



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Daniel Dickerson, Fiscal Analyst
Date: December 1, 2016
Subject: Limited-Service Position Request #2868- #2872

Enclosed please find five (5) items, including twelve (12) limited-service positions, which the Joint Fiscal Office has received from the administration.

JFO #2868 – Two (2) limited-service positions within the Agency of Agriculture, Food and Markets. The two positions would both be titled Agricultural Engineer I and would help the Agency address anticipated increases in requests from farmers for engineering assistance for implementing agricultural best management practices as part of the State's water quality improvement initiatives. Funding for the positions would come from a sub-grant from the Dept. of Environmental Conservation of funding received through the EPA 319 Non-Point Source Pollution Grant.

[JFO received 11/28/16]

JFO #2869 – One (1) limited-service position in the Department of Health. The position would be titled Infectious Disease Program Physician and would help enhance the Department's capacity to detect and respond to healthcare-associated infections and ant-microbial resistant bacteria. Funding would be provided from a continuing grant from the Centers for Disease Control and Prevention (CDC) through July 31, 2019.

[JFO received 11/28/16]

JFO #2870 – One (1) limited-service position in the Military Department. The position would be titled Military Maintenance Specialist and would provide required maintenance to a recently constructed military vehicle and equipment maintenance facility located in North Hyde Park. The position would be funded through a Federal/State cooperative agreement and would not require State funds. The position would be funded through September 30, 2019.

[JFO received 11/28/16]

JFO #2871 – Two (2) limited-service positions within the Department of Health. The individual positions would be titled Substance Abuse Program Manager and Public Health Analyst II respectively. The positions would support grant and program management activities related to Strategic Prevention Initiative for Prescription Drugs initiative. The positions would be 50% funded with ongoing grant funding from the U.S. Dept. of Health and Human Services. The remaining funding for the Program Manager the prescription drug disposal program authorized

in Act 173 and the remaining funds for the Analyst would come from an ongoing CDC prescription drug overdose prevention grant. The project period for these positions would end on August 31, 2021.

[JFO received 11/28/16]

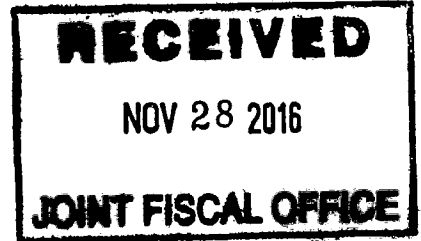
JFO #2872 – Six (6) limited-service positions within the Military Department. One position would be titled Assistant Security Guard and the remaining five positions would be titled Security Guard. The positions are needed due to a change in security classification for two military facilities starting in Federal FY17, the Camp Ethan Allen Training Site in Jericho and the Army Aviation Support Facility in South Burlington. All positions are Federally funded through September 30, 2019.

[JFO received 11/28/16]

Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; ddickerson@leg.state.vt.us) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by December 16, 2016 we will assume that you agree to consider as final the Governor's acceptance of these requests.

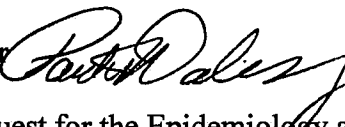
State of Vermont
Department of Health
108 Cherry Street, PO Box 70
Burlington, VT 05402

[phone] 802-863-7200
[fax] 802-865-7754



MEMORANDUM

To: Sarah Clark, AHS CFO

From: Paul Daley, Financial Director 

Re: Limited Service Position Request for the Epidemiology and Laboratory Capacity (ELC) Grant

Date: 11/8/16

.....

The Health Department is requesting approval of a new limited service position to be funded under the Department's ongoing ELC grant from the Centers for Disease Control. Receipt of this grant was approved through JFO #~~2606~~ 1787

Additional Federal funding was provided this year to support an Infectious Disease Program Physician who will provide expertise in the areas of Healthcare associated infections and antimicrobial resistance. We expect these additional funds will continue to be available at least for the remainder of the project period which runs thru 7/31/19.

