



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: Joint Fiscal Committee Members  
From: Nathan Lavery, Fiscal Analyst  
Date: July 22, 2013  
Subject: Grant/Position Request

Enclosed please find one (1) item that the Joint Fiscal Office has received from the administration. This item includes the establishment of two (2) limited service positions.

**JFO #2633** – Request to establish **two (2) limited service positions** in the Agency of Human Services and Human Service Board. The number of eligibility appeals associated with the Health Benefits Exchange is expected to increase and these positions will provide staffing to cover this increased caseload. Funding for these positions will come from JFO #2582, which was approved in October, 2012. The Department of Vermont Health Access did not request these positions as part of the original grant approval process because the need for these positions was not apparent at that time.  
[JFO received 07/22/13]

This item will be placed on the agenda for action at the Joint Fiscal Committee's July 23, 2013 meeting.

**State of Vermont**

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

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

*Agency of Administration***MEMORANDUM**

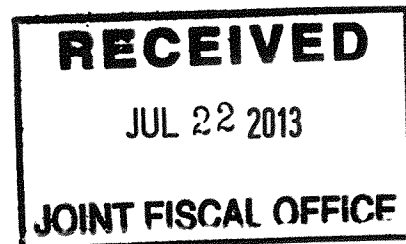
**TO:** Jeb Spaulding, Secretary of Administration  
**THRU:** Jim Reardon, Commissioner of Finance and Management  
**FROM:** Emily Byrne, Budget Analyst *EB*  
**RE:** Expedited Request - Limited Service Position Request  
**DATE:** 7/19/2013

*OK  
J 7/22/13*

Attached is a limited service position request from DVHA using funding from the Level Two Exchange grant for two additional positions. These positions, along with 5 additional attorneys will provide the capacity needed to cover an anticipated increase in eligibility appeals when the exchange comes on-line. These positions were not part of the original grant application because the appeals process was not fully understood at the time. These positions will expire when the grant ends on 12/31/2014. DHVA has updated the grant budget to include funding for these positions

Please let me know if you have additional questions.

I recommend approval.



**State of Vermont**  
**Department of Vermont Health Access**  
312 Hurricane Lane, Suite 201  
Williston VT 05495-2807  
[dvha.vermont.gov](http://dvha.vermont.gov)

[Phone] 802-879-5900  
[Fax] 802-879-5651

*Agency of Human Services*

TO: Martha Heath, Chair of Joint Fiscal Committee

THRU: Jeb Spaulding, Secretary Agency of Administration  
Doug Racine, Secretary Agency of Human Services

FROM: Mark Larson, Commissioner  
Department of Vermont Health Access

DATE: July 18, 2013

SUBJECT: Limited Service Position Request

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The DVHA was awarded the State Planning and Establishment Grants for the Affordable Care Act's Exchange by the Center of Consumer Information and Insurance Oversight, U.S. Department of Health and Human Services in August of 2012. The grant was accepted by JFC later that month under JFC approval # 2582 which included approval of 20 limited Service positions to assist with building the Vermont Health Connect. Over the past year, our understanding of our staffing needs and processes has been explored and solidified. The State of Vermont expects a significant and temporary spike in the number of appeals filed during the initial year of the Exchange. Appeals positions are needed within the Agency of Human Services (Department for Children and Families), at the Human Services Board, and at the Attorney General's Office. With funding from the Level Two grant, the State plans to implement an informal review system, with new staffing in both DCF/ESD and DVHA as well as the Attorney General's office. Through business requirements and program development efforts, the State now also expects the number of individual eligibility appeals that result in Fair Hearing to increase significantly. The introduction of a 72 hour expedited Fair Hearing process (an ACA requirement) creates operational readiness hurdles that require additional staffing capacity. Our original request did not capture this staffing resource need as it was not fully realized at that time how the current appeals process would be impacted. Due to the expected increase in this area, we have identified the need for 7 additional positions to manage this process, 2 of which are captured in this request for Classified Limited Service Positions. The other 5 additional positions have been identified as Attorneys to work at the Attorney General's Office and the Human Services Board and will be requested through the appropriate process for Exempt positions.

We are asking for the expedited approval process for this agreement due to the aggressive timelines and required completion date for this specific project of 12/31/2014. All required and relevant documentation has been attached. If you require further documentation that what has been provided or if you have any questions, please feel free to contact me. Thank you for your attention in this matter.



**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: Dept of Vermont Health Access Date: 7/18/2013

Name and Phone (of the person completing this request): Kate Jones, 802-879-8256

Request is for:

- Positions funded and attached to a new grant.  
 Positions funded and attached to an existing grant approved by JFO # 2582

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

Center of Consumer Information and Insurance Oversight, U.S. Dept of Health and Human Services, Cooperative Agreement to Support Establishment of State Operated Health Insurance Exchanges

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>
Administrative Assistant B	1	Human Services Board	8/1/2013 - 12/31/2014
Health Care Program Specialist	1	AHS/DCF/ESD	8/1/2013 - 12/31/2014

\*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:

Failure to enact the establishment of an exchange to fulfill the federal mandates included in the Affordable Care Act, signed into law in March of 2010.

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)).

[Signature] \_\_\_\_\_ Date: 7.17.13  
Signature of Agency or Department Head

[Signature] \_\_\_\_\_ Date: 7.19.13  
Approved/Denied by Department of Human Resources

[Signature] \_\_\_\_\_ Date: 7/19/13  
Approved/Denied by Finance and Management

[Signature] \_\_\_\_\_ Date: 7/20/13  
Approved/Denied by Secretary of Administration

Comments:

**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:

Agency/Department/Unit:  GUC:

Pay Group:  Work Station:  Zip Code:

Position Type:  Permanent  Limited Service (end date)  12/31/14 EB

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

Supervisor's Name, Title and Phone Number:

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

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code  Existing Job/Class Title:

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:

2. Provide a brief justification/explanation of this request:

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). This position will not be supervisory.

**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:

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

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

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.) N/A

**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).

MOP

Personnel Administrator's Signature (required)\*

7. 18. 13

Date

[Handwritten Signature]

Supervisor's Signature (required)\*

7-18-13

Date

[Handwritten Signature]

Appointing Authority or Authorized Representative Signature (required)\*

7/18/13

Date

\* Note: Attach additional information or comments if appropriate.

**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:

Agency/Department/Unit:  GUC:

Pay Group:  Work Station:  Zip Code:

Position Type:  Permanent  Limited Service (end date)

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

Supervisor's Name, Title and Phone Number:

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

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code  Existing Job/Class Title:

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:
2. Provide a brief justification/explanation of this request:
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**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:

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

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.)  N/A

**Attachments:**

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- 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).

Mod

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

7.18.13

Date

Cindy Chappes by Pamela P. Dally  
Supervisor's Signature (**required**)\*

7/18/13

Date

Pamela P. Dally for Richard Geddings  
Appointing Authority or Authorized Representative Signature (**required**)\*

7/15/13

Date

\* Note: Attach additional information or comments if appropriate.