



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: Joint Fiscal Committee members  
From: Sorsha Anderson, Staff Associate  
Date: May 13, 2021  
Subject: Expedited Grant Requests – JFO #3051

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration. **The VT Dept. of Disabilities, Aging and Independent Living has requested an expedited review of JFO #3051. Please respond by Wednesday, May 19, 2021.**

**JFO #3051** - Three (3) limited-service positions, Adult Protective Services Service Navigator, to assess needs of victims and work with community providers to ensure proper services are in place. Funded through previously approved grant JFO #2986. Positions expected to be funded through 9/30/2022.

*[JFO received 5/3/2021, expedited requested on 5/12/2021]*

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson: sanderson@leg.state.vt.us) if you have questions or would like this item held for legislative review. If no response has been received by Wednesday, May 19, 2021, members will be polled.

VERMONT DEPARTMENT OF PERSONNEL  
Request for Classification Review  
Position Description Form A

- **This form is to be used by managers and supervisors to request classification of a position (filled or vacant) when the duties have changed, and by managers and supervisors to request the creation of a new job class/title (for a filled, vacant, or new position), and by employees to request classification of their position.**
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded  areas of the form.
- If you prefer to fill out a hard copy of the form, contact your Personnel Officer.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you might need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office. All sections of this form are required to be completed unless otherwise stated.

**INSTRUCTIONS:** Tell us about the job. The information you provide will be used to evaluate the position. It will not be used in any way to evaluate an employee's performance or qualifications.

Answer the questions carefully. The information you give will help ensure that the position is fairly evaluated. Here are some suggestions to consider in completing this questionnaire:

- Tell the **facts** about what an employee in this position is actually expected to do.
- Give **specific examples** to make it clear.
- Write in a way so a person unfamiliar with the job will be able to understand it.
- Describe the job **as it is now**; not the way it was or will become.
- Before answering each question, read it carefully.

**To Submit this Request for Classification Review:** If this is a filled position, the employee must sign the original\* and forward to the supervisor for the supervisor's review and signature. The Personnel Officer and the Appointing Authority must also review and sign this request before it is considered complete. The effective date of review is the beginning of the first pay period following the date the complete Request for Classification Review is date stamped by the Classification Division of the Department of Personnel.

\*An employee may choose to sign the form, make a copy, submit original to supervisor as noted above, while concurrently sending the copy to the Classification Division, 144 State Street, Montpelier, with a cover note indicating that the employee has submitted the original to the supervisor and is submitting the copy as a **Concurrent** filing.

**If this is a request (initiated by employees, VSEA, or management) for review of all positions in a class/title please contact the appropriate Classification Analyst or the Classification Manager to discuss the request prior to submitting.**

## Request for Classification Review Position Description Form A

### For Department of Personnel Use Only

Notice of Action # _____	Date Received (Stamp)
Action Taken: _____	
New Job Title _____	
Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
New Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
Classification Analyst _____	Date _____
Comments: _____	Effective Date: _____
	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____	Mental Demands: _____
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.

## 1. Job Duties

This is the **most critical** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review**. Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What** it is: The nature of the activity.
- **How** you do it: The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why** it is done: What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** *Audits tax returns and/or taxpayer records.* **(How)** *By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency.* **(Why)** *To determine actual tax liabilities.*

1. Receives case assignments from current APS Investigations where the APS Investigator has determined a need for additional services. Responsible for gathering all relevant information on assigned case to proceed.
2. Arranges and meets with all assigned program participants, to include, victim, service providers, family members and law enforcement as appropriate. Meetings are arranged to determine next steps to ensure victims have needed services.
3. Assess case dynamics to determine potential for improved safety, create strength based goals based on participant input.
4. Determines service needs in cooperation with participants and assists participants with obtaining additional services and supports.
5. Coordinates services with and for participants to effect change and increased safety.
6. Works with victim, services providers, and family members to identify the lead agency for the victim.
7. Documents and maintains assigned case records.
8. Develops reports as requested.
9. May initiate emergency procedures to insure safety of all participants.
10. In conjunction with community partners and/or independantly, arranges and provides technical assistance, training and facilitation on content specific areas such as; motivational interviewing, teaming, supported decision making and conflict transformation for staff, community and families.

