



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: James Reardon, Commissioner of Finance & Management  
From: Nathan Lavery, Fiscal Analyst  
Date: October 25, 2010  
Subject: JFO #2459, #2460, #2461, #2462

No Joint Fiscal Committee member has requested that the following items be held for review:

**JFO #2459** — \$17,899 grant from the University of Delaware Research Office to the Agency of Agriculture, Food and Markets. Funding will be used to improve the human resource management skills of managers at Vermont dairy farms through a series of regional workshops.  
*[JFO received 9/16/10]*

**JFO #2460** — \$506,000 grant from the U.S. Department of Justice to the Department of Public Safety. Funding will be used upgrade communications equipment and technology, including the purchase of narrow band capable mobile and portable radios for law enforcement officers, related to the interoperable communications platform.  
*[JFO received 9/16/10]*

**JFO #2461** — \$6,000 grant from the Brookdale Foundation to the Department of Children and Families – Family Services Division. Funding will be used to increase awareness of relatives who are serving as caregivers and to support the expansion of support groups and training opportunities by implementing a statewide interagency task force.  
*[JFO received 9/21/10]*

**JFO #2462** — \$81,459 grant from the University of Southern Maine – Office of Sponsored Research to the Department of Vermont Health Access. Funding will be used to expand the Blueprint for Health, including the use of Health Information Technology infrastructure, to evaluate and improve the quality of health care delivered to children as part of rolling out the Pediatric Blueprint. **The establishment of one (1) limited service position is associated with this request.**  
*[JFO received 9/21/10]*

The Governor's approval may now be considered final. We ask that you inform the Secretary of Administration and your staff of this action.

cc: Roger Allbee, Secretary  
Thomas Tremblay, Commissioner  
Stephen Dale, Commissioner  
Susan Besio, Commissioner



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: Joint Fiscal Committee Members  
From: Nathan Lavery, Fiscal Analyst  
Date: September 22, 2010  
Subject: Grant Requests

Enclosed please find five (5) requests that the Joint Fiscal Office has received from the administration. These requests include the establishment of two (2) limited service positions.

**JFO #2458** — Request from the Department of Public Service to establish one limited service position. This position will assist with reporting and monitoring requirements associated with ARRA energy initiatives; specifically including the administration of grants from the Clean Energy Development Fund. Funding for this position is available through an award from the American Recovery and Reinvestment Act that was included in the FY10 budget. Only the position requires JFC approval. **Expedited review of this item has been request by the Department. Joint Fiscal Committee members will be contacted by September 30 with a request to waive the statutory review period and accept this item.**

*[JFO received 9/16/10]*

**JFO #2459** — \$17,899 grant from the University of Delaware Research Office to the Agency of Agriculture, Food and Markets. Funding will be used to improve the human resource management skills of managers at Vermont dairy farms through a series of regional workshops.

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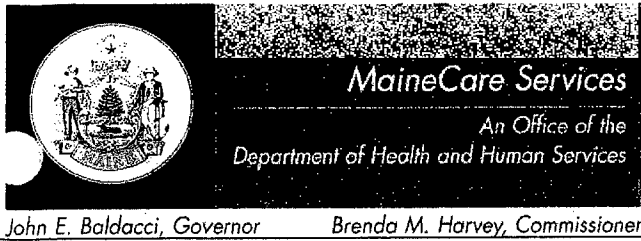
*[JFO received 9/21/10]*

**JFO #2462** — \$81,459 grant from the University of Southern Maine – Office of Sponsored Research to the Department of Vermont Health Access. Funding will be used to expand the Blueprint for Health, including the use of Health Information Technology infrastructure, to evaluate and improve

the quality of health care delivered to children as part of rolling out the Pediatric Blueprint. **The establishment of one (1) limited service position is associated with this request.**  
[JFO received 9/21/10]

In accordance with the procedures for processing such requests, we ask you to review the enclosed and notify the Joint Fiscal Office (Nathan Lavery at (802) 828-1488; [nlavery@leg.state.vt.us](mailto:nlavery@leg.state.vt.us)) if you have questions or would like an item held for Joint Fiscal Committee review. Unless we hear from you to the contrary by October 6 we will assume that you agree to consider as final the Governor's acceptance of these requests.

cc: James Reardon, Commissioner  
David O'Brien, Commissioner  
Roger Allbee, Secretary  
Thomas Tremblay, Commissioner  
Stephen Dale, Commissioner  
Susan Besio, Commissioner



Department of Health and Human Services  
MaineCare Services  
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## MEMORANDUM

**TO:** David Greenberg, Center for Medicaid and State Operations, CHIPRA Quality Demonstration Grants Project Director

**CC:** Jasmil Patillo, DHHS, Office of MaineCare Services, Manager, Children's Services/Waiver

**FROM:** Brenda McCormick, DHHS, Office of MaineCare Services, Director, Health Care Management

**DATE:** March 22, 2010

**RE:** CHIPRA and Maine State Medicaid HIT Plan Alignment

Health Information Technology (HIT) and Health Information Exchange (HIE) have been well-coordinated in Maine's health reform initiatives. The state's policy governance, planning, and oversight of statewide HIE and responsibility for state HIT policy and planning are coordinated through integrated governance and steering committees.

The Department was awarded Section 3013 HIE Cooperative Agreement funding from the Office of the National Coordinator for HIT (ONC) on February 8, 2010. Maine's Health Information Technology Planning Advanced Planning Document (HIT P-APD) was approved by CMS on January 15, 2010. Completion of a comprehensive State Medicaid HIT Plan (SMHP) is a component of the scope of work to be completed under the HIT P-APD, and the SMHP itself will be a "chapter" of the Maine HIE Plan, to be completed as a requirement of ONC funding.

A key element of this planning is to ensure that state and federal resources are fully maximized and complementary, not duplicative or redundant. With the award of the CHIPRA Category B grant, CHIPRA funded HIT resources will also be included in Maine's comprehensive HIT planning and reflected in the SMHP. Maine is fortunate to have an array of federal resources, all managed through the Department of Health and Human Services that in combination will enable the state to make significant advances in implementing statewide adoption of Electronic Health Records (EHR) and interoperable HIE connectivity.

An example of the complementary use of funds to accomplish those goals would be the utilization of the Medicaid ARRA Section 4201 provider incentive payment program (to be fully articulated in the SMHP) to help pay for the cost of adoption, implementation or upgrades of EHR systems in pediatric practices, ONC HIE funding to pay for interfaces to ensure connectivity to the state HIE network, and CHIPRA grant funding to develop data repositories for the collection, design, implementation, and evaluation of the automation of *Bright Futures*, as well as foster care health data system.

The Department will ensure a clear delineation between those activities and appropriate allocation of resources from those multiple funding sources, all of which will be clearly detailed in both the SMHP and ONC required planning documents and all of which must also meet the standards promulgated by ONC and CMS for both HIT and HIE.

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**Blueprint for Health**Vermont Dept of Health  
108 Cherry Street, Burlington, VT 05402[health.vermont.gov](http://health.vermont.gov)

[phone] 802-879-5988

**MEMORANDUM**

**TO:** Marie C. D'Amico, Kim Fox

**CC:** Victoria Loner, Russell Frank, Judith Shaw, Patricia Berry

**FROM:** Hunt Blair, Deputy Director for Health Care Reform

**DATE:** March 22, 2010

**RE:** CHIPRA and Vermont State Medicaid HIT Plan Alignment

Health Information Technology (HIT) and Health Information Exchange (HIE) have been embedded in Vermont's health reform initiatives since 2005. The state's policy governance, planning, and oversight of statewide HIE and responsibility for state HIT policy and planning sit in the Division of Health Care Reform at the Office of Vermont Health Access (OVHA).

The Division was awarded Section 3013 HIE Cooperative Agreement funding from the Office of the National Coordinator for HIT (ONC) on February 13, 2010. Vermont's Health Information Technology Planning – Advanced Planning Document (HIT P-APD) was approved by CMS on January 15, 2010. Completion of a comprehensive State Medicaid HIT Plan (SMHP) is a component of the scope of work to be completed under the HIT P-APD, and the SMHP itself will be a "chapter" of an updated *Vermont HIT Plan*, to be completed as a requirement of ONC funding.

A key element of this planning is to ensure that state and federal resources are fully maximized and complementary, not duplicative or redundant. With the award of the CHIPRA Category B grant, CHIPRA funded HIT resources will also be included in Vermont's comprehensive HIT planning and reflected in the SMHP. Vermont is fortunate to have an array of federal resources, all managed through the Division of Health Care Reform, that in combination will enable the state to make significant advances in implementing statewide adoption of Electronic Health Records (EHR) and interoperable HIE connectivity.

An example of the complementary use of funds to accomplish those goals would be the utilization of the Medicaid ARRA Section 4201 provider incentive payment program (to be fully articulated in the SMHP) to help pay for the cost of adoption, implementation or upgrades of EHR systems in pediatric practices, ONC HIE funding to pay for interfaces to ensure connectivity to the state HIE network, and CHIPRA grant funding to pay for development of EHR templates in pediatric practices for transfer of structured data elements utilized in the Blueprint for Health clinical data repository and state registries.

The Division will ensure a clear delineation between those activities and appropriate allocation of resources from those multiple funding sources, all of which will be clearly detailed in both the SMHP and ONC-required planning documents and all of which must also meet the standards promulgated by ONC and CMS for both HIT and HIE.

and capacity (e.g. current state of EMR implementation, capacity of HIE systems to warehouse and benchmark data), identify and assess alternative strategies , and select among strategy options based on careful consideration of clinical, organizational, technical feasibility and costs. Finally, each sub-committee must carefully delineate core tasks, roles and responsibilities, and timelines to guide implementation and develop monitoring/evaluation indicators and measures to be used in project monitoring and evaluation.

proposed an Executive Committee that will be responsible, among other things, for giving direction to, overseeing, and approving the Operational Plans. Individual plans will be developed for each state and will be blended into a combined plan. The states will use a facilitated process to develop the individual and combined Operational Plans. The process will be highly collaborative, involving each Medicaid/CHIP program, providers, private payers, and advocacy organizations and consumers. Each state will establish sub-committees of the Executive Committee to address specific elements of the Operational Plan (e.g. Measures, HIT, Delivery System, and Evaluation). Sub-committees will be comprised of EC members, invited experts, volunteers, or others interested in the demonstration.

In Maine and Vermont, the University partners in the demonstration will design, staff, and manage the processes to develop the final Operational Plan. Both Universities have extensive experience facilitating large-scale planning and organizational change processes similar to those involved with the development of the Operational Plan for this demonstration. For example, the Muskie School was instrumentally in the development and implementation of Maine's plan for complying with the 1999 Olmstead Decision. They also staffed and supported the planning and implementation process for the merger of the Departments of Human Services and Mental Health to create the Maine Department of Health and Human Services.

Each of the core Categories addressed in this demonstration involves a potentially complex set of multiple organizations and strategies. The Operational Plan for each Category therefore will be developed by a specific sub-committee of the Executive Committee with representation on the sub-committee designed to ensure appropriate stakeholder involvement as well as the necessary clinical, policy, and or technical expertise. The Operational Plan for each of the Categories will clearly assess the current state of child health quality measurement and improvement initiatives

demonstrations in which we have worked with/assisted contracted evaluations (e.g. National Nursing Home Case Mix Demonstration).

### **Independent Evaluation Plan-Category C**

In addition to supporting the National Evaluation as described under each of the individual Grant Categories in Section II, Maine and Vermont will undertake a series of independent evaluations of grant activities. The Principal Investigators at the Muskie School and UVM, in collaboration with project staff, will design and monitor the conduct of the local evaluations and disseminate findings to Maine and Vermont state governments, the CMS, and globally to support new quality initiatives across the country. The independent evaluations will include process assessments of what core measures are most actionable for pediatric providers and how they can best make use of quality reports for practice improvement. As HIT systems are developed and implemented, each state will evaluate provider responses to the new technologies and whether they support administrative simplification and enhance clinical activities. Drs. Coburn and Shaw will coordinate with the PCMH programs in each of their states to design evaluation plans that dovetail with evaluations that are already planned by the Pilots. In addition to work that supports demonstration activities local to each state, evaluators will design plans that encompass both Maine and Vermont activities to enhance the opportunities for shared learning between the states and for generalizability to other quality improvement endeavors.

### **Process to Develop Final Operational Plan**

As indicated above, project direction and accountability will flow from the proposed governance structure of this multi-state demonstration. This structure provides for both in-state and cross-state direction and oversight and assures active stakeholder participation in the planning, implementation, and evaluation of the demonstration. Both Maine and Vermont have



meetings will be distributed to the EC and its subcommittees, and posted on an intranet website for staff working on the project.

### **Monitoring Plan**

The progress and success of this demonstration will be monitored using the framework of goals, objectives, strategies, and activities articulated in the final Operational Plan for the demonstration developed in the initial nine-month planning phase. With regard to project administration and implementation, we will refine the implementation plan presented at the top of this Section to identify specific indicators and measures to be used in monitoring project administration and implementation. Progress will be measured and reported on a quarterly basis for each of the Categories for Maine and Vermont as well as for cross-state activities. In addition to monitoring project administration and implementation, the final Operational Plan will identify specific indicators and measures of project impact to be used in the State independent evaluation of the demonstration discussed below.

### **Data Collection Plan**

Both Maine and Vermont are fully prepared to collaborate with and assist the National Evaluation contractor to provide access to project staff, key stakeholders, and project data and to assist in other ways that may be helpful. In both states the state Medicaid program and the University partners have considerable experience working with the states' Medicaid claims, hospital discharge, all-payer claims, and other data systems which will be the likely sources of information for the National Evaluation. In addition, both states have engaged a broad range of key stakeholders in this demonstration to whom they can provide access for the national evaluators. And finally, both states have successful prior experience with national

Muskie School has a long and ongoing record of significant quality improvement work in partnership with Maine DHHS, OMS, and CDC.

The demonstration activities will be led by a single Project Director housed at the Maine Department of Health and Human Services Office of MaineCare Services (OMS) and coordinated by three Project Managers: one co-located at the Muskie School and the Maine CDC; another within the Vermont Office of Health Access, and the third at UVM. Staff at the Muskie School and UVM will provide technical assistance to the project (e.g., the Muskie School will provide interim project direction until Project Director is hired, participate and/or staff all governance committees and subcommittees conduct statewide inventory of existing and planned healthcare quality initiatives with a pediatric component to avoid duplication, ensure coordination, and learn from best practices already in place within the states to inform final operational plan, lead the administration core measure development and modifications to MaineCare PCPIP and UR reports), conduct local evaluations of proposed objectives, and coordinate with the National Evaluation organized by the CMS.

### **Communication**

During the planning phase of the grant staff will develop a final communications plan for approval by the EC. The plan will indicate lines of communication and describe who will be responsible for communication between and within organizations identified in the operations plan and how, and among whom, internal and external reports will be disseminated. Also during the grant's planning phase, we will purchase project management software for managing the project and efficiently sharing documents and other materials. We envision using the final operations plan as a project management tool that can also be used to communicate the status of and plans for the project with stakeholders. Minutes from the quarterly EC and subcommittee

Counts, the Maine Health Management Coalition, and HealthInfoNet, provider representatives from the Maine chapters of the AAP and AAFP, the Maine Primary Care Association, and advocacy groups (e.g., Maine Children's Alliance or Families First).

Vermont's SCC will be led by a State Project Manager housed in the OVHA, and coordinated by the University Project Manager. Other members will include the OVHA Deputy Director, and one member from the *Blueprint* Executive Committee, the HIT/HIE planning team, the Vermont AAP, and other stakeholders critical to project implementation (10-12 members). The Vermont SCC will use the existing stakeholder groups of the *Blueprint for Health* and the HIT/HIE initiatives, and the Agency of Human Services Children's Integrated Services Steering Committee for guidance in planning and implementing grant activities.

To facilitate stakeholder involvement, the states will have subcommittees for specific grant Categories. Maine will have subcommittee on Measurement and Reporting, HIT, and Practice Improvement that are open to broader stakeholder representation. Subcommittees will meet at least quarterly and more regularly during the development of the final operational plan (with less formal communication taking place as needed throughout the grant period) and report to its SCC, which will make recommendations to the full EC. The SCC subcommittees will be staffed by each state's respective project manager, who is responsible for the implementation and oversight of each state's work under the proposed Categories.

### **Administration**

The University of Southern Maine (USM), Muskie School of Public Service, Cutler Institute for Health and Social Policy will act as the prime subcontractor and coordinator of this project via the Cooperative Agreement mechanism. The Maine DHHS and the Muskie School have an established relationship through their cooperative agreement infrastructure, and the

## ***Management Plan***

### **Governance**

The IHOC Executive Committee (EC), co-chaired by the Directors of MaineCare and the Office of Vermont Health Access, will govern the activities and direction of this demonstration. The EC will meet every two months during the planning phase, and quarterly thereafter, to set policy and provide overall leadership. With CMS, the EC will finalize the operations plan, approve personnel hires and contracts, and ensure compliance with federal reporting and evaluation requirements. EC members will also include representatives of the Maine Pediatric Quality Council, a new advisory committee comprised of pediatricians, family practice physicians, child psychiatrists, and consumer representatives, and tasked with making recommendations on pediatric care standards, collection and use of measures, and priorities for provider education. The Committee will be staffed by the Project Director for the full grant and Project Managers from each state, with staff from the Muskie School at USM and UVM serving as advisors.