We are enclosing the Grant Funded Position Request Form and attached summary, the Request for Classification Review, an organizational chart, the current grant award document, the budget sheets from our application and a copy of our email correspondence with CDC confirming continued funding for this position.

After review by your office, and approval by the Secretary of Human Services, this package should be forwarded in its entirety to Molly Paulger at DHR.

We appreciate your support in moving this request forward. Finance and Management requires these documents be in their hands by the 15th of November, or our request will be held until the next legislative session. Please let me know if you have questions or need additional information. Thank you.

CC: Tammie Ellison, HR Manager

NOV 18 2016

**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: Agency of Human Services/Department of Health Date: November 8, 2016

Name and Phone (of the person completing this request): Gary Leach (802)863-7384

Request is for:

- Positions funded and attached to a new grant.
 Positions funded and attached to an existing grant approved by JFO # 1787

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

US Department of Health and Human Services, Centers for Disease Control
 Epidemiology and Laboratory Capacity for Infectious Diseases
 (grant award document attached)

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>
Infectious Disease Program Physician	1	Surveillance Infectious Disease	8/1/16 - 7/31/19

*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:

Antibiotic resistance is a growing threat to public health and requires additional emphasis be placed on appropriate antibiotic prescribing and use across all healthcare settings. In a 2016 report, Vermont was one of the states with the percent of hospitals that had antibiotic stewardship programs. CDC has provided funding for this position to increase the Health Department's capacity to improve antibiotic stewardship statewide.

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)).

Paul DeLuz
PD 11-14-16 NOV 08 2016
 Signature of Agency or Department Head _____ Date _____

Molly Paul
 Approved/Denied by Department of Human Resources _____ Date 11/21/16

[Signature]
 Approved/Denied by Finance and Management _____ Date _____

[Signature]
 Approved/Denied by Secretary of Administration _____ Date 11/22/16

Comments:

Request to Establish a Position
Epidemiology and Laboratory Capacity for Infectious Diseases
Summary 11/8/2016

The Department of Health has received additional funding under the continuing grant for Epidemiology and Laboratory Capacity for Infectious Diseases from the Centers for Disease Control and Prevention. These additional funds are intended to enhance the Department's capacity for detection and response to healthcare associated infections and antimicrobial resistant bacteria.

CDC has indicated that financial support for these enhanced activities will continue through the project period, which runs thru July of 2019. Please see attached email correspondence. We are proposing to use these funds to support a new position – an Infectious Disease Program Physician – who will specifically provide expertise in the areas of healthcare associated infections and antimicrobial resistance.

The Health Department is hereby seeking approval to establish a new limited service position. We are enclosing the Grant Funded Position Request Form, the Request for Classification Review, an organizational chart, the grant award document, the budget sheets from our application, and a copy of our email correspondence with CDC regarding continued funding for this position.

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.

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.

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.*

The Infectious Disease Program Physician will oversee the Healthcare-associated Infections (HAI) Program and will provide clinical expertise on antibiotic resistance and stewardship. This will be accomplished through the following activities:

What: Assess national and state priorities and population needs and translate these into appropriate program goals and objectives that are data-driven.

How: Review national and state-level data from a variety of sources (including CDC, healthcare facilities, and health insurers), consult with clinical and public health colleagues, and participate in national meetings, discussions, and working groups to fully understand issues related to HAIs and antibiotic stewardship. Collaborate with internal and external partners (including CDC) to establish program goals and objectives that align with national guidelines and standards.

Why: To effectively and efficiently reduce the burden of HAIs in Vermont.

What: Create and conduct training and education about antibiotic stewardship for healthcare providers (peer-to-peer) in in-patient and out-patient settings and for the public.

How: Collaborate with the Nurse Program Coordinator, national and local subject matter experts, and others to design and implement multiple trainings regarding separate aspects of program work for healthcare professionals and consumers of healthcare. Bring educational opportunities developed by others to Vermont. Track and document trainings.

