GRANT AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and Springfield Medical Care Systems, Inc. (hereafter called the "Subrecipient" that the grant agreement (#03410-2225-21) on the subject of administering the Blueprint for Health program initiatives in the Springfield, Vermont Health Service Area, effective October 1, 2020, is hereby amended to be retroactively effective December 31, 2020 as follows:

1. **By deleting Part 1-Grant Award Detail on page 1 of 37 of the base agreement and replacing it with the following Part 1- Grant Award Detail:**

STATE OF VERMONT GRANT AGREEMENT — Part 1-Grant Award Detail

SECTION I - GENERAL GRANT INFORMATION

1 **Grant #:** 03410-2225-21 | 2 **Original** ☐ | **Amendment #** 1

3 **Grant Title:** Blueprint for Health Springfield Hospital HSA

4 **Amount Previously Awarded:** $100,375.00 | 5 **Amount Awarded This Action:** $33,750.00 | 6 **Total Award Amount:** $134,125.00

7 **Award Start Date:** 10/01/2020 | 8 **Award End Date:** 09/30/2021 | 9 **Subrecipient Award:** YES ☒ NO ☐

10 **Vendor #:** 253423 | 11 **Grantee Name:** Springfield Medical Care Systems, Inc

12 **Grantee Address:** 25 Ridgewood Road

13 **City:** Springfield | 14 **State:** VT | 15 **Zip Code:** 05156

16 **State Granting Agency:** AHS/Department of Vermont Health Access | 17 **Business Unit:** 03410

18 **Performance Measures:** YES ☒ NO ☐ | 19 **Match/In-Kind:** | **Description:**

20 *If this action is an amendment, the following is amended:*
Amount: ☒ **Funding Allocation:** ☐ **Performance Period:** ☐ **Scope of Work:** ☒ **Other:** ☐

SECTION II - SUBRECIPIENT AWARD INFORMATION

21 **Grantee DUNS #:** 137017195 | 22 **Indirect Rate:** % (Approved rate or de minimis 10%) | 23 **FFATA:** YES ☒ NO ☐

24 **Grantee Fiscal Year End Month** (MM format): 9 | 25 **R&D:** ☐

26 **DUNS Registered Name** *(if different than VISION Vendor Name in Box 11)*:

SECTION III - FUNDING ALLOCATION

STATE FUNDS

Fund Type	27 Awarded Previously	28 Award This Action	29 Cumulative Award	30 Special & Other Fund Descriptions
General Fund	$16,959.93	$5,623.86	$22,583.79	
Special Fund			$0.00	
Global Commitment (non-subrecipient funds)	$30,308.52	$10,262.72	$40,571.24	
Other State Funds			$0.00	

FEDERAL FUNDS *(includes subrecipient Global Commitment funds)*

31 CFDA#	32 Program Title	33 Awarded Previously	34 Award This Action	35 Cumulative Award	Required Federal Award Information: 36 FAIN	37 Fed Award Date	38 Total Federal Award
93.778	Medicaid Assistance Program	$16,959.95	$5,623.87	$22,583.82			
39 Federal Awarding Agency:			40 Federal Award Project Descr:				
93.778	Medicaid Assistance Program - Global Commitment (sub-recipient funds)	$36,146.60	$12,239.55	$48,386.15			
Federal Awarding Agency:			Federal Award Project Descr:				
				$0.00			
Federal Awarding Agency:			Federal Award Project Descr:				
				$0.00			
Federal Awarding Agency:			Federal Award Project Descr:				
				$0.00			
Federal Awarding Agency:			Federal Award Project Descr:				
	Total Awarded - All Funds	$100,375.00	$33,750.00	$134,125.00			

SECTION IV - CONTACT INFORMATION

41 STATE GRANTING AGENCY		42 GRANTEE	
NAME:	Julie Parker	NAME:	Thomas Dougherty
TITLE:	Project Administrator	TITLE:	Director, Community Health
PHONE:	(802) 585-4732	PHONE:	(802) 886-8993
EMAIL:	Julie.Parker@vermont.gov	EMAIL:	TDougherty@Springfieldmed.org

2. **By deleting Attachment A, Scope of Work in its entirety and replacing it with the following Attachment A, Scope of Work to Be Performed:**

3. **By deleting the Budget Table in Attachment B, Payment Provisions Section 18, and replacing it with the following:**

18. Approved Budget for the Grant Term:

October 1, 2020 – September 30, 2021

Budget Category	Amount
Program Management	$80,000.00
Self-Management Regional Coordination	$30,000.00
Self-Management Master Trainer	$1,125.00
Self-Management Program Costs	$15,000.00
Travel, Training, and Other Expenses	$8,000.00
Total	**$134,125.00**

The Subrecipient may request, in writing, approval by the State to reallocate funds across budget categories if necessary, to accomplish grant deliverables. The Subrecipient may also request, in writing, approval by the State to carry forward funds across quarterly periods if necessary, to accomplish grant deliverables.