Maine and Vermont will both have State Coordinating Committees (SCC) and four members from each will be on the EC. The SCCs will be responsible for communication among and between state grant efforts, and for ensuring stakeholder engagement. Project management software will also be purchased to enhance communication, information sharing, and project management across the two state teams on an ongoing basis. Maine's SCC will have 12-15 members including the MaineCare Medical Director (Chair); the Medical Director for the Division of Family Health at the Maine CDC (the Pediatric Quality Council Chair), the MaineCare Director, Division of Health Care Management, related state agency directors, representatives from quality improvement partners including the Maine Quality Forum, Quality

Milestones/Tasks	Timeline	Lead
<b>Category C: Evaluate [redacted] the Delivery of [redacted] Health Care</b>		
<b>Vermont Objective 1: Adapt Blueprint financial model to Pediatrics for payment reform to support PCMH &amp; children's services.</b>		
<ul style="list-style-type: none"> <li>Administer NCQA PCMH Survey Tool to score pediatric medical homes</li> <li>Develop &amp; test a pediatric NCQA scoring system in 2-3 pediatric primary care practices</li> <li>Revise &amp; implement scoring in all 80 medical home &amp; family practices</li> </ul>	12/10 to 12/12	UVM/VCHIP NCQA Eval. Team
<ul style="list-style-type: none"> <li>Develop plan for regular assessments at 6-9 month intervals in participating practices</li> <li>Adapt the current self-scoring PPC-PCMH readiness evaluation tool for pediatrics</li> <li>Administer tool for each participating practice at baseline</li> </ul>	3/12	UVM/VCHIP NCQA Eval. Team
<b>Vermont Objective 2: Statewide spread &amp; evaluation of <i>Pediatric Blueprint</i>.</b>		
<ul style="list-style-type: none"> <li>Plan, conduct &amp; report on focus groups with providers &amp; consumers on experience with delivery of preventive services in Blueprint practices, &amp; impacts on children with special health care needs.</li> </ul>	3/13-11/13	UVM/VCHIP- ET
<ul style="list-style-type: none"> <li>Adapt Blueprint evaluation &amp; reporting to include pediatric measures, e.g. clinical, utilization</li> <li>Develop pediatric specific evaluation tools: from multi payer database, chart reviews &amp; NCQA scoring, population health indicators from public health registries &amp; a web based dashboard</li> </ul>	3/13-end	UVM/VCHIP - ET
<b>Joint Maine-Vermont Objective 1: ME and VT will monitor and evaluate demo to complement and inform national evaluation</b>		
<ul style="list-style-type: none"> <li>Develop evaluation plan, including final process and evaluation questions, data and methods</li> </ul>	11/10	MSPS/UVM
<ul style="list-style-type: none"> <li>Execute evaluation plan and report findings</li> </ul>	11/10-end	
<b>Category E: Create a Model Targeting Health Care Delivery, Coordination, Quality, or Access</b>		
<b>Vermont Objective 1: To assist 20 states in developing a sustainable state IP by 2015</b>		
<ul style="list-style-type: none"> <li>Formally assess IPs' needs for improving child health efforts</li> </ul>	3/10 -11/10	VCHIP staff & faculty
<ul style="list-style-type: none"> <li>Share experience through NIPN to IPs through TA, annual spring conference, repository for exchanging knowledge across states</li> </ul>	10/10 – end	VCHIP IP Dr Simpson
<ul style="list-style-type: none"> <li>Direct Continued Development of the National IP Model Toward Alignment with CHIPRA:</li> <li>Develop a website, for the storage &amp; exchange of information among the participating IP states</li> </ul>	10/10-11/11 12-11	VCHIP/UVM
<b>Vermont Objective 2: To evaluate the implementation, efficiency, &amp; impact of the IP model &amp; network.</b>		
<ul style="list-style-type: none"> <li>Plan process and outcome evaluation to assess effects of IP model and NIPN on child outcomes</li> </ul>	9/11-9/13	UVM ET
<ul style="list-style-type: none"> <li>Conduct interviews/focus groups with participants/stakeholders to assess IP effectiveness</li> </ul>	9/13-9/14	UVM/VCHIP ET
<ul style="list-style-type: none"> <li>Refine model based on state input, data from evaluation &amp; input from the National Evaluation.</li> </ul>	9/14- 12/15	UVM/VCHIP & NIPN

Key: IHOC-EC=Improving Health Outcomes for Children Executive Committee, MSPS=Muskie School of Public Service-University of Southern Maine, SCC=State Coordinating Council, M&R=Measurement and Reporting Subcommittee, SRC=Survey Research Center at MSPS, HIT=Health Information Technology Subcommittee, HIN=HealthInfoNet, PI=Practice Improvement Subcommittee, PC=ME Pediatric Council; QC=Quality Counts; UVM=University of Vermont, ET=Evaluation Team, CCTS=UVM-Bioinformatics Group, NCQA ET, IP=Quality Improvement Partnerships, NIPN=National Improvement Partnership Network.

Milestones/Tasks	Timeline	Lead
<b>Category C: Evaluate Provider-based Measures Which Improve the Delivery of Children's Health Care</b>		
<b>Maine Objective 1: Refine MaineCare's PFP program, to increase child health QI. Evaluate outcomes in PCMH vs. other providers.</b>		
• Convene Pediatric Council to develop framework for implementing a refined PCPIP formula & recommend priority measures for the PCPIP reformulation.	12/10-2/11	MaineCare PC, MSPS & stakeholders
• Finalize algorithm & program new measures for calculation of quarterly PCPIP	3/11-7/11	
• Educate child health providers about new measure processes	6/11-9/11	
• Process & disperse PCPIP payments based on new formula (semi-annual after 12/11)	12/11	MSPS
• Solicit feedback from providers & document baseline performance. Refine as needed	1/12-end	
<b>Maine Objective 2: Implement the <i>Bright Futures Toolkit</i> with child health providers &amp; assess impact on EPSDT services in Maine.</b>		
• Buy the BF Resource & Toolkit Materials & distribute to providers	1/11-8/12	MaineCare VCHIP
• Contract with VCHIP to train PCMH providers		
• Monitor changes in provider participation in EPSDT screening and reporting to MaineCare	1/11 (baseline), then annually	
<b>Maine Objective 3: Develop learning community activities with PCMH &amp; other practices to enhance child health QI capacity.</b>		
• Train physicians on use of measures within provider-based PCMH models	12/10-12/12	VCHIP, MSPS, QC, ME SCC - PI PC
• Integrate measures into PFP & feedback tools for MaineCare providers & PCMH pilot		
• Host annual meetings for pediatric community on use of quality measures	annual	

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Milestones/Tasks	Timeline	Lead
<b>Maine Objective 1:</b> Design, implement, & evaluate an electronic data system for <i>Bright Futures</i> (EPSDT system in Maine.)		
• Convene IHOC-EC, PC to prioritize parameters	11/10	IHOC-EC ME SCC -HIT PC, HIN, MSPS
• Assess feasibility of integrating data with health & social services data, e.g. WIC	12/10-2/11	
• Determine & develop platform for BF data entry & transmission to populate state databases	3/11-11/11	
• Enroll & train providers/staff in the online Bright Futures submissions system.	11/11-5/12	
• Develop process evaluation of provider data for generation of MaineCare/other state reports.	6/12 - 9/12	
• Work with HIN, providers & EMR vendors to map fields to fill in online forms directly from EMR.	3/12-6/13	
<b>Maine Objective 2:</b> Design, implement & evaluate an electronic health data system for children in Maine's foster care system.		
• Convene workgroup to identify & prioritize the data elements to be included the system.	11/10-1/11	ME CSS-HIT, MSPS, PC
• Identify & contract with vendor to develop & define architecture of secure, web-based database	1/11-4/11	
• Pilot with a small group of child health care providers	5/11-4/12	
• Expand to all primary care providers that care for foster children.	Start 1/13	
<b>Vermont Objective 1:</b> Extend the Blueprint & HIT infrastructure to support Pediatric Blueprint		
• Convene Blueprint & pediatric leaders & researchers to establish an advisory group for this demo	3/10-11/10	UVM/VCHIP
• Review the proposed activities/tasks in this proposal & finalize the plan to rollout to pediatrics	4/10-11/10	
• Develop & validate a mapping from <i>Bright Futures</i> to standardized terminology for the "dashboard" core items & use it to create a data dictionary for pediatric prevention measures	3/11-11/11	UVM/CCTS VCHIP UVM- Bio
• Develop actionable data reporting systems & pilot test various reporting mechanisms	12/11-11/12	UVM/VCHIP- ET
• Evaluate how reports are being used through focus groups & interviews		

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Measure/Task	Lead
<b>Category A: Testing &amp; Reporting</b>	
<b>Objective 1: Develop, test, &amp; validate the initial core measures</b>	
• Review final specifications of core measures & finalize implementation plan for testing/reporting	3/10-11/10 ME SCC, M&R
• Produce claims-based measures & integrate into provider reports (semi-annual, 12/10)	12/10 MSPS,
• Collect & report core "experience of care" measures from MaineCare survey and PCMH practices	12/10-12/11 MaineCare
• Incorporate survey data (12/11) & <i>Bright Futures</i> data (12/12) into MaineCare reports	Semi-ann. MSPS, MaineCare
<b>Objective 2: Engage stakeholders in the review process.</b>	
• Interview practices on data capacity, provider feedback for revisions to PCPIP & UR reports.	5/10-10/10 MSPS/SRC,
• Convene annual summit on Child Health to provide feedback on measures to providers.	10/10, ann. MSPS, PC
<b>Objective 3: Integrate core measures into quality reports for payers, providers &amp; consumers to support work described in Section C</b>	
• Modify PCPIP payment algorithm to incorporate new core measures	12/10-6/11 MSPS &
• With feedback from providers & consumers, develop public reporting mechanism	2/12-6/12 stakeholders
<b>Objective 4: Test new behavioral health measures</b>	
• Conduct environmental scan to identify child behavioral health measures	12/10-8/11 MSPS
• Convene child MH experts, explore feasibility of adopting core behavioral health measures	5/11-2/12 ME SCC - M&R
<b>Category B: Promote the Use of HIT in Children's Health Care Delivery</b>	
<b>Maine Objective 1: Design, implement, &amp; evaluate an electronic data system for <i>Bright Futures</i> (EPSDT system in Maine.)</b>	
• Convene IHOC-EC, PC to prioritize parameters	11/10 IHOC-EC
• Assess feasibility of integrating data with health & social services data, e.g. WIC	12/10-2/11 ME SCC-HIT
• Determine & develop platform for BF data entry & transmission to populate state databases	3/11-11/11 PC, HIN, MSPS
• Enroll & train providers/staff in the online <i>Bright Futures</i> submissions system.	11/11-5/12
• Develop process evaluation of provider data for generation of MaineCare/other state reports.	6/12 - 9/12
• Work with HIN, providers & EMR vendors to map fields to fill in online forms directly from EMR.	3/12-6/13
<b>Maine Objective 2: Design, implement &amp; evaluate an electronic health data system for children in Maine's foster care system.</b>	
• Convene workgroup to identify & prioritize the data elements to be included the system.	11/10-1/11 ME SCC - HIT,
• Identify & contract with vendor to develop & define architecture of secure, web-based database	1/11-4/11 MSPS,
• Pilot with a small group of child health care providers	5/11-4/12 PC
• Expand to all primary care providers that care for foster children.	Start 1/13

Key: IHOC-EC=Improving Health Outcomes for Children Executive Committee, MSPS=Muskie School of Public Service-University of Southern Maine, SCC=State Coordinating Council, M&R=Measurement and Reporting Subcommittee, SRC=Survey Research Center at MSPS, HIT=Health Information Technology Subcommittee, HIN=HealthInfoNet, PI=Practice Improvement Subcommittee, PC=ME Pediatric Council; QC=Quality Counts ;UVM=University of Vermont, ET=Evaluation Team, CCTS=UVM-Bioinformatics Group, NCQA ET, IP=Quality Improvement Partnerships, NIPN=National Improvement Partnership Network.



**REVISED DRAFT OPERATIONAL PLAN FOR MAINE AND VERMONT IMPROVING HEALTH OUTCOMES for CHILDREN (IHOC) CHIPRA QUALITY DEMONSTRATION PROJECT – March 22, 2010**

**Implementation Plan**

The revised draft implementation plan for this demonstration grant is depicted in the table below.

<b>Activity/Task</b>	<b>Timeline</b>	<b>Lead</b>
<b>Overall Grant Implementation</b>		
<b>Objective 1: Develop organizational structure for demonstration grant by June 30, 2010.</b>		
• Convene <i>Improving Health Outcomes for Children</i> Executive Committee (IHOC EC)	4/10	IHOC-EC, MSPS, VCHIP
• Establish membership and convene State Coordinating Committees, subcommittees, & Pediatric Council (PC) for initial meetings	4/10-6/10	
• Finalize cooperative agreement between MaineCare and University and subcontracts with State of Vermont and UVM	4/10	
• Purchase project management software and train IHOC Exec Committee and State Coordinating Committee leadership and staff for program management.	4/10	
• Identify roles & hire personnel for staff positions.	3/10-6/10	
<b>Objective 2: Finalize Evaluation Plan by September 22, 2010 &amp; implement plan throughout the grant period.</b>		
• Develop initial evaluation plan addressing state-specific questions • Coordinate with national evaluators to ensure no duplication of effort • Define process & outcome measures to be used for monitoring, formative evaluation	3/10-9/10	MSPS, VCHIP ET
<b>Objective 3: Finalize Operational Plan (OP) by November 22, 2010.</b>		
• Create internal process for approval & develop final OP through IHOC Exec Committee, including report generation & travel	3/10-6/10	IHOC-EC, MSPS, VCHIP, PC, SCC
• Convene subcommittees and Pediatric Council to develop draft operational plans for each grant category	6/10-9/10	
• Conduct detailed, statewide inventories of existing and planned healthcare quality initiatives with a pediatric component to avoid duplication, ensure coordination, and learn from best practices already in place within the states.	4/10-8/10	
• Convene State Coordinating Committees and IHOC Exec Committee to review and finalize draft operational plans by category and across states and integrate as final operational plan	10/10	
• Host Exit Conference with CMS & National evaluators, incorporate feedback from CMS/AHRQ	11/10	IHOC-EC, MSPS, VCHIP
• Attain CMS approval of Final Operations Plan	12/10	

Key: IHOC-EC=Improving Health Outcomes for Children Executive Committee, MSPS=Muskie School of Public Service-University of Southern Maine, SCC=State Coordinating Council, M&R=Measurement and Reporting Subcommittee, SRC=Survey Research Center at MSPS, HIT=Health Information Technology Subcommittee, HIN=HealthInfoNet, PI=Practice Improvement Subcommittee, PC=ME Pediatric Council; QC=Quality Counts ;UVM=University of Vermont, ET=Evaluation Team, CCTS=UVM-Bioinformatics Group, NCQA ET, IP=Quality Improvement Partnerships, NIPN=National Improvement Partnership Network.