Why: To improve the appropriate prescribing and use of antibiotics. Required by federal funding source.

What: Collaborate with the Nurse Program Coordinator, Public Health Nurses in the District Offices, CDC, and Vermont healthcare facilities to sustain and enhance the Vermont Multidrug-resistant Organism (MDRO) Collaborative.

How: Contribute guidance, training, and subject matter expertise - particularly on antibiotic stewardship topics - through local healthcare cluster meetings, statewide learning sessions, conference calls, and webinars. Gather, analyze and discuss program data on a

local and state level and use that information to prioritize MDRO Collaborative projects in order to improve program outcomes.

Why: A better understanding of the burden of MDRO infections in Vermont can improve our ability to collectively reduce their incidence and guide our efforts to improve appropriate antibiotic use.

What: Provide clinical guidance regarding surveillance, prevention and control of infectious diseases to the Infectious Disease Section.

How: In addition to the HAI Program, the Infectious Disease Section includes the Communicable Disease Epidemiology, Vectorborne and Zoonotic Disease, Foodborne Disease, HIV/STD/Viral Hepatitis, TB, and Immunization Programs. Section staff meet daily to discuss cases and public health response, including laboratory testing issues and results. The Infectious Disease Program Physician will participate in these meetings and contribute clinical guidance and expertise as appropriate.

Why: The Infectious Disease Section does not have any physicians on staff and relies on contracted support from a local infectious disease physician group for clinical guidance and expertise.

What: Represent the HAI Program before state policy administrators, elected officials, healthcare leaders, the media and the general public.

How: Testify before the legislature on Program and Department recommendations, discuss information about public health policies and Program initiatives with both local, state, and federal officials, share Program information in presentations, media interviews, written news articles and verbal conversations to media outlets and the general public.

Why: Communication of Program and Department activities to various audiences shares important public health messages such as the problem of antibiotic resistance and the importance of using antibiotics wisely. Communicating effectively also helps ensure we have the resources we need to conduct Program activities and can promote the adoption of evidenced-based health policies.

What: Maintain and advance understanding of relevant clinical medical and public health issues, skills, knowledge and treatments.

How: Read applicable clinical and public health journals, attend local, state and national meetings, seek needed and applicable trainings and educational opportunities.

Why: Required to meet professional standards of practice and stay current on professional guidelines.

What: Supervise clinical and non-clinical staff, epidemiology fellows, interns, and students.

How: Develop work objectives, create staffing models to meet program needs, develop training and orientation for staff, assess and assure staff competence, resolve staff discipline issues and environmental concerns, perform annual performance evaluations, fill vacant positions, and provide support and guidance for staff on Program and Departmental policies and initiatives. Recruit fellows, interns, and students for specific projects, support their professional development, oversee final projects and papers, encourage publication of findings.

Why: Supervision of Program staff and mentoring students ensures the Program has the personnel resources it needs to be successful. These activities can also be rewarding.

What: Represent Vermont at appropriate regional and national meetings and conferences.

How: Attend regional meetings and conferences and present or discuss Vermont initiatives. Advocate, educate, and promote Department and Program work.

Why: Collaboration with regional and national partners provides opportunities to learn, to promote clinical and public health treatment guidelines, to obtain additional resources, and to promote Vermont's projects to maximize funding opportunities.

What: Write, manage, and implement the CDC grant that supplies a majority of the funding for the program.

How: Identify Program priorities, align them with CDC grant guidance and allowable activities, develop objectives and activities that can be supported by the budget, implement funded activities, evaluate progress and outcomes, and write annual progress reports and grant applications.

Why: Required to receive federal funding.

What: Hire external contractors and issue grants as needed to achieve program goals and objectives.

How: Put contracts out to bid as necessary. Develop, write, and oversee contracts and sub-recipient grants to supplement the work of the HAI Program. This includes outlining the scope of work, measurable outcomes, and payment provisions and monitoring for successful completion of the work.

Why: Assure Program work is done by qualified entities who implement the work in a way that meets Program and Department standards and professional rules and regulations.

