



THE VAHHA VOICE

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Central Vermont, Dorset Receive USDA Telemedicine Grants

The Central Vermont Home Health and Hospice (CVHHH) in Berlin and the Dorset Nursing Service have received grants from the USDA Rural Development for Vermont program to fund technology initiatives to support home-based medical care. The CVHHH grant of \$314,000 will fund the purchase of twenty-five telemedicine home monitoring units to be used by patients in their homes, as well as automated laptop technology for 55 professional clinicians. Dorset's grant of \$254,650 will help the agency switch from paper to electronic charting and also will purchase home telemedicine monitors for use by agency patients.

The Dorset Nursing Association has been awarded the grant to implement a "telemedicine" program in the DNA service area covering Dorset, Rupert and Pawlet. DNA's application was among 234 proposals that competed for \$32.5 million in total grant funds. The USDA's Rural Utility Service, which initiated the grant, is seeking to expand state of the art health care to rural families and to improve the quality of their health care.

DNA submitted a massive, 140-page grant application to the USDA, prepared by Executive Director Phyllis Tarbell and DNA board member Patricia Bourhill. DNA President Margaret Donovan, expressed the whole board's enthusiasm for the project, "This funding is absolutely wonderful for our entire area. This grant will allow us to lead the way in using



Dorset Nursing Association Executive Director Phyllis Tarbell, RN, holds a copy of the 140-page grant application which won approval and will allow the home healthcare agency to be among the innovators in combining technology and home care.

technology to enhance both patient care and staff efficiency. Our patients, though many of them are elderly, will be trendsetters in improving the area's health care! And it's an important reaffirmation of confidence in DNA, which for many years has been number one or two in patient

Continued on page 6

DA&D Asks Feds for New Medicaid Waiver

Vermont Medicaid and the Department of Aging and Disabilities have asked the federal government to approve a new home and community based waiver that would make home care an "entitled" service. If approved, the community-based waiver would become an "entitled" program similar to nursing home services. Currently, home care waiver services are provided only if there is money available while nursing home care must be provided if the patient is eligible and wants the service.

The purpose of the waiver is to reduce the number of Medicaid recipients in nursing homes and to use the money saved to fund expanded community care services. The state feels that this is the only way it can pay for the expected increase in demand for long term care services. Current

occupancy rates are around 90% (five percent lower than 1996 when the present waiver began).

If approved, the new waiver would constitute a "wholesale replacement of the existing long-term care Medicaid program in Vermont," according to the waiver application because all Medicaid patients needing long term care services would be enrolled in this program, whether nursing home eligible or not. (Only nursing home eligible persons are in the current waiver.)

Patients would be divided into three groups, highest need, those needing nursing home level services (including waiver services); high need, those not yet needing nursing home level care but in danger; and moderate need, those needing

Continued on page 3

VAHHA's Davis Scholarship Awards Seven Grants

The VAHHA Board of Directors, through the Elizabeth J. Davis Scholarship fund, has granted scholarships to seven Vermont students for the 2003-2004 school year. The total of the awards is \$10,000. The scholarship, named for Betsy Davis, VAHHA founder and pioneer of modern day home care in Vermont, awards grants to Vermont students seeking additional health care education or a health care degree and who plan to work in home health in Vermont.

This year's awards went to Charlene Baron of Swanton, Tracey Billings of St. Johnsbury, Theresa Kimball of Brandon, Dawn Lefevre of North Hyde Park, Cynthia Martell of St. Albans, Tracy Whitcomb of Burlington, and Margett Petelle of Springfield.

Theresa Kimball received a \$2,000 scholarship. She attends Castleton State College and is seeking a RN degree. She is married with three children and currently works as a Licensed Nurses Aide for the Rutland Area Visiting Nurse and Hospice. "I am excited to be continuing my education in nursing at Castleton State College. It is a challenge I am ready to undertake," she said in her scholarship essay. Theresa and her family have a long history with the Rutland VNA. In 1975, when she was 12, her brother became quadriplegic. After nine months in the hospital he returned home and has received home care ever since. Today, with the help of RAVNA, he lives independently.