Applicant Name: State of Maine

Award Number: \_\_\_\_\_

### Budget Information - Non Construction Programs

OMB Approval No. 0348-0044

Section C - Non-Federal Resources				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) Totals
8. Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant Program	\$387,908	\$0	\$0	\$387,908
9.				\$0
10.				\$0
11.				\$0
12. Total (sum of lines 8 - 11)	\$387,908	\$0	\$0	\$387,908

Section D - Forecasted Cash Needs					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th quarter
13. Federal	\$2,030,721	\$507,680	\$507,680	\$507,680	\$507,681
14. Non-Federal	\$387,908	\$96,977	\$96,977	\$96,977	\$96,977
15. Total (sum of lines 13 and 14)	\$2,418,629	\$604,657	\$604,657	\$604,657	\$604,658

Section E - Budget Estimates of Federal Funds Needed for Balance of the Project				
(a) Grant Program	Future Funding Periods (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant Program	\$2,816,603	\$2,210,522	\$2,085,320	\$2,134,196
17.				
18.				
19.				
20. Total (sum of lines 16-19)	\$2,816,603	\$2,210,522	\$2,085,320	\$2,134,196

Section F - Other Budget Information	
21. Direct Charges	22. Indirect Charges
\$2,026,225.00	\$4,496.00

23. Remarks  
 Indirect charges represent 10% of non-contractual direct charges, a base of \$44,948.

Applicant Name: State of Maine

Award Number: \_\_\_\_\_

### Budget Information - Non Construction Programs

OMB Approval No. 0348-0044

**Section A - Budget Summary**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
Children's Health Insurance Program Reauthorization Act 1. (CHIPRA) Quality Demonstration Grant Program	93.767			\$2,030,721	\$387,908	\$2,418,629
2.						\$0
3.						\$0
4.						\$0
5. Totals		\$0	\$0	\$2,030,721	\$387,908	\$2,418,629

**Section B - Budget Categories**

6. Object Class Categories	Grant Program, Function or Activity				Total (5)
	Federal	Non-Federal	(3)	(4)	
a. Personnel	\$28,220	\$57,505			\$85,725
b. Fringe Benefits	\$11,288	\$23,002			\$34,290
c. Travel	\$0	\$0			\$0
d. Equipment	\$0	\$0			\$0
e. Supplies	\$0	\$0			\$0
f. Contractual	\$1,981,277	\$297,733			\$2,279,010
g. Construction	\$0	\$0			\$0
h. Other	\$5,440	\$1,470			\$6,910
i. Total Direct Charges (sum of 6a-6h)	\$2,026,225	\$379,710	\$0	\$0	\$2,405,935
j. Indirect Charges	\$4,496	\$8,198			\$12,694
k. Totals (sum of 6i-6j)	\$2,030,721	\$387,908	\$0	\$0	\$2,418,629
7. Program Income	\$0	\$0			\$0

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Section 4: Preliminary Budget  
 State of Maine CHIPRA Proposal  
 Maine-Vermont Improving Health Outcomes for Children  
 2/22/2010 - 2/21/2011

	Description	Year 1									
		Category A		Category B		Category C		TOTAL			
		%		%		%	%	%	%	%	
<b>A. Personnel</b>											
Anderson, Nathaniel	Research Associate I: Health Policy	20%	11,915						20%	11,915	
Coburn, Andrew	Research Professor and Director, Population Health and Health Policy Program	5%	7,424	5%	7,424	5%	7,424		15%	22,272	
Elbaum, Martha	Research Associate I: Health Policy	10%	6,190	5%	3,095	5%	3,095	5%	3,095	25%	15,475
Fox, Kimberley	Research Associate II: Health Policy	20%	15,843	20%	15,843	20%	15,843		60%	47,529	
Gressani, Tina	Senior Computer and Database Specialist	15%	10,555						15%	10,555	
Jolda, J	Database Administrative Manager/Web Architect	5%	2,622	10%	5,244				15%	7,866	
McGuire, Catherine	Director of Health Data Resources and Senior Policy Analyst	10%	8,441	15%	12,661				25%	21,102	
Pratt, Jennifer	Project Assistant II	45%	17,592	25%	9,773	25%	9,773	5%	1,955	100%	39,093
Tupper, Judith	Managing Director, Population Health and Health Policy Program					10%	8,288		10%	8,288	
Ziller, Erika	Research Associate II: Health Policy			10%	7,381	15%	11,071		25%	18,452	
TBA Central Admin,	Central Administration	18%	10,743	37%	21,955	17%	9,762	23%	13,655	95%	56,115
TBA,	State Project Director	45%	32,832	25%	18,240	25%	18,240	5%	3,648	100%	72,960
TBA,	State Program Manager	45%	25,080	25%	13,933	25%	13,933	5%	2,787	100%	55,733
<b>Total</b>		<b>238%</b>	<b>149,237</b>	<b>177%</b>	<b>115,549</b>	<b>147%</b>	<b>97,429</b>	<b>43%</b>	<b>25,140</b>	<b>605%</b>	<b>387,355</b>
<b>B. Benefits</b>											
Regular Salary Benefits		48.7%	72,678	48.7%	56,272	48.7%	47,448	48.7%	12,243	48.7%	188,641
<b>Total</b>		<b>57%</b>	<b>72,678</b>	<b>57%</b>	<b>56,272</b>	<b>57%</b>	<b>47,448</b>	<b>57%</b>	<b>12,243</b>	<b>57%</b>	<b>188,641</b>
<b>C. Travel</b>											
In-State Travel			4,922		4,922		4,922		4,922		19,688
Out-of-State Travel**			1,785		1,785		1,785		1,785		7,140
<b>Total</b>			<b>6,707</b>		<b>6,707</b>		<b>6,707</b>		<b>6,707</b>		<b>26,828</b>
<b>D. Equipment</b>											
Equipment Unit Cost <\$5000	space set-up costs for Project Director & Manager		2,000		2,000		2,000		2,000		8,000
Computer Equipment <\$5000	new laptop for Project Director & Manager		1,250		1,250		1,250		1,250		5,000
<b>Total</b>			<b>3,250</b>		<b>3,250</b>		<b>3,250</b>		<b>3,250</b>		<b>13,000</b>
<b>E. Supplies</b>											
Supplies & Materials	@ \$75/FTE/month		2,142		1,593		1,323		387		5,445
Supplies & Materials	Annual Conference supplies for 100 @ \$10/each		1,000								1,000
Computer Supplies	Project Management Software		25,000								25,000
<b>Total</b>			<b>28,142</b>		<b>1,593</b>		<b>1,323</b>		<b>387</b>		<b>31,445</b>
<b>F. Contractual</b>											
Non-University Services	Provider Survey Costs		33,847		33,847						67,694
Consultant	Lisa Simpson		5,000						25,000		30,000
Non-Employee Travel	See Travel sheet		5,637		5,637		5,637		5,634		22,545
Subrecipient <=\$25,000	State of Vermont								25,000		25,000
Subcontract <=\$25,000	Health Infonet				25,000						25,000
Subrecipient <=\$25,000	Judy Shaw UVM				25,000						25,000
Subcontract <=\$25,000	Quality Counts						5,000				5,000
Subrecipient >=\$25,000*	State of Vermont								69,160		69,160
Subcontract >=\$25,000*	Health Infonet				260,856						260,856
Subrecipient >=\$25,000*	Judy Shaw UVM				122,837		122,927		240,356		486,120
<b>Total</b>			<b>44,484</b>		<b>473,177</b>		<b>133,564</b>		<b>365,150</b>		<b>1,016,375</b>
<b>H. Other Direct Costs</b>											
Postage & Delivery Services	@ \$25/FTE/month		714		531		441		129		1,815
Printing and Copying Services	@ \$75/FTE/month		2,142		1,593		1,323		387		5,445
Rentals & Leases	Annual Conference space rental		4,872								4,872
Publications	@ \$15/FTE/month		428		319		265		77		1,089
Refreshments	Annual Conference food, 100 people @ \$75/each		7,500								7,500
Telephone & Telecommunications	@ \$75/FTE/month		2,142		1,593		1,323		387		5,445
Internet & phone conferencing	\$200/month				2,400		2,400		2,400		7,200
LAN Fees	@ \$175/FTE/month		4,998		3,717		3,087		903		12,705
<b>Total</b>			<b>22,796</b>		<b>10,153</b>		<b>8,839</b>		<b>4,283</b>		<b>46,071</b>
<b>I. Total Direct Charges</b>			<b>327,294</b>		<b>666,701</b>		<b>298,560</b>		<b>417,160</b>		<b>1,709,715</b>
<b>J. Indirect Costs</b>											
Facilities and Admin (F&A) Costs (Indirect) at 49.5% of Total Direct Costs			162,011		140,089		86,938		53,284		442,322
<b>Total Project Costs</b>			<b>489,305</b>		<b>806,790</b>		<b>385,498</b>		<b>470,444</b>		<b>2,152,037</b>
Less F&A Cost Sharing at 24.75% of Total Direct Costs. Cost Sharing @ 50.00% of F&A Costs			(81,005)		(70,044)		(43,469)		(26,642)		(221,160)
<b>Grand Total</b>			<b>408,300</b>		<b>736,746</b>		<b>342,029</b>		<b>443,802</b>		<b>1,930,877</b>

(A) = 94,160

Section 4: Preliminary Budget  
 State of Maine CHIPRA Proposal  
 Maine-Vermont Improving Health Outcomes for Children  
 2/22/2010 - 2/21/2011

		Year 1 (2/22/2010-2/21/2011)										
		A		B		C		TOTAL FEDERAL		Federal Kind		
Description		%		%		%		%		%		
<b>A. Personnel</b>												
McCormick, Brenda	Director of Health Care Management, MaineCare									10%	6,949	
Nya, Luc	EPSDT coordinator									15%	6,491	
Prior, Roderick	Medical Director, MaineCare	10%	5,067	10%	5,067	10%	5,067	10%	5,066	20,267		
TBA	CHIPRA/ Waiver Manager									20%	12,870	
Tuttle, Lisa	Director, Public Health Informatics			10%	7,953					7,953		
Meister, Stephen	MCH Medical Director									10%	20,267	
Ricker, Valerie	Director, Family Health Division									5%	4,033	
Wall, Toni	Director, Children with Special Health Needs Program									10%	6,895	
<b>Total</b>		<b>10%</b>	<b>5,067</b>	<b>20%</b>	<b>13,020</b>	<b>10%</b>	<b>5,067</b>	<b>10%</b>	<b>5,066</b>	<b>28,220</b>	<b>70%</b>	<b>57,505</b>
<b>B. Benefits</b>												
Regular Salary Benefits @ 40.0%		40%	2,027	40%	5,208	40%	2,027	40%	2,026	11,288	40%	23,002
<b>Total</b>			<b>2,027</b>		<b>5,208</b>		<b>2,027</b>		<b>2,026</b>	<b>11,288</b>		<b>23,002</b>
<b>C. Travel</b>												
<b>Total</b>												
<b>D. Equipment</b>												
<b>Total</b>												
<b>E. Supplies</b>												
<b>Total</b>												
<b>F. Contractual</b>												
University of Southern Maine Cooperative Agreement	Muskie School of Public Service		408,300		736,746		342,029		443,802	1,930,877		297,733
Office of Information Technology					50,400					50,400		
<b>Total</b>			<b>408,300</b>		<b>787,146</b>		<b>342,029</b>		<b>443,802</b>	<b>1,981,277</b>		<b>297,733</b>
<b>H. Other Direct Costs</b>												
LAN Fees			1,360		1,360		1,360		1,360	5,440		1,470
<b>Total</b>			<b>1,360</b>		<b>1,360</b>		<b>1,360</b>		<b>1,360</b>	<b>5,440</b>		<b>1,470</b>
<b>I. Total Direct Charges</b>			<b>416,754</b>		<b>806,734</b>		<b>350,483</b>		<b>452,254</b>	<b>2,026,225</b>		<b>379,710</b>
<b>J. Indirect Costs</b>												
Indirect costs @ 10% of Total Direct Charges (non-		10.0%	845	10.0%	1,959	10.0%	845	10.0%	846	4,496	10.0%	8,198
<b>Total Project Costs</b>			<b>417,599</b>		<b>808,693</b>		<b>351,328</b>		<b>453,100</b>	<b>2,030,721</b>		<b>387,908</b>

**Indirect Costs** calculated at the negotiated rate of 49.5% of total direct costs (excluding the portions of major subcontracts in excess of \$25,000). Half of indirect costs are waived; a net indirect rate of 24.75% is applied to the base of \$893,580. Net indirect costs in year 1 are: \$221,162

**Office of Information Technology (OIT), \$50,400:** OIT will develop the web-based portal to share foster care information across providers building off existing systems in place as proposed under Category B. An **OIT Systems Analyst** will help develop the final implementation plan and determine system needs.

**G. Construction: N/A**

**H. Other Direct Costs, \$5,440:** LAN/Computer Services for the State Project Director and State Project Manager, co-located in Portland and Augusta.

**I. Total Direct Costs (A through H): \$2,026,225**

**J. Indirect (F&A) Costs at 10% of total non-contractual direct costs: \$4,496**

**K. Total Amount Requested: Category A (\$409,795), B (\$832,100), C (\$343,525), E (\$445,302);  
Total \$2,030,721**

**Non-Federal Resources: \$387,909:** The **State of Maine** will commit significant in-kind staff time to this project. Please see the Budget Presentation for detail on staff names and roles. The **State of Vermont** will also commit significant in-kind staff time to this project for a total of \$76,573, and the **University of Southern Maine** agrees to waive half of its negotiated indirect costs, contributing 24.75% of total direct costs (\$221,161) to the project.

Health HIT infrastructure to incorporate Bright Futures Guidelines for Preventive Services under Category B (Judy Shaw, 5%; Paula Duncan, 5%; and Blueprint Health Economist TBN, 10%); in administering the NCQA PCMH survey tool and testing a pediatric NCQA scoring system in 2-3 pilot practices under Category C (Shaw, 5%; Duncan, 5%; Neil Sarkar, 10%; Juli Krulewitz, 13%; NCQA Research Analyst TBN, 8%); in conducting a needs assessment of existing/developing Improvement Partnerships (IP), developing/refining technical assistance materials and resources, and aligning the IP model with CHIPRA goals (Shaw, 5%; Duncan, 10%); in designing the evaluation plan and collecting baseline data under Category B (PhD-level Evaluators TBN, 15%) Category C (PhD-level Evaluators TBN, 30%) and Category E (PhD-level Evaluators TBN, 55%), and overall management of the project across categories (FTE Project Director TBN, 100%; FTE Coordinator TBN, 50%; Ginny Cincotta, 20%; Deb McAdoo, 4%), a total of \$511,120 in year 1.

- **HealthInfoNet** for changes required to the state's existing certified Health Information Exchange to integrate EPSDT data and provide data for core measures and other departmental management information systems. This HIE-related work is being coordinated with the State Medicaid HIT plan activities to promote adoption and meaningful use of EHRs, \$285,856 in year 1.
- **QualityCounts** to coordinate and implement learning collaboratives for pediatric medical home practices proposed under Category C, \$5,000 in year 1.

#### **Other Direct Costs**

- Postage & delivery services calculated at \$25/FTE/month, \$1,815
- Printing & copying services calculated at \$75/FTE/month, \$5,455
- Rentals & leases for Annual Conference space rental, \$4,872 in Category A
- Project-related publications calculated at \$15/FTE/month, \$1,089
- Refreshments for Annual Conference, calculated for 100 people, \$75 each, \$7,500 total
- Telephone & telecommunications calculated at \$75/FTE/month, \$5,455
- Internet & phone conferencing calculated at \$200/month, in Categories B, C, and E, \$7,200 total
- LAN fees calculated at \$175/FTE/month, \$12,705

**Travel: \$26,828**

- In-state travel by project director, project manager, and Muskie staff for project team meetings, state coordinating committees and subcommittees \$19,688
- Out-of-state travel by project director, project manager, and Muskie staff for IHOC Executive Committee meetings between states and CMS-required conferences and coordination meetings, \$7,140

**Equipment**

- Space set-up costs for new State Project Director and State Project Manager, \$8,000
- 2 new laptops and office set-up costs for the State Project Director and State Project Manager, \$5,000

**Supplies**

- Routine project supplies calculated at \$75/FTE/month, \$5,445
- For Category A, Annual Conference supplies for 100-attended Annual Conference, \$10 each, \$1,000
- For Category A, project management software to facilitate project communications and information sharing across two states, \$25,000

**Contractual**

- **Survey Research Center** contract for provider surveys proposed under Category A to assess providers use of new core measures and Category B to add questions and expand sample frame for the ARRA HIE survey of EMR/EHR and to conduct surveys of provider use of foster care data systems, \$67,694
- **Lisa Simpson** contract for consulting services on core measure development in Category A and to direct the work of new state Improvement Partnerships created in Category E to align with CHIPRA priorities and CMS goals, \$30,000
- **Travel costs** for State of Vermont and Maine state staff to attend project team meetings, IHOC Executive Committee meetings between states, and CMS-required conferences and coordination meetings, \$22,546
- Contract with the **State of Vermont Office of Vermont Health Access (OVHA)** for 1 FTE State Project Director, totaling \$94,160 in year 1 for overall grant management
- Contract with the **University of Vermont (UVM)** to cover costs for UVM staff involved in the development of the operational plan and process for enhancing the existing Blueprint for



and communications, document preparation, and other research and management support, as needed.

**Judith Tupper, Managing Director, Population Health and Health Policy Program (10% in Category C)** will assist in conducting the inventory of quality initiatives in Category C to inform the final operational plan, including interviewing providers and participating in and helping to facilitate meetings of the Pediatric Council.

**Erika Ziller, Research Associate II, (10% Category B, 15% Category C)** will assist in interim project direction and developing the evaluation plan across grant categories, conduct inventory of existing quality-related initiatives in Category A, B and C, including those related to behavioral health and foster care, collect baseline data on use of EPSDT for Category B and C evaluation, analyze provider survey findings to inform final operational plan for Category B.

**TBA Central Administration (18% Category A, 37% Category B, 17% Category C, 23% Category E)** will coordinate project-related budget and financial report preparation, interface with the University's Office of Sponsored Programs and PeopleSoft budget management system, and research and support financial-related correspondence with Maine DHHS.

**TBA State Project Director (45% Category A, 25% Category B, 25% Category C, 5% Category E)**, co-located at USM and Maine DHHS, will be responsible for overall project direction and leadership across the two states and act as primary contact on behalf of the state of Maine for communications with CMS, direct and coordinate the planning process to finalize and modify the operational plan for the project across both states, serve as senior staff to the IHOC Executive Committee, oversee staffing of state coordinating committees and subcommittee, oversees project management system between states and lead implementation in compliance with final plan.

**TBA State Project Manager (45% Category A, 25% Category B, 25% Category C, 5% Category E)**, co-located at USM and Maine DHHS, will assist the project director with the overall administration and management activities of the CHIPRA project across states and will lead the planning process and be responsible for the production of the final operational plan for the state of Maine, acting as senior staffperson for the state coordinating committee, overseeing the scheduling and staffing of subcommittees and the Pediatric Council, planning and convening the Maine pediatric annual conference on child health quality measures.

**Fringe Benefits** are calculated at USM's negotiated rate of 48.7%, a total of \$188,641

**Andrew Coburn, Professor and Director, Population Health and Health Policy Program (5% Category A, 5% Category B, 5% Category C)** will oversee the development of the evaluation plan and coordination with the national CHIPRA evaluation; coordinate CHIPRA activities with HIT ARRA survey.

