

**MEMORANDUM OF UNDERSTANDING
BETWEEN THE AGENCY OF HUMAN SERVICES-CENTRAL OFFICE AND
THE VERMONT DEVELOPMENTAL DISABILITIES COUNCIL**

The Agency of Human Services Central Office (AHS CO) and the Vermont Developmental Disabilities Council (VTDDC) will enter into an agreement for collaboration on planning activities to establish a set of best practices in the delivery of health services to adult Vermonters with developmental disabilities that support good health and positive encounters with health care professionals in the delivery of high quality, cost effective care.

Purpose

This Memorandum of Understanding (MOU) agreement will be for staffing and contract expenditures pursuant to the SIM grant related to health care innovation.

In 2013, the State was awarded a State Innovation Model (SIM) federal grant to support the work outlined below as part of the Vermont Health Care Innovation Project (VHCIP). This MOU is a sub-award as a part of the VHCIP Grant Program, which solicited proposals in early 2014 and mid-2014.

MOU Terms

This MOU will be in effect upon signature for expenditures incurred from **December 1, 2014 through December 31, 2015**. This MOU may be amended as necessary per mutual written consent of both parties.

Terms of Agreement

VTDDC and AHS-CO agree to the following process for documenting the expenses:

1. VTDDC staff will document time spent on SIM related work using program code 37991.
2. VTDDC agrees to use program code 37991 for expenditures pursuant to the SIM grant.
3. Prior approval for travel is required and must be submitted in writing to SIM Project Director using Attachment A. Prior approval for travel request shall be submitted to SIM Project Director who will forward request to CMS after internal approval.
4. VTDDC has the responsibility to comply with terms of the Federal Award for any expenditure approved in the project budget of **\$193,000.00**.
5. VTDDC has the responsibility to comply with the State of Vermont Bulletin 5.0 for sub-recipient monitoring.
6. VTDDC will be financially responsible for any Federal disallowance due to failure to maintain adequate documentation supporting the expenses per this agreement.

Contacts**DVHA**

Name:	Jessica Mendizabal	Title:	Contracts & Grants Administrator
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VTDDC

Name:	Karen Schwartz	Title:	Executive Director
Phone:	(802) 828-1312	E-mail:	Karen.Schwartz@state.vt.us

AHS CO

Name:	Diane Cummings	Title:	Financial Manager
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Deliverables

The Project Team will be prepared to engage individuals with I/DD and their family caregivers in a fully inclusive planning process that bridges gaps in understanding between stakeholders from traditional medical services and those who either provide or receive DLTSS.

- Develop job descriptions or request to bid that outlines qualifications for project staff consultants.
- Use existing staff and/or contract with consultants.
- Finalize terms of agreement with Green Mountain Self-Advocates for providing support to Work Group members with I/DD.
- Develop charge to the Project Work Group with expectation for its 8 participants. Establish application and selection process for potential participants.
- Recruit applicants and conduct selection process for Work Group of 8 members.
- Provide orientation for Planning Team members including accessible materials.
- Identify and recommend a set of best practices that will improve the healthcare experience of adults with I/DD and reduce the disproportionate burden of illness experienced by this population.
- Identify evidence based and/or promising practices to improve the care experience of individuals with complex disabilities.
- Work Group to meet 6 times (1x/month) to review best practices.
- Work Group to receive input collected by Project Staff through research activities and outreach.
- Draft white paper to summarize the findings and recommendations of the Project Work Group.
- Planning Team meets to review draft white paper and incorporate a plan for next steps.
- Collect and analyze qualitative and quantitative data that describes the health status and care experience of adults with I/DD in Vermont.
- Develop a profile of healthcare utilization and cost by adults with I/DD in Vermont using Medicaid claims or other data.
- Hold 3 to 4 focus groups that represent subpopulations of adults with I/DD and family caregivers.
- Hold 8 to 10 structured interviews with a broad range of health and DLTSS providers.

By sharing information and soliciting input, the Project Team builds relationships with other collaborative healthcare groups (including Blueprint, Regional Learning Collaborative, etc.) that are working toward the triple aims of healthcare reform.

- Presentation of project concept and solicitation of input from each of Vermont's 3 "Integrated Communities" Learning Collaboratives, at least 2 Blueprint Regional Teams and similar groups.
- Project Staff presents their findings and recommendations to selected collaborative healthcare groups.
- Solicit input, endorsement and suggestions for Next Steps.