"I have shared much of his journey as a quad and helped him over so many obstacles. We live within a mile of each other and my commitment to him gives him a sense of security so he may enjoy his independence. After all, what are sisters for," she wrote.

Charlene Baron, who received a \$1,000 scholarship, recently attended the New Hampshire Technical College and is now attending the Community College of Vermont. She plans to become a Speech, Language Assistant and also is considering getting a degree as an Occupational Therapy Assistant. Charlene currently works as a billing specialist at the Franklin County Home Health Agency.

Dawn LeFevre, a LPN, is seeking an Associates' Degree in nursing at the Vermont Technical School. Her VAHHA grant is for \$1,500. Her goal is to become certified in intravenous drug therapy and eventually to become a certified chemotherapy nurse. Currently she is employed by the Lamoille Home Health and Hospice. She is married and has three children.

Cynthia Martell, who is employed by the Franklin County Home Health as a Licensed Nursing Assistant, is seeking a LPN degree from Vermont Technical College. Her

VAHHA scholarship is \$1,000. She wrote that her work with a 90-year-old woman who had her hip replaced, inspired her to continue her education. She called her work with this woman "the quiet joy of making a difference for a few hours in the life of a sweet, elderly lady in her 90s." Cynthia hopes to eventually become an RN.

Margaret Petelle, a LNA working for the VNA Alliance of Vermont, New Hampshire, received a \$2,000 grant from VAHHA. She has worked for the past 13 years as a nursing assistant, eight years for a nursing home and five for the White River agency.

"I love my job and I love the people I care for" she wrote. "For our patients to have a helper with a warm smile and a friendly voice is something they say they look forward to every day."

Tracy Whitcomb, who received a \$1,500 scholarship, is seeking a BS in Nursing from the University of Vermont. Her mother is her inspiration. "All my life my mother, Betty, told me stories of the people she cared for as a nursing assistant. As she talks, I can see in her face and hear in her voice the genuine connection she made with her patients, the deep sense of caring for others who need help."

Tracey Billings, who is currently employed by the Ophthalmology Associates of St. Johnsbury, is seeking a RN degree. She wrote that she wants to become a home care nurse to help elderly patients live independently. "By being a home health nurse I will be able to assist these individuals and allow them to remain independent as long as they possibly can."

The scholarship is awarded through the Vermont Student Assistance Corporation and the scholarship funds are managed by the Vermont Community Foundation.

"For our patients to have a helper with a warm smile and a friendly voice is something they say they look forward to every day."

Margaret Petelle

VAHHA Voice

The *VAHHA Voice* is published quarterly by the Vermont Assembly of Home Health Agencies, the professional association of the non-profit, community-based home care agencies in Vermont. For more information check the VAHHA home page at: www.vnavt.com or call 802-229-0579.

COVE Gets Grant to Start Professional Care Providers Association

In an effort to address the national problem of staffing shortages in long term care, as well as future shortages due to the baby boomer generation needing increased services, the Community of Vermont Elders (COVE) recently received a Center for Medicaid Services (CMS) grant to establish a nonprofit, membership organization called the Vermont Association of Professional Care Providers.

COVE held several "Town Meetings" during the month of July in Berlin, Brattleboro, Rutland, Bennington, Burlington, and Newport to determine if there is a need for this association and if so, what should the organization do for the members. According to project director Kathy West, COVE heard from care providers in both institutional and private settings, employers, family members, middle management staff, nurses, and consumers that there is a fundamental need for increased respect for individual care providers and the vital services they provide.

"Many ideas were offered as a means of improvement of which the Vermont Association of Professional Care Providers will be looking at in the future. A few areas that were mentioned included more training opportunities, a mentor program, a team approach to managing patient care, increased staffing to maintain quality of care, as well as increased benefits and wages," West said.

After the town meetings, several individual care providers came together for an overnight retreat in September

to sort out what an organization for caregivers might be and to determine its vision, mission, and membership structure. This "steering committee" included LNA's, PCA's and a consumer.

