



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Sorsha Anderson, Senior Staff Associate
Date: December 20, 2021
Subject: Grant Request – JFO #3083

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration.

JFO #3083 – One (1) limited-service position, Adult Protective Services Project Manager, to the Vermont Agency of Human Services, Department of Aging and Independent Living. Position to create a 3-5 year plan for improving the Adult Protective Services Program. Funded through 9/30/2023 by previously approved JFO grant #2986 (U.S. Dept of Health and Human Services, American Rescue Plan Act of 2021).

[Received December 16, 2021]

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson: sanderson@leg.state.vt.us) if you have questions or would like this item held for legislative review. Unless we hear from you to the contrary by January 10, 2021, we will assume that you agree to consider as final the Governor's acceptance of this request.

**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/DAIL Date: 8/27/21

Name and Phone (of the person completing this request): John Gordon (802) 241-9014

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # 2986

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

Administration for Community Living, American Rescue Plan Act of 2021: Grants to Enhance Adult Protective Services. **(APS)**
See attached grant docs

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>
APS Project Manager	1	DLP/APS	8/1/2021 - 9/30/2023

*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 requires that the grantee will reserve a reasonable portion of the funds to create a 3-5 year plan for improving and enhancing their APS system. Vermont APS addressed this requirement, as submitted in the spend plan to ACL, by proposing to hire a limited-service project manager to lead and assist in the planning for the improvement of Vermont APS over the next 3-5 years. Additionally, this position will assist in the development and implementation of new program areas of APS under the existing and anticipated near-future grants.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

E-SIGNED by Monica White on 2021-09-23 09:18:43 EDT 09/02/2021

Signature of Agency or Department Head Date

E-SIGNED by Jenney Samuelson on 2021-09-27 17:12:12 EDT

Approved/Denied by Department of Human Resources Date

Adam Greshin
Date: 2021.11.15 09:16:08 -05'00'

Approved/Denied by Finance and Management Date

Douglas Farnham
Date: 2021.12.07 12:57:00 -05'00'

Approved/Denied by Secretary of Administration Date

[Signature] 12/14/21

Approved/Denied by Governor (required as amended by 2019 Leg. Session) Date

Comments:

E-SIGNED by Tracy O'Connell
on 2021-09-24 10:32:09 EDT DHR - 08/12/2019

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: _____ Accountability: _____	
Working Conditions: _____ 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.*

1. Develop strategic plan to guide to guide program improvement over the next 3-5 years.
2. Evaluate program services in light of mission through research and interview with current staff, program participants and stakeholders to identify gaps and areas for program development.
3. Assist in developing proposed statute language and by conducting research into current weaknesses and needs, other State's statutes, and national best practices.
4. Implement program changes by planning and managing team goals, project schedules and new information to ensure project progress
5. Manage project-related paperwork by ensuring all necessary materials are current, properly developed, filed, and stored including project reports requires as part of ACL formula grants to ensure proper project accountability.
6. Adhere to budget by monitoring and tracking expenses and identifying implementing cost-saving measures and utilizing bid processes for required items as dictated by grantees.
7. Participates in the development and implementation of policies and procedures, managing program-related internal and external communications and organizing and maintaining the program agenda.
8. Develops reports as requested.
9. In conjunction with community partners and/or independantly, arranges and provides technical assistance, outreach, and training as needed to support program initiatives to ensure community partners are able to mesh with program changes.

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.*

1. APS and Department Staff
2. Program Participants: victims, offenders, family members, service provdvers, natural

- supports in order to understand how APS services and activities impact their lives
2. Partner Agencies: Law Enforcement, Council on Aging, Home Health, Private Caregivers, Facility Administrations, Community Justice Centers, in order to fit APS program priorities and abilities with existing partner resources and programs.
 3. ACL, Grant Holder: to make reports and address grant requirements
 4. APS TARC: For assistance in planning and development and to access available resources, research, and best practices.

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.

1. Knowledge of community resources and systems.
2. Knowledge of the issues facing victims and perpetrators of vulnerable adult maltreatment.
3. Documentation management and ability to use project management tools.
4. Ability to plan, develop, and implement theory, policies and procedures for new program areas.

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:

N/A

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.

1. Incumbent will work under the supervision of the Director of APS. The need for independent decisions and initiative will be necessary.
2. Regular supervision and team meetings will be held.
3. Incumbent will collect and document data and report to supervisor on a regular basis.
4. Project documentation and data will be reviewed and evaluated regularly.