**Martha Elbaum-Williamson, Research Associate I (10% Category A, 5% Category B, 5% Category C, 5% Category E)** will facilitate the strategic planning process for the IHOC Executive and SCC committees, assist in identifying project management software, and provide technical assistance on its use.

**Kimberley Fox, Research Associate II, (20% Category A, 20% Category B, 20% Category C)** will develop the evaluation plan for activities proposed under Category A, B and C in coordination with the national evaluation; facilitate data provision to national evaluators, collect baseline data and qualitative information for formative evaluation proposed under Category A and B, serve as interim project director on behalf of the University until positions are filled; and manage the cooperative agreement including financial oversight of subcontracts.

**Tina Gressani, Senior Computer and Database Specialist, (15% Category A)** will help staff ME's measurement subcommittee to produce Category A final operational plan; review core measures, identify existing and new data required, validate measures, and modify PC-PIP and UR reports to include new measures.

**Greg Jolda, Database Administrative Manager/Web Architect (5% Category A; 10% Category B)** will participate in development of Category A and Category B final operational plan; assist with development of core measures under Category A; interface with the HealthInfoNet data exchange, develop a data warehouse and specification for feeding data back to providers proposed under Category B.

**Cathy McGuire, Director of Health Data Resources and Senior Policy Analyst, (10% Category A, 15% Category B)** will participate on measurement and HIT subcommittees, assist in development of final operational plan related to Categories A and B; oversee implementation of phased-in core measure development in UR/PC-PIP and other reports to be identified under Category A, and develop the technical plan to interface with HealthInfoNet data exchange, receive and analyze state reporting data and to report back to providers proposed under Category B.

**Jennifer Pratt, Project Assistant I (45% in Category A, 25% in Category B, 25% in Category C, 5% in Category E)** will assist project staff in budget management, project coordination

State of Maine, Department of Health and Human Services (ME DHHS)  
**Maine-Vermont Improving Health Outcomes for Children**  
February 22, 2010 – February 21, 2011  
**Budget Narrative**

**A. Personnel, \$28,220:**

**Dr. Roderick Prior, Medical Director, MaineCare, (10% across Categories A-E)** will serve as the Chairman of the Maine State Coordinating Committee and will also provide leadership in and serve as acting chair of the IHOC Executive Committee in the Medicaid Director's absence to meet the objectives under overall grants management across all grant categories. He will also ensure coordination and integration with the state's Medicaid HIT plan with activities proposed under Category B.

**Lisa Tuttle, Director, Public Health Informatics (10% Category B)** will provide internal linkages of data systems around quality improvement measure data collection conducted under Category B.

**B. Fringe Benefits calculated at the rate of 40.0%: \$11,288**

**C. Travel (Domestic Travel Costs): N/A<sup>1</sup>; D. Equipment: N/A; E. Supplies: N/A**

**F. Contractual, \$1,981,277**

**University of Southern Maine, \$1,930,877:** The University of Southern Maine (USM); Muskie School of Public Service will act as the prime subcontractor and coordinator via the Cooperative Agreement mechanism. USM's costs are detailed in the attached Budget Presentation and include:

**Personnel:**

**Nathaniel Anderson, Research Associate I (20% Category A)** will assist in developing the Category A operational plan and process for producing core measures particularly related to consumer satisfaction and identification/implementation of necessary modifications to MaineCare child health survey to produce measures.

---

<sup>1</sup> Travel for State and University staff are included in the University of Southern Maine budget.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare and Medicaid Services  
Notice of Award (NOA)**

**SAI NUMBER:**

**PMS DOCUMENT NUMBER:  
1Z0C30541-01**

<b>1. AWARDING OFFICE:</b> Centers For Medicare & Medicaid Services	<b>2. ASSISTANCE TYPE:</b> Discretionary Grant	<b>3. AWARD NO.:</b> 1Z0C30541-01-00	<b>4. AMEND. NO.:</b> 0
<b>5. TYPE OF AWARD:</b> Demonstration	<b>6. TYPE OF ACTION:</b> New	<b>7. AWARD AUTHORITY:</b> CHIPRA of 2009 PL 111-3	
<b>8. BUDGET PERIOD:</b> 02/22/2010 THRU 02/21/2015	<b>9. PROJECT PERIOD:</b> 02/22/2010 THRU 02/21/2015	<b>10. CAT NO.:</b> 93.767	
<b>11. RECIPIENT ORGANIZATION:</b> State of Maine			

**26. REMARKS: (Continued from previous page)**

There are additional terms and conditions attached to this award. Within 30 days of the project period start date; please submit a revised budget on SF-424a equal to the total approved budget in section 16 of this Notice of Award (NOA) and a letter of acceptance.

Please remember to include the CMS award number on all correspondence. The award number is located in section 3 of this NOA.

For administrative questions, please contact the Grants Management Specialist: Mary Beth Greene at 410 786-5239 or [Mary.Greene@cms.hhs.gov](mailto:Mary.Greene@cms.hhs.gov).

For programmatic questions, please contact your Program Official: David Greenberg at 410 786-2637 or [David.Greenberg@cms.hhs.gov](mailto:David.Greenberg@cms.hhs.gov).

Department of Health and Human Services  
Centers for Medicare and Medicaid Services  
**Notice of Award (NOA)**

SAI NUMBER:

PMS DOCUMENT NUMBER:  
1Z0C30541-01

<b>1. AWARDING OFFICE:</b> Centers For Medicare & Medicaid Services		<b>2. ASSISTANCE TYPE:</b> Discretionary Grant	<b>3. AWARD NO.:</b> 1Z0C30541-01-00	<b>4. AMEND. NO.:</b> 0
<b>5. TYPE OF AWARD:</b> Demonstration		<b>6. TYPE OF ACTION:</b> New		<b>7. AWARD AUTHORITY:</b> CHIPRA of 2009 PL 111-3
<b>8. BUDGET PERIOD:</b> 02/22/2010 THRU 02/21/2015		<b>9. PROJECT PERIOD:</b> 02/22/2010 THRU 02/21/2015		<b>10. CAT NO.:</b> 93.767
<b>11. RECIPIENT ORGANIZATION:</b> State of Maine 15 State House Sta Augusta, ME 04333-0015 Brenda Harvey			<b>12. PROJECT / PROGRAM TITLE:</b> Improving Health Outcomes for Children	

<b>13. COUNTY:</b> Kennebec	<b>14. CONGR. DIST.:</b> 01	<b>15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR:</b> McCormick, Brenda
--------------------------------	--------------------------------	-----------------------------------------------------------------------------

<b>16. APPROVED BUDGET:</b>		<b>17. AWARD COMPUTATION:</b>	
Personnel.....	\$ 85,725	A. NON-FEDERAL SHARE.....	\$ 0 0%
Fringe Benefits.....	\$ 34,290	B. FEDERAL SHARE.....	\$ 2,030,721 100%
Travel.....	\$ 0	<b>18. FEDERAL SHARE COMPUTATION:</b>	
Equipment.....	\$ 0	A. TOTAL FEDERAL SHARE.....	\$ 2,030,721
Supplies.....	\$ 0	B. UNOBLIGATED BALANCE FEDERAL SHARE.....	\$ 0
Contractual.....	\$ 1,890,873	C. FED. SHARE AWARDED THIS BUDGET PERIOD...\$	0
Facilities/Construction.....	\$ 0	<b>19. AMOUNT AWARDED THIS ACTION:</b>	
Other.....	\$ 7,120	\$ 2,030,721	
Direct Costs.....	\$ 2,018,008	<b>20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:</b>	
Indirect Costs.....	\$ 12,713	\$ 2,030,721	
At % of \$		<b>21. AUTHORIZED TREATMENT OF PROGRAM INCOME:</b>	
		ADDITIONAL COSTS	
<b>Total Approved Budget.....</b>	<b>\$ 2,030,721</b>	<b>22. APPLICANT EIN:</b> 1016000001A1	<b>23. PAYEE EIN:</b> 1016000001A1
		<b>24. OBJECT CLASS:</b> 41.45	

25. FINANCIAL INFORMATION:						DUNS: 809045594
ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.	UNOBLIG.	NONFED %
CMS	1Z0C30541-01	75X0515	05993392	\$2,030,721		

26. REMARKS: (Continued on separate sheets)

See next page

<b>27. SIGNATURE - GRANTS OFFICER</b> <i>Nicole Nicholson</i> Nicole Nicholson	<b>DATE:</b> FEB 16 2010	<b>28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY</b> Signature Not Required
<b>29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S)</b> David Greenberg Signature Not Required	<b>DATE:</b> 02/12/2010	

“We all have a stake in the health of our nation’s children,” said Secretary Sebelius. “Exploring new technologies and initiatives will help ensure our kids get the high quality care they need and deserve.”

Vermont and Maine submitted a joint application, with Maine as the lead State. Funding will allow both states to build upon existing strengths to improve health outcomes for the children served by the Medicaid programs and inform best practices for the nation.

Vermont will use the grant to expand upon the nationally-recognized Blueprint for Health, which enlists multiple public and private stakeholders, including state government, health care payers, and physicians to improve health care delivery and outcomes. Key to rolling out the Pediatric Blueprint will be adapting the current Health Information Technology infrastructure and developing comprehensive web-based reporting and evaluation tools for use in improving quality of care to the children served by the Medicaid Program. The Office of Vermont Health Access will partner with the Vermont Child Health Improvement Program at the University of Vermont College of Medicine.

“These grants will test the most current theories of how to improve the quality of care delivered to children,” said Cindy Mann, director of the Center for Medicaid and State Operations within CMS. “These awards will help create the foundation for a more responsive and effective national system of high quality health care for children.”

###

David M. Coriell  
Communications Director  
109 State Street ♦ The Pavilion ♦ Montpelier, VT 05609-0101  
Telephone: 802.828.3333 ♦ Fax: 802.828.3339 ♦ TDD: 802.828.3345

**From:** Coriell, David [mailto:David.Coriell@state.vt.us]  
**Sent:** Wednesday, February 24, 2010 3:07 PM  
**To:** Coriell, David  
**Subject:** Governor Douglas Announces Vermont Wins Federal Grant for Children's Health Care

JAMES H. DOUGLAS  
GOVERNOR



State of Vermont  
OFFICE OF THE GOVERNOR

**For Immediate Release:**  
February 24, 2010

**Contact:** David M. Coriell  
(802) 828-3333

## **Governor Douglas Announces Vermont Wins Federal Grant for Children's Health Care**

*\$11 million for Vermont and Maine to support quality system*

Montpelier, VT – Governor Jim Douglas announced that Vermont, in partnership with Maine, has been awarded a five year, \$11 million federal grant to help establish a national quality system for children's health care through Medicaid and Children's Health Insurance Program. This grant will be used to help states implement and evaluate provider performance measures, health information technologies such as pediatric electronic health records, and other quality improvement initiatives.

"This is another important step forward for Vermont's health care reform efforts," said Governor Douglas. "Improving the health and well-being of our children will save Vermonters money in the long run and, more importantly, keep our state the healthiest in the nation."

Federal Department of Health and Human Services Secretary Kathleen Sebelius announced the grant awards, which are funded by the Children's Health Insurance Program Reauthorization Act of 2009, on Monday, February 22. Vermont was one of 18 states to win the award.

**STATE OF VERMONT**  
**Joint Fiscal Committee Review**  
**Limited Service - Grant Funded**  
**Position Request Form**

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: AHS/DVHA Date: 08/09/2010

Name and Phone (of the person completing this request): Melissa Jenkins, 879-8256

Request is for:

- Positions funded and attached to a new grant.  
 Positions funded and attached to an existing grant approved by JFO # \_\_\_\_\_

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

University of Southern Maine, Office of Sponsored Programs  
 Sponsored by: DHHS-CMS, Children's Health Insurance Program Reauthorization Act (CHIPRA)

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Project Administrator - CHIPRA	1	CHIPRA	02/22/2010 - 02/21/2011 / 02/21/2015

\*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

This grant supports, enhances & complements Blueprint for Health as it expands to include children; including bringing pediatric expertise to the Blueprint, providing support to pediatric & family practice providers, enhancing existing HIT infrastructure, and bring Bright Futures guidelines to DocSite. Without this grant the Blueprint expansion for children will be slowed & will not include those enhancements that focus on children.

Lisa W Besio 8/9/10  
 Signature of Agency or Department Head Date

Molly Paul 8/25/10  
 Approved/Denied by Department of Human Resources Date

Susan O'Brien 9/3/10  
 Approved/Denied by Finance and Management Date

J. R. 9/10/10  
 Approved/Denied by Secretary of Administration Date

Comments:

DHR approval is contingent upon F&M approval of funding





State of Vermont  
Office of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Williston, VT 05495-2806  
[www.ovha.state.vt.us](http://www.ovha.state.vt.us)

[Phone] 802-879-5900

Agency of Human Services

## MEMORANDUM

**TO:** Robert D. Hofmann; Secretary, Agency of Human Services (AHS)

**FROM:** Susan Besio; Commissioner, Department of Vermont Health Access (DVHA)  
*Susan Besio*

**DATE:** August 9, 2010

**SUBJECT:** Grant Acceptance Request  
Children's Health Insurance Program Reauthorization Act (CHIPRA)

The DVHA, in partnership with Maine Medicaid as the lead state, was awarded a five year federal grant funded by the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). The grants are designed to help establish a national quality system for children's health care through Medicaid and Children's Health Insurance Program (CHIP); states will implement and evaluate provider performance measures, health information technologies such as pediatric electronic health records, and other quality improvement initiatives. Vermont is using the grant to expand upon the Blueprint for Health, including adapting the Health Information Technology (HIT) infrastructure and developing comprehensive web-based reporting and evaluation tools.

To accomplish these objectives over the five-year grant period, DVHA is requesting to accept grant funds to hire a full-time project manager. The project manager will coordinate grant activities within Vermont and with the Maine project director. Under grant requirements, the project manager must be a state employee. Because grant activities began in February, two DVHA staff members have been sharing project management activities along with their regular responsibilities. This is not workable going forward, because the complexities and demands of successfully implementing this important grant require a dedicated professional's full-time focus.

# STATE OF VERMONT REQUEST FOR GRANT ACCEPTANCE (Form AA-1)

		\$
		\$
		\$
		\$
		\$
		\$
	<b>Total</b>	\$81,459

## PERSONAL SERVICE INFORMATION

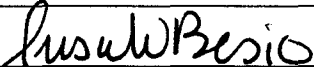
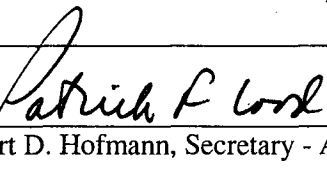
**11. Will monies from this grant be used to fund one or more Personal Service Contracts?**  Yes  No  
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: \_\_\_\_\_ Agreed by: \_\_\_\_\_ (initial)

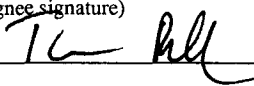
12. Limited Service Position Information:	# Positions	Title
	1	Project Administrator
<b>Total Positions</b>	1	

**12a. Equipment and space for these positions:**  Is presently available.  Can be obtained with available funds.


## 13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: 	Date: 8/9/10
	Title: Susan Besio, Commissioner - Dept. of Vermont Health Access	
	Signature: 	Date: 8/11/10
	Title: Robert D. Hofmann, Secretary - Agency of Human Services	

## 14. SECRETARY OF ADMINISTRATION

<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) 	Date: 9/10/10
-----------------------------------------------	-----------------------------------------------------------------------------------------------------------------------	---------------

## 15. ACTION BY GOVERNOR

<input checked="" type="checkbox"/>	Check One Box: Accepted	(Governor's signature) 	Date: 9/13/10
<input type="checkbox"/>	Rejected		Date:

## 16. DOCUMENTATION REQUIRED

### Required GRANT Documentation

<input checked="" type="checkbox"/> Request Memo <input type="checkbox"/> Dept. project approval (if applicable) <input checked="" type="checkbox"/> Notice of Award <input checked="" type="checkbox"/> Grant Agreement <input checked="" type="checkbox"/> Grant Budget	<input type="checkbox"/> Notice of Donation (if any) <input type="checkbox"/> Grant (Project) Timeline (if applicable) <input type="checkbox"/> Request for Extension (if applicable) <input type="checkbox"/> Form AA-1PN attached (if applicable)
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**End Form AA-1**

**STATE OF VERMONT REQUEST FOR GRANT ACCEPTANCE (Form AA-1)**

<b>BASIC GRANT INFORMATION</b>				
<b>1. Agency:</b>	Human Services			
<b>2. Department:</b>	Health Access			
<b>3. Program:</b>	Improving Health Outcomes for Children			
<b>4. Legal Title of Grant:</b>	Children's Health Insurance Program Reauthorization Act of 2009			
<b>5. Federal Catalog #:</b>	93.767			
<b>6. Grant/Donor Name and Address:</b> University of Southern Maine - Office of Sponsored Programs 45 Commerce Drive, Suite 11, Augusta, ME 04330				
<b>7. Grant Period:</b>	<b>From:</b>	2/22/2010	<b>To:</b>	2/21/2011
<b>8. Purpose of Grant:</b> Hire a CHIPRA Project Manager to coordinate the various grant activities in Vermont and collaborate with the Maine Project Manager, including overall planning and coordination of resources, tasks and necessary steps to complete the grant activities within the specified timeframe.				
<b>9. Impact on existing program if grant is not Accepted:</b> This will support, enhance, complement Blueprint for Health as it expands to include children; including bringing pediatric expertise to the Blueprint, providing support to pediatric & family practice providers, enhancing existing HIT infrastructure, and bring Bright Futures guidelines to DocSite. Without this grant the Blueprint expansion for children will be slowed & will not include those enhancements that focus on children				
<b>10. BUDGET INFORMATION</b>				
	SFY 1	SFY 2	SFY 3	Comments
<b>Expenditures:</b>	<b>FY 2011</b>	<b>FY</b>	<b>FY</b>	
Personal Services	\$81,459	\$	\$	
Operating Expenses	\$	\$	\$	
Grants	\$	\$	\$	
<b>Total</b>	\$81,459	\$	\$	
<b>Revenues:</b>				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$	\$	\$	
(Direct Costs)	\$77,580	\$	\$	
(Statewide Indirect)	\$	\$	\$	
(Departmental Indirect)	\$3,879	\$	\$	
Other Funds:	\$	\$	\$	
Grant (source )	\$	\$	\$	
<b>Total</b>	\$81,459	\$	\$	
<b>Appropriation No:</b>	3410010000		<b>Amount:</b>	\$81,459
				\$