## 2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change*.

1. Program Participants: victims, offenders, family members, service providers, natural supports.

2. Law Enforcement officials
3. Partner Agencies; Council on Aging, Home Health, Private Caregivers, Facility Administrations, Community Justice Centers, etc.
4. ACL, Grant Holder

**3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?**

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

1. Knowledge of community resources and systems.
2. Knowledge of the issues facing victims and perpetrators of vulnerable adult maltreatment.
3. Ability to develop and implement effective casework plans which are appropriate to the individuals and the circumstances.
4. Ability to maintain casework data and information in a prescribed manner.

**4. Do you supervise?**

In this question "supervise" means if you direct the work of others where you are held **directly** responsible for assigning work; performance ratings; training; reward and discipline or effectively recommend such action; and other personnel matters. List the names, titles, and position numbers of the classified employees reporting to you:

N/A

**5. In what way does your supervisor provide you with work assignments and review your work?**

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

1. Incumbent will work under the supervision of the project Director. The need for independent decision making in a community setting will also be necessary.
2. Case assignments will be made based on geographical location, priority and current case load.
3. Regular supervision and team meetings will be held.
4. Regular mandatory trainings will be held.
5. Incumbent will collect and document data and report to supervisor on a regular basis.
6. Project documentation and data will be reviewed and evaluated regularly.

## 6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

1. Assess needs of victims and assist with navigating systems of care. Working with service providers to ensure appropriate services are in place.
2. Comply with requirements of limited services position, grant funded.
3. Document case interactions and case plans to comply with required data collection and evaluation needs.

## 7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*
- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*

1. Assess needs of victims and work with community providers to ensure proper services are in place.
2. Oversee completion of case plans with satisfactory outcome for program participants.
3. Maintain documented data in support of program expansion.

## 8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?
Differences in opinion, strained relationships, highly emotional topics to be addressed	60%
Potentially threatening situations	30%

- 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?
Potentially volatile situations, violent offenders, high levels of stress and emotionally charged situations. Potentially threatening situations.	40%
Participants experiencing health conditions, trauma, which may result in unpredictable and unsafe behaviors.	50%
Position incumbent will enter homes and community settings with potential for risks, weapons, dogs, fumes, second hand smoke.	30%
Position incumbent may operate in hospitals or other health care settings with potential exposure to contaminants and illness.	10%

- c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?

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

Type	How Much of the Time?
Driving	20%
Sitting/Standing	60%
Walking	20%

**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.

[Empty rectangular box]

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?

Assessment of vulnerable adult needs and identification of available remedies. Coordination of services to ensure needed services initiate. Work with participants, service provider, and family members to effect change and increase safety for the vulnerable adult.

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?

Knowledge of community resources and systems. Ability to take initiative in establishing connections between the vulnerable adult and service providers. Ability to maintain casework data and documentation.

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

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

4. Suggested Title and/or Pay Grade:

APS Service Navigator, Pay grade 24

Supervisor's Signature (required): Shawna A. Mead Date: 04/05/2021

**Personnel Administrator's Section:**

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes  No If yes, please provide detailed information.

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

Suggested Title and/or Pay Grade:

APS Service Navigator, Pay grade 24

Personnel Administrator's Signature (**required**): E-SIGNED by Chris McConnell on 2021-04-06 17:56:15 GMT 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.