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.*

1. Assess needs of victims and and statute mandates to develop and implement program initiatives specific to Vermont.
2. Determine how proposals and program changes will impact participants, partners and service delivery systems.
3. Comply with requirements of limited services position, grant funded.
4. Document program expenditures, changes, and implementations to comply with required data collection and evaluation needs.

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.*

1. Develop the plan of APS improvement that is expected to cover 3-5 years and approximately \$1.3 million in future federal formula grants
2. Maintain documented data in support of program expansion.

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?
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Uncertainty of proper course of action, no manual for specific implementation	50%
Differences in opinion, strained relationships, highly emotional topics to be addressed	20%

- 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?
Duties are performed primarily in standard office settings.	

- 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?

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

Type	How Much of the Time?
Sitting/Standing	95%
Walking/Driving	5%

Additional Information:

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

Employee's Signature (required): _____ Date: _____

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?

Strategic planning and organizing of the program improvements. Documentation and reporting on grant efforts and outcomes.

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?

The ability to pursue solutions and information independently and to exercise initiative. This position will be pursuing open ended program improvements about with there is only limited guidance and restrictions established.

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

NA, no current incumbent as this is a new position.

4. Suggested Title and/or Pay Grade:

APS Project Manager, Pay grade 25

Supervisor's Signature (required): John Gordon Date: 9/2/2021

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).

[Empty rectangular box]

Suggested Title and/or Pay Grade:

[Empty rectangular box]

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.

[Empty rectangular box]

Suggested Title and/or Pay Grade:

APS Project Manager, Pay grade 25



9/2/2021

Appointing Authority or Authorized Representative Signature (required)

Date

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Availability of Program Application Instructions for Adult Protective Services Funding

Title: American Rescue Plan Act of 2021: Grants to Enhance Adult Protective Services.

Announcement Type: Initial.

Statutory Authority: The statutory authority for grants under this program announcement is contained in the Elder Justice Act Section 2042(b) of Title XX of the Social Security Act [Pub. L. 74–271] [As Amended Through Pub. L. 115–123, Enacted February 9, 2018] as referenced in Section 9301 of the American Rescue Plan Act of 2021 (Pub. L. 117–2).

Catalog of Federal Domestic Assistance (CFDA) Number: 93.747.

DATES: The deadline date for the submission of the American Rescue Plan Act of 2021: Grants to Enhance Adult Protective Services Letter of Assurance is 11:59 p.m. June 28, 2021.

I. Funding Opportunity Description

The Administration for Community Living (ACL) is establishing the “American Rescue Plan Act of 2021: Grants to Enhance Adult Protective Services” funding opportunity in accordance with Section 2042(b) of Subtitle B of Title XX of the Social Security Act, otherwise known as the Elder Justice Act (EJA) as authorized and funded through the American Rescue Plan Act of 2021 (Pub. L. 117–2). In accordance with these statutes, the purpose of this opportunity is to enhance and improve adult protective services provided by states and local units of government. Funds awarded under this opportunity will provide Adult Protective Services (APS) programs in the states and territories with resources to enhance, improve, and expand the ability of APS to investigate allegations of abuse, neglect, and exploitation. Examples of activities consistent with the purposes of the statute include:

- Establishing or enhancing the availability for elder shelters and other emergency, short-term housing and accompanying “wrap-around” services for APS clients;
- Establishing, expanding, or enhancing state-wide and local-level elder justice networks for the purpose of removing bureaucratic obstacles and improving coordination across the many state and local agencies interacting with APS clients who have experienced abuse, neglect, or exploitation;

- Working with tribal adult protective services efforts, such as conducting demonstrations on state-Tribal APS partnerships to better serve tribal elders who experience abuse, neglect, and exploitation, partnering with Tribes within the state to include tribal elder abuse data in the state’s National Adult Maltreatment Reporting System (NAMRS) reporting, and undertaking demonstrations to better understand elder abuse experienced by tribal individuals living in non-tribal communities and served by state APS programs;

- Improving or enhancing existing APS processes for receiving reports, conducting intakes and investigations, planning/providing for services, making case determinations, documenting and closing cases, and continuous quality improvement;

- Improving and supporting remote work, such as the purchase of communications and technology hardware, software, or infrastructure in order to provide adult protective services;

- Improving data collection and reporting at the case worker, local-, and state-levels in a manner that is consistent with the National Adult Maltreatment Reporting System (NAMRS);

- Costs associated with establishing new, or improving existing processes for responding to alleged scams and frauds;
- Costs associated with community outreach;

- Costs associated with providing goods and services to APS clients;
- Acquiring personal protection equipment and supplies;
- Paying for extended hours/overtime for staff, hiring temporary staff, and associated personnel costs;

- Training costs;
- Costs associated with assisting APS clients secure the least restrictive option for emergency or alternative housing, and with obtaining, providing, or coordinating with care transitions as appropriate.