**State of Vermont**  
 Department of Finance & Management  
 109 State Street, Pavilion Building  
 Montpelier, VT 05620-0401

Agency of Administration

[phone] 802-828-2376  
 [fax] 802-828-2428

**STATE OF VERMONT**  
**FINANCE & MANAGEMENT GRANT REVIEW FORM**

<b>Grant Summary:</b>		This Grant Request is for Vermont's portion of a Grant DVHA worked with Maine Medicaid (Maine was the lead state in the request to the Feds) under the US Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). Under the grant, Vermont will hire a CHIPRA Project Manager to coordinate various grant activities in Vermont and to collaborate with the Maine Project Manager.			
<b>Date:</b>		8/31/2010			
<b>Department:</b>		Agency of Human Services: Health Access			
<b>Legal Title of Grant:</b>		Children's Health Insurance Program Reauthorization Act of 2009			
<b>Federal Catalog #:</b>		93.767			
<b>Grant/Donor Name and Address:</b>		University of Southern Maine-Office of Sponsored Research, 45 Commerce Drive, Suite 11, Augusta ME 04330			
<b>Grant Period:</b>		<b>From:</b>	<b>To:</b>		
		2/22/2010	2/21/2011		
<b>Grant/Donation</b>		\$81,459			
	<b>SFY 1</b>	<b>SFY 2</b>	<b>SFY 3</b>	<b>Total</b>	<b>Comments</b>
<b>Grant Amount:</b>	\$81,459	\$	\$	\$81,459	
<b>Position Information:</b>	<b># Positions</b>	<b>Explanation/Comments</b>			
	1	Project Administrator-CHIPRA			
<b>Additional Comments:</b>					
<b>Department of Finance &amp; Management</b>			<i>[Signature]</i>	(Initial)	
<b>Secretary of Administration</b>			<i>[Signature]</i>	(Initial)	
<b>Sent To Joint Fiscal Office</b>			9/14/10	Date 9/14/10	

**RECEIVED**

SEP 21 2010



**JOINT FISCAL OFFICE**



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: Representative Steven Maier  
From: Nathan Lavery, Fiscal Analyst  
Date: September 22, 2010  
Subject: JFO #2462

Representative Michael Obuchowski asked that I forward to you a copy of the enclosed grant materials and cover memo. He requests your observations regarding the enclosed item.

cc: Rep. Michael Obuchowski

**State of Vermont**  
 Department of Finance & Management  
 109 State Street, Pavilion Building  
 Montpelier, VT 05620-0401

Agency of Administration

[phone] 802-828-2376  
 [fax] 802-828-2428

**STATE OF VERMONT**  
**FINANCE & MANAGEMENT GRANT REVIEW FORM**

<b>Grant Summary:</b>	This Grant Request is for Vermont's portion of a Grant DVHA worked with Maine Medicaid (Maine was the lead state in the request to the Feds) under the US Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). Under the grant, Vermont will hire a CHIPRA Project Manager to coordinate various grant activities in Vermont and to collaborate with the Maine Project Manager.			
<b>Date:</b>	8/31/2010			
<b>Department:</b>	Agency of Human Services: Health Access			
<b>Legal Title of Grant:</b>	Children's Health Insurance Program Reauthorization Act of 2009			
<b>Federal Catalog #:</b>	93.767			
<b>Grant/Donor Name and Address:</b>	University of Southern Maine-Office of Sponsored Research, 45 Commerce Drive, Suite 11, Augusta ME 04330			
<b>Grant Period:</b>	<b>From:</b>	<b>To:</b>		
	2/22/2010	2/21/2011		
<b>Grant/Donation</b>	\$81,459			
	<b>SFY 1</b>	<b>SFY 2</b>	<b>SFY 3</b>	<b>Total</b>
<b>Grant Amount:</b>	\$81,459	\$	\$	\$81,459
<b>Comments</b>				

Position Information:	# Positions	Explanation/Comments
	1	Project Administrator-CHIPRA

**Additional Comments:**

Department of Finance & Management	<i>[Signature]</i> 9/13/10	(Initial)
Secretary of Administration <i>[Signature]</i> 2/11	<i>[Signature]</i> 9/14/10	(Initial)
Sent To Joint Fiscal Office	9/14/10	Date 9/14/10

**RECEIVED**  
 SEP 21 2010  
**JOINT FISCAL OFFICE**



**STATE OF VERMONT REQUEST FOR GRANT ACCEPTANCE (Form AA-1)**

BASIC GRANT INFORMATION				
<b>1. Agency:</b>	Human Services			
<b>2. Department:</b>	Health Access			
<b>3. Program:</b>	Improving Health Outcomes for Children			
<b>4. Legal Title of Grant:</b>	Children's Health Insurance Program Reauthorization Act of 2009			
<b>5. Federal Catalog #:</b>	93.767			
<b>6. Grant/Donor Name and Address:</b>	University of Southern Maine - Office of Sponsored Programs 45 Commerce Drive, Suite 11, Augusta, ME 04330			
<b>7. Grant Period:</b>	<b>From:</b>	2/22/2010	<b>To:</b>	2/21/2011
<b>8. Purpose of Grant:</b>	Hire a CHIPRA Project Manager to coordinate the various grant activities in Vermont and collaborate with the Maine Project Manager, including overall planning and coordination of resources, tasks and necessary steps to complete the grant activities within the specified timeframe.			
<b>9. Impact on existing program if grant is not Accepted:</b>	This will support, enhance, complement Blueprint for Health as it expands to include children; including bringing pediatric expertise to the Blueprint, providing support to pediatric & family practice providers, enhancing existing HIT infrastructure, and bring Bright Futures guidelines to DocSite. Without this grant the Blueprint expansion for children will be slowed & will not include those enhancements that focus on children			
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
<b>Expenditures:</b>	<b>FY 2011</b>	<b>FY</b>	<b>FY</b>	
Personal Services	\$81,459	\$	\$	
Operating Expenses	\$	\$	\$	
Grants	\$	\$	\$	
<b>Total</b>	\$81,459	\$	\$	
<b>Revenues:</b>				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
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(Departmental Indirect)	\$3,879	\$	\$	
Other Funds:	\$	\$	\$	
Grant (source )	\$	\$	\$	
<b>Total</b>	\$81,459	\$	\$	
<b>Appropriation No:</b>	3410010000	<b>Amount:</b>	\$81,459	
			\$	

100



# STATE OF VERMONT REQUEST FOR GRANT ACCEPTANCE (Form AA-1)

			\$
			\$
			\$
			\$
			\$
		<b>Total</b>	\$81,459

**PERSONAL SERVICE INFORMATION**

**11. Will monies from this grant be used to fund one or more Personal Service Contracts?**  Yes  No  
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: \_\_\_\_\_ Agreed by: \_\_\_\_\_ (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Project Administrator
<b>Total Positions</b>	1	

**12a. Equipment and space for these positions:**  Is presently available.  Can be obtained with available funds.

**13. AUTHORIZATION AGENCY/DEPARTMENT**

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: <i>Susan Besio</i>	Date: <i>8/9/10</i>
	Title: Susan Besio, Commissioner - Dept. of Vermont Health Access	
	Signature: <i>Patrick F. Lord</i>	Date: <i>8/11/10</i>
	Title: Robert D. Hofmann, Secretary - Agency of Human Services	

**14. SECRETARY OF ADMINISTRATION**

<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) <i>[Signature]</i>	Date: <i>9/10/10</i>
-----------------------------------------------	------------------------------------------------------	----------------------

**15. ACTION BY GOVERNOR**

<input checked="" type="checkbox"/> Check One Box: Accepted	(Governor's signature) <i>[Signature]</i>	Date: <i>9/13/10</i>
<input type="checkbox"/> Rejected		

**16. DOCUMENTATION REQUIRED**

**Required GRANT Documentation**

<input checked="" type="checkbox"/> Request Memo <input type="checkbox"/> Dept. project approval (if applicable) <input checked="" type="checkbox"/> Notice of Award <input checked="" type="checkbox"/> Grant Agreement <input checked="" type="checkbox"/> Grant Budget	<input type="checkbox"/> Notice of Donation (if any) <input type="checkbox"/> Grant (Project) Timeline (if applicable) <input type="checkbox"/> Request for Extension (if applicable) <input type="checkbox"/> Form AA-1PN attached (if applicable)
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End Form AA-1

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**State of Vermont**  
**Office of Vermont Health Access**  
312 Hurricane Lane, Suite 201  
Williston, VT 05495-2806  
[www.ovha.state.vt.us](http://www.ovha.state.vt.us)

[Phone] 802-879-5900

*Agency of Human Services*

## MEMORANDUM

**TO:** Robert D. Hofmann; Secretary, Agency of Human Services (AHS)

**FROM:** Susan Besio; Commissioner, Department of Vermont Health Access (DVHA) *Susan Besio 10*

**DATE:** August 9, 2010

**SUBJECT:** Grant Acceptance Request  
Children's Health Insurance Program Reauthorization Act (CHIPRA)

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The DVHA, in partnership with Maine Medicaid as the lead state, was awarded a five year federal grant funded by the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). The grants are designed to help establish a national quality system for children's health care through Medicaid and Children's Health Insurance Program (CHIP); states will implement and evaluate provider performance measures, health information technologies such as pediatric electronic health records, and other quality improvement initiatives. Vermont is using the grant to expand upon the Blueprint for Health, including adapting the Health Information Technology (HIT) infrastructure and developing comprehensive web-based reporting and evaluation tools.

To accomplish these objectives over the five-year grant period, DVHA is requesting to accept grant funds to hire a full-time project manager. The project manager will coordinate grant activities within Vermont and with the Maine project director. Under grant requirements, the project manager must be a state employee. Because grant activities began in February, two DVHA staff members have been sharing project management activities along with their regular responsibilities. This is not workable going forward, because the complexities and demands of successfully implementing this important grant require a dedicated professional's full-time focus.

**STATE OF VERMONT  
Joint Fiscal Committee Review  
Limited Service - Grant Funded  
Position Request Form**

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: AHS/DVHA Date: 08/09/2010

Name and Phone (of the person completing this request): Melissa Jenkins, 879-8256

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # \_\_\_\_\_

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

University of Southern Maine, Office of Sponsored Programs  
Sponsored by: DHHS-CMS, Children's Health Insurance Program Reauthorization Act (CHIPRA)

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Project Administrator - CHIPRA	1	CHIPRA	02/22/2010 - 02/21/2011 / 02/21/2015

\*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

This grant supports, enhances & complements Blueprint for Health as it expands to include children; including bringing pediatric expertise to the Blueprint, providing support to pediatric & family practice providers, enhancing existing HIT infrastructure, and bring Bright Futures guidelines to DocSite. Without this grant the Blueprint expansion for children will be slowed & will not include those enhancements that focus on children.

Lisa W Besio \_\_\_\_\_ 8/9/10  
Signature of Agency or Department Head Date

Molly Paul \_\_\_\_\_ 8/25/10  
Approved/Denied by Department of Human Resources Date

Susan O'Brien \_\_\_\_\_ 9/3/10  
Approved/Denied by Finance and Management Date

J. R. R. \_\_\_\_\_ 9/10/10  
Approved/Denied by Secretary of Administration Date

Comments:

DHR approval is contingent upon FAM approval of funding

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**From:** Coriell, David [mailto:David.Coriell@state.vt.us]  
**Sent:** Wednesday, February 24, 2010 3:07 PM  
**To:** Coriell, David  
**Subject:** Governor Douglas Announces Vermont Wins Federal Grant for Children's Health Care

JAMES H. DOUGLAS  
GOVERNOR



State of Vermont  
OFFICE OF THE GOVERNOR

**For Immediate Release:**  
February 24, 2010

**Contact:** David M. Coriell  
(802) 828-3333

## **Governor Douglas Announces Vermont Wins Federal Grant for Children's Health Care**

*\$11 million for Vermont and Maine to support quality system*

Montpelier, VT – Governor Jim Douglas announced that Vermont, in partnership with Maine, has been awarded a five year, \$11 million federal grant to help establish a national quality system for children's health care through Medicaid and Children's Health Insurance Program. This grant will be used to help states implement and evaluate provider performance measures, health information technologies such as pediatric electronic health records, and other quality improvement initiatives.

"This is another important step forward for Vermont's health care reform efforts," said Governor Douglas. "Improving the health and well-being of our children will save Vermonters money in the long run and, more importantly, keep our state the healthiest in the nation."

Federal Department of Health and Human Services Secretary Kathleen Sebelius announced the grant awards, which are funded by the Children's Health Insurance Program Reauthorization Act of 2009, on Monday, February 22. Vermont was one of 18 states to win the award.

“We all have a stake in the health of our nation’s children,” said Secretary Sebelius. “Exploring new technologies and initiatives will help ensure our kids get the high quality care they need and deserve.”

Vermont and Maine submitted a joint application, with Maine as the lead State. Funding will allow both states to build upon existing strengths to improve health outcomes for the children served by the Medicaid programs and inform best practices for the nation.

Vermont will use the grant to expand upon the nationally-recognized Blueprint for Health, which enlists multiple public and private stakeholders, including state government, health care payers, and physicians to improve health care delivery and outcomes. Key to rolling out the Pediatric Blueprint will be adapting the current Health Information Technology infrastructure and developing comprehensive web-based reporting and evaluation tools for use in improving quality of care to the children served by the Medicaid Program. The Office of Vermont Health Access will partner with the Vermont Child Health Improvement Program at the University of Vermont College of Medicine.

“These grants will test the most current theories of how to improve the quality of care delivered to children,” said Cindy Mann, director of the Center for Medicaid and State Operations within CMS. “These awards will help create the foundation for a more responsive and effective national system of high quality health care for children.”

###

David M. Coriell  
Communications Director  
109 State Street ♦ The Pavilion ♦ Montpelier, VT 05609-0101  
Telephone: 802.828.3333 ♦ Fax: 802.828.3339 ♦ TDD: 802.828.3345

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations

FEB 16 2010

Ms. Brenda Harvey  
Director  
Division of Health Care Management  
15 State House Station  
Augusta, Maine 04333

Dear Ms. Harvey:

I am pleased to inform you of your award of a quality demonstration grant under section 401(d) of the Children's Health Insurance Program Reauthorization Act. Congratulations on your successful application! Your total 5-year funding award is \$11,277,362. Your 1st-year funding is \$2,030,721. Additional funding will be issued as supplemental awards based on your attainment of key benchmark accomplishments. We will work with you to determine those benchmarks during the planning phase of your demonstration grant.

We at the Centers for Medicare & Medicaid Services (CMS) look forward to working with you as you implement your proposal to test, develop and expand the use of evidence-based child health performance measures; expand HIT to improve the exchange of child health data; enhance payment reform; test and evaluate pediatric-focused medical home models and promote a collaborative learning environment that can be a national model for other states.

We expect that through your work, and the work of the other grantees, much progress will be made toward the establishment of a comprehensive, integrated system of high-quality health care for children under the Medicaid and Children's Health Insurance Programs. We thank you for your efforts in preparing the application and look forward to working closely with you on these efforts.

Please review this offer and respond to both your CMS Grants Management Specialist and CMS Project Officer by March 22, 2010, with a notice of your acceptance of this award and the accompanying special terms and conditions (STC). Please note that both the requirements outlined in the solicitation and the STCs apply to this grant. If you accept this award, you may begin immediately to work with CMS to implement your grant.

Enclosed are three important documents regarding your Grant Award:



1. **Terms and Conditions** - These are the legal documents that cite the statute, regulations and CMS policies governing this grant and sets forth the general requirements, assurances, reporting requirements, and other terms and conditions that apply specifically to the grant.
2. **Financial Assistance Award** - This document is the "official" notification of your award from the CMS Office of Acquisition and Grants Management.
3. **Letter of Acceptance (recommended format)** - A letter of acceptance of the grant award serves as the official acceptance. Please submit your letter of acceptance to your CMS Grants Management Specialist and send a copy to your CMS Project Officer by close of business on March 22, 2010. If you do not plan to accept the grant award, please send a letter of declination to the CMS Grants Management Specialist and send a copy to the CMS Project Officer by close of business on March 22, 2010. Your acceptance letter must include a statement by the State agency (or, in the case of a multi-State application, the lead State agency) that it meets the requirement for receipt of a grant under this program that it be either a State Medicaid agency or State CHIP agency.