Suggested Title and/or Pay Grade:

APS Service Navigator, Pay grade 24

*Monica White*

4/5/2021

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

\_\_\_\_\_  
Date

**STATE OF VERMONT  
Joint Fiscal Committee Review  
Limited Service - Grant Funded  
Position Request Form**

Print 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: 4/01/21

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

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # 93.747

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):  
Administration for Community Living, GRANTS TO ENHANCE ADULT PROTECTIVE SERVICES TO RESPOND TO COVID-19  
See attached grant docs

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
APS Service Navigator	3	DLP/APS	4/1/2021 - 9/30/2022

\*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:

The funds under this grant are intended to assist States and territories in their response during the Coronavirus Public Health Emergency. Vermont APS has identified that the greatest need is in case management and the establishing of connection to community partners for vulnerable adults. To that end the most effective use a portion of these funds would be to hire limited-service Service Navigators. COVID-19 has disrupted and altered the current human service delivery infrastructure. Service navigators will work to establish resilient services linkages in the current and developing environment, they will assist in outreach and education, and will assist clients of APS in responding to the pandemic

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

E-SIGNED by Jenney Samuelson  
on 2021-04-08 19:25:23 GMT

5 April 2021

Signature of Agency or Department Head \_\_\_\_\_ Date \_\_\_\_\_

Aimee Pope

Digitally signed by Aimee Pope  
Date: 2021.04.09 13:14:36 -04'00'

Approved/Denied by Department of Human Resources \_\_\_\_\_ Date \_\_\_\_\_

Adam Greshin

Digitally signed by Adam Greshin  
Date: 2021.04.23 15:55:21 -04'00'

Approved/Denied by Finance and Management \_\_\_\_\_ Date \_\_\_\_\_

Kristin Clouser

Digitally signed by Kristin Clouser  
Date: 2021.04.26 14:04:02 -04'00'

Approved/Denied by Secretary of Administration \_\_\_\_\_ Date \_\_\_\_\_

4/30/21  
Date

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

Comments:

E-SIGNED by Tracy O'Connell  
on 2021-04-06 18:09:46 GMT

DHR - 08/12/2019



Notice of Award

**Title of Program: (APC5) CRRSA Act, 2021 suppl. funding for APS under SSA Title XX Section 2042(b)**  
**Award Authority: P.L. 116-260 under P.L. 115-123 (SSA)**

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

**Date:** April 1, 2021  
**Grant No.:** 2101VTAPC5-00  
**Award Instrument:** Grant (Formula)  
**Project Period:** 04-01-2021 - 09-30-2022  
**Budget Period:** 04-01-2021 - 09-30-2022

**EIN:** 1036000264D4  
**DUNS#:** 809376155

**CFDA:** 93.747

**Object Class Code:** 41.15

Appropriation	CAN	Award This Action	Cumulative Grant Award to Date
75-21-0142	2021,299C5A1	\$704,100.00	\$704,100.00
	Total	\$704,100.00	\$704,100.00

**ACL Contact Information:**

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

**Emmanuel Ekwo**  
**ACL Grants Officer**

**Terms and Conditions:**

1. This grant is issued under the authority of the Coronavirus Response and Relief Supplemental Appropriations Act of 2021, P.L. 116-260, enacted December 27, 2020 for activities authorized under the Elder Justice Act Section 2042(b) of Title XX of the Social Security Act [Public Law 74-271] [As Amended Through P.L. 115-123, Enacted February 9, 2018]. The terms and conditions of this Notice of Award (NoA) and other requirements have the following order of precedence: (1) statute; (2) executive order; (3) program regulation; (4) administrative regulation found in 45 CFR Part 75; (5) agency policies; and (6) Any additional terms and conditions and remarks on NoA.

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

**ACL Title of Program:** CRRSA Act, 2021 suppl. funding for APS under SSA Title XX Section 2042(b)

**Grant No.:** 2101VTAPC5-00

**Date:** April 1, 2021

- Prohibition on certain telecommunications and video surveillance services or equipment
- SAM.gov / DUNS Requirement
- National Policies including Trafficking Victims Protection Act, Whistleblower Protections, and DOMA: Implementation of Same-Sex Spouses/Marriages
- Federal Funding Accountability and Transparency Act (FFATA)
- Federal Awardee Performance and Integrity Information System (FAPIIS)

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

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

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

**Remarks:**

1. The grant award for this program to your state has been approved for the project period April 1, 2021 - September 30, 2022 after review of the letter of assurance and initial spending plan submitted.