In addition, grantees will be required to create a 3–5 year plan for improving and enhancing their APS system at the state and local level, and submit it to ACL within 6-months of the award date. ACL will provide all grantees with in-depth technical assistance and tools to support grantees in planning for and developing the plans.

Awards authorized under the EJA Section 2042(b) shall be provided to the agency or unit of state government having the legal responsibility for providing adult protective services within the state. Funding under this opportunity may be used to serve any

APS client who meets their state’s statutory or regulatory criteria for client eligibility for APS services in the state. This funding must supplement and not supplant existing funding for APS provided by states and local units of government. Additionally, award recipients will be required to submit semi-annual federal financial reports and annual program reports related to the activities performed.

II. Award Information

A. Eligible Entity

The eligible entity for these awards is the agency or unit of state government legally responsible for providing adult protective services in each state and territory (EJA Section 2042(b)(3)(B)).

B. Funding Instrument Type

These awards will be made in the form of formula grants to the agencies and units of state government with the legal responsibility to provide adult protective services.

C. Anticipated Total Funding per Budget Period

Under this program announcement, ACL intends to make grant awards to each state, territory, and the District of Columbia. Funding will be distributed through the formula identified in Section 2042(b) of the Elder Justice Act. The amounts allocated are based upon the proportion of elders living in each state and territory, as defined in statute, and will be distributed based on the formula. There are no cost-sharing nor match requirements.

Awards made under this announcement have an estimated start date of August 1, 2021 and an estimated end date of September 30, 2023. The total available funding for this opportunity is \$86,060,000. Below are the projected award amounts:

State/territory	Projected amount
Alabama	\$1,253,632
Alaska	645,450
Arizona	1,865,376
Arkansas	761,967
California	8,687,314
Colorado	1,274,252
Connecticut	937,381
Delaware	645,450
Dist. of Columbia	129,080
Florida	6,321,959
Georgia	2,283,242
Hawaii	645,450
Idaho	645,450
Illinois	3,047,328
Indiana	1,618,610
Iowa	811,164
Kansas	704,707
Kentucky	1,115,193
Louisiana	1,110,372

State/territory	Projected amount
Maine	645,450
Maryland	1,440,997
Massachusetts	1,735,714
Michigan	2,629,735
Minnesota	1,376,357
Mississippi	722,828
Missouri	1,569,549
Montana	645,450
Nebraska	645,450
Nevada	729,486
New Hampshire	645,450
New Jersey	2,201,359
New Mexico	645,450
New York	4,864,372
North Carolina	2,579,576
North Dakota	645,450
Ohio	3,042,896
Oklahoma	937,536
Oregon	1,111,411
Pennsylvania	3,520,052
Rhode Island	645,450
South Carolina	1,366,031
South Dakota	645,450
Tennessee	1,688,868
Texas	5,659,858
Utah	645,450
Vermont	645,450
Virginia	2,021,926
Washington	1,799,233
West Virginia	645,450
Wisconsin	1,517,845
Wyoming	645,450
American Samoa	86,060
Guam	86,060
Northern Marianas	86,060
Puerto Rico	951,354
Virgin Islands	86,060

III. Submission Requirements

A. Letter of Assurance

A *Letter of Assurance* is required to be submitted by the eligible entity in order to receive an award. The Letter of Assurance must include the following:

1. Assurance that the award recipient is the agency or unit of state government legally responsible for providing adult protective services in each state and territory.

2. Assurance that funds will supplement and not supplant existing APS funding.

3. Assurance the grantee will reserve a reasonable portion of the funds to create a 3–5 year plan for improving and enhancing their APS system at the state and local level, and that the completed plan will be submitted to ACL within the first 6 months of award.