Taxes Due to the State. Subrecipient further certifies under the pains and penalties of perjury that, as of the date this grant amendment is signed, Subrecipient 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). Subrecipient 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 Subrecipient certifies under the pains and penalties of perjury that, as of the date this grant amendment is signed, neither Subrecipient nor Subrecipient'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.

Subrecipient further certifies under pains and penalties of perjury that, as of the date that this grant amendment is signed, Subrecipient 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 10 pages. Except as modified by this Amendment No. 1, all provisions of the Grant 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 GRANT.

BY THE STATE OF VERMONT:

E-SIGNED by Cory Gustafson on 2021-03-18 15:46:01 GMT March 18, 2021

CORY GUSTAFSON, COMMISSIONER DATE
AHS/DVHA
NOB 1 SOUTH, 280 STATE DRIVE
WATERBURY, VT 05671
EMAIL: CORY.GUSTAFSON@VERMONT.GOV

BY THE SUBRECIPIENT:

E-SIGNED by Joshua Dufresne on 2021-01-28 22:10:51 GMT January 28, 2021

JOSHUA DUFRESNE, ACTING CEO DATE
SPRINGFIELD MEDICAL CARE SYSTEMS, INC.
25 RIDGEWOOD ROAD
SPRINGFIELD, VT 05156
EMAIL: JDUFRESNE@SPRINGFIELDMED.ORG

ATTACHMENT A
SCOPE OF WORK TO BE PERFORMED

1 Definitions

1. "Administrative Entity" is an organization that is accountable for leading implementation and ongoing operations of the All-Payer Model (APM) and the Blueprint for Health program in their health service area (HSA).

2. "Accountable Care Organization" or "ACO" means an organization of health care providers that has a formal legal structure, is identified by a federal Taxpayer Identification Number, and agrees to be accountable for the quality, cost, and overall care of the patients assigned to it.

3. "All-Payer Model" or "APM" is the negotiated agreement between the State and the Centers for Medicare and Medicaid Services (CMS) to test an alternative payment model through ACOs. Under this agreement, Medicare, Medicaid, and commercial payers within the State of Vermont incentivize health care value and quality under the same payment structure for most providers throughout the State.

4. "Blueprint for Health" or "Blueprint" means the State's program for integrating a system of health care for patients, improving the health of the overall population, and improving control over health care costs by promoting health maintenance, prevention, and care coordination and management.

5. "Community Collaborative" means a locally led group of community partners and stakeholders who meet regularly to integrate health care and human services, align quality improvement initiatives, improve care coordination activities, and strengthen community health infrastructure. The Community Collaborative is tasked with developing and implementing collaborative strategies for achieving the state population health and ACO goals within their local health service area, using the Accountable Communities for Health framework.

6. "Community Health Team" or "CHT" means staff in the local Health Service Areas supported by Blueprint insurer payments, including staff supported through the Medication Assisted Treatment (MAT) and Women's Health Initiative (WHI) programs. These staff supplement services are available in Patient-Centered Medical Homes (PCMHs) and link patients with services for non-medical health-related social needs. They may be embedded with primary care practices or centralized in the HSA.

7. "Health Service Area" or "HSA" refers to the distinct geographic regions described in Section 4.1.4 or the Vermont Blueprint for Health Manual (Blueprint Manual).

8. "Hub and Spoke Model" refers to Vermont's system of regional Opioid Treatment Programs (Hubs) and Office-Based Opioid Treatment in community-based primary care and specialty Practice settings (Spokes) where prescribing teams provide Medication Assisted Treatment (MAT) and home health services, including care coordination, for Vermonters with opioid use disorder.

9. "Medication Assisted Treatment" or "MAT" means the use of medications, in combination with counseling and behavioral therapies, to provide a holistic and patient-centered approach to the treatment of opioid use disorder.

10. "Patient-Centered Medical Homes" or "PCMH" means primary care Practices that have achieved recognition by the National Committee for Quality Assurance (NCQA) for meeting and/or maintaining standards of excellence in primary care.

11. "Practice" means a health care provider or group of providers located at a single geographic location.

12. "Program Manager" means the individual, hired by the Subrecipient, who is responsible for the implementation of this Grant Agreement.

13. "Quality Improvement Facilitator" or "QI Facilitator" means a Blueprint-funded professional who works directly with Practices to provide technical expertise in NCQA-PCMH standards and ongoing quality improvement coaching.

