI Facilitators shall provide short term support to Practices or Community Entities in other HSAs when extra staff support is needed, such as the facilitation of a community-wide Learning Collaborative or when coverage is needed due to a staffing shortage, such as vacancies of QI Facilitator staff, or during scheduled time off for other QI Facilitators.

6. Practice capacity building

Contractor's QI Facilitators shall assist interested Practices in implementing or improving the resources, processes, or training needed to successfully engage in QI Work, including:

- a. Establishment of a functional multi-disciplinary QI team ("Practice Team") composed of clinical providers and administrative staff;
- b. Ownership and investment on the part of the Practice Team in the continuous QI process;
- c. The ability of the Practice Team to review evaluation data and understand how the data reflects the Practices' progress and outcomes;
- d. The ability of the Practice Team to use the tools provided by the QI Facilitator for continuous QI;
- e. Integration of shared decision-making, self-management support, panel management processes, cross-organization care coordination, and mental health and substance abuse treatment into clinical practice;
- f. Incorporation of health and community services and tools for cross-organization care coordination into Practice workflow;
- g. Incorporation of strategies to improve care and measure change in health care delivery systems into daily Practice, such as mentoring, coaching, and team facilitation;
- h. Understanding by the Practice of the standards and process for recognition of compliance with external quality standards;
- i. Understanding by the Practice of the process of QI, including use of measurement, evidence, process models, such as the "Plan, Do Study, Act" or "PDSA" cycle, and roles and responsibilities of the QI Facilitator, Practice, and other stakeholders;

- j. Understanding by the Practice of the benefit of continuous QI in the context of Vermont health reform; and
- k. Involvement and communication of Practice leadership.

7. Facilitating Compliance with External Quality Standards

Contractor's QI Facilitators shall assist interested Practices in meeting external quality standards by:

- a. Guiding each Practice Team through the recognition process;
- b. Providing Practices with a proposed timeline for meeting the applicable standard;
- c. Assisting Practices in planning and implementing tasks and interventions as necessary to meet the required standards;
- d. Reporting the progress of each Practice through applicable portals; and
- e. Reporting clinical outcomes through applicable registries.

8. Facilitation of Participation in Blueprint Programs and Initiatives

Contractor's QI Facilitators shall assist interested Practices in participating in programs or initiatives run by or supported by Blueprint by:

- a. Notifying the applicable Blueprint HSA Manager of the Practice's interest in participating and soliciting input from the Blueprint HSA Manager as appropriate to coordinate efforts relating to the program or initiative.
- b. Ensuring that the Practices, create an implementation plan and timeline for the attestation requirements for participation in the initiative or program;
- c. Completing a program- or initiative-specific practice assessment to identify opportunities for ongoing QI;
- c. Assisting Practices in performing tasks necessary for attestation and QI activities required under the program or initiative; and
- d. Assisting in required reporting according to the implementation plans.

9. Continuous Quality Improvement

Contractor's QI Facilitators shall assist interested Practices in continuous QI projects by:

- a. Providing each Practice with a QI plan that describes the Practice's desired aims, lists project participants, and outlines the methods and strategies that will be used;
- b. Assisting Practice Teams to use data and evidence-based practices in selecting, prioritizing, implementing, and evaluating their opportunities, aims, and interventions;
- c. Tailoring QI and educational interventions to meet their internal needs and external requirements according to the QI plan; and
- d. Measuring and monitoring the progress of interventions and achievement of aims.

10. Community Entity Capacity Building

Contractor's QI Facilitators shall assist interested Community Entities in implementing or improving the resources, processes, or training needed to successfully engage in QI Work, including:

- a. Ownership and support for continuous QI activities of the Community Entity;
- b. Consensus and ownership among participants on the priorities selected by the Community Entity;

- c. Establishment of strong relationships between clinical and non-clinical participants in the Community Entity;
- d. Development and implementation of processes and tools for cross-organization care coordination; and
- e. Development and implementation of strategies for communication and learning between community partners, such as Learning Collaboratives or online learning environments.

11. Continuous Quality Improvement for Community Entities

At the request of Community Entity, Contractor's QI Facilitators shall perform the following when assisting their assigned Community Entities in continuous quality improvement projects:

- a. Identify local priorities for improving health and wellbeing in the community;
- b. Identify community resources to address these priorities;
- c. Use data to prioritize and select interventions and aims;
- d. Use data and evidence-based practices to implement interventions; and
- e. Measure and monitor the progress of interventions and achievement of aims.