4. Assurance that funds will be spent in ways consistent with the Elder Justice Act Section 2042(b); Section 9301 of the American Rescue Plan Act of 2021; and guidance provided by ACL, including the examples of activities consistent with the purposes of the authorizing legislation contained in the **Federal Register Notice**:

- Establishing or enhancing the availability for elder shelters and other emergency, short-term housing and accompanying “wrap-around” services;
 - Establishing, expanding, or enhancing state-wide and local-level elder justice networks;
 - Working with tribal adult protective services efforts;
 - Improving or enhancing existing APS processes;
 - Improving and supporting remote work;
 - Improving data collection and reporting at the case worker, local-, and state-levels in a manner that is consistent with the National Adult Maltreatment Reporting System;
 - Establishing new, or improving existing processes for responding to alleged scams and frauds;
 - Community outreach;
 - Providing goods and services to APS clients;
 - Acquiring personal protection equipment and supplies;
 - Paying for extended hours/over-time for staff, hiring temporary staff, and associated personnel costs;
 - Training;
 - Assisting APS clients secure the least restrictive option for emergency or alternative housing, and with obtaining, providing, or coordinating with care transitions as appropriate.
5. Assurance to provide semi-annual federal financial reports and annual program reports related to the activities performed.

B. Initial Spend Plan

An *Initial Spend Plan* must be submitted along with the Letter of Assurance. The Initial Spend Plan should outline how the state/territory intends to spend their allotment in response to the needs and challenges to their APS program. The plan should be consistent with the purpose of the authorizing legislation and the description and examples outlined above. The Initial Spend Plan submitted in response to this opportunity is considered a preliminary framework for how the state/territory will plan to spend these funds. The Initial Spend Plan should have the following format: 3–5 pages in length, double-spaced, with 12 pt font and 1” margins, with a layout of 8.5” x 11” paper.

C. DUNS Number

All grant applicants must obtain and keep current a D–U–N–S number from Dun and Bradstreet. It is a nine-digit identification number, which provides unique identifiers of single business entities. The D–U–N–S number can be obtained from: <https://www.dnb.com/duns-number.html>.

D. Intergovernmental Review

Executive Order 12372, Intergovernmental Review of Federal Programs, is not applicable to these grant applications.

IV. Submission Information

A. Submission Process

To receive funding, eligible entities must provide a *Letter of Assurance* and an *Initial Spend Plan* containing all the information outlined in Section III A. & B. above.

Letters of Assurance and the Initial Spend Plan should be addressed to: Alison Barkoff, Acting Administrator and Assistant Secretary for Aging, Administration for Community Living, 330 C Street SW, Washington, DC 20201.

Letters of Assurance and the Initial Spend Plan should be submitted electronically via email to aps@acl.hhs.gov.

B. Submission Dates and Times

To receive consideration, Letters of Assurance and the Initial Spend Plan must be submitted by 11:59 p.m. Eastern Time on June 28, 2021. Letters of Assurance and the Initial Spend Plan should be submitted electronically via email to aps@acl.hhs.gov and have an electronic time stamp indicating the date/time submitted.

VII. Agency Contacts

A. Programmatic Issues/Questions

Direct programmatic inquiries to: Stephanie Whittier Eliason, Email: stephanie.whittiereliason@acl.hhs.gov, Phone: 202.795.7467.

B. Fiscal Issues/Questions

Direct fiscal inquiries to: Gina Matrassi, Email: gina.matrassi@acl.hhs.gov, Phone: 202.795.7439.

C. Submission Issues/Questions

Direct inquiries regarding submission of the Letters of Assurance of Initial Spend Plan to aps@acl.hhs.gov. ACL will provide a response within 2 business days.

Dated: May 24, 2021.

Alison Barkoff,

Acting Administrator and Assistant Secretary for Aging.

[FR Doc. 2021–11343 Filed 5–27–21; 8:45 am]

BILLING CODE 4154–01–P

June 18, 2021

To: Alison Barkoff, Acting Administrator and Assistant Secretary for Aging
Administration for Community Living
330 C Street SW, Washington, DC 20201.

From: Megan Tierney-Ward, Deputy Commissioner
Department of Disabilities, Aging and Independent Living

Re: Letter of Assurance for American Rescue Plan Act of 2021: Grants to Enhance Adult
Protective Services.