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

3. This Notice of Award provides one time funding to support preventing, preparing for and responding to Coronavirus Disease 2019 (COVID-19), as outlined in the Consolidated Appropriations Act, 2021, P.L. 116-260, enacted December 27, 2020.



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

February 22, 2021

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

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

Re: Letter of Assurance for Coronavirus Response and Relief Supplemental Appropriations Act of  
2021: Grants to Enhance Adult Protective Services to Respond to COVID-19

Dear Acting Administrator Barkoff:

This letter is to provide the assurance as required to receive funding to Enhance Adult Protective Services to Respond to COVID-19 under the Coronavirus Response and Relief Supplemental Appropriations Act of 2021. The letter assures the following:

1. The Department of Disability, Aging and Independent Living is legally responsible for providing adult protective services within the State of Vermont and does so by way of the Adult Protective Services program housed therein.
2. The funds will supplement but will not supplant current funding, whether State funding or funding under any existing ACL grant.
3. The Enhance Adult Protective Services to Respond to COVID-19 grant funding will be spent in ways consistent with the Elder Justice Act Section 2042(b); the Coronavirus Response and Relief Supplemental Appropriations Act, 2021; and guidance provided by ACL.
4. The Department, through its Adult Protective Services program, will provide semi-annual federal financial reports and annual program reports related to the activities performed.

Sincerely,

A handwritten signature in black ink that reads "Megan Tierney-Ward".

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

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

Date: March 19, 2021

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

Administration for Community Living, 330 C Street SW, Washington, DC 20201.

From: John Gordon, Director of Adult Protective Services

RE: Grants to Enhance Adult Protective Services to Respond to Covid-19 Initial Spend Plan

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

Service Navigators – APS will hire limited services positions for the program period which will provide service navigation and connection, protective services follow-up, and short-term case management. COVID has disrupted and altered the current human service delivery infrastructure. Service navigators will work to establish resilient services linkages in the current and developing environment, they will assist in outreach and education, and will assist clients of APS in responding to the pandemic. The approximate cost estimate of each position would be as follows: Salary \$54,792 per year, benefits \$33,672 per year, mileage \$4,350 per year, equipment \$2,350 one-time, Indirect costs \$1,500 per year. Three temporary staff would be hired for a total cost of approximately \$444,000 over the program period.



Data Library – The current information system in use by Vermont APS does not support archiving of large volumes of information or information of certain file types. Vermont currently uses a patchwork of systems, both electronic and paper, to store files of unsubstantiated investigations, electronic media, and large files. This patchwork solution is largely not accessible to all staff in the field or working remotely. A data library would allow for a single, secure site for these items to be stored and maintained and would allow APS staff to access and work with the information stored regardless of the work location of the staff. A data library would also simplify file archiving while making it simultaneously more secure and more accessible. A data library would also reduce Vermont APS's reliance on a physical office space. Initial rough estimates indicate the purchase and initial configuration of such a system would cost approximately \$100,000.

Remote work equipment - With the pandemic all staff are working primarily remotely. For this to be sustainable staff must be equipped so that work from home and in the field can be as effective, ergonomic, and professional as possible. This also includes the use of tablets and data equipment to minimize contact and maintain distance with clients as appropriate. Depending on the employee role and the current suite of equipment in use, the cost would be approximately \$1,000 - \$3,000 per position or \$40,000 for all staff in the program.

PPE – Vermont APS has reduced in-person investigation but at no time were in-person interviews completely stopped and therefore the need for PPE has been ongoing. While the supply chain for PPE has improved, stocks of PPE are in need of replenishment. Further, the existence of additional COVID variants and uncertainty around vaccine response indicate the need of regular use of PPE will remain a requirement for the foreseeable future. Also, Powered Air Purifying Respirator (PAPR) will be