D. Service Level Requirements

1. To ensure adequate staffing under this Contract, Contractor shall assign a minimum of four QI Facilitators to perform the work detailed in this Contract.
 - a. Permanent QI Facilitators must be evaluated by the State for satisfaction of competencies prior to instatement.
 - b. Contractor may appoint Interim QI Facilitators for up to 45 days, or longer with State approval.
 - c. The State may require a contingency plan and/or withhold or reduce payment as described in Attachment B if Contractor is unable to provide full staffing under this contract.
2. To ensure coordination and availability of QI Facilitator staff:
 - a. Contractor shall ensure that each QI Facilitator is available to perform work exclusive to this Contract between 8:30 am and 5:00 pm, unless an alternative schedule is necessary for the completion of tasks under this Contract.
 - b. Contractor shall notify and coordinate with the State at least five business days in advance of any time off exceeding five consecutive business days or any change in schedule that will impact the activities of the State and will reschedule or provide coverage for attendance at required meetings and events.
3. The Contractor shall assign between 8 and 15 Practices to each QI Facilitator.
 - a. The State will reasonably cooperate with Contractor to identify Practices within the Chittenden County HSA, or in other areas at the State's discretion, that are eligible for assignment and willing to engage in facilitation with the Contractor's staff.
 - b. A Practice may be considered an "Assigned Practice" so long as the QI Facilitator continues to perform the following tasks, as described Section C of this Attachment A:
 - i. Practice meetings and services.

The Contractor shall meet with the Practice either bi-weekly or monthly, as determined in cooperation with the Practice depending on Practice's needs and priorities.

ii. Practice assessment.

The Contractor shall complete the assessment within three months of execution of this Amendment, up to 12 months following the last assessment performed by a QI Facilitator under contract with the State, or within one month of the initiation of the Contractor's engagement with a Practice, whichever is later.

4. Contractor shall facilitate Projects with at least 32 Practices each month.

a. A "Project" means one of the following tasks, as described in Section C of this Attachment A:

- i. Practice assessment;
- ii. Practice capacity building;
- iii. Compliance with external quality standards;
- iv. Facilitation of participation in Blueprint programs and initiatives;
- v. Continuous quality improvement; and
- vi. Short term support.

b. Each QI Facilitator shall facilitate at least one Project with at least eight of its assigned Practices – or another Practice or Community Entity if providing short term support - each month.

c. If an assigned Practice completes one-fourth of all active Projects with the QI Facilitator, the QI Facilitator will be deemed to have facilitated a Project with that Practice in the month of completion and in the following month, for up to four practices in a given month.

d. A Community Entity receiving short-term support may be counted as a Practice for the purpose of determining the number of Practices with Projects facilitated by the QI Facilitator.

e. The Contractor shall offer a discount as described in Attachment B for each quarter in which it fails to meet this level of service for two or more months.

E. Administrative Deliverables

1. Assessment of Staff Qualifications

The Contractor shall provide the State with the opportunity to independently assess a QI Facilitator through a review of the Facilitator's qualifications and an in-person interview at the time the Contractor hires or assigns the QI Facilitator.

2. Practice and Community Entity Report

Contractor shall provide a report prior to its first quarterly invoice based on the template provided by the State. The report shall:

- a. List each Practice and Community Entity served;
- b. Identify the QI Facilitator assigned to each Practice and Community Entity;
- c. Provide a primary contact and contact information for each Practice or Community Entity; and

- d. Report the status or primary focus of the Practice or Community Entity following assessment by the QI Facilitator.

Contractor shall update the Practice and Community Entity Report on the first day of each subsequent month with any changes and shall document the dates of Facilitators' required meetings with Practices and Community Entities from that month.

3. Project Report

Contractor's QI Facilitators shall document the initiation, execution, and completion or conclusion of all Projects undertaken by an assigned Practice or Community Entity using the template provided. The QI Facilitators shall identify:

- a. The Practice or Community Entity;
- b. The project type;
- c. A summary of the Project;
- d. The start date or kickoff date of the Project;
- e. The main QI tools and strategies used in the intervention;
- f. A discrete aim or goal by which successful completion of the Project may be measured; and
- g. A target completion date.

4. Supervision and Corrective Action Plan

Contractor shall ensure that any staff providing direct supervision to an employee performing QI Facilitator work is available during typical working hours by phone or e-mail. Such staff will respond to inquiries received via email within two business days of receipt.

Contractor shall notify the State within five business days of receiving a complaint or concern related to the work, qualifications, or behavior of a QI Facilitator.

If the State identifies, through its own observations or as communicated by one or more participating Practices, an issue relating to QI Facilitator which it reasonably anticipates will result in the QI Facilitator failing to perform the tasks or maintain the Competencies required under this Contract:

- a. The State will provide notice of all complaints within five business days of receipt;
- b. The State may request a Corrective Action Plan (CAP) at the time of initial notice or at any time following notice;
- c. The Contractor shall assess the problems identified in the notice and will provide a summary of its findings and a CAP to the State and affected Practices within ten business days of the State's request;
- d. The State may reasonably require modifications or changes to the CAP and the State may permit extensions of the timelines required under this paragraph within 15 business days of the request;
- e. The State will not unreasonably withhold acceptance of a CAP;
- f. The CAP will provide terms by which progress toward resolution and full resolution of the identified issue(s) may be measured;

- g. As provided in Attachment B, the State may withhold payments if the Contractor fails to address the identified issue or issues according to the terms of the CAP and according to the timeline provided in Attachment B.

The Contractor will not employ a CAP in instances where a QI Facilitator is found to have engaged in serious misconduct. In such instances the State has the right to request immediate assignment of a replacement QI Facilitator.

5. Position Vacancies and Contingency Plan

- a. Contractor shall notify the State within two business days of becoming aware of a vacancy in a QI Facilitator position.
- b. Contractor shall develop a contingency plan for approval by the State if the Contractor proposes to operate with fewer than four full time QI Facilitators during periods of position vacancies or extended leave.
- c. Contractor shall identify and list the qualifications of any part-time Interim QI Facilitators. A Contingency Plan is not required if qualified interim staff will be providing coverage on a full-time basis.
- d. Under the Contingency Plan this plan, the Contractor shall:
 - i. Reassign all Practices to its remaining QI Facilitators and/or part time Interim QI Facilitators;
 - ii. Continue to facilitate Projects for at least 32 Practices and continue to provide Practice meetings and services to all assigned Practices, except that Contractor may, with documented agreement from the affected Practices:
 1. Reduce the frequency of meetings with such Practices to monthly;
 2. Limit the provision of Practice Services to those for whom the Contractor is facilitating a Project; and/or
 3. Adjust the timelines and postpone action steps related to capacity building or continuous quality improvement Projects; and
 - iii. Guarantee that periods of reduced staffing will not impact the ability of Practices to comply with external quality standards or participate in Blueprint programs or initiatives within the required timelines.
- e. The contingency plan may specify alternative discounts to those specified in Attachment B, to be offered if:
 - i. The contingency plan proposes a greater reduction in services than provided in this Contract; or
 - ii. Contractor fails to meet the service levels specified in the approved contingency plan.
- f. Contractor shall submit a draft contingency plan within 30 days of execution of this Amendment.
- g. Contractor shall update the contingency plan and submit it to the State for approval within five business days of a reduction in staff.
- h. The Contractor shall offer a discount according to the terms of Attachment B or as specified in the contingency plan if it fails to provide this deliverable or meet the level of service terms provided therein.

6. CPHQ Accreditation

The State shall offer reimbursement, under the terms detailed in Attachment B, for Facilitators who successfully earn initial accreditation as a Certified Professional in Healthcare Quality (CPHQ).

ATTACHMENT B – PAYMENT PROVISIONS

The maximum dollar amount payable under this Contract is not intended as any form of a guaranteed amount. Contractor will be paid for products or services actually delivered or performed, as specified in Attachment A, up to the maximum allowable amount specified in this Contract.