According to West, the Vermont Association of Professional Care Providers (VAPCP) is a catalyst for change for caregivers in all healthcare settings. It's mission, she said, is to advance the professional growth, employment opportunities, and quality of life for people who provide personal care services in a variety of health care settings.

"We provide the information, education, and advocacy necessary for developing the field of care giving," she said.

There are two forms of membership in the organization: Primary Members, who are individuals employed to provide direct care and personal assistance in all healthcare settings; and Associate Members. The Associate Members were added in recognition of the interdependent relationship between workers, consumers, and their families, as well as employers and other stakeholders.

VAPCP invites those who support the mission statement and are willing to contribute to our goals to become members and participate in Association activities.

For more information, please contact Kathy West, Program Coordinator by phone at (802)229-4731 or kathy@vermontelders.org.

Medicaid Wavier - *continued from page 1*

essential household support services such as homemaker. Under the new eligibility rules, some people currently listed as needing nursing home services would be dropped to the "high need" group and would not be eligible for nursing home payments. Any current nursing home patient deemed no longer eligible would not be released to the community without his approval.

The core services would include personal care, respite care, companion service, adult day, personal emergency response, assistive devices and home modifications, nursing home services, enhanced residential care and assisted living services, case management, and homemaker.

Optional Serevices (to be added if there is money available) would include home delivered meals, alternate living arrangements (i.e. home sharing), bed hold for residential care (payment costs up to 10 days when resident goes to the hospital).

DA&D plans to hire several staff to process

applications and to make determinations about who is eligible for what.

If approved, the community-based waiver programs would become "entitled" services similar to the nursing home services.

The state would raise the limit on resources available and still be eligible for the program from \$2,000 to \$10,000. Persons with resources above \$2,000 would pay a copayment which would range from \$50 to \$100 per month. Copayment levels would be adjusted annually. The nursing home assessment would be a per-day copay, while the home care assessment would be paid to the state as a co-insurance payment.

If this demonstration project is approved, DA&D will develop a pilot in one or two counties to "test the efficacy of a 'Cash and Counseling' Program" which means the patients would get a lump sum of money and would be able to purchase needed services.

The Vermont Long Term Care Ombudsman program, which currently serves only nursing home patients, would be expanded to serve all Medicaid long term care patients. The Ombudsman would review and investigate all complaints from patients and serve as consumer advocates.

CMS Releases Home Health Compare

The Centers for Medicare and Medicare Home Health Services (CMS) is scheduled this November to release Home Care Compare, a quality measurement initiative for home care services which includes comparison data for eleven home care quality measures. The results of three of the measures for the 12 Medicare-certified Vermont agencies will be printed in the *Burlington Free Press*.

The data relates only to Medicare-certified home health care providers and includes the results of eleven quality measures that CMS believes will help consumers and their families evaluate their home health agency. The information also allows agencies to examine their care outcomes based on state and national averages so they can target potential areas for improvement. Newspapers around the country will list the three measures for a sampling of the approximately 7,000 Medicare-certified home health agencies.

This nation-wide reporting follows an eight-state pilot program launched in April 2003 by CMS. Regularly updated information will be easily accessible to consumers and their families by calling Medicare's toll-free help line at 1-800-633-4227, or by visiting the government's Home Health Compare website at <http://www.medicare.gov/HHCompare/Home.asp>. This website is also available from a link at the VAHHA home page.

The 11 quality measures include:

- Four measures related to mobility, such as getting better at walking, getting in and out of bed, getting to and from the toilet, and experiencing less pain when moving;
- Four measures related to meeting basic daily needs, such as getting better at dressing, getting better at bathing, maintaining bathing capability, and taking oral medications;
- Two measures related to medical emergencies, such as being admitted to the hospital and requiring unplanned medical care;
- One measure related to improvement in mental health status, such as being confused less often.

Quality measures used in the Home Health Compare are based on information collected from the CMS-mandated Outcome and Assessment Information Set (OASIS). OASIS data is collected by home health agencies at various points during care. The measures are risk adjusted for factor differences, such as home health agencies that admit more difficult and complex care patients. Adjusting for risk allows for a more accurate comparison.

