



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members
From: Daniel Dickerson, Fiscal Analyst
Date: December 23, 2014
Subject: Grant Request #2727, #2728, #2729, #2730, #2731

Enclosed please find five (5) items that the Joint Fiscal Office has received from the administration. One (1) limited-service position is associated with these requests.

JFO #2727 – \$21,704 donation in the form of vehicle improvements from Whelen Engineering in Chester, CT to the Vermont Criminal Justice Training Council. Whelen Engineering previously installed law enforcement equipment packages on two (2) training vehicles for the police academy in order to enhance training scenarios for trainees.
[JFO received 12/22/14]

JFO #2728 – \$10,000 donation from the Holborn Foundation to the Vermont Department of Finance and Management. These funds will cover a portion of the costs associated with implementation and administration of the new law that requires labeling of food produced from genetic engineering. The donated funds will be deposited in the Vermont Food Fight Fund.
[JFO received 12/22/14]

JFO #2729 – \$43,000 grant from the USDA Agricultural Marketing Service to the Vermont Agency of Agriculture, Food and Markets (AAFM). These funds will be used to support a one-year temporary position at AAFM to collect and track local food data at farmer's markets, livestock sales, farm-to-school programs, and from food hubs. This data will be compiled and disseminated for distribution locally and nationally.
[JFO received 12/22/14]

JFO #2730 – \$535,059 grant from the U.S. Dept. of Health and Human Services to the Vermont Agency of Human Services. These funds will be used over two years to implement a falls prevention program aimed at decreasing the number of falls and injuries and reducing fall risks experienced by older adults through participation in the evidence-based intervention, FallScope. **One (1) limited-service position**, a Public Health Program Specialist, is associated with this request.
[JFO received 12/22/14]

JFO #2731 – \$1,179,000 grant from the U.S. Dept. of Health and Human Services, Center for Consumer Information and Insurance Oversight to the Green Mountain Care Board (GMCB). These funds will be used to support the review of health insurance premium changes by the GMCB and to

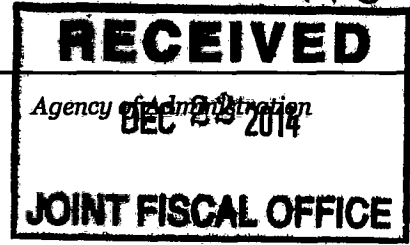
support other activities related to simplifying rate reviews, increasing medical price transparency and integrating rate review with GMCB's broader authorities. The funds will support three existing positions created under the previous rate review grant.

[JFO received 12/22/14]

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 January 6, 2015 we will assume that you agree to consider as final the Governor's acceptance of these requests.



JFO 2730



State of Vermont
Department of Finance & Management
109 State Street, Pavilion Building
Montpelier, VT 05620-0401

[phone] 802-828-2376
[fax] 802-828-2428

STATE OF VERMONT
FINANCE & MANAGEMENT GRANT REVIEW FORM

Grant Summary:		VDH will partner with EMS and other community agencies in FallScape prevention program with targeted interventions to bend the curve of the number of reported falls in Vermont.			
Date:		December 15, 2014			
Department:		Vermont Department of Health			
Legal Title of Grant:		PPHF – 2014 – Evidence-Based Fall Prevention Programs (PPHF-2014)			
Federal Catalog #:		93.761			
Grant/Donor Name and Address:		Office of Public Health Preparedness -HHS			
Grant Period:	From:	9/1/2014	To:	8/31/2016	
Grant/Donation					
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$245,472	\$245,087	\$44,500	\$535,059	
Position Information:		# Positions	Explanation/Comments		
		1	Limited Service position to be the grants manager, planning, administrating, and oversight of program Fall Prevention Program.		
Additional Comments:		Approved by HR			
Department of Finance & Management		<i>[Signature]</i>			(Initial)
Secretary of Administration		<i>[Signature]</i>			(Initial)
Sent To Joint Fiscal Office		<i>12/18/14</i>			Date