What: Understand incident command system (ICS) principles and participate in emergency preparedness and response activities as indicated or requested.

How: Participate in ICS and related trainings, review Department emergency response plans and guidance documents, participate in exercises and real emergency response efforts. Train to work in community level point-of-distribution clinics or in a role in the Department's Health Operations Center.

Why: The Health Department is tasked with fulfilling State Support Function 8 - Health and Medical Services in the State Emergency Response Plan. To meet the Department's responsibilities during an emergency all staff would be expected to play a role.

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*.

The Infectious Disease Program Physician will:

- train, collaborate, and facilitate change with health care provider professionals;
- lead, train, collaborate with and guide Infectious Disease Section staff, Nurse Program Coordinators, Public Health Nurses and other public health staff;
- collaborate with health insurers to assess data and facilitate change in antibiotic prescribing practices;
- guide Vermont healthcare facilities in the prevention of MDRO infections;
- mentor fellows, interns, and students;
- collaborate with the regional CMS Quality Improvement Organization to reduce HAIs and improve antibiotic stewardship among people with Medicare;
- collaborate with colleagues at the state, regional, and national level to promote clinical and public health guidelines;
- participate on state and national advisory boards, coalitions and associations.

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.

Graduation from an accredited school of medicine with an M.D. degree or graduation from an accredited school of osteopathic medicine with a D.O. degree. Possession of or eligibility for a license to practice medicine in the state of Vermont. Minimum of 1 year of clinical experience.

Considerable knowledge of federal (e.g., CMS) requirements with regard to healthcare-associated infection and antibiotic use surveillance and reporting.

Ability to apply the National Healthcare Safety Network (NHSN) definitions to clinical and public health practice.

Knowledge of general public health principles including surveillance, evidence-based interventions, and program evaluation.

Ability to conceptualize program processes and relationships along a continuum from planning to evaluation.

Skilled at establishing and maintaining effective working relationships within the Department and with external partners.

Knowledge of and ability to use software and computer programs for writing, communication and data entry.

Ability to interpret and convey medical information to the public, healthcare providers, other professionals.

Ability to adjust job duties with little notice and to deal with critical situations quickly and effectively.

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:

Carol Wood-Koob, Nurse Program Coordinator 740801

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.

Work is performed under the direction of the State Epidemiologist for Infectious Disease.

Some Program activities are required by the federal (CDC) funding source. Others are at the discretion of the Program, and the ID Program Physician will have decision-making authority with regard to implementing clinical aspects of those duties.

Work objectives will be discussed, set, and reviewed annually. The ID Program Physician will meet with the supervisor bi-weekly to review work progress and discuss any issues or barriers. The ID Program Physician will work quite independently and use his or her clinical judgment and independent decision making in implementing objectives, adjusting priorities, and guiding staff.

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.*

Thorough knowledge of the practice of medicine.

Provides input to Department leadership and legislators that will be integrated into public health policy.

Responsible for clinical decision making within the Healthcare-associated Infections Program, for example in the context of antibiotic use guidelines or investigating an outbreak associated with a healthcare facility.

Responsible for interpreting, developing, implementing and evaluating health information to be used by the public and other healthcare professionals. Information must be medically accurate while at the same time adapted to meet the needs of the user and the situation within Vermont. Information must sometimes be compiled and relayed under strict timelines, such as during an outbreak investigation. Failure to provide accurate, understandable information can create confusion and increase the spread of disease.

Ability to adjust job duties and deal with urgent situations quickly, effectively and in a professional manner. Situations occur at unpredicted times requiring daily plans to be shifted to deal with a situation such as an outbreak of an antibiotic-resistant infection in a healthcare setting. This would require a rapid shift in job duties to collaborate with other Department staff and external partners to provide the appropriate public health response.

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 Infectious Disease Program Physician will have access to protected health information and will be accountable to HIPAA as well as to the Department's confidentiality policy.