14. "Self-Management Programs" means learning workshops that help individuals better manage their own health. These workshops address a range of conditions and topics, including Diabetes and Diabetes Prevention, Chronic Pain, Tobacco Cessation, Wellness Recovery Action Planning, and any type of Chronic Disease.

15. "Self-Management Regional Coordinator" means a Blueprint-funded professional who works to implement the community-based group self-management programs with the HSA.

16. "Vermont Health Information Exchange" or "VHIE" means the secure, statewide data network which gives health care providers, ACOs, and other approved users the ability to electronically exchange and access medical records.

17. "Women's Health Initiative" or "WHI" means a program for improving women's health outcomes that includes women's health care providers in the Blueprint. Providers participating in WHI deliver preventive care, psychosocial screenings, comprehensive family planning counseling, and access to long-acting reversible contraception, when chosen by the patient and clinically appropriate.

2 Scope of Work

The Subrecipient will administer the Blueprint for Health Program in accordance with the Blueprint Manual. The Blueprint Manual may be modified or amended from time to time in accordance with the process for updating as outlined in Section 1.2 of the Blueprint Manual. In accordance with Section 3 of the Blueprint Manual, Subrecipient is a CMS eligible provider. If Subrecipient loses this status, Subrecipient must immediately notify State. Failure to be qualified as a CMS eligible provider may result in termination of this Agreement. https://blueprintforhealth.vermont.gov/implementation-materials

2.1 Blueprint for Health Administration

2.1.1 Community Health Team

The Subrecipient shall have primary oversight for the CHT, including acting as the fiscal agent for CHT funding received by the insurers, maintaining a CHT plan under the direction of the Community Collaborative, ensuring the CHT is fully staffed and deployed equitably to Practices participating in Blueprint programs, and providing general supervision for the operations of the team.

2.1.2 Community Collaborative

The Subrecipient will support the Community Collaborative as described in Section 4.2 of the Blueprint Manual.

2.1.3 Health Reform

The Subrecipient shall work collaboratively with the State and the ACO to prepare and launch new initiatives and services as they arise. Current and new initiatives include: the MAT and WHI programs, implementation of the All-Payer Model, the population health care model, coordinating the Community Collaborative, and coordinating transition of the Self-Management Programs to the ACO.

2.2 Self-Management Program Reporting

From October 1, 2020 through September 30, 2021, the Subrecipient will:

- Maintain the Self-Management Programs that are occurring in the HSA;
- Deliver at least five (5) Self-Management Program workshops focused on diabetes (e.g., CDC Diabetes Prevention Programs, SMRC Diabetes Self-Management Program) and best practice group tobacco cessation (such as Fresh Start or other TTS-facilitated workshops). These workshops can either be delivered independently or in collaboration with another HSA. The State will reimburse the Subrecipient for pre-approved expenses associated with this scope of work. The Subrecipient may also deliver other programs, such as the Self-Management Resource Center (SMRC) suite of offerings, Health Coaches for Hypertension Control, and Wellness Recovery Action Planning Program (WRAP), to address specific needs in the community. WRAP cannot be offered in a virtual format. Therefore, WRAP cannot be offered until it is either in alignment with Vermont COVID-19 guidelines, or until Vermonters can gather in-person safely;
- Refer interested participants from their HSA to other HSAs offering virtual classes of interest and track these referrals in the Blueprint Portal.

2.3 Health Service Area

Under this Grant Agreement, the Subrecipient is the Administrative Entity for the Springfield Health Service Area.

2.4 Staffing

The Subrecipient shall hire or have on staff the following positions:

1. Program Manager: The Program Manager shall be the primary local contact responsible for management of all programmatic and administrative components of the Grant Agreement. If more than one individual is sharing this role, a single point of contact shall be named. The Program Manager shall be responsible for coordinating recruitment and hiring or subcontracting of CHT, MAT, and WHI staff according to State direction.

2. Self-Management Regional Coordinator: The Self-Management Regional Coordinator will be responsible for implementing and administering the community-based group self-management programs within the Health Service Area in accordance with the Regional Coordinator Operations Manual as well as the Blueprint Manual. This position will be funded from October 1, 2020 through September 30, 2021. The Regional Coordinator Operations Manual can be found here: http://blueprintforhealth.vermont.gov/sites/bfh/files/documents/Regional%20Coordinator%20Operations%20Manual%20v2.0.pdf

In the event of a position vacancy, with the exception of a vacancy of the Self-Management Regional Coordinator, the Subrecipient shall fill the position within 60 days. Subrecipient shall develop and provide to the State within 15 days of becoming aware of the vacancy a contingency plan for covering the position's responsibilities until it is filled. The contingency plan shall be subject to the approval of the State. Nothing

in this agreement is intended to alter or modify the hiring policies of the Subrecipient. The State reserves the right to issue recommendations to the Subrecipient during the interviewing process based upon State and ACO review of resumes and the interview process. The Subrecipient shall not make an offer of employment using funds under this agreement without first obtaining approval of the State.

With written approval of the State, Subrecipient may fill the Self-Management Regional Coordinator position on a part-time basis when needed or appropriate for programmatic efficiencies. The State encourages Subrecipients to coordinate with another HSA, the part-time Regional Coordinator workload to allow that person to support both HSAs, where appropriate. Alternatively, if the Subrecipient has a Regional Coordinator vacancy they do not wish to fill, Subrecipient may opt out of the hiring process with written approval of the State.

2.5 Program Evaluation Participation

The Subrecipient shall provide data as requested by the State for evaluation of the Blueprint multi-payer advanced primary care practice model, APM, and any additional services (such as the MAT initiative or WHI). Data requested may include, but not be limited to: proof of participation in chart reviews, patient experience of care surveys, and focus groups. The Subrecipient will also support the exchange of health information with the Vermont Health Information Exchange.

3 Reporting

Successful submission of the below listed reports is contingent upon State's receipt, review, and approval of the reports. The State may reject a report for failure to meet the requirements under this section. State will provide a reason for the rejection and an opportunity to revise the report for resubmission. A report will be considered timely filed if submitted by the initial due date, even if the State later rejects the report.

3.1 Quarterly Reports

The Subrecipient shall submit a report to the State on a quarterly basis which describes the Subrecipient's activities and progress in performing the implementation and administrative functions described in the Blueprint Manual. The State will provide and send the Subrecipient a template for this report. The Subrecipient will report accomplishments toward agreement objectives and indicate any barriers in performing work in accordance with Attachment A. This report will be used to both document Blueprint implementation and to identify areas of potential intervention by the State to improve performance. The Subrecipient will report on each aspect of Blueprint implementation, including, but not limited to:

- Statewide Health Reform Efforts;
- ACO Coordination;
- Community Health Team Staffing and Administration;
- MAT and WHI Implementation;
- Implementation of the Care Model (as described in the Blueprint Manual);
- Community Collaborative/Accountable Community for Health;
- Self-management programs;
- Participation in quality improvement initiatives;
- Practice outreach;
- Data transmission to the VHIE;
- NCQA scoring;
- New Blueprint and/or ACO initiatives, as appropriate; and
- Additional reporting as requested by the State.

The reports will describe the activities in the previous 3 months, and will be submitted to the State on or before the following dates:

- January 15, 2021
- April 15, 2021
- July 15, 2021
- September 30, 2021.

Where the State has concerns about Subrecipient's performance, the State may require more frequent progress assessment reports. The State will notify Subrecipient of the need for more frequent assessments and the format they should be provided in.

3.2 Additional Periodic Reporting

The Subrecipient is responsible for reporting the information listed in the table below by the dates indicated. The information requested shall be submitted by entering data into the Blueprint portal or another data reporting system if required by the State.

CHT/MAT/WHI Staffing and Practice Information: Enter updated CHT/MAT/WHI staffing and Practice information. This includes practice closures, mergers, and openings.	October 15, 2020 January 15, 2021 April 15, 2021 July 15, 2021
Self-Management Programs and Participant Numbers Enter updated self-management program information and participant numbers. To be entered for each month, this includes workshop type, number of workshops scheduled, number of workshops cancelled, and number of graduates when the workshop ends. This also includes number of referrals to other HSAs, as well as referral source.	March 15, 2021 May 15, 2021 July 15, 2021 September 15, 2021
Monitor NCQA PCMH Recognition: Each quarter, the State shall notify and identify to the Program Manager a cohort of Practices which are scheduled to undergo NCQA PCMH recognition approximately 6 months in the future. For those identified Practices, the Program Manager, in partnership with the assigned QI Facilitator, shall closely monitor progress towards the reporting date and ensure all appropriate Practice and provider information is updated in the Blueprint Portal (or other data reporting system) accordingly.	October 15, 2020 January 15, 2021 April 15, 2021 July 15, 2021 (for each such date, with respect to Practices identified to Subrecipient within the prior quarter)
New Practice Total Unique Patient Counts: For practices new to the Blueprint ONLY, enter Practice-level patient counts to determine CHT staffing ratios.	December 15, 2020 March 15, 2021 June 15, 2021 September 15, 2021