AP



STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION			
1. Agency:	Human Services		
2. Department:	Department of Health		
3. Program:	Office of Public Health Preparedness		
4. Legal Title of Grant:	PPHF - 2014 - Evidence-Based Fall Prevention Programs Financed Solely by 2014 Prevention and Public Health Funds (PPHF-2014)		
5. Federal Catalog #:	93.761		
6. Grant/Donor Name and Address:	Dept of Health & Human Services, Administration for Community Living 1 Massachusetts Avenue NW, Washington, DC 20001		
7. Grant Period:	From:	9/1/2014	To: 8/31/2016
8. Purpose of Grant:	To significantly decrease the number of falls and the number of injuries, hospitalizations, and deaths from falls among older adults and older adults with disabilities.		
9. Impact on existing program if grant is not Accepted:	N/A		

10. BUDGET INFORMATION

	SFY 1	SFY 2	SFY 3	Comments
	FY 15	FY 16	FY 17	
Expenditures:				
Personal Services	\$169,500	\$216,200	\$44,500	
Operating Expenses	\$75,972	\$28,887	\$	
Grants	\$	\$	\$	
Total	\$245,472	\$245,087	\$44,500	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$245,472	\$245,087	\$44,500	
(Direct Costs)	\$232,122	\$217,727	\$31,150	
(Statewide Indirect)	\$801	\$1,642	\$801	
(Departmental Indirect)	\$12,549	\$25,718	\$12,549	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	
Total	\$245,472	\$245,087	\$44,500	

Appropriation No:	Amount:
3420010000	\$6,675
3420021000	\$238,797
	\$
	\$
	\$
	\$
	\$

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

	Total \$245,472
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Has current fiscal year budget detail been entered into Vantage? Yes No

PERSONAL SERVICE CONTRACTS

11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.
 Appointing Authority Name: _____ Agreed by: TD (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Public Health Programs Specialist
Total Positions	1	

12a. Equipment and space for these positions: Is presently available. Can be obtained with available funds.

13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: <u>[Signature]</u>	Date: NOV 24 2014
	Title: Acting Commissioner Tracy Dolan	
	Signature: <u>[Signature]</u>	Date: <u>12/3/14</u>
	Title: Deputy Secretary, AHS	

14. SECRETARY OF ADMINISTRATION

<input checked="" type="checkbox"/>	Approved: <u>[Signature]</u>	Date: 12/16/14
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15. ACTION BY GOV

<input checked="" type="checkbox"/>	Check One Box: Accepted	Date: 12/18/14
<input type="checkbox"/>	Rejected	Date:

16. DOCUMENTATION REQUIRED

- Required GRANT Documentation**
- | | |
|---|--|
| <input type="checkbox"/> Request Memo
<input type="checkbox"/> Dept. project approval (if applicable)
<input type="checkbox"/> Notice of Award
<input type="checkbox"/> Grant Agreement
<input type="checkbox"/> Grant Budget | <input type="checkbox"/> Notice of Donation (if any)
<input type="checkbox"/> Grant (Project) Timeline (if applicable)
<input type="checkbox"/> Request for Extension (if applicable)
<input type="checkbox"/> Form AA-1PN attached (if applicable) |
|---|--|

(*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).

**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, Department of Health Date: 09/25/14

Name and Phone (of the person completing this request): Brett LaRose, 802-863-7596

Request is for:

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

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

Dept of Health & Human Services, Administration for Community Living
 PPHF - 2014 - Evidence-Based Fall Prevention Programs

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>
PH Program Specialist AC: General	1	OPHP	09/01/14 to 08/31/16

*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 position will accomplish the program objectives for the Fall Prevention Program grant as described in the budget justification submitted as part of the federal application and approved by the granting agency.

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))

NOV 07 2014

Signature of Agency or Department Head _____ Date _____

Approved/Denied by Department of Human Resources _____ Date 12/11/14

Approved/Denied by Finance and Management _____ Date 12/16/14

Approved/Denied by Secretary of Administration _____ Date 12/16/14

Comments:

DEC 09 2014


Department of Health
Business Office
108 Cherry Street – PO Box 70
Burlington, VT 05402-0070
HealthVermont.gov

[phone] 802-863-7736

Agency of Human Services

MEMORANDUM

To: Jim Giffin, AHS CFO

From: Paul Daley, VDH Financial Director 

Re: Grant Acceptance of the PPHF – 2014 – Evidence-Based Fall Prevention Program Grant

Date: 11/06/14

The Department of Health has received a grant from the United States Department of Health & Human Services, Administration for Community Living, providing \$535,059 over two years to enable the Department to implement a successful falls prevention program that will significantly decrease the number of falls and the number of injuries, hospitalizations, and deaths from falls as well as fall risks among the older adults and older adults with disabilities by participation in the evidence-based intervention, FallScope.

We are requesting approval to receive these funds and approval for a limited service position and are enclosing: the Grant Acceptance Request (AA1), narrative summary, budget summaries, a copy of the grant award document, a copy of the grant application, Request for Review, an organizational chart, and a Position Request Form for a Public Health Program Specialist AC: General.

It is our understanding, based on the advice of Molly Paulger at the Department of Human Resources (DHR) that this AA-1 packet, once approved by the Secretary of Human Services, should be forwarded in its entirety to DHR. DHR will retain the original RFR for classification action upon receipt of approval by all parties, while transmitting a copy of the RFR and all remaining documents to Finance and Management.

We appreciate your support in moving this request forward. Please let me know if you have questions or need additional information. Thank you.