Physicians have the professional duty to accept personal responsibility for their actions. This accountability extends to situations in which they delegate duties to a colleague or subordinate. This position will be responsible for assuring that the Program is following all public health and medical policies and procedures including Standard Precautions, Bloodborne Pathogens, OSHA guidelines, and all State and Federal professional regulations.

The Infectious Disease Program Physician will manage a budget of approximately \$0.5 million annually. He or she will communicate directly with the Commissioner's Office and the legislature as needed without supervisor prior approval.

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?
Responding to morbidity and mortality from preventable infectious diseases	25%
Pressure to identify the source of an outbreak to	5%

prevent its spread	

- 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?
Exposure to infectious diseases is possible	20%
May have to work in non-traditional clinic locations such as but not limited to tents, hotel rooms, barns, auditoriums, theaters, and churches	5%

- 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?
Boxes and containers	5-15 lb	5%
Chairs, tables, other clinic equipment	5-15 lb	2%

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

Type	How Much of the Time?
Driving, sometimes in hazardous conditions	20%
Computer work	35%

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.

Management submission

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?

Management submission

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?

Management submission

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

Management submission

4. Suggested Title and/or Pay Grade:

Infectious Disease Program Physician, Pay Grade 30

Supervisor's Signature (required): Patsy KeS Date: 11/3/16

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:

[Empty box for suggested title and/or pay grade]

Personnel Administrator's Signature (required): Tommy Elson Date: 11/3/16

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 box for clarifying information and/or additional comments]

Suggested Title and/or Pay Grade:

[Empty box for suggested title and/or pay grade]

[Handwritten Signature]

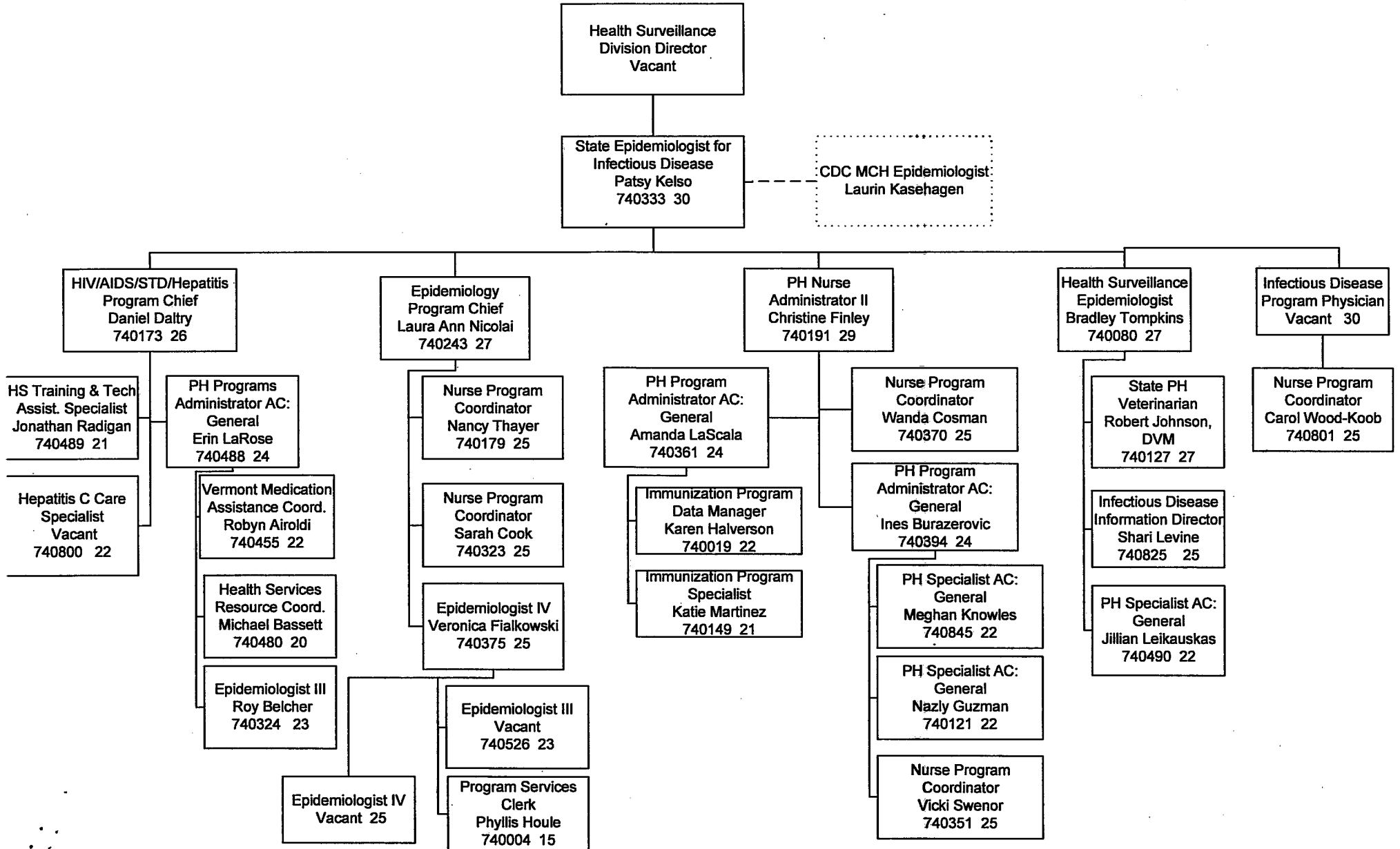
Appointing Authority or Authorized Representative Signature (required)