Chittenden VNA Presents Inspiring Film on Hospice Pioneers

Approximately 400 interested community members attended a community-wide end-of-life care event on Friday, September 19 at the Sheraton Hotel and Conference Center in South Burlington. This event premiered the hour-long documentary film *The Pioneers of Hospice: Changing the Face of Dying*, produced by VNA of Chittenden and Grand Isle Counties' end-of-life care education program, The Madison-Deane Initiative.

A panel of national and local experts included the "Father of Palliative Care in Canada," Balfour Mount, MD and the "Mother of American Hospice," Florence Wald, RN, MN, FAAN. The VNA's Madison-Deane Initiative will be working over the next year to bring this film, featuring Mount, Wald, Dame Cicely Saunder and Elisabeth Kubler-Ross, to interested constituencies. Call the MDI information line at 860-4499, ext. 5005 with questions.



Hospice Pioneers Balfour Mount, MD (l); Professor Florence Wald, and Ken Ross (r), son of Elisabeth Kubler-Ross, MD stand with Churchill Hinds, President and CEO of the VNA of Chittenden, Grand Isle Counties.

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Hospice Medical Directors Pass the Baton

Martha Davitt, MD, has joined the VNA of Chittenden Hospice team as co-medical director, sharing the position with Zail Berry, MD. Dr. Davitt is taking over for long-time co-director Allan Ramsay, MD, who is leaving to concentrate on his work with Colchester Family Practice.

In order for a hospice to be accredited with the National Hospice and Palliative Care Organization, the program needs to have a medical director “who is a licensed doctor of medicine or osteopathy with experience and knowledge regarding palliative care.” Medical director responsibilities include participating in interdisciplinary team meetings, assisting in the development of clinical protocols, consulting with attending physicians regarding pain and symptom control, reviewing patient eligibility for hospice services, and acting as a medical resource.

“Allan Ramsay has been an intimate member of the Hospice team. His recognition of teaching blended with his passion for quality end-of-life care has been his gift to our team and to those we serve,” said Pam MacPherson, a long-time member of the hospice team and volunteer coordinator.

Davitt came to Burlington in 1987 for her internal medicine training after graduating from the University of Rochester Medical School. She subsequently completed a fellowship in Rheumatology and remained in the area to practice. She was with Fletcher Allen’s Aesculapius Group until 1999 when family considerations prompted her decision to work on a per diem basis.

“I think that my caring for patients with chronic diseases, throughout their illnesses and in some cases through their deaths, was what interested me in end-of-life care,” Davitt said. “My work with chronically ill and geriatric patients drives my interest in providing excellent end-of-life care. I think many families continue to have reservations about using pain medications near the end-of-life, but I do think the trend is changing as public awareness increases.”

“As an interdisciplinary team, we rely on our Medical Director’s support in myriad ways,” said VNA staffer Angel Collins. “We are very fortunate to have Zail Berry’s guidance and expertise, and now we welcome Martha to the team.”

Respite House Grounds to Get New Look

A five-year plan is being developed to revamp the gardens and grounds surrounding Vermont Respite House, in Williston. Existing features will be enhanced, and new areas created to bring residents and visitors closer to the natural world.

Landscape designer Mary Jo Childs of Williston has developed a landscape concept plan with six areas of focus: Flower Garden, Courtyard, Gazebo Retreat, Patio Area, Children’s Play Area, and Wild Meadow. Childs has put over 80 hours of volunteer work into researching and developing her plan.

“The grounds surrounding Vermont Respite House play a role in the end-of-life experience for residents and their families and friends. On the surface, they create an atmosphere that should be pleasing and welcoming, but beyond that they have the potential to offer settings which enable people to find what they need in themselves,” said Childs. “The grounds can offer areas of delight areas that sooth, places of contemplation, elements that trigger memories, spaces for family gatherings or private discussions, and room to just get away.”

Child’s plan details ways to draw residents and visitors into the designated areas with attention to the needs of people who may need special assistance, such as wheelchairs.