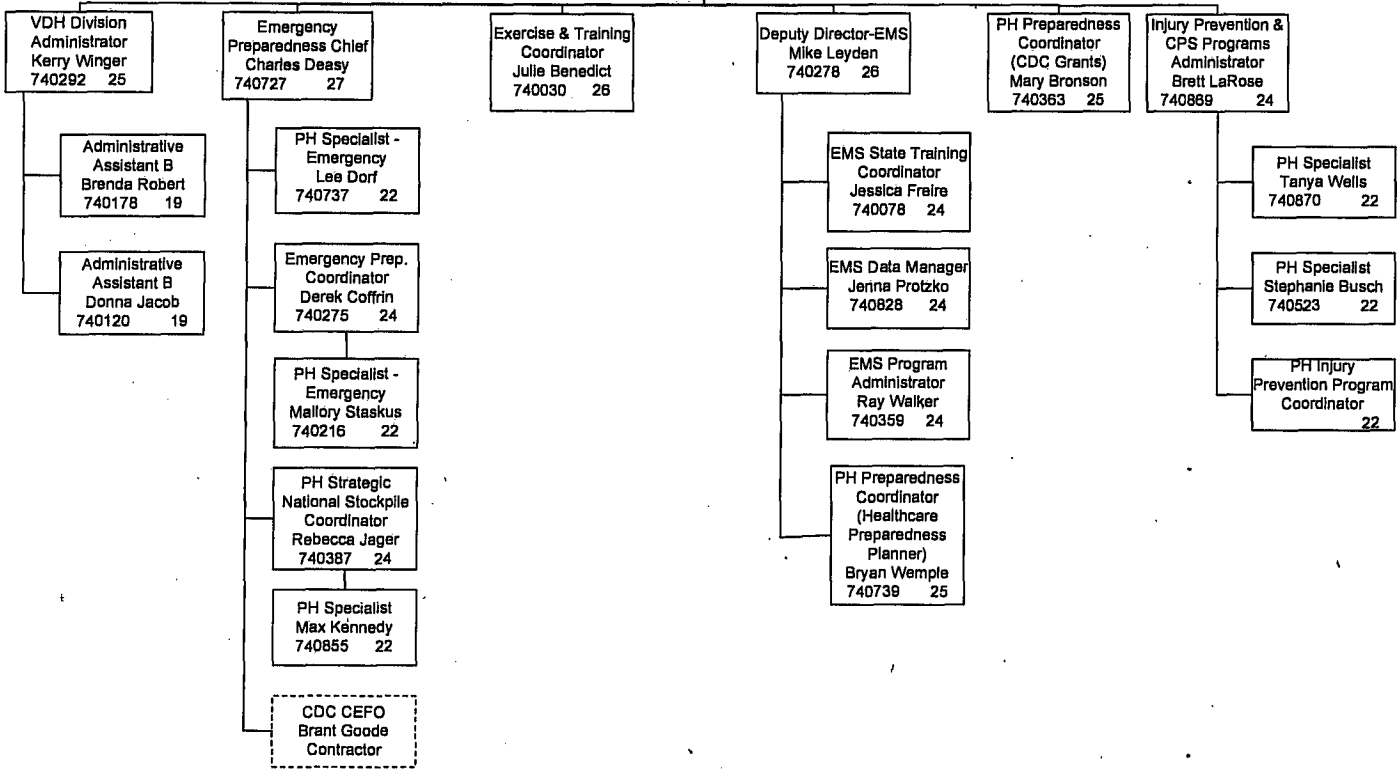
DEC 09 2014



**Office of Public Health
Preparedness &
Emergency Medical
Services & Injury
Prevention**
July 1, 2014

Deputy Commissioner of
Public Health
Tracy Dolan
747002 97

Office of PH Preparedness/
EMS Director
Chris Bell
740229 29



Request for Grant Acceptance
PPHF – 2014 – Evidence-Based Fall Prevention Program
Summary 11/06/14

The Department of Health has received a grant from the Department of Health & Human Services, Administration for Community Living, providing \$535,059 over two years to enable the Department to implement a successful falls prevention program that will significantly decrease the number of falls and the number of injuries, hospitalizations, and deaths from falls as well as fall risks among the older adults and older adults with disabilities by participation in the evidence-based intervention, FallScape.

This funding will enable the Department to recruit EMS agencies to participate in the Elderly Falls Prevention Program and those agencies to deliver the FallScape program to all eligible clients in their service area.

Goals include: (1) having 1000 older adults age 50+ complete FallScape by August 31, 2016; and (2) decrease the number of repeat falls in Vermonters age 65 and over by 10%.

The funds will be used to establish a Public Health Programs Specialist to coordinate with other agencies and organizations in Vermont that conduct injury prevention to assure statewide coverage, reduce duplication of effort, and offer programming directly. Funding will also be used for contracting with 25 State EMS organizations to implement the FallScape intervention. Laptops for the EMS organizations, supplies and travel expenditures will also be funded.

The Health Department is hereby seeking approval to receive \$245,472 in new Federal funds in State Fiscal Year 2015 and the establishment of one limited service position. The remainder of the Federal funding will be included in the Department's future budget requests. We have attached the grant award document and a copy of the grant application as well as the Position Request Form.

VERMONT DEPARTMENT OF HEALTH

SFY15 Fall Prevention Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$0	\$22,250	\$22,250
Fringe Benefits	\$0	\$8,900	\$8,900
3rd Party Contracts	\$0	<u>\$125,000</u>	<u>\$125,000</u>
Total Personal Services	\$0	\$156,150	\$156,150
Equipment	\$0	\$0	\$0
Supplies	\$0	\$34,875	\$34,875
Other	\$0	\$26,250	\$26,250
Travel	\$0	<u>\$14,847</u>	<u>\$14,847</u>
Total Operating Expenses	\$0	\$75,972	\$75,972
Subgrants	\$0	\$0	\$0
Total Direct Costs	\$0	\$232,122	\$232,122
Total Indirect Costs	<u>\$6,675</u>	<u>\$6,675</u>	<u>\$13,350</u>
Total SFY15 Grant Costs	\$6,675	\$238,797	\$245,472