NOV 03 2016

Date

Division of Health Surveillance – Infectious Disease

October 1, 2016



1. DATE ISSUED MM/DD/YYYY 09/19/2016
 2. CFDA NO. 93.521
 3. ASSISTANCE TYPE Cooperative Agreement

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Office of Financial Resources

2920 Brandywine Road
 Atlanta, GA 30341

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)

42 USC 241 31 USC 6305 42 CFR 52

1a. SUPERSEDES AWARD NOTICE dated 08/25/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

4. GRANT NO. 6 NU50CK000390-03-04 Formerly 3U50CK000390-02S1

5. ACTION TYPE Post Award Amendment

6. PROJECT PERIOD MM/DD/YYYY From 03/31/2015 Through 07/31/2019

7. BUDGET PERIOD MM/DD/YYYY From 08/01/2016 Through 07/31/2017

8. TITLE OF PROJECT (OR PROGRAM) Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) - Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Departments

9a. GRANTEE NAME AND ADDRESS Vermont Agency of Human Services 108 Cherry St Burlington, VT 05401-4295

9b. GRANTEE PROJECT DIRECTOR Mr. Bradley J Thompkins 108 Cherry Street Ste 304 Infectious Disease Section/Div Health Surveillance Burlington, VT 05401 Phone: 802-863-7240

10a. GRANTEE AUTHORIZING OFFICIAL Mr. Bradley J Tompkins 108 Cherry St. Burlington, VT 05401 Phone: 802-863-7240

10b. FEDERAL PROJECT OFFICER Janice Downing 1600 Clifton Rd Atlanta, GA 30333 Phone: 404-639-7808

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 2,035,845.00	
II Total project costs including grant funds and all other financial participation		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and Wages	618,453.00	c. Less Cumulative Prior Award(s) This Budget Period 2,035,845.00	
b. Fringe Benefits	247,381.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00	
c. Total Personnel Costs	865,834.00	13. Total Federal Funds Awarded to Date for Project Period 5,666,548.00	
d. Equipment	109,000.00	14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):	
e. Supplies	135,841.00	YEAR	TOTAL DIRECT COSTS
f. Travel	38,799.00	a. 4	d. 7
g. Construction	0.00	b. 5	e. 8
h. Other	245,987.00	c. 6	f. 9
i. Contractual	269,310.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
j. TOTAL DIRECT COSTS	1,664,771.00	a. DEDUCTION	
k. INDIRECT COSTS	371,074.00	b. ADDITIONAL COSTS	
l. TOTAL APPROVED BUDGET	2,035,845.00	c. MATCHING	
m. Federal Share	2,035,845.00	d. OTHER RESEARCH (Add / Deduct Option)	
n. Non-Federal Share	0.00	e. OTHER (See REMARKS)	
REMARKS (Other Terms and Conditions Attached - <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:	
See next page		a. The grant program legislation	
		b. The grant program regulations.	
		c. This award notice including terms and conditions, if any, noted below under REMARKS.	
		d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.	
		In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantees when funds are drawn or otherwise obtained from the grant payment system.	