Your Project Officer will be David Greenberg. Mr. Greenberg can be contacted at (410) 786-2637. His e-mail address is [david.greenberg@cms.hhs.gov](mailto:david.greenberg@cms.hhs.gov).

Thank you again for your commitment to ensuring that children under the Medicaid and CHIP programs receive the highest quality care.

Sincerely,

  
Cindy Mann  
Director

Enclosures

cc: Project Officer

## CHIPRA Quality Demonstration Grants Grantee-Specific Special Terms and Conditions

- 1. Planning and Infrastructure Development Phases:** For all grant categories, there will be an opportunity to plan and subsequently implement the activities of the grant. Grant categories A (initial core set measures), B (health information technology), C (provider-based models), and E (other) will have a 9-month planning phase. Grant Category D (pediatric electronic health records), however, will have a 12 month planning and an additional 12 month infrastructure development period due to the complexity of the grant category.

The planning and infrastructure development phases will begin after notification of the grant award. During this time, grantees will work to develop a Final Operational Plan (OP) to meet the goals of the grant program. The Final Operational Plan is to be developed with input from CMS within the first 9-months of the grant award for grant categories A (initial core set measures), B (health information technology), C (provider-based models), and E (other) and is subject to CMS approval. Grantees choosing to pursue Category D (pediatric electronic health record) will have 12 months for planning, 12 months for infrastructure development, and 36 months for implementation with CMS review at significant crossroads as specified in Grant Category D. Grant Category D is the only grant project that will have an infrastructure development phase.

The CMS will provide a draft template for the Final Operational Plan within 2 weeks after award. The grantee will be required to finalize the Final Operational Plan in consultation with CMS during the planning and infrastructure development phases of its demonstration. The Final Operational Plan must be developed in consultation with a wide array of stakeholders. These stakeholders should include advocates, child health providers, consumers, and relevant State agencies, including those operating public health programs and previously awarded grant programs.

If a grantee believes it has a valid Final Operational Plan for the grant program, it does not need to wait the full 9-months (or 24-months for Grant Category D) allotted for this phase. The grantee may submit the plan for CMS review and approval at any time within the 9 month (Category A, B, C, and/or E) or 24-month (Category D) period.

A planning phase will conclude after grantees participate in a CMS exit conference and the Final Operational Plan has been approved by CMS. CMS will notify the grantee of the approval status no later than seven (7) calendar days after the conclusion of the planning phase exit conference.

All subsequent revisions to the State's Final Operational Protocol must be submitted for review and approval by CMS. The State must submit a request to CMS for these changes no later than 30 days prior to the date of implementation of the change(s). Revisions must

include an implementation date for the proposed changes and a revised budget as appropriate.

2. **Implementation Phase:** Once the planning phase exit conference has been successfully concluded and the Final Operational Plan approved by CMS, the grantee may begin the implementation phase of the grant program. The implementation phase will continue for the remainder of the grant period of performance.
3. **Financial and Programmatic Reporting:** The grantee agrees to the following reporting requirements:

Financial Status Report Form (SF-269 or SF-269A): The general terms and conditions refer to submittal of a SF-269. This mandated financial status report will account for all uses of grant monies during each reporting period. For purposes of this demonstration, the SF-269 must be submitted semi-annually (a mid-year and end-of-year report). These reports will continue to be submitted until all grant funds have been spent. See 45 CFR Part 92.

Web-based Progress Reports: Web-based progress reports are required to be submitted semi-annually. The submission and approval of the grantees' Final Operational Protocol is considered the grantees' first progress report. Once the Operational Protocol is approved, the grantee must follow the standard reporting schedule for the semi-annual web-based reports. Reports are due August 1 for the period of operation occurring between January 1 and June 30, and February 1 for the period of operation occurring July 1 through December 31. Grantees must report even if they have not operated for a complete reporting period.

Content of the semi-annual progress reports will be decided upon during the planning phase with input from the Grantees and the National Evaluator. Examples of the type of information that will be captured in the semi-annual reports include: the specific use(s) of grant funds, barriers to the implementation of the grant program, and best practices/lessons learned from grant program implementation. Additionally, the semi-annual report will capture grant category-specific information requested by the National Evaluator.

4. **Supplemental Award Process:** CMS will award supplemental funding after the first year of the demonstration for all subsequent years of the grant program. CMS will issue guidance on the process, timing and content of award requests. Supplemental grant funding will be provided for each year of the grant period subsequent to CMS approval of the Final Operational Plan will be contingent on a State's performance in meeting the goals and annual benchmarks approved in the Final Operational Plan and agreed upon by the Grantee and CMS. CMS may rescind the grant award including all un-obligated balances, and issue the unspent grant funds to other projects if the grantee fails to implement key elements of the approved Final Operational Plan and meet prescribed grant program goals.
5. **Governing Requirements:** All the requirements in the statute (section 401(d) of the Children's Health Insurance Program Reauthorization Act of 2009) and the solicitation, Medicaid And Children's Health Insurance Programs: Children's Health Insurance Program Reauthorization Act Of 2009 (CHIPRA): Section 401(d) CFDA 93.767, as well as

all additional information in the form of Questions and Answers or other policy statements posted on the CMS website (<http://www.cms.hhs.gov/CHIPRA/>) are governing components of this award. Further, the State agrees to abide by future policy issuances that further refine the Quality Grant content. For example, the State will submit any incidents from its incident reporting system that CMS in future policy guidance identifies as mandatory reporting.

6. **Cooperation with the National Evaluation Contractor.** All Grantees must continue to cooperate with the CMS contractor(s) working in support of the CHIPRA Quality Demonstration. The Grantee agrees to participate in all efforts, by CMS and its contractors, to evaluate the programmatic elements and operational components of the Grantee's demonstration program. These activities are expected to include the following:
- Gather qualitative and quantitative information about the effectiveness of the demonstration programs implementation;
  - Evaluate the impact of the demonstration programs on the health care quality of children enrolled in Medicaid and/or CHIP; and
  - Assess if, and how, the demonstration programs increased transparency and consumer choice.

In so doing, each grantee should be certain to address the specific evaluation questions enumerated in the grant program solicitation (<http://www.cms.hhs.gov/CHIPRA/>).

In the event the Grantee decides to also conduct its own independent evaluation, the Grantee will be expected to substantiate that there is no duplication of effort in relation to the national evaluation and to submit an evaluation plan in its OP with an accompanying budget. States receiving funds under Category D (pediatric electronic health records) are specifically required to coordinate with the National Evaluation Contractor(s) to avoid duplication of effort and to facilitate any complementary evaluation activity by the Contractor focused on integration of Category D with other categories.

Due to conflict of interest concerns, grantees may not contract with the National Evaluator to conduct an independent grantee evaluation. Similarly, a grantee may not utilize any CMS contractor utilized for CHIPRA technical assistance as its independent evaluator.

7. **Cooperation with CMS and/or CMS Contractor(s) Regarding the Provision of Technical Assistance**

- **Technical Assistance (TA) Needs Assessment:** The Grantee must fully cooperate with CMS and/or CMS contractor(s) engaged in assessing the needs of each demonstration grantee and providing technical assistance. This includes working with CMS and/or its contractor(s) to identify and describe best practices that can serve as models for CMS and other States.
- Any targeted TA that grantees purchase using their grant funding must be limited to activities that directly aid in the implementation of the grant program (i.e., contracts for technical planning, development, and implementation) and must not be duplicative of the National TA effort. If TA is to be purchased for help in carrying out the grant

activities then the applicant must provide a TA plan and budget as part of the Final Operational Plan.

- Grantees receiving funds under Categories B and D should not duplicate technical assistance and outreach efforts to pediatric providers with similar activities supported by the Regional Extension Centers funded under ARRA HITECH the authority of the Health Information Technology for Economic and Clinical Health provisions of the American Recovery and Reinvestment Act (ARRA) of 2009.
8. **Bi-Annual Conferences:** All grantees will be required to attend two conferences (Spring 2011 and Spring 2013) in the Washington, DC or Baltimore, MD area sponsored by CMS. Therefore, the applicants' budgets must include funds for at least one person to attend the CMS-sponsored conferences in the Washington, DC or Baltimore, MD area. The grantee is expected to have, at a minimum, the Demonstration Grant Project Director in attendance at this annual meeting.
  9. **Product Development:** Any public use products/materials developed using grant funds have to identify within the written product that it was developed with use of federal funds. Approval by CMS PO prior to release of any outreach/marketing materials is required. The grantee agrees that CMS shall have royalty-free, nonexclusive or irrevocable rights to reproduce, publish, or otherwise use and authorize others to use the items for Federal government purposes.
  10. **Work Products and Use of Data Resulting from Grant Funds:** Any report regarding grant outcomes or findings may not be released or published by the grantee, partnering State(s) and organizations, and contractors without permission from the CMS Project Officer within the first four (4) months following the receipt of the report by the CMS Project Officer.

The grantee agrees to include the following attribution and disclaimer on all materials developed for public distribution, which are funded under the grant:

“This document was developed under grant CFDA 93.767 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal Government.”

In addition, the grantee agrees that all materials developed through Federal grant funding will be made accessible to people with special needs (e.g. 508 compliant).

For the six (6) months after completion of the project, the Grantee shall notify the CMS Project Officer prior to formal presentation of any report or statistical or analytical material by the grantee, partnering State(s) and organizations, and contractors based on information obtained through this award. Formal presentation includes papers, articles, professional publication, speeches, and testimony.

11. **Project Coordination and Oversight:** The Grantee retains ultimate responsibility for coordination and oversight of all project-related activity, including any involvement of

partner States and organizations, regardless of the extent to which it utilizes contractual arrangements to assist with project management. Each Grantee must maintain a full-time Project Director whose salary will be 100% paid through grant funds. This individual must be a State employee, who has sufficient authority and expertise to run the demonstration program. The Project Director must not have financial conflicts of interest in the project.

12. **Partnerships:** The Grantee must coordinate its project activities with other State, local and Federal agencies that serve the population targeted by their application and maintain its partnerships with the specific State or national external associations or organizations and others such as other State agencies, child health providers, private foundations, and / or academic institutions referenced in its grant application.

13. **Administrative and National Policy Requirements:** Grantees must comply with the following additional requirements:

- Specific administrative and policy requirements of grantees as outlined in 45 CFR 74 and 45 CFR 92 apply to this grant opportunity.
- All grantees receiving awards under these grant programs must meet the requirements of:
  - Title VI of the Civil Rights Act of 1964,
  - Section 504 of the Rehabilitation Act of 1973,
  - The Age Discrimination Act of 1975,
  - Hill-Burton Community Service nondiscrimination provisions, and
  - Title II Subtitle A of the Americans with Disabilities Act of 1990.
- All equipment, staff, and other budgeted resources and expenses must be used exclusively for the projects identified in the grantee's original grant application or agreed upon subsequently with CMS and may not be used for any prohibited uses.
- Consumers and other stakeholders must have meaningful input into the planning, implementation, and evaluation of the project.
- The Grantee and any partner States participating in its demonstration are expected to comply with all Medicaid and Children's Health Insurance Program (CHIP) law and regulations, including the provision of services under the Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) benefit. Failure of the grantee or partner State(s) to comply with these requirements may cause CMS to exclude the non-complying State from participation in the demonstration or re-evaluate the appropriateness of continuing the grant award.

14. **Prohibited Uses of Grant Funds:**

- To match any other Federal funds.
- To provide services, equipment, or supports that are the legal responsibility of another party under Federal or State law (e.g., vocational rehabilitation or education services) or under any civil rights laws. Such legal responsibilities include, but are not limited

to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.

- To provide infrastructure for which Federal Medicaid matching funds are available at the 90/10 matching rate, such as certain information systems projects.
- To supplant existing State, local, or private funding of infrastructure or services, such as staff salaries, etc.

#### **15. Duplication of Federal Funding -**

Grantees are not permitted to use the CHIPRA grant funding for purposes that would otherwise be fundable through other Medicaid or Federal grants, Medicaid Management Information System or HITECH administrative matching funds. Please also refer to item # 20 on Category-specific requirements. Questions related to this term and condition should be addressed to both the CHIPRA Grant Project Officer and the Regional Office HITECH/Systems Point of Contact.

#### **16. Other Funding Restrictions:**

**Indirect Costs** - If requesting indirect costs, an Indirect Cost Rate Agreement will be required. Applicants are required to use the rate agreed on in the state's Indirect Cost Rate Agreement. However, if there is not an agreed upon rate, the applicant is allowed indirect costs of 10 percent. The provisions of the OMB Circular A-87 govern reimbursement of indirect costs under this solicitation. A copy of OMB Circular A-87 is available online at: <http://www.whitehouse.gov/omb/rewrite/circulars/a087/a087-all.html>.

**Direct Services** - Grant funds may not be used to furnish direct services to Medicaid service recipients. Direct services do not include expenses budgeted for provider and/or consumer task force member participation in conferences, provision of technical assistance, or attendance at technical assistance conferences sponsored by CMS or its National Technical Assistance providers for the benefit of CHIPRA Quality Grant grantees.

**Reimbursement of Pre-Award Costs** - No grant funds awarded under this solicitation may be used to reimburse pre-award costs.

#### **17. Revised Budget and Work Plan:**

- By March 22, 2010, the Grantee must submit a revised SF-424a and a revised budget narrative based on the CMS final grant award, distinct from the budget narrative originally submitted as part of the State's grant application. These forms must be submitted to the CMS Project Officer and the CMS Office of Acquisition and Grants Management. The Grantee is also required to submit a new work plan by March 22, 2010 that reflects any changes to tasks resulting from the reduced award amount to the CMS Project Officer and the CMS Office of Acquisition and Grants Management.
- Any Grantee receiving funds under Category B must delineate in its revised budget narrative any planned HIT-related expenditures, as well as details regarding how they comport with the HIT-related requirements under special term and condition #20, below.

- In the event that a partner State's participation in the demonstration terminates, the Grantee will be expected to submit a revised work plan and budget.

#### 18. Privacy and Security:

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that access to Protected Health Information (PHI) shall be managed to guard the integrity, confidentiality, and availability of electronic PHI data. Each demonstration grantee shall ensure that appropriate policies and procedures are in place to ensure the protection and security of PHI. These security measures include all Medicaid, CHIP and dual eligible electronic health information or health care payment information, including demographic information collected from an individual, which identifies the individual or can be used to identify the individual. PHI does not include students records held by educational institutions or employment records held by employers.

#### 19. Scope of Work:

Any changes in the scope of the project made by the Grantee, including a reduction in effort by any partnering State, requires approval by the Project Officer and the CMS Office of Acquisition and Grants Management.

#### 20. Category-Specific Requirements:

Categories A (initial core set measures) and E (other):

Grantees developing new measures to complement the pediatric initial core set measures developed under section 401(a) of CHIPRA are required to use the criteria established by CMS and the Agency for Healthcare Research and Quality and to align activities through the Pediatric Quality Measures Program coordinating center.

Category B (HIT):

- Grantees for Category B must utilize HHS recognized health information technology (HIT)/health information exchange (HIE) standards per the certification criteria specified in final regulation and subsequent updated regulations developed by the HHS Office of the National Coordinator.
- Grantees for Category B must reflect their CHIPRA Category B grant activities in the State Medicaid HIT Plans that they will submit to CMS in order to receive 90 percent Federal financial participation for the Medicaid EHR Incentive Program under ARRA legislation. The programmatic, resource, and fiscal linkages between the CHIPRA Category B grant activities and the State's HITECH activities to promote adoption and meaningful use of certified EHRs must be clearly delineated in the State Medicaid HIT Plan.

Categories B and D (pediatric electronic health records):

- Grantees for Categories B and D who are utilizing electronic health records, must utilize *certified* electronic health records (EHR), per the certification criteria



specified in final regulation and subsequent updated regulations developed by the HHS Office of the National Coordinator. Grantees using existing EHRs must upgrade to a certified EHR by December 31, 2010 (i.e., the date by which the new certification criteria are expected to be finalized and upgrades to existing EHRs are available).

- Any grant funding used to modify proprietary EHR/HIT/HIE software must result in that modified product being available to the public on a non-proprietary basis. CMS funding cannot be used to make enhancements to proprietary software unless that software is then made available on a non-proprietary basis in the public domain.
- Plans to develop or construct data repositories or data warehouses for the collection of CHIPRA quality measures should be considered along with States' needs for similar data repositories for HITECH meaningful use data. Information technology systems modification and development that can potentially serve both CHIPRA and HITECH interests should be coordinated at the State-level. Prior approval must be received from both the CMS CHIPRA Grant Project Officer and the Regional Office HIT/Systems Points of Contact prior to proceeding with such initiatives.

**UNIVERSITY OF MAINE SYSTEM  
SUBCONTRACT FOR SPECIAL SERVICES**

THIS SUBCONTRACT is entered into by and between the University of Maine System, acting through the **University of Southern Maine**, hereinafter referred to as the "University", and the State of Vermont, hereinafter referred to as the "Subcontractor".

WHEREAS, the University desires to have the Subcontractor perform certain work and services hereinafter described, and the Subcontractor desires to perform such work and services for the University; and,

WHEREAS, the work and services hereinafter described to be performed by the Subcontractor are directly related to the work and services to be furnished by the University under the projects "CHIPRA Category A: Core Measures 6481005; CHIPRA Category B: Info Tech 6481006; CHIPRA Category C: P-B Models 6481007; CHIPRA Category E: Other 6481008; funded by a **CHIPRA: Improving Health Outcomes for Children** with the **US DHHS, CMS**, hereinafter referred to as the "Sponsor".

