**ATTACHMENT H**

**PERFORMANCE AND OUTCOME MEASURE PLAN**

**NAME OF SUBRECIPIENT**:

**GRANT AWARD NUMBER**:

**Purpose and overview**: The State will contact the Subrecipient to discuss and refine the metrics proposed in the Subrecipient’s application and will offer technical assistance to complete this form. Measures must be mutually agreed upon between the Subrecipient and the State within 60 days of the Award Start Date.

Metrics must be specific, measurable, achievable, relevant, and time bound.

**Subrecipient shall**:

* Complete and submit the form below to the State. If the Subrecipient received funding in more than one Grant track, the Subrecipient must submit a form for each Grant Track.
* Once the form is approved by the State, gather data for assessing project impact using a minimum of two custom metrics per Grant track.
* Provide an Interim and Final Report, including an analysis of the metrics and other items in alignment with Attachment A Section IV Reporting Requirements.

Failure to adhere to the Performance and Outcome Measure Plan may impact Grant payments.

**Form Instructions**:

1. Select the applicable Grant track.
2. Indicate which expected outcomes your project seeks to address. You must select at least expected outcome.
3. Indicate how you will measure the impact of the expected outcome(s) you selected.

**Grant track: Select one track and associated expected outcome(s), consistent with your grant proposal. See Attachment A, Section II for additional information about each expected outcome:**

​​☐​Infrastructure Improvement: The objective of the Infrastructure Improvement Grant Track is to provide funding for HCBS providers to make significant and lasting improvements to their physical infrastructure and facilities to support long-term system stability and improve service delivery for individuals receiving HCBS and their families and caregivers.

Expected outcomes resulting from these infrastructure improvement initiatives are:

​​☐​Enhance Service Delivery

​​☐​Expand Service Capacity

​​☐​Bolster HCBS System Stability

​​☐​Workforce Development: Workforce Development Grants aim to enhance skills, expand service capacity, and improve overall satisfaction and performance among HCBS providers.

Expected outcomes resulting from these workforce development initiatives are:

​​☐​Expand Training Supports and Professional Development Opportunities

​​☐​Foster Employee Recruitment, Retention and Growth

​​☐​Reduce administrative burden, improve staff experience, and enhance productivity through the purchase of equipment, software, and secure technology

​​☐​Care Model Innovation: Care Model Innovation Pilots seek to enhance the quality, efficiency, and equity of HCBS services.

Expected outcomes across the four (4) different priority areas are:

​​☐​Improve health and functional outcomes and enhance quality of life by addressing the Health Related Social Needs of people with HCBS needs

​​☐​Reduce health disparities and inequities among individuals who use HCBS by implementing targeted interventions to improve outcomes for marginalized communities or populations that face health disparities

​​☐​Improve health and functional outcomes and enhance quality of life through implementation or expansion of evidence-based and evidence-informed Health and Wellness programs for individuals that use HCBS

​​☐​Improve Care Integration and continuity of care for people that use HCBS and have complex healthcare needs.

​​☐​Organizational Performance Improvement and Compliance: Organizational Performance Improvement and Compliance grants will support the development or enhancement of internal policies and systems to improve access to and quality of Medicaid HCBS and/or ensure compliance with state and federal regulations and requirements.

Expected outcomes of the Organizational Performance Improvement grants are:

​​☐​Adoption of Best Practices to Improve HCBS Access and Quality

​​☐​Improved Organizational Functioning

​​☐​Strengthened Partnerships

​​☐​Compliance with State and Federal Requirements

Describe two operationally defined metrics that measure progress toward achieving Grant outcome(s) identified above:

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| --- | --- | --- | --- |
| **Measure, Measure Description, and data source** | **Format for submission** | **Due date(s) for submission to the State (i.e., interim report, final report, or both)** | **Person who will submit metrics and email, phone number** |
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This form must be emailed to [AHS.HCBSGrants@vermont.gov](mailto:HCBSGrants@vermont.gov) by the required due date listed above. Use the following subject line in the email: Organization Name - Grant Award Number - Metrics

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| --- | --- | --- | --- |
| Authorized Representative Name |  | | |
| Authorized Representative Title |  | | |
| Authorized Representative Signature |  | Date |  |

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| ***For State of Vermont Use Only*** | | | | | | |
| ​​☐​ | Approved |  | | ​​☐​ | Denied | |
| ​​☐​ | More Information Needed. Describe: | | | | | |
| ***Name*** | | | ***Title*** | | ***Signature*** | ***Date*** |
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