GRANTS MANAGEMENT OFFICIAL: Louvern Asante

17. OBJ CLASS 41.51	18a. VENDOR CODE 1036000274A6	18b. EIN 036000264	19. DUNS 809376155	20. CONG. DIST. 00
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST
21. a. 2-939ZDKP	b. 000390ID16	c. 93.521	d. CK	e. (\$297,230.00)
22. a. 6-939ZDKP	b. 000390ID16	c. 93.521	d. CK	e. \$297,230.00
23. a.	b.	c.	d.	e.
				f.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 09/19/2016
GRANT NO. 6 NU50CK000390-03-04	

REMARKS:

DOCUMENT NUMBER: This amendment is issued to de-obligate the funds due to the incorrect CAN number and re-obligated to the correct CAN number document listed below:

CAN Number: 6-939ZDKP

This is an internal administrative process and no action is required from the Grantee.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer. Please reference your award number (s) in all correspondences with CDC.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 09/19/2016
GRANT NO. 6 NU50CK000390-03-04	

REMARKS:

DOCUMENT NUMBER: This amendment is issued to de-obligate the funds due to the incorrect CAN number and re-obligated to the correct CAN number document listed below:

CAN Number: 6-939ZDKP

This is an internal administrative process and no action is required from the Grantee.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer. Please reference your award number (s) in all correspondences with CDC.

NOTICE OF AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 09/19/2016
GRANT NO. 6 NU50CK000390-03-04	

Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
03/31/2015	12/31/2015	Annual	03/30/2016
01/01/2016	12/31/2016	Annual	03/31/2017
01/01/2017	12/31/2017	Annual	03/31/2018
01/01/2018	12/31/2018	Annual	03/31/2019
01/01/2019	07/31/2019	Final	10/29/2019

	<u>NonContractual</u>					
==> TOP	Requested		Requested		Requested	
Salaries	\$61,814	\$61,814	\$0	\$0	\$61,814	\$61,814
Fringe	\$24,725	\$24,725	\$0	\$0	\$24,725	\$24,725
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$5,314	\$5,314	\$0	\$0	\$5,314	\$5,314
Other	\$600	\$600	\$125,000	\$125,000	\$600	\$600
Contractual	N/A	N/A	N/A	N/A	\$125,000	\$125,000
Indirect	\$37,088	\$37,088	\$0	\$0	\$37,088	\$37,088

POSITION NAME	SECTION	SECTION	FUNDING SOURCE	FUNDING TYPE (Program, Grant, etc.)	DESCRIPTION
Carol Wood-Koob	HAI Program Coordinator	Program Coordinator/Manager	NON	C	The HAI Coordinator is a 1.0 FTE position dedicated to HAI prevention. 0.25 of the HAI Coordinators salary and benefits was funded in the ELC Ebola supplemental award. Funding for the remaining 75% of personnel costs is being requested in this grant application. Carol Wood-Koob is a
TBD	AR Expert	Other	NON	DA	Given the lack of a physician in the VDH Infectious Disease Program (the State Epi is a PhD), we clearly need to increase the epidemiologic and/or clinical capacity of our HAI/AR Program. The project mentioned in the narrative to reduce antibiotic use and CAUTI rates in LTCFs could easily be replicated in other LTCFs in Vermont and in other states if we are able to demonstrate its effectiveness. And the statewide in-patient antimicrobial stewardship program proposes to compare intervention hospitals to control hospitals with regard to total antibiotic use, antibiotic costs, average length of stay, and percent of organisms resistant to antibiotics. After the first few years, we hope to expand that program to LTCFs.

