



Mailing Address:
1 Baldwin Street
Drawer 33
Montpelier, Vermont 05633-5701

Tel.: (802) 828-2295
Fax: (802) 828-2483

STATE OF VERMONT
JOINT FISCAL COMMITTEE
1 Baldwin Street
Montpelier, Vermont 05633-5701

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management

From: Rebecca Buck, Staff Associate *RB*

Date: March 30, 2006

Subject: Status of Position Request

No Joint Fiscal Committee member has requested that the following item be held for review:

JFO #2251 – Request from the Office of the Attorney General to establish one (1) new limited service position: Nurse Investigator. This sponsored position is associated with a continuing U.S. Department of Health and Human Services grant in the Medicaid Fraud and Residential Abuse Unit.

[JFO received 02/28/06]

In accordance with 32 V.S.A. §5, the requisite 30 days having elapsed since this item was submitted to the Joint Fiscal Committee, the Governor's approval may now be considered final. We ask that you inform the Secretary of Administration and your staff of this action.

cc: Linda Morse
William Sorrell
Molly Paulger
Laurie Grimm



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STATE OF VERMONT
JOINT FISCAL COMMITTEE
1 Baldwin Street
Montpelier, Vermont 05633-5701

MEMORANDUM

To: Joint Fiscal Committee Members

From: Rebecca Buck, Staff Associate *RB*

Date: March 2, 2006

Subject: Position Request

Enclosed please find one (1) request which the Joint Fiscal Office recently received from the Administration:

JFO #2251 – Request from the Office of the Attorney General to establish one (1) new limited service position: Nurse Investigator. This sponsored position is associated with a continuing U.S. Department of Health and Human Services grant in the Medicaid Fraud and Residential Abