



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Sorsha Anderson, Senior Staff Associate
Date: October 19, 2022
Subject: Limited-Service Position Request – JFO #3123

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

JFO #3123 – Two (2) limited-service positions, Administrative Service Managers, to the Vermont Agency of Human Services, Department of Disabilities, Aging and Independent Living. Positions will support implementation initiatives funded through Medicaid Home and Community-Based Services from the American Rescue Plan Act of 2021. Positions funded through March 31, 2025.

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 November 1, 2022, 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: 8/11/2022

Name and Phone (of the person completing this request): Jennifer Garabedian; 802-241-0302

Request is for:

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

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

Centers for Medicare and Medicaid Services (CMS); Medicaid Home and Community Based (HCBS) opportunity from Section 9817 of the American Rescue Plan Act of 2021

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:

Title* of Position(s) Requested	# of Positions	Division/Program	Grant Funding Period/Anticipated End Date
Administrative Services Manager I	1	Adult Services Division	March 31, 2025
Administrative Services Manager I	1	Developmental Disabilities Services Division	March 31, 2025

*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:

Vermont has an opportunity from CMS to invest \$162M in Home and Community Based Medicaid programs. Because of the short timeline to access the funding (by March 31, 2025), DAIL requires additional support administering grants and contracts to achieve its identified initiatives.

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)).

DocuSigned by: Joan W. Daloz 9/2/2022 17 Aug 2022
 Signature of Agency or Department Head Aimee Pope Date

Approved/Denied by Department of Human Resources Adam Greshin Date

Approved/Denied by Finance and Management Douglas Farham Date

Approved/Denied by Secretary of Administration [Signature] Date

Approved/Denied by Governor (required as amended by 2019 Leg. Session) [Signature] Date 10/7/22

Comments: [Handwritten Signature]

DocuSigned by:
Tracy O'Connell 8/26/2022
 E30932098A6F482

RFR Form A
October 2003

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 # _____ 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 _____ Effective Date: _____ Comments: _____ Date Processed: _____ Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____ Working Conditions: _____ Total: _____	Date Received (Stamp)
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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.*

The purpose of this position is to manage DAIL's efforts to implement initiatives funded through the American Rescue Plan Act Enhanced Funding for Home and Community Based Services, including grant and contract administration, implementation coordination, reporting, and stakeholder engagement where appropriate. The reason this position is important is because section 9817 of the American Rescue Plan Act (2021) provides states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid Home and Community-Based Services (HCBS) from April 1, 2021 through March 31, 2022 to improve HCBS under the Medicaid program. CMS expects states to demonstrate compliance with section 9817 of the ARP, beginning April 1, 2021, and until the state funds equivalent to the amount of federal funds attributable to the increased FMAP are fully expended by end of March 2025. This position will coordinate closely with the AHS team regarding quarterly spending plans and spending narratives that are required by CMS to report on Vermont's anticipated -\$160 million spending plan to enhance HCBS programs.

WHAT: Coordinate implementation of planned initiatives.

HOW: Develop RFPs, create and manage contracts and/or grants, and follow all required policies and procedures related to grants and contracts administration. Work with division and department staff to identify and implement needed changes to program rules, policies, procedures, manuals and/or outreach materials as appropriate to each initiative. This will also include the Policy, Budget and Reimbursement (PBR) process and may include State Plan Amendments (requires federal approval). Responsible for timely and accurate completion of specific deliverables related to each of the distinct projects led by the Division.

WHY: To equitably and efficiently select vendors who can conduct the work needed to support DAIL's goals. To ensure all chosen initiatives maximize available dollars, meet program requirements, and best serve the target population.

WHAT: Conduct robust and ongoing stakeholder engagement.

HOW: Identify key partners including internal and external partners. Conduct outreach to partners through a variety of forums and mediums. Communicate clearly and frequently to partners to share information and gather input and feedback on initiatives. Report back to partners on progress and outcomes. Answer partner questions and engage staff in responses as needed.

WHY: Diverse and engaged stakeholders play a key role in the success and sustainability

of these initiatives.

WHAT: Coordinate development and submission of timely and accurate progress reports (data, financials, and programmatic) to AHS for final submission to CMS.

HOW: Work with division, department and agency to develop and implement effective reporting tools. Work with staff to collect accurate data, including financial and programmatic data, both qualitative and quantitative data, that meets the requirements of CMS and this funding source. Ensure reports from the division are submitted timely and accurately.

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*.

Contacts include:

Internal partners: Commissioner's Office, Business Office, inter- and intra-division partners. Communication with AHS partners will be key, including the Medicaid Policy Unit and Office of Health Care Reform.

External partners including the extensive provider network staff and advocacy groups.

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.

- Ability to multi-task around complex and potentially competing priorities.
- Ability to think creatively and critically to problem solve
- Ability to plan and implement major administrative processes.
- Strong oral and written communication skills

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:

No

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.

Operate within general guidelines with high level of autonomy in determining how tasks are accomplished. Interaction with supervisor with informal opportunities to receive assignments, provide status updates, and discuss priorities as needed. In addition, structured check-ins every other week for more in-depth review of tasks and for collective brainstorming on ongoing priorities and challenges. This supervisory system with significant independent judgement and discretion is built on the trust that risks or issues will be raised to supervisor as appropriate.

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.*

The most difficult part of this job is taking on projects which process and path forward to achieve the goal may be unclear. Timely and successful completion of these project is key to improved system outcomes. The responsibility here is significant, and there will pressure from multiple sources regarding how best to implement initiatives.

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 estimated value of the DAIL's appropriation is \$13M. This position will help

coordinate Division activities to ensure initiatives funded through these monies are implemented timely, efficiently and accurately.

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?
Managing competing priorities within short timeframes and limited resources	100%

- 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?
n/a	

- 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?
n/a		

- 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 at desk or in meetings	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?

All responses above provided by Supervisor

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?

All responses above provided by Supervisor

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

All responses above provided by Supervisor

4. Suggested Title and/or Pay Grade:

Administrative Services Manager I, PG 25

Supervisor's Signature (required): Angela Smith-Dieng Date: 08/12/2022

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): _____ 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 box for appointing authority comments]

Suggested Title and/or Pay Grade:

Admin Services Manager I PG 25



Appointing Authority or Authorized Representative Signature (required)

17 Aug 2022

Date

RFR Form A
October 2003

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.**
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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 _____	Effective Date: _____
Comments:		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:

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WHAT: Coordinate implementation of planned initiatives.

HOW: Develop RFPs, create and manage contracts and/or grants, and follow all required policies and procedures related to grants and contracts administration. Work with division and department staff to identify and implement needed changes to program rules, policies, procedures, manuals and/or outreach materials as appropriate to each initiative. This will also include the Policy, Budget and Reimbursement (PBR) process and may include State Plan Amendments (requires federal approval). Responsible for timely and accurate completion of specific deliverables related to each of the distinct projects led by the Division.

WHY: To equitably and efficiently select vendors who can conduct the work needed to support DAIL's goals. To ensure all chosen initiatives maximize available dollars, meet program requirements, and best serve the target population.

WHAT: Conduct robust and ongoing stakeholder engagement.

HOW: Identify key partners including internal and external partners. Conduct outreach to partners through a variety of forums and mediums. Communicate clearly and frequently to partners to share information and gather input and feedback on initiatives. Report back to partners on progress and outcomes. Answer partner questions and engage staff in responses as needed.

WHY: Diverse and engaged stakeholders play a key role in the success and sustainability

of these initiatives.

WHAT: Coordinate development and submission of timely and accurate progress reports (data, financials, and programmatic) to AHS for final submission to CMS.

HOW: Work with division, department and agency to develop and implement effective reporting tools. Work with staff to collect accurate data, including financial and programmatic data, both qualitative and quantitative data, that meets the requirements of CMS and this funding source. Ensure reports from the division are submitted timely and accurately.

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Contacts include:

Internal partners: Commissioner's Office, Business Office, inter- and intra-division partners. Communication with AHS partners will be key, including the Medicaid Policy Unit and Office of Health Care Reform.

External partners including the extensive provider network staff and advocacy groups.

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.

- Ability to multi-task around complex and potentially competing priorities.
- Ability to think creatively and critically to problem solve
- Ability to plan and implement major administrative processes.
- Strong oral and written communication skills

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:

No

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.

Operate within general guidelines with high level of autonomy in determining how tasks are accomplished. Interaction with supervisor with informal opportunities to receive assignments, provide status updates, and discuss priorities as needed. In addition, structured check-ins every other week for more in-depth review of tasks and for collective brainstorming on ongoing priorities and challenges. This supervisory system with significant independent judgement and discretion is built on the trust that risks or issues will be raised to supervisor as appropriate.

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- 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.*

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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 estimated value of the DAIL's appropriation is \$13M. This position will help

coordinate Division activities to ensure initiatives funded through these monies are implemented timely, efficiently and accurately.

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?
Managing competing priorities within short timeframes and limited resources	100%

- 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?
n/a	

- 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?
n/a		

- 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 at desk or in meetings	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?

All responses provided by Supervisor

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?

All responses provided by Supervisor

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

All responses provided by Supervisor

4. Suggested Title and/or Pay Grade:

Administrative Manager I, PG 25

Supervisor's Signature (required): Jennifer Garabedian Date: 8/15/2022

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): _____ 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 box for clarifying information and/or additional comments]

Suggested Title and/or Pay Grade:

Admin Services Manager I , PG 25



Appointing Authority or Authorized Representative Signature (required)

17 Aug 2022

Date



**Department of Disabilities, Aging and
Independent Living
Commissioner's Office**
280 State Drive/HC 2 South
Waterbury, VT 05671-2020
www.dail.vermont.gov

[phone] 802-241-2401
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Agency of Human Services

To: Joint Fiscal Committee
From: Department of Disabilities, Aging and Independent Living
Date: August 12, 2022
Subject: Request for 2 Limited-Service Positions

Enclosed please find two (2) items from the Administration to the Joint Fiscal Office, for which we are asking for an expedited review.

The Department of Disabilities, Aging and Independent Living requests two (2) limited-service positions, Administrative Services Manager I, funded from the Centers for Medicare and Medicaid Services. Section 9817 of the American Rescue Plan Act (2021) provides states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid Home and Community-Based Services (HCBS) from April 1, 2021 through March 31, 2025. States must submit and receive federal approval for a spending plan that includes activities to enhance, expand, and strengthen HCBS. Vermont anticipates spending ~\$162M in funding on activities included in the spending plan. The two positions will help implement and administer the spending plans within Adult Services and Developmental Disability Services and will coordinate contracts and grants to a variety of parties to spend down funds in a timely manner. The positions are funded through March 31, 2025.

Please review the enclosed materials and contact the department if you have questions. Thank you for your consideration.

**Department of Disabilities, Aging and Independent Living
Adult Services Division
August 2022**