Kelso, Patsy

From: Vance, Wendy (CDC/OID/NCEZID) <boo5@cdc.gov> on behalf of FY16ELC_HAI_AR (CDC) <fy16elchair@cdc.gov>
Sent: Thursday, August 25, 2016 11:47 AM
To: Kelso, Patsy; FY16ELC_HAI_AR (CDC)
Subject: RE: ELC DA for Antibiotic Stewardship

Yes, that is a reasonable statement. The more impact we can show, the greater the likelihood infrastructure funding for AR expertise positions would continue to be appropriated for these critical roles in health departments even possibly beyond the 3-5 years originally stated.

Thanks again,
Wendy

From: Kelso, Patsy [mailto:Patsy.Kelso@vermont.gov]
Sent: Thursday, August 25, 2016 9:05 AM
To: FY16ELC_HAI_AR (CDC) <fy16elchair@cdc.gov>
Subject: RE: ELC DA for Antibiotic Stewardship

Thanks Wendy. That makes sense – I wondered why it appeared we had received the funding (\$125K) for a contractor.

The FY2016 ELC FOA stated “Due to new CDC funding for Combating Antimicrobial Resistant Bacteria (CARB), ELC will be able to substantially increase support to many grantees for Antimicrobial Resistance (AR) and Healthcare Associated Infections (HAI) activities. In total, the ELC will be awarding approximately \$60 million of funding above FY 2015 levels for these activities; this funding level is expected to be sustained in future years.”

If I can tell my Business Office that the \$125K in federal assistance for this work is likely to continue for 3-5 years, I may be able to create a new health department position. Do you think that would be a reasonable statement for me to make?

Thanks again,
Patsy

From: Vance, Wendy (CDC/OID/NCEZID) [mailto:boo5@cdc.gov] On Behalf Of FY16ELC_HAI_AR (CDC)
Sent: Wednesday, August 24, 2016 4:45 PM
To: Kelso, Patsy <Patsy.Kelso@vermont.gov>
Subject: RE: ELC DA for Antibiotic Stewardship

Thank you Patsy for reaching out. Upon taking a closer look at your budget for ELC /K1, VT was not considered for DA in the first phase of direct assistance being offered to health departments at this time. However, VT received the full amount of requested financial assistance for this activity vs. direct assistance (\$254k). Please let me know if you have any concerns, as we would be happy to discuss further/over the phone.

Wendy Vance | Public Health Analyst | Division of Healthcare Quality Promotion | Centers for Disease Control and Prevention | 404.639.2891 | Blackberry 404.579.6084 | MS A-07 | 1600 Clifton Road, MS A-07, Bldg 16, room 3115, Atlanta, Ga 30329 | wvance@cdc.gov | telework on Mondays & Thursdays and can be reached by email or blackberry

From: Kelso, Patsy [mailto:Patsy.Kelso@vermont.gov]
Sent: Wednesday, August 24, 2016 11:45 AM

To: FY16ELC_HAI_AR (CDC) <fy16elchajar@cdc.gov>

Subject: ELC DA for Antibiotic Stewardship

Hello ELC HAI AR Team,

Our current ELC K1 budget markup contained the following language regarding our DA request to support HAI and antibiotic stewardship work:

“Direct Assistance (DA) is being considered as requested. As such, the total award of financial assistance is being adjusted accordingly. Information regarding DA placement will be made available once a suitable candidate is determined by CDC.”

Do you know when we will learn whether you have a DA candidate for us?

Thanks very much,

Patsy

Patsy Tassler Kelso, PhD
State Epidemiologist
Vermont Department of Health
108 Cherry Street, Suite 304
Burlington, VT 05401
Phone: 802.863.7286