Dear Acting Administrator Barkoff,

This letter is to provide the assurance as required to receive funding to Enhance Adult Protective Services under the American Rescue Plan Act of 2021. The letter assures the following:

1. The Department of Disability, Aging and Independent Living is legally responsible for providing adult protective services within the State of Vermont and does so by way of the Adult Protective Services program housed therein.
2. The funds will supplement but will not supplant current funding, whether State funding or funding under any existing ACL grant.
3. The Department, through its Adult Protective Services program, will reserve a reasonable portion of the funds to create a 3-5 year plan for improving and enhancing its APS system at the state and local level, and will submit the completed plan to ACL within the first 6 months of award

4. The Enhance Adult Protective Services grant funding will be spent in ways consistent with the Elder Justice Act Section 2042(b); Section 9301 of the American Rescue Plan Act of 2021; and guidance provided by ACL.

5. The Department, through its Adult Protective Services program, will provide semi-annual federal financial reports and annual program reports related to the activities performed.

Sincerely,

Megan Tierney-Ward
Digitally signed by Megan Tierney-Ward
Date: 2021.06.21 11:42:54 -04'00'

Megan Tierney-Ward, Deputy Commissioner
Department of Disabilities, Aging and Independent Living

State of Vermont Agency of Human Services
Department of Disabilities, Aging, and Independent Living
Adult Protective Services
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
(802) 241-0512
Reporting Line: (800) 564-1612
www.dlp.vermont

Date: June 24, 2021

To: Alison Barkoff, Acting Administrator and Assistant Secretary for Aging

Administration for Community Living,

330 C Street SW, Washington, DC 20201

From: John Gordon, Director of Adult Protective Services

RE: American Rescue Plan Act of 2021: Grants to Enhance Adult Protective Services

The following are the spend categories and items as well as a basic description about how the item would enhance APS capability. Also included is a rough estimate of the costs associated.

Service Navigators – APS is hiring limited services positions for the Coronavirus Response and Relief Supplemental Appropriations Act of 2021: Grants to Enhance Adult Protective Services to Respond to COVID-19 program period. These positions will provide service navigation and connection, protective



services follow-up, and short-term case management. Using American Rescue Plan Act of 2021: Grants to Enhance Adult Protective Services funding, these positions will be extended an additional year. Service navigators will work to establish resilient services linkages in the current and developing environment, they will assist in outreach and education, and will assist clients of APS in responding to the pandemic. The approximate cost estimate of each position per year would be as follows: Salary \$54,792 per year, benefits \$33,672 per year, mileage \$4,350 per year, Indirect costs \$1,500 per year. Equipment costs will be covered as one-time expenses in at the time of hiring using the Coronavirus Response and Relief Supplemental Appropriations Act of 2021 funding. Three temporary staff positions would be extended for a total cost of approximately \$292,000 to this grant over the program period.

Project Manager – The pace of change within Vermont APS and the operating environment has exceeded the capacity of the current supervisory structure to both service its core mission and responsibly develop and implement the enhancements under the various Grants to Enhance Adult Protective Services. To help remediate that APS will hire a limited-service project manager who will assist in the planning for the improvement of Vermont APS over the next 3-5 years. Additionally, this position will assist in the development and implementation of what are, in effect, new program areas of APS under the existing and any near future grants. The approximate cost estimate for this position per year would be as follows: Salary \$59,280 per year, benefits \$36,430 per year, Indirect costs \$1,500 per year. Additionally, there would be one-time equipment costs of approximately \$2,350. This results in estimated costs for the position of \$196,770 for the program period.



Legal Consultation – While the work of Vermont APS has adapted and developed over the recent years there is a growing sense that it lacks the sophistication necessary to address many of the challenges it faces in these times. To help address this concern Vermont APS will hire a part-time limited-service attorney support to assist in items such as drafting proposed statutory language, developing policies and protocols, reviewing investigative products to help identify and address legal weaknesses, and to provide training and legal support to APS staff. The approximate cost estimate for this position per year would be as follows: Salary \$62,961 per year, benefits \$38,406 per year, Indirect costs \$1,500 per year. Additionally, there would be one-time equipment costs of approximately \$2,350. This results in estimated costs for the position of \$156,680 for the target portion of the program period.