The new design will require both monetary and material donations, and will happen over a number of years.

“We are committed to seeing this plan come about one step at a time, but Vermont Respite House has other fundraising needs as well,” said Dawn Stanyon, Director of Development and Community Relations for the VNA of Chittenden, Grand Isle counties. “We will continue to raise funds for operations, Vermont Respite House’s endowment, and incidentals at the House, in addition to the garden.”

Around the same time as initial plans were underway for the gardens, Burlington residents and friends of the VNA, Marsha and Gerry Milot, wanted to create a memorial to a long-time friend who was cared for by the VNA’s Hospice program. After speaking with VNA board member Holly Miller, and Vermont Respite House staff, it was decided that a sculpture on the grounds of Vermont Respite House would be a wonderful addition to the grounds.

Local sculptor Kate Pond, creator of “Kiss #2” in front of the Fletcher Free Library in Burlington and “Steelhead” along the bank of the Winooski River near the Champlain Mill, has proposed a nine-foot “Tree of Life” made of corten steel, with copper bird shapes which can be engraved with the names of loved ones. The tree can hold up to 210 birds, and birds can be easily removed for hand engraving. Inspirational words by poet Daniel Lusk will be cut into the upper branches of the tree.

USDA Telemedicine Grant - continued from page 1

satisfaction in Vermont!”

The money will be used over the next few years to upgrade computer systems, provide patient telemedicine monitoring devices and train staff to use the new equipment. Home telemonitors will be installed for appropriate-need patients which will allow nurses to intervene more quickly when necessary by monitoring daily changes in patient medical status: vital signs, weight, temperature, oxygen level, and other indicators related to their own specific problems. In addition, DNA will shift away from paper charts to an electronic “point of care” patient medical record system on laptops. Nurses, therapists in the field, DNA supervisors, schedulers, billing staff, and home health aides will be networked to coordinate and document patient care. None of this would have been possible without this grant.

Approximately 50% of DNA’s patients are age 85 and over. Appropriate patient information from the electronic DNA charts can be coordinated with local hospitals and with primary care physicians—the first such integrated approach to patient care in the state. The University Of Vermont School Of Nursing has committed to assist DNA in the initiation and development of the telemedicine project.

One condition of the grant application was to commit \$45,000 thousand dollars of DNA’s own funds as a matching fund, to be added to the grant and restricted for the technical enhancement programs. DNA’s annual fall fund drive, which is needed each year cover the non-profit agency’s projected shortfall, will be enlarged to cover the \$45,000 grant requirement. The board of directors views the additional expenditure as invaluable because of the long-term savings in time and efficiency, and the dramatic enhancement in patient care.

Receipt of the grant to the Central Vermont Home Health and Hospice was announced jointly by Eileen Blake, CVHHH President and CEO, and Jolinda LaClair, State Director of USDA’s Rural Development Distance Learning and Telemedicine Program. The grant will fund the purchase of twenty-five telemedicine home monitoring units to be used by patients in their homes, as well as automated laptop technology for 55 professional clinicians.

Telemedicine home monitoring units are used primarily by high-risk cardiac and diabetic patients who are in need of constant monitoring. Patients are prompted by the monitoring unit to take their own vital signs, and the results are then sent daily to the CVHHH nurse.

“Home monitoring units can help save lives and decrease hospitalizations by recognizing early signs of heart failure” said Blake. “They empower patients to take charge of their own care.”

Currently, CVHHH clinicians record patient notes longhand. A copy is left at the patient’s home for the next caregiver, while a second copy is taken to the main office where data entry technicians manually key in the information for the patient’s permanent CVHHH file and personal physician.

With the use of automated technology, the clinician will enter notes on a laptop in the patient’s home. Nothing will be left to memory or the interpretation of a previous caregiver’s handwriting. Patient records, including digital photographs of wounds, will then be downloaded by the clinician by plugging into any telephone jack. The records will be transmitted to the CVHHH central office where they will be available immediately for electronic retrieval by the next caregiver and the patient’s physician. Additionally, the clinician will receive updates by connecting to the system.