NOW, THEREFORE, for and in consideration of the payments, terms and conditions hereinafter set forth, the Subcontractor hereby agrees with the University to furnish all key personnel, facilities, materials and services and in consultation with the University, to perform the services, studies or projects hereinafter described in RIDER A: KEY PERSONNEL, BUDGET SUMMARY, SPECIFICATIONS OF WORK TO BE PERFORMED and SPECIAL TERMS AND CONDITIONS -which is hereby incorporated into this Subcontract for Special Services by reference.

**TERMS AND CONDITIONS**

1. **ADMINISTRATION.** The designated administrator for the University for this subcontract is **Kim Fox Project Director**. All correspondence and reports should be directed to the administrator. In the event that this designee is unable to act in this capacity at any time because of illness or for any other reason before this subcontract is completed, the University shall appoint a successor to act in designee's stead.
2. **WORK ORDER CHANGES.** The University may deem it necessary from time to time to order changes in the specifications of work to be performed. All such orders and adjustments shall be in writing and signed by all of the parties involved. Any requests for additional compensation arising from changes in the specifications of work to be performed by the Subcontractor must be made in writing and approved by the University before executing the work order changes.
3. **PERIOD OF PERFORMANCE.** The period of performance shall be from February 22, 2010 through February 21, 2011. The Subcontractor shall complete the work no later than February 21, 2011, unless extended in writing by the University.
4. **TERMINATION.** The performance of work under this subcontract may be terminated by either the University or the Subcontractor in whole, or, from time to time, in part whenever for any reason it is determined that such termination is in the best interest of any of the parties to this Subcontract. Such termination shall be effected by the terminating party delivering to their counterpart a "Notice of Termination" specifying the extent to which the performance of the work under the subcontract is terminated and the date on which such termination becomes effective. In case of early termination, payment of the subcontract shall be adjusted on a pro rata basis according to percentage of work completed or other agreed upon equitable basis to compensate for such termination.
5. **ALLOWABLE COSTS AND PAYMENTS.** During the performance of this contract, the Parties agree as follows:

- a) The University shall reimburse the Subcontractor for allowable costs incurred in performance of this Subcontract. Such reimbursement shall not exceed the amount and/or percentage referred to in ATTACHMENT A. Allowable costs shall be determined by cost principles applicable to the award made to the University by the Sponsor.
  - b) Reimbursements by the University to the Subcontractor shall be made within thirty (30) days of receipt of invoices from the Subcontractor. Invoices shall show current and cumulative expenses incurred, for both reimbursable costs and contributed costs, by budget category, and shall be supported by an activity report which includes employer identification or social security numbers, dates, tasks performed, individuals involved and time expended. Interim invoices should be sent within twenty (20) days after the end of the reporting period. The final invoice shall be submitted no later than thirty (30) days after the expiration date of the subcontract.
  - c) In the event that payments by the University include payment for costs subsequently disallowed by the University or an authorized agent of the Sponsors, through audit exceptions or by other review and control procedures, the Subcontractor shall repay on demand the amount of any such disallowed costs, subject to the Subcontractor's right to defend orally or in writing the allowability of any such costs to the University or to the Sponsors.
6. **AUDIT.** The Subcontractor shall maintain appropriate accounting records sufficient to properly document costs claimed and incurred in the performance of this Subcontract and shall make such records available during regular business hours at the Subcontractor's normal place of business, upon request, to the University's or Sponsors' authorized agent for audit purposes. Said records shall be retained and kept available by the Subcontractor for a period of not less than that required of the University under its retention schedule. Unless notified to the contrary, the length of time for record retention by the Subcontractor shall be three (3) years and the current year or until audit and resolution of any exceptions resulting therefrom, whichever occurs first. In compliance with federal regulations, all Subcontractors with a total in excess of \$500,000 in Federal business in a one year period must forward to the University an annual external financial audit and an OMB Circular A-133 audit of the subcontract for each year of this Subcontract.
7. **REPORTS.** All invoices, progress and/or technical reports, correspondence and related submissions from the Subcontractor shall be directed to the University's designee named above. The designee shall certify to the University when payments under the subcontract are due and the amounts to be paid. The designee shall make recommendations on all other claims of the Subcontractor, subject to the approval of the University.
8. **INDEPENDENT CAPACITY.** The Subcontractor is an independent contractor of the University, not a partner, agent or joint venturer of the University and neither party shall hold itself out contrary to these terms by advertising or otherwise, nor shall either party be bound by any representation, act or omission whatsoever of the other.
9. **BENEFITS AND DEDUCTIONS.** The Subcontractor, its employees and its subcontractors, if any, are independent contractors for whom no Federal or State Income Tax will be deducted by the University, and for whom no retirement benefits, social security benefits, group health or life insurance, vacation and sick leave, Worker's Compensation and similar benefits available to University's employees will accrue. The parties further understand that annual information returns as required by the Internal Revenue Code and Maine Income Tax Law will be filled by the University with copies sent to Subcontractor. Subcontractor will be responsible for compliance with all applicable laws, rules and regulations involving but not limited to: employment, labor, hours of work, working conditions, payment of wages, and payment of taxes, such as unemployment, social security and other payroll taxes, including other applicable contributions from such persons when required by law.

10. **OWNERSHIP.** The parties agree that ownership of all data, papers, reports, forms, or other material collected or produced by the Subcontractor, under this contract, (the "work product") shall belong to the Subcontractor. Upon a request made by the University, the Subcontractor shall provide, free of cost, copies of all such work product no later than 30 days from the date of the request. The University shall have a nonexclusive, nontransferable, irrevocable, royalty free paid-up license to use or have used the work product for or on behalf of the University during the pendency of the contract and thereafter. The University may provide the work product to its contractors, grantees, community partners, and to other local, state, and federal governmental entities for their non-commercial use.
11. **INSURANCE.** During the term of this Subcontract, the Subcontractor shall maintain comprehensive general liability insurance, including contractual liability, and comprehensive automobile liability insurance, each in an amount of coverage of not less than \$250,000 per person and \$1,000,000 per occurrence, in accordance with V.S.A. Title 12, Chapter 189. Subcontractor shall provide proof of such insurance prior to the date of performance under this Subcontract. Subcontractor shall provide worker's compensation insurance coverage for its personnel as required by applicable law. In addition, Subcontractor shall require all of its subcontractors, if any, to provide insurance in accordance with this paragraph.
12. **UNIVERSITY HELD HARMLESS.** Both parties assume the risks of their own actions and inactions under this contract, with each reserving its right to seek compensation for the negligent or wrongful acts or omissions of the other.
13. **EQUAL OPPORTUNITY.** Subcontractor shall not discriminate and shall comply with applicable laws prohibiting discrimination on the basis of race, color, religion, sex, sexual orientation, national origin or citizenship status, age, disability, or veteran status.
14. **CONFIDENTIALITY.** The Contractor shall comply with all laws and regulations relating to confidentiality and privacy including, but not limited to, any rules or regulations of the University.
15. **GENERAL PROVISIONS.** This Subcontract is subject to the general and special terms and conditions as set forth in the University's award from the **US DHHS, CMS** which is incorporated herein, and shall be governed by the laws of the State of Maine as to interpretation and performance.
16. **ASSIGNMENTS.** This subcontract may not be assigned in whole or in part without the written approval of the University.
17. **ORDER OF PRECEDENCE.** In the event of any inconsistencies in this Subcontract, unless otherwise provided herein, inconsistencies shall be resolved by giving precedence in the following order:
  - a) Special Terms and Conditions, Rider A.
  - b) General Provisions, Article 15 (above).
  - c) The Subcontract, Articles 1. through 20.
18. **AMENDMENT.** This Subcontract may be amended only in writing and signed by both the University and the Subcontractor.

19. **VALIDITY.** In the event one or more clauses of this Subcontract are declared invalid, void, unenforceable or illegal, that shall not affect the validity of the remaining portions of this Subcontract.

20. **ENTIRE AGREEMENT.** This Subcontract contains the entire agreement of the parties, and neither party shall be bound by any statement or representation not contained or incorporated herein.

IN WITNESS WHEREOF, the Subcontractor and the University of Maine System, by their representatives duly authorized, have executed this Subcontract.

FOR THE SUBCONTRACTOR:

FOR THE UNIVERSITY:

Susan Besio 8/9/10  
Authorized Signature Date  
Susan Besio, Commissioner  
State of Vermont  
Office of Vermont Health Access  
312 Hurricane Lane, Suite 201  
Willston, VT 05495  
Contractor ID # 123-45-6789

Judy Tupper 7/6/10  
Authorized Signature Date  
Judy Tupper, Managing Director  
Population Health and Health Policy  
Cutler Institute for Health and Social Policy  
Muskie School of Public Service  
University of Southern Maine

If greater than or equal to \$10,000, by:

Larry Waxler 7/9/10  
Authorized Signature Date  
Larry Waxler, Director  
Office of Sponsored Programs  
University of Southern Maine

**Chartfield Combination #**

UMS06-6378004-20-60250-01-6481005	\$6,250.00
UMS06-6378004-20-60270-01-6481005	\$2,769.76
UMS06-6378004-20-60250-01-6481006	\$6,250.00
UMS06-6378004-20-60270-01-6481006	\$24,867.01
UMS06-6378004-20-60250-01-6481007	\$6,250.00
UMS06-6378004-20-60270-01-6481007	\$24,867.01
UMS06-6378004-20-60250-01-6481008	\$6,250.00
UMS06-6378004-20-60270-01-6481008	\$3,955.22
	<u>\$81,459.00</u>

The University encourages the employment of individuals with disabilities.

ATTACHMENT A - FOLLOWS

ATTACHMENT A

TO SUBCONTRACT FOR SPECIAL SERVICES BETWEEN  
THE UNIVERSITY OF MAINE SYSTEM and  
STATE OF VERMONT

- I. KEY PERSONNEL. The Subcontractor's designated key person(s) for the duration of the performance of this subcontract is/are as deemed necessary by the State of Vermont.

Key personnel under this subcontract are designated at all times for worker's compensation and every other purpose to be employees of the Subcontractor and not of the University. Changes in key personnel shall require the University's prior written approval. Such changes may cause the University to deem it necessary to order changes in the specifications of work to be performed, make adjustments to the budget, extend or terminate the Subcontract.

- II. SPECIFICATIONS OF WORK TO BE PERFORMED. The Subcontractor's specifications of work to be performed are described in Rider A.

- III. BUDGET SUMMARY AND PAYMENTS. The University will provide up to **\$81,459.00** in performance with this Subcontract as detailed on Rider B.

Subcontractor will provide separate, itemized invoices for expenses for expenses by category for each category (A, B, C, & E) each month.

Invoice(s) referenced in above Payment Schedule should be sent to **Sharon Gosselin, Cutler Institute for Health and Social Policy, Muskie School of Public Service, University of Southern Maine, 45 Commerce Dr, Suite 11, Augusta, ME 04330.**

As this project is funded, in whole or in part, with Federal Funds via the US DHHS, CMS under CA-MC-10-205/CHIPRA: Improving Health outcomes for Children, and 93.767 the availability of funds is contingent upon the execution and continuation of that agreement with the University of Southern Maine for the period of this Subcontract.

Payments will be made within 30 days of receipt of an approved itemized invoice. Final invoices must be submitted no later than 30 days following expiration of Period of Performance.

IV. SPECIAL TERMS AND CONDITIONS.

APPROVED:

PROJECT DIRECTOR:

  
KIM FOX

  
Date

END OF ATTACHMENT A

5/28/10

## Scope of Work to be Performed

### Background

In February 2010, the Office of MaineCare Services (MaineCare) at the Maine Department of Health and Human Services (DHHS) in partnership with the Office of Vermont Health Access (OVHA) and in collaboration with the Cutler Institute of the Muskie School of Public Service at the University of Southern Maine and the University of Vermont College of Medicine Vermont Child Health Improvement Program were awarded funding from the Centers for Medicare and Medicaid Services of the US Department of Health and Human Services for an initiative entitled "Improving Health Outcomes in Children (IHOC)" under the CHIPRA Quality Demonstration grant program.

This agreement is to establish a subcontract between the Muskie School of Public Service and the Office of Vermont Health Access to implement activities in Vermont as proposed in the first year of the grant, subject to renewal each year based on federal grant renewal. The activities to be performed under this agreement align with the grant categories described in the solicitation, are outlined below, and are described in greater detail in the attached pages of this Scope of Work. Henceforth in this document "Maine" refers to partners at both the Office of MaineCare Services and the Muskie School of Public Service.

Overall grant activities include:

1. Implementing and finalizing the operational plan for Maine and Vermont CHIPRA grant activities.
2. Testing and reporting child health quality measures by analyzing claims and other data sources to inform the operational planning process, modifying existing measures to meet new federal standards, and providing staff support and technical assistance for roll-out of new measures.
3. Promoting use of Health Information Technology (HIT) in children's health care delivery by developing a plan for automating EPSDT in Maine and Vermont, and foster care data in Maine, and beginning initial implementation of phased in plan.
4. Evaluating provider-based models in Maine and Vermont that improve the delivery of children's health care by developing a pilot project and evaluating enhanced pediatric and family-practice patient-centered medical homes.
5. Testing and evaluating the emerging Improvement Partnership model as a replicable, sustainable vehicle for continual learning across states to improve child health quality.

### POSITION DESCRIPTION

The OVHA CHIPRA Project Manager position will coordinate the various grant activities in Vermont, and collaborate and cooperate with the VCHIP Project Manager and the overall project Director in Maine to achieve the goals of the grant. The OVHA Project Manager provides for

overall planning and co-ordination of resources, tasks, and necessary steps to complete the grant activities within the specified timeframe. The OVHA Project Manager will report to the IHOC executive committee on a regular basis to ensure that milestones are met and work is progressing as planned.

Responsibilities include:

- Supports the OVHA Director and Deputy Director for management and coordination of grant activities;
- Convenes the Vermont Coordinating Committee (VCC) and Blueprint/HIT Subcommittee over the grant period;
- Collaborates and coordinates activities with the UVM/VCHIP Project Manager, IHOC Executive Committee, and the Maine Project Director;
- Serves as a member of the IHOC Executive Committee, the Vermont Coordinating Committee, the Blueprint/Health Information Technology Subcommittee and the Improvement Partnership (IP) subcommittee, and other committees, workgroups as is required.;
- Coordinates project work with other related initiatives underway in Vermont, particularly with Blueprint for Health, Health Information Technology (HIT) and Health Information Exchange initiatives, and Agency of Human Services Children's Integrated Services (Integrated Family Services) activities;
- Participates in IP Subcommittee
- Coordinates the alignment of project work with strategic priorities of the State, and communicates progress updates and findings to stakeholders;
- Collaborates with staff on work groups and across State agencies to implement proposed activities;
- Manages the OVHA subcontract with Muskie School in Maine; and
- Completes and files necessary grant reporting as required.



**1. Overall grant management and implementation; finalization of an Operational Plan for VCHIP CHIPRA grant activities**

**Description:** OVHA Project Manager will provide staff support to the OVHA Director and OVHA Deputy Director for activities related to the CHIPRA Grant. OVHA Project Manager and VCHIP Project Manager will establish an organizational and management structure to support its activities as proposed in the grant both during a nine-month planning period and over the course of the 5-year grant. Activities will include a process for engaging a broad group of stakeholders both in Vermont and nationally, where applicable, to guide activities under each grant category. Year I activities also include development of a Final Operational Plan for federal approval by November 22, 2010.

<b>Objective 1: Develop organizational and administrative structure for the grant</b>			
<b>Activities</b>	<b>Timeline</b>	<b>Deliverables</b>	<b>Results</b>
Establish contract between OVHA and Muskie for Year I activities.	February 2010 – June 2010	Signed subcontract	
Develop job description, recruit and hire OVHA Project Manager.	March 2010 – July 2010	Job postings	
Collaborate and coordinate activities with the UVM/VCHIP Project Manager, IHOC Executive Committee, the Maine Project Manager, and the Maine Project Director.	February 2010 – February 2011	Meeting presentation materials and proceedings	
Review & approve roles/functions of committee members & convene Vermont Coordinating Committee (VCC).	May - June 2010	Meeting presentation materials and proceedings Meeting minutes.	Vermont governance & management structure operational.
Identify members and meeting schedule of <i>Blueprint/HIT</i> Subcommittee	May – June 2010		
In collaboration with Maine, identify Vermont IHOC Executive Committee members. Participate with UVM/VCHIP,	Ongoing		

Muskie and MaineCare in Grant Implementation Team meetings.			
Participate in the IHOC meetings	On going as needed.		
Coordinate the alignment of project work with strategic priorities of the State, and communicate progress updates and findings to stakeholders;	Ongoing		
Manage OVHA/Muskie contract and submit deliverables as required.	Ongoing		
		Submit invoices and activity reports.	