1. Prior to commencement of work and release of any payments, Contractor shall submit to State:
 - a. A certificate of insurance consistent with the requirements set forth in Attachment C, Section 8 (Insurance), and with any additional requirements for insurance as may be set forth elsewhere in this Contract; and
 - b. A current IRS Form W-9 (signed within the last six months).
2. Payment terms are **Net 30** calendar days from the date the State receives an error-free invoice with all necessary and complete supporting documentation.
3. Contractor shall submit invoices with a current date of submission, invoice number, and contract number quarterly. Contractor will submit invoices affirming the performance of work under this Contract, including variations approved by the State under the terms of Attachment A or an approved contingency plan, and identifying any applicable discounts. All invoices must include a unique invoice number and the contract number (#34113) for this Contract.
4. Contractor shall submit invoices to the State in accordance with the schedule set forth in this Attachment B. The payment schedule for delivered products, or quarterly rates for services performed, and any additional reimbursements, are as follows:
 - a. Supervision & Facilitation:
 - i. From July 1, 2017 to June 30, 2018, Contractor may invoice the State up to \$106,951 per quarter for DI Facilitation activities outlined in Attachment A, contingent upon timely production of reports and work products.
 - ii. From July 1, 2018 to June 30, 2019, Contractor may invoice the State up to \$109,960 per quarter for Supervision and Facilitation activities outlined in Attachment A, contingent upon timely production of reports and work products.
 - iii. From July 1, 2019 to June 30, 2020, Contractor may invoice the State \$119,510.00 per quarter for Supervision and Facilitation activities outlined in Attachment A, minus any applicable discounts, contingent upon timely production of reports and work products.
 - b. QI Milestone Payments
 - i. From July 1, 2017 to June 30, 2018, Contractor may invoice the State up to \$40,000 for QI Milestones outlined in Attachment A, contingent upon timely production of reports and work products.
 - ii. From July 1, 2018 to June 30, 2019, Contractor may invoice the State up to \$41,000 for QI Milestones outlined in Attachment A, contingent upon timely production of reports and work products.

- c. Certified Professional in Healthcare Quality (CPHQ) Certification Milestone Payments:
- i. Contractor may invoice the State for registration and study materials for the successful completion by its QI Facilitators of accreditation as a CPHQ up to \$700 per person for an overall amount not to exceed \$2,800.00 for the period of July 1, 2019 to June 30, 2020.
 - ii. The State may withhold funds up to the amount reimbursed for accreditation if the Contract's end date is less than six months after the date the accreditation is earned. Such funds will be provided in full if the Contract is extended by amendment or a new Contract is executed.
 - iii. All certification costs incurred by QI Facilitators will be determined after the date of successful completion of accreditation as a CPHQ. Proof of successful completion and receipts associated with attaining certification such as registration fees, and study materials must be submitted before reimbursement will be made.
5. All reports related to this Contract should be submitted in electronic format. Reports should reference this Contract number and be submitted to:
Erin Just: Erin.Just@vermont.gov

An electronic copy of all invoices and reports with original signature shall be sent to:

AHS.DVHAInvoices@vermont.gov;

All reports and other work products (deliverables) are subject to review and approval by the State before being accepted. Any work product deemed unacceptable by the State will be subject to revision by Contractor based upon a remediation plan that the State and Contractor will develop. Payment will be contingent upon and made after the State has accepted each work product and any stipulations listed in this Attachment B.

6. The Contractor shall offer service level discounts to the State as follows:
- a. one \$2,200 per week for each week within the billing quarter in which fewer than four full time QI Facilitators are performing services under this Contract due to a reduction in staff or extended leave unless:
 - i. The Contractor has in place an approved contingency plan and demonstrates satisfactory compliance with the level of service terms stated therein; or
 - ii. The approved contingency plan provides for a lesser discount; and
 - b. \$1,250 per Practice per month for each month in excess of one during the billing quarter in which a QI Facilitator facilitates Projects with fewer than the required number of Practices.

7. Budget Tables.

Budget for July 1, 2017 to June 30, 2018

QI Facilitation	\$ 427,804
QI Milestones	\$ 40,000
	\$ 467,804

Budget for July 1, 2018 to June 30, 2019

QI Facilitation	\$ 439,840
QI Milestones	\$ 41,000
	\$ 480,840

Budget for July 1, 2019 to June 30, 2020

QI Supervision & Facilitation	\$ 478,040
CPHQ Certification	\$ 2,800
	\$ 480,840