“Providing home health care to our rural residents can be challenging,” said LaClair. “Because of the rural nature of our state, many of the residents are economically and geographically isolated. I am pleased that Rural Development has been able to help CVHHH obtain a way to provide the daily oversight that many of these patients need.”

The use of telemedicine to support the invaluable health care services provided by home health agencies such as CVHHH gets the nod from physicians.

“The nurses and physical therapists who make visits day and night are my eyes and ears in patients’ homes,” said Peter Dale, MD, Internist and Chairperson of the Central Vermont Medical Center Board of Directors. “The CVHHH technology project will streamline communication and data collection among health care providers, clearly benefiting patient care and the collaboration between providers in the home, office, and hospital setting.”

Under increasing federal and state regulations, the average CVHHH nurse spends two hours a day on paperwork. Based on current studies, CVHHH estimates the new technology will reduce paperwork for each clinician by a minimum of 50%.

“We serve 85% more people than we did a decade ago,” said CVHHH’s CEO, Eileen Blake. “This exponential growth in patients – combined with an aging population, a national nursing shortage, and a dramatic escalation in paperwork – are serious challenges which face rural home care in Central Vermont”.

CVHHH is in the middle of their first capital campaign to help meet increasing home care needs. \$500,000 of the \$2 million campaign is targeted for the CVHHH Technology Project. Additionally, the agency is seeking to raise \$1.5 million for an expansion to their building. This addition will offer increased workspace to meet the needs of the agency.

University of Vermont To Study Cost of Primary Care

The University of Vermont Medical School is trying to figure out how much it cost to fund a primary care physician. Veteran health reporter Hamilton Davis has been hired to determine how much it cost to run a primary care practice for hospital owned practices, private practices, and private practices that were previously owned by a hospital but have returned to private ownership. Preliminary investigation shows that the cost to provide primary care services (all overhead, plus all related salaries) exceeds the income generated by about \$25,000 to \$30,000 per physician. (Most Vermont hospitals pay around \$125,000 for a primary care physician.) The pur-

pose of the study will be to provide data to help determine what it would take to keep primary care physicians in Vermont.

Currently, six counties report severe shortages of primary care physicians and three report moderate shortages. Only five are fully staffed and those counties are in danger because fewer medical students are choosing primary care. According to Davis, in the United States 30% of the graduating physicians are primary care physicians while the average outside the US is 50%.

Alzheimer's Disease Sufferers Projected to Triple by 2050

According to a recent study sponsored by the Alzheimer's Association and the National Institute of Aging, the number of Americans with Alzheimer's disease could triple to 13 million by 2050 unless new methods of prevention and treatment are found.

This will impact Vermont's community-based care system, including Home Health and Adult Day greatly. because currently over 10,000 Vermonters have Alzheimer's disease

and over 70% of those with Alzheimer's disease are cared for in their homes.

A big reason for the projected increase is improved survival among Americans 85 years and older, and nearly half of all people who live past 85 will develop Alzheimer's disease, according to lead researcher and physician Denis A. Evans of Chicago's Rush-Presbyterian - St. Luke's Medical Center.

Physicians Can Bill for Tele-medicine

The Centers for Medicare and Medicaid Services has added new HCPCS codes for home cardiac telemetry monitoring. Physicians can bill GXX1 through GXX4 when patients with heart arrhythmias are discharged to home care and the physician monitors them via a home telemetry station con-

nected to a monitoring station by phone. Also, Medicare payments for two physician home visits codes will drop by about 10% to \$66.60 (99348) and \$152.94 (99350) according to a draft regulation from the Center for Medicare & Medicaid Services.

Governor Douglas Celebrates with Franklin Home Health

Governor Jim Douglas joined the staff of Franklin County Home Health as they celebrated the Agency's 34th Annual Meeting at Chow Bella in St. Albans on September 17, 2003.

Governor Douglas is pictured here with Janet McCarthy, Executive Director and Barbara Murphy, Chairperson of the Board.



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