<b>Objective 2: Finalize Evaluation Plan</b>			
<b>Activities</b>	<b>Timeline</b>	<b>Deliverables</b>	<b>Results</b>
Participate in the development of the evaluation plan, including activities defining process and outcome measures.  Review final evaluation plan.	March – December 2010	Review of evaluation plan.	Finalized evaluation plan in place.
<b>Objective 3: Finalize Operational Plan</b>			
<b>Activities</b>	<b>Timeline</b>	<b>Deliverables</b>	<b>Results</b>
Oversee process for drafting and approving Me-VT Operational Plan through the IHOC Executive Committee	March – November 2010	Outline of process & final operational plan to IHOC.	Input for Operational Plan
Review environmental scan of existing and planned child healthcare quality initiatives and related child services in Vermont	March – November 2010	Present draft Environmental Scan Report to VCC.	Input for VT Operational Plan.
Convene <i>Blueprint</i> /IHT Subcommittee to develop draft operational plan.	March 2010 – February 2011	Draft operational plans to VCC.	Input for VT Operational Plan.
Convene VT Coordinating Committee to review and finalize draft operational plans by category.	October 2010	Review final draft Vermont operational plan	
Coordinate with VCHIP Project Manager, Maine Project Director and the IHOC to finalize operational plan. Participate in Exit Conference with Maine and CMS; make revisions and produce Final Operational Plan.	July - December 2010	Final Operational Plan	Approved Operational Plan for Year 2.

**2. Category B: Promoting use of HIT in children's healthcare delivery by expanding the *Blueprint for Health* state HIT infrastructure to support guidelines-based pediatric care, population management, and coordination with community-based services**

**Description:** Vermont proposed to expand the adult-focused *Blueprint for Health* HIT infrastructure to enable both personalized and population-based care coordination and management for pediatric medical homes (Category C) and the community health teams (CHT's). OVHA Project Manager will convene Blueprint/HIT Subcommittee. Currently the *Blueprint* offers practices a web-based clinical tracking system, DocSite, with the capacity to support guideline-based care for prevention, health maintenance, and chronic illness care. OVHA Project Manager will participate in activities to augment DocSite to support clinical decisions in pediatric populations aligned with *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents*.

<b>Objective 1: Extend the <i>Blueprint for Health</i> state HIT infrastructure to support guidelines-based pediatric care, population management, and coordination with community-based services (e.g. CHTs)</b>			
<b>Activities</b>	<b>Timeline</b>	<b>Deliverables</b>	<b>Results</b>
Convene <i>Blueprint</i> /HIT Subcommittee to develop operational plan	March 2010 – February 2011	Operational Plan for HIT infrastructure development and implementation	Input VT Operational Plan
Participate in activities to refine DocSite 'dashboard', mapping Bright Futures, and development of data dictionary.	March 2010 – February 2011	Draft template to include clinical data elements (data dictionary) derived from <i>Bright Futures</i> guidelines	

**3. Category C: Evaluate provider-based models that improve the delivery of children's healthcare by extending the *Blueprint for Health integrated health model (patient-centered medical home)* to pediatric and family practices serving children throughout Vermont**

**Description:** Vermont proposed to expand NCQA assessments and payment reforms currently taking place in adult primary care settings under the Blueprint to pediatrics. During Year I of the grant, UVM will focus its efforts on refining the NCQA scoring tool and assessment process through consultations with Maine, commencing a pilot in 2-3 pediatric practices, and developing a plan for a phased, statewide rollout in the out years of the grant for inclusion in the Final Operational Plan. OVHA Project Manager will convene the Blueprint/IHT Subcommittee, engage Blueprint leadership, and participate in financial modeling. Additionally, the OVHA Project Manager will participate in the design and implementation of a cross-state evaluation assessing the differential impacts of Maine and Vermont's strategies to address quality in pediatrics.

**Objective 1: Adapt the *Blueprint for Health* financial impact model to pediatrics and negotiate multi-payer payment reform to include (a) a common method of patient attribution to a medical home; (b) enhanced payment to pediatric practices based on NCQA scores; and (c) shared costs for CHTs to support children's services within a pediatric medical home**

	<b>Timeline</b>	<b>Deliverables</b>	<b>Results</b>
Convene <i>Blueprint</i> /IHT Subcommittee to develop operational plan for financial reforms negotiation, implementation, and evaluation	March 2010 - February 2011	Operational Plan for financial reforms negotiation, implementation, and evaluation	Input VT Operational Plan
Engage <i>Blueprint</i> leadership, multi-stakeholder groups in expanding payment reform to pediatrics.	June 2010 - February 2011		
Participate in expanding financial impact model to evaluate impact of reforms on clinical processes, health status, and resource utilization	December 2010 - February 2011	Financial impact model for pediatrics	

**Objective 2: Extend the *Blueprint for Health* integrated health model (PCMH) in pediatric and family practices serving children throughout Vermont; determine financial impact and impact on clinical processes, health status, and resource utilization**

	<b>Timeline</b>	<b>Deliverables</b>	<b>Results</b>
Convene <i>Blueprint</i> /HIT Subcommittee to develop Operational Plan, and review VCHIP NCQA assessments in pilot and statewide rollout.	March 2010 – February 2011	Operational Plan for NCQA assessments in pediatric and family practices throughout Vermont  NCQA scoring tool and assessment protocol appropriate for pediatric settings  Completed readiness assessment tools for all pilot sites	Input for VT Operational Plan

**Objective 3: Design and implement a comparative cross-state evaluation of the implementation and impact of ME and VT's child health quality improvement strategies using the pediatric PCMH model to complement and inform the national evaluation**

	<b>Timeline</b>	<b>Deliverables</b>	<b>Results</b>
Participate in development, review and implementation of cross state evaluation plan.	March 2010 – February 2011	Final Evaluation Plan for cross-state evaluation	Input for VT Operational Plan

**4. Category E: Expand and evaluate the Improvement Partnership (IP) model as a replicable, sustainable mechanism to improve the delivery and quality of healthcare for children**

**Description:** In its CHIPRA IHOC application, Vermont proposed to test and evaluate the emerging IP model as a replicable, sustainable vehicle to address child healthcare quality and to expand the number of IP states from 15 to 35 and to continue to support the National Improvement Partnership Network (NIPN) as a vehicle for continual learning across states.

**Objective 1: Assist 20 states in developing a sustainable state IP to focus on the priorities of this Demonstration, targeting in particular non-CHIPRA Demonstration states and smaller, rural states; provide continued support to the National Improvement Partnership Network (NIPN)**

	<b>Timeline</b>	<b>Deliverables</b>	<b>Deadline</b>
Participate in IP/NIPN Subcommittee and development of Operational Plan.	March – February 2011	Operational Plan for Category E activities inclusive of an evaluation plan	Input for VT Operational P

**Objective 2: Evaluate the implementation, efficiency, and impact of the IP model and Network**

	<b>Timeline</b>	<b>Deliverables</b>	<b>Deadline</b>
Participate in IP/NIPN Subcommittee.	March 2010 – February 2011		

## RIDER B

Personnel	Category A		Category B		Category C		Category E		Total Federal		Total Non-Federal		Total
	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	Amount	%	
<b>Name</b>													
To Be Hired	\$2,750.00	5%	\$24,750.00	45%	\$24,750.00	45%	\$2,750.00	5%	\$55,000.00	100%	\$0.00	0%	\$55,000.00
<b>Total Salary</b>	\$2,750.00	5%	\$24,750.00	45%	\$24,750.00	45%	\$2,750.00	5%	\$55,000.00	100%	\$0.00	0%	\$55,000.00
<b>Benefits</b>													
Regular Benefits	\$1,129.00	5%	\$10,161.00	45%	\$10,161.00	45%	\$1,129.00	5%	\$22,580.00	100%	\$0.00	0%	\$22,580.00
<b>Total Benefits</b>	\$1,129.00		\$10,161.00		\$10,161.00		\$1,129.00		\$22,580.00		\$0.00		\$22,580.00
<b>Total Personnel</b>	\$3,879.00		\$34,911.00		\$34,911.00		\$3,879.00		\$77,580.00		\$0.00		\$77,580.00
<b>Travel</b>	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
<b>Total Travel</b>	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
<b>Equipment</b>	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
<b>Total Equipment</b>	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
<b>Supplies</b>	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
<b>Total Supplies</b>	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
<b>Contractual</b>	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
<b>Total Contractual</b>	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
<b>Other Direct Fees</b>	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
<b>Total fees</b>	\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
<b>Total Direct</b>	\$3,879.00		\$34,911.00		\$34,911.00		\$3,879.00		\$77,580.00		\$0.00		\$77,580.00
<b>Indirect Costs</b>	\$193.95		\$1,745.55		\$1,745.55		\$193.95		\$3,879.00		\$0.00		\$3,879.00
<b>Total Project Costs</b>	\$4,072.95		\$36,656.55		\$36,656.55		\$4,072.95		\$81,459.00		\$0.00		\$81,459.00



VERMONT DEPARTMENT OF PERSONNEL  
Request for Classification Review  
Position Description Form A

- **This form is to be used by managers and supervisors to request classification of a position (filled or vacant) when the duties have changed, and by managers and supervisors to request the creation of a new job class/title (for a filled, vacant, or new position), and by employees to request classification of their position.**
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded  areas of the form.
- If you prefer to fill out a hard copy of the form, contact your Personnel Officer.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you might need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office. All sections of this form are required to be completed unless otherwise stated.

**INSTRUCTIONS:** Tell us about the job. The information you provide will be used to evaluate the position. It will not be used in any way to evaluate an employee's performance or qualifications.

Answer the questions carefully. The information you give will help ensure that the position is fairly evaluated. Here are some suggestions to consider in completing this questionnaire:

- Tell the **facts** about what an employee in this position is actually expected to do.
- Give **specific examples** to make it clear.
- Write in a way so a person unfamiliar with the job will be able to understand it.
- Describe the job **as it is now**; not the way it was or will become.
- Before answering each question, read it carefully.

**To Submit this Request for Classification Review:** If this is a filled position, the employee must sign the original\* and forward to the supervisor for the supervisor's review and signature. The Personnel Officer and the Appointing Authority must also review and sign this request before it is considered complete. The effective date of review is the beginning of the first pay period following the date the complete Request for Classification Review is date stamped by the Classification Division of the Department of Personnel.

\*An employee may choose to sign the form, make a copy, submit original to supervisor as noted above, while concurrently sending the copy to the Classification Division, 144 State Street, Montpelier, with a cover note indicating that the employee has submitted the original to the supervisor and is submitting the copy as a **Concurrent** filing.

**If this is a request (initiated by employees, VSEA, or management) for review of all positions in a class/title please contact the appropriate Classification Analyst or the Classification Manager to discuss the request prior to submitting.**

## Request for Classification Review Position Description Form A

### For Department of Personnel Use Only

Notice of Action # _____	Date Received (Stamp)
Action Taken: _____	
New Job Title _____	
Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
New Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
Classification Analyst _____	Date _____
Comments: _____	Effective Date: _____
	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____	Mental Demands: _____
Working Conditions: _____	Accountability: _____
	Total: _____

#### Incumbent Information:

Employee Name:  Employee Number:   
Position Number:  Current Job/Class Title:   
Agency/Department/Unit:  Work Station:  Zip Code:   
Supervisor's Name, Title, and Phone Number:   
How should the notification to the employee be sent:  employee's work location  or  other address, please provide mailing address:

#### New Position/Vacant Position Information:

New Position Authorization:  Request Job/Class Title:   
Position Type:  Permanent or  Limited / Funding Source:  Core,  Partnership, or  Sponsored  
Vacant Position Number:  Current Job/Class Title:   
Agency/Department/Unit:  Work Station:  Zip Code:   
Supervisor's Name, Title and Phone Number:

#### Type of Request:

- Management:** A management request to review the classification of an existing position, class, or create a new job class.
- Employee:** An employee's request to review the classification of his/her current position.

## 1. Job Duties

This is the **most critical** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review**. Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What** it is: The nature of the activity.
- **How** you do it: The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why** it is done: What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** *Audits tax returns and/or taxpayer records.* **(How)** *By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency.* **(Why)** *To determine actual tax liabilities.*

Manage key operational elements to ensure implementation of Vermont's activities and responsibilities under a multi-state, multi-year quality demonstration grant authorized under the Child Health Improvement Program Reauthorization Act (CHIPRA) to improve health outcomes for children (IHOC) enrolled in Medicaid and SCHIP throughout the State. Vermont is a partner with the Maine Medicaid office and both states are collaborating extensively with their state universities. Project Administrator duties include the following: coordinate, facilitate, and implement Vermont's planning activities, including developing and implementing a plan for engaging and facilitating stakeholder participation; coordinate the development of a five-year operational plan and annual renegotiations; manage day-to-day project work; ensure compliance with project timelines; prepare project reports and disseminate project findings; manage DVHA's CHIPRA grant budget; assist with designing and implementing an evaluation strategy; convene and provide staff support for the Vermont CHIPRA Coordinating Committee and the bi-state (Vermont/Maine) IHOC Executive Committee; serve as a member of the Blueprint/Health Information Technology Subcommittee, and the Improvement Partnership Subcommittee; coordinate and align CHIPRA project activities and goals with other related Vermont initiatives, including the Blueprint for Health, Health Information Technology and Health Information Exchange, and the Agency of Human Services Integrated Family Services. Serves as the primary contact for DVHA's CHIPRA grant activities with the Muskie School, MaineCare, the University of Vermont Child Health Improvement Program (VCHIP), and stakeholder groups involved with the project.

## 2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change*.

This individual will interact frequently with DVHA management and staff, the VCHIP CHIPRA project manager, the Maine project manager and the Maine project director. This individual will interact regularly with Blueprint for Health and Health Information Technology professionals, Agency of Human Services staff, providers of pediatric health care services,

and other stakeholders involved with pediatric health care improvement. The incumbent's role is to guide and facilitate planning and implementation of grant activities.

**3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?**

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

Work is performed under the general direction of the DVHA Director, Managed Care Organization Division, but the ability to work and make decisions independently is crucial, as is the ability to work effectively in a team environment.

Knowledge, Skills and Abilities:

Experience working in complex projects with multiple partners and stakeholders.

Experience with project management, including budget monitoring and reporting to funders. Experience with government grant management is preferred.

Knowledge of Medicaid/SCHIP, health care system, and health policy.

Familiarity with quality measurement and improvement strategies in healthcare.

Ability to work with healthcare policymakers, providers, and other professionals.

Strong oral and written communication skills, including experience preparing reports and presentations.

Proficiency with Microsoft Office software (Word, Excel, Powerpoint).

Ability to assimilate abstract concepts and translate into concrete action plans.

Ability to develop and implement effective program policies and operating procedures.

Ability to establish and maintain effective working relationships with diverse groups of state and local partners and stakeholders, and to develop a team approach among project staff.

Frequent in-state travel and occasional out-of-state travel are required, for which personal means of transportation must be available.

Working knowledge and understanding of Healthcare Information Technology and Exchange.

Education: Master's Degree in a healthcare-related field or in public administration.

Experience: Three years professional-level experience in administration, planning, grant management, project management, or healthcare policy.

**4. Do you supervise?**

In this question "supervise" means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

No

## 5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

The incumbent will be in direct and frequent contact with the DVHA Director and other CHIPRA project staff. However, many assignments will be developed by the individual in accordance with the CHIPRA grant operational plan, with oversight by the Director. Tasks will be assigned with regularity, but there will be frequent urgent matters requiring prompt attention. Incumbent must be able to develop and implement tasks with a high degree of autonomy.

## 6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

The incumbent must be highly organized with the ability to balance many competing demands. Because this is a two-state project with many partners and stakeholders, the individual must be skilled at integrating a variety of interests and needs while still completing project requirements on time, within budget, and with high quality standards.

## 7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*
- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*

The incumbent is responsible for working with grant partners to complete the final operational plan, to develop specific activities and develop and implement the plan. The incumbent will oversee DVHA's responsibilities as a subcontractor with the Muskie School and will complete required reports on time and within budget. He/she will be the primary contact for grant activities with other members of the Vermont project team, stakeholders, and grant partners in ME.

### 8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?
Timeline pressures	often
Conflicting opinions	often
Integrating various stakeholders' viewpoints	often

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?
None, will work in typical office setting	

- c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?
None		

- d) What working positions (sitting, standing, bending, reaching) or types of effort (hiking, walking, driving) are required?

Type	How Much of the Time?
sitting	majority
driving	occasional

**Additional Information:**



**Supervisor's Section:**

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

Considerable project management capability and excellent communication and mediation skills are needed. Incumbent must be able to make decisions autonomously yet also work well as an important member of a diverse team.

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

Organizational and project management skills are essential. Knowledge of Vermont's system of pediatric care and of Blueprint activities and goals are desirable.

3. Comment on the accuracy and completeness of the responses by the employee. List below any missing items and/or differences where appropriate.

N/A

4. Suggested Title and/or Pay Grade:

Project Administrator, CHIPRA Grant - Salary Level 25.

Supervisor's Signature (required):

*Lusuh Besio*

Date:

*8/9/10*

**Personnel Administrator's Section:**

*Please complete any missing information on the front page of this form before submitting it for review.*

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes  No If yes, please provide detailed information.

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).



Suggested Title and/or Pay Grade:

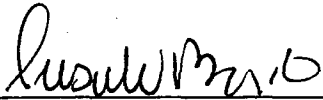
Personnel Administrator's Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**Appointing Authority's Section:**

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

Suggested Title and/or Pay Grade:

Project Administrator, CHIPRA Grant - Salary Level 25

  
\_\_\_\_\_  
Appointing Authority or Authorized Representative Signature (required)

8/9/10  
\_\_\_\_\_  
Date