Evaluation and Expected Outcomes

Project White Paper that will be informed and supported by collaborative teams feedback and will include actionable recommendations that stakeholders can implement on a pilot basis.

Reporting Provisions

1. Quarterly and programmatic status report shall be submitted to Jessica Mendizabal at DVHA no later than the 10th of the month following the 3 month period being reported. The reports shall include a narrative summary outlining specific progress on projects as directed by the reporting templates provided (Attachment B).
The reporting schedule is as follows:
 - a. 2015: April 10 (to include December, 2014), July 10, October 10
 - b. Final Report Due: March 30, 2016
2. VTDDC shall prepare and present programmatic reports to the VHCIP work groups, Steering Committee or Core Team as requested.

Payment Terms

VTDDC agrees to submit quarterly financial reports to Jessica Mendizabal at DVHA detailing a report of expenditure by the 25th day of the month following each fiscal quarter for expenses relating to the budget below:

Budget Category	Total
Personnel	19,400.00
Fringe	6,402.00
Travel	5,000.00
Equipment	1,830.00
Supplies	5,060.00
Contracts	151,408.00
Other	3,900.00
Total	193,000.00

Funding

Source of Funds: 100% Federal

CFDA Title: ACA - State Innovation Models: Funding for Model Design or Model Testing Assistance

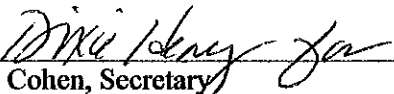
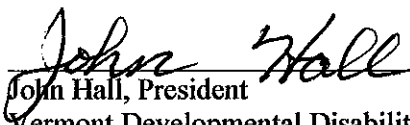
CFDA Number: 93.624

Award Number: 1G1CMS331181-01-00

Award Year: FFY2013

Federal Granting Agency: HHS, CMS/CMS Innovation Center

The provisions of this Memorandum of Understanding are hereby entered into and agreed to by virtue of the authorized signatures below:

<p> Hal Cohen, Secretary Agency of Human Services</p> <p><u>1/15/15</u> Date</p>	<p> John Hall, President Vermont Developmental Disabilities Council</p> <p><u>1/14/2015</u> Date</p>
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Attachment A



Request for Prior Approval for Conference Related Expenses

Name _____

Date of Conference _____

Justification for attendance (i.e. how the grant will benefit or how the attendance relates to the goals of the grant, etc.)

Identify Cost for attendance and provide documentation for anticipated expense:

Conference Fee _____

Airfare, Train, etc.: _____

Lodging: _____

Other: _____

Total Estimated Cost: _____

Supervisor approval

Date _____

Forward request to Georgia Maheras for approval and submission to CMMI for approval prior to expenses being incurred.

**Vermont Health Care Innovation Project
2015 Quarterly Report**

Insert Grant Project Title

Insert Name of Organization

Date:

Reporting Period:

Name of Presenter(s) and/or Key Contact:



Grant Project Goals

- List overall grant goals and how they are aligned with the mission of the VHCIP SIM project.

Recent Accomplishments

- List the top five accomplishments for goals above since the previous reporting period.

Challenges and Opportunities

- Briefly discuss any major challenges encountered since the previous reporting period and responses to each.
- Briefly discuss any new opportunities available to support this project programmatically.

Activities Undertaken and Planned

- **Ongoing Activities**
 - Briefly describe any ongoing activities not previously mentioned above.
- **New Activities**
 - Briefly describe any new activities scheduled to take place before the next reporting period.
- **Long-Term Activities**
 - Briefly describe any long-term activities currently being planned.

Providers and Beneficiaries Impacted

- Please provide the number of Providers participating in or otherwise impacted by your project.
 - The working definition for ‘Provider’ is *ANY provider of care – not limited to the clinical setting.*
 - If possible, please break down providers into classes (MD, RN, NP, Home Health Provider, etc...)
- Please provide the number of beneficiaries of your project.
 - The working definition for ‘Beneficiary’ is *ANY consumer of services provided within the scope of the project.*

Expenditures to Date & Revised Budget

- Please work from your approved revised budget to show any new expenditures.

	Approved Budget	Prior Spending	Spent this Qtr.	Total Spent to Date
Salary				\$ -
Fringe				\$ -
Travel				\$ -
Conferences				\$ -
Equipment				\$ -
Contracts				\$ -
Indirect				\$ -
Total	\$ -	\$ -	\$ -	\$ -

- Briefly discuss any potential changes to the budget going forward.