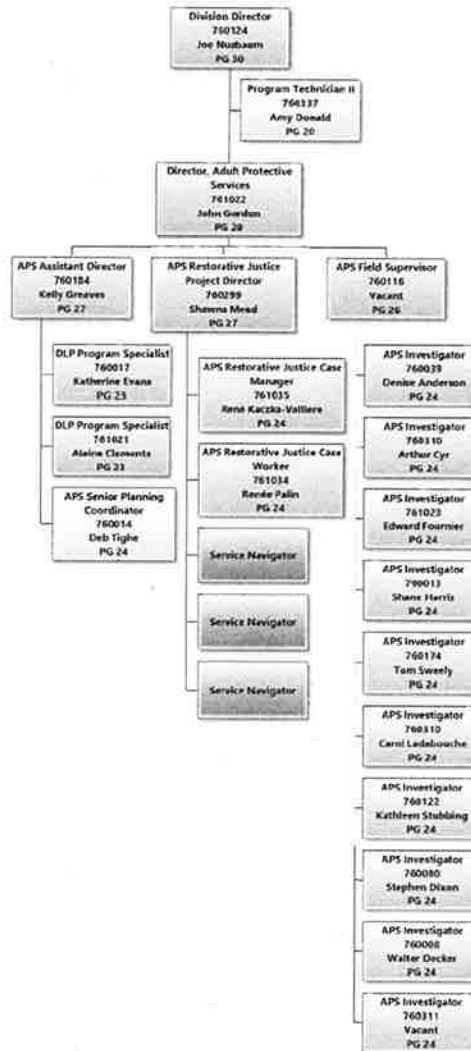


acquired for use when standard N95 masks cannot be used effectively or when such use would impede communication. Approximate funds earmarked for PPE and related equipment are \$40,000.

Training – The pandemic has required new practices to be developed for how investigations are conducted. Vermont APS will be seeking training opportunities to enhance skills helpful to address changes brought on by the pandemic as well as training on field evaluation of decisional capacity. Included in this is the plan to have select staff attend the 2021 NAPSA conference to the extent it features training opportunities to address COVID issues. Approximate amount of funds earmarked for training are \$80,000.

**Department of Disabilities, Aging,  
 and Independent Living  
 Division of Licensing and Protection  
 Adult Protective Services  
 March 26, 2021**

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



**From:** Small, Sara <Sara.Small@vermont.gov>  
**Sent:** Wednesday, May 12, 2021 8:24 AM  
**To:** Sorsha Anderson <SAnderson@leg.state.vt.us>  
**Subject:** FW: APS emergency funds  
**Importance:** High

Good morning Sorsha,

Below is what DAIL has provided me for a brief summary. Will this email be sufficient? If not, let me know and I can create a memo.

Thank you so much for all your assistance.  
Sara

**From:** White, Monica <[Monica.White@vermont.gov](mailto:Monica.White@vermont.gov)>  
**Sent:** Tuesday, May 11, 2021 6:06 PM  
**To:** Small, Sara <[Sara.Small@vermont.gov](mailto:Sara.Small@vermont.gov)>; Kelly, Bill <[Bill.Kelly@vermont.gov](mailto:Bill.Kelly@vermont.gov)>  
**Subject:** RE: APS emergency funds

Hello Sara,

Here is a justification for this request:

The Coronavirus Response and Relief Supplemental Appropriations Act of 2021 established grants to the States to enhance the abilities of the APS programs of the States' to respond to COVID -19. These funds have been provided to each and every State based upon a formula that considers the population of the individual State. The use of these funds do not require a State match, however, the use of the funds is time limited. It is the expectation of our Federal partner, the Administration for Community Living (ACL), that the use of these of these funds begin immediately and the ACL has been inquiring about the delay in initiation of use. The spend plan filed with ACL called for the majority of the funds be used to hire limited services positions to provide service navigation and connection, protective services follow-up, and short-term case management. We are requesting that the necessary review be expedited so that the services these positions would provide to vulnerable adults suffer no further delay.

Thank you for whatever you can do to assist on moving this along – much appreciated.

Best,  
Monica



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**Monica White, B.S., M.B.A., Interim Commissioner**  
Vermont Department of Disabilities, Aging, and Independent Living (DAIL)  
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**Learn more about DAIL's COVID-19 response here:** <https://dail.vermont.gov/novel-coronavirus-information>