Notice of Award

Title of Program: (APC6) American Rescue Plan (ARP) for APS under SSA Title XX Section 2042(b)

Award Authority: P.L. 117-2 under P.L. 115-123 (SSA)

Grantee:
Vermont
Vermont Agency for Human Services
103 South Main Street
WATERBURY, VERMONT 05671

Date: August 3, 2021
Grant No.: 2101VTAPC6-00
Award Instrument: Grant (Formula)
Project Period: 08-01-2021 - 09-30-2023
Budget Period: 08-01-2021 - 09-30-2023

EIN: 1036000264D4
DUNS#: 809376155

CFDA: 93.747

Object Class Code: 41.15

Appropriation	CAN	Award This Action	Cumulative Grant Award to Date
75-X-0142	2021,299C6J1	\$645,450.00	\$645,450.00
	Total	\$645,450.00	\$645,450.00

ACL Contact Information:

Please find your assigned ACL programmatic and fiscal contacts on ACL's website at <https://www.acl.gov/grants/acl-mandatory-grants-programmatic-and-fiscal-contacts>.


Emmanuel Ekwo
ACL Grants Officer

Terms and Conditions:

1. This grant is issued under the authority of the American Rescue Plan Act of 2021 (P.L. 117-2) for activities authorized under the Elder Justice Act Section 2042(b) of Title XX of the Social Security Act [Public Law 74-271] [As Amended Through P.L. 115-123, Enacted February 9, 2018]. The terms and conditions of this Notice of Award (NoA) and other requirements have the following order of precedence: (1) statute; (2) executive order; (3) program regulation; (4) administrative regulation found in 45 CFR Part 75; (5) agency policies; and (6) Any additional terms and conditions and remarks on NoA.

Please visit ACL's website at <https://www.acl.gov/grants/managing-grant> to view some of these terms and conditions such as:

- Prohibition on certain telecommunications and video surveillance services or equipment

ACL Title of Program: American Rescue Plan (ARP) for APS under SSA Title XX Section 2042(b)

Grant No.: 2101VTAPC6-00

Date: August 3, 2021

- SAM.gov / DUNS Requirement
- National Policies including Trafficking Victims Protection Act, Whistleblower Protections, and DOMA: Implementation of Same-Sex Spouses/Marriages
- Federal Funding Accountability and Transparency Act (FFATA)
- Federal Awardee Performance and Integrity Information System (FAPIS)

2. By requesting or receiving funds under this award, the recipient assures that it will carry out the project/program described in its letter of assurance and will comply with the terms and conditions and other requirements of this award.

3. **SF-425 Financial Reporting:** Grantee is required to submit SF-425s on a semi-annual basis. The SF-425 shall be submitted using the HHS' Payment Management System (PMS). PMS website is located at: <https://pms.psc.gov>. Reports are due within 30 days for the periods ending September 30 and March 31 (i.e., due October 30 and April 30), through September 30, 2023. The first SF-425 report should be submitted for 8 months, covering the period from August 1, 2021 to March 31, 2022. A final PMS drawdown and a final SF-425 are due within 120 days after September 30, 2023 (i.e., due January 31, 2024). If a final SF-425 report will be submitted January 31, 2024, a semi-annual report is not required to be filed for report ending September 30, 2023.

4. **Federal Cash Reporting:** On the SF-425 form, lines 10 a. through c. are reported on a quarterly calendar year basis (for the periods ending 12/31, 3/31, 6/30, 9/30) at the HHS' Payment Management System (PMS). PMS website is located at: <https://pms.psc.gov>. Reconciliation of advances and disbursements is required for each quarter and the report must be completed within 30 days of the end of each quarter (i.e., by 1/30, 4/30, 7/30, 10/30). This reporting requirement is separate from completing the entire SF-425 as denoted in the financial reporting term.

Remarks:

1. The grant award for this program to your state has been approved for the project period August 1, 2021 - September 30, 2023 after review of the letter of assurance and initial spending plan submitted. The period for liquidation of the obligations is through December 31, 2023, 90 days after the project end date.

2. Payment under this award will be made available through the HHS Departmental Payment Management System (PMS). PMS provides instructions for making withdrawals of Federal funds. When requesting payment from PMS, please use your P account login and reference the Grant No. listed above for payment. Instructions regarding payments can be obtained at <https://pms.psc.gov/training/pms-user-guide.html#Request>, or contact your PSC Account Liaison; 1-877-614-5533; PMSSupport@psc.gov.

3. This Notice of Award provides one time funding to support enhancing and improving adult protective services provided by states and local units of government, as outlined in the American Rescue Plan Act of 2021 (P.L. 117-2).

**Department of Disabilities, Aging,
and Independent Living
Division of Licensing and Protection
APS Proposed Staffing
August 27, 2021**

- Directors
- Project Manager
- Supervisors
- APS Staff
- Support Staff
- Service Navigators