Appropriation Summary

Total Personal Services	\$6,675	\$162,825	\$169,500
Total Operating Expenses	\$0	\$75,972	\$75,972
Total Subgrants	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
	\$6,675	\$238,797	\$245,472

VERMONT DEPARTMENT OF HEALTH

SFY16 Fall Prevention Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$0	\$45,600	\$45,600
Fringe Benefits	\$0	\$18,240	\$18,240
3rd Party Contracts	<u>\$0</u>	<u>\$125,000</u>	<u>\$125,000</u>
Total Personal Services	\$0	\$188,840	\$188,840
Equipment	\$0	\$0	\$0
Supplies	\$0	\$0	\$0
Other	\$0	\$26,250	\$26,250
Travel	<u>\$0</u>	<u>\$2,637</u>	<u>\$2,637</u>
Total Operating Expenses	\$0	\$28,887	\$28,887
Subgrants	\$0	\$0	\$0
Total Direct Costs	\$0	\$217,727	\$217,727
Total Indirect Costs	<u>\$13,680</u>	<u>\$13,680</u>	<u>\$27,360</u>
Total SFY16 Grant Costs	\$13,680	\$231,407	\$245,087

Appropriation Summary

Total Personal Services	\$13,680	\$202,520	\$216,200
Total Operating Expenses	\$0	\$28,887	\$28,887
Total Subgrants	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
	\$13,680	\$231,407	\$245,087

**Request for Classification Action
New or Vacant Positions
EXISTING Job Class/Title ONLY
Position Description Form C/Notice of Action
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: _____	

Position Information:

Incumbent: **Vacant or New Position**

Position Number: Current Job/Class Title: Public Health Specialist AC: General or Emergency Preparedness

Agency/Department/Unit: GUC:

Pay Group: Work Station: Burlington Zip Code: 05401

Position Type: Permanent Limited Service (end date) August 31, 2016

Funding Source: Core Sponsored Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number: Brett LaRose; Program Administrator

Check the type of request (new or vacant position) and complete the appropriate section.

New Position(s):

- a. **REQUIRED:** Allocation requested: Existing Class Code 22 Existing Job/Class Title: Public Health Specialist AC: General or Emergency Preparedness
- b. Position authorized by:

- Joint Fiscal Office – JFO # Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

Vacant Position:

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code: Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code: Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes No If Yes, please provide detailed information:

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties: Planning and administrative work at a professional level for the Injury Prevention Program. Position is responsible for the oversight, implementation, administration, coordination, quality control and evaluation of the FallScope program. Duties include planning assessment, coordinating plan activities and implementation, monitoring and evaluation, technical assistance and education and quality assurance for the FallScope program. The FallScope coordinator will work directly with area EMS agencies who will deliver the program.

2. Provide a brief justification/explanation of this request: The department was recently awarded funds to implement a falls prevention program through the health department; FallScope and the division needs a coordinator to manage the program.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). NA

Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes No

5. The name and title of the person who completed this form: Brett LaRose

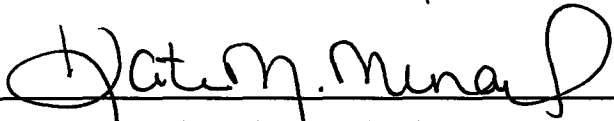
6. Who should be contacted if there are questions about this position (provide name and phone number): Chris Bell

7. How many other positions are allocated to the requested class title in the department: 2

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) No

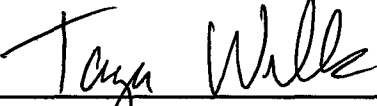
Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).



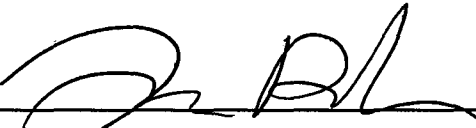
Personnel Administrator's Signature (**required**)*

10/21/14
Date



Supervisor's Signature (**required**)*

11/4/14
Date



Appointing Authority or Authorized Representative Signature (**required**)*

OCT 27 2014
Date

* Note: Attach additional information or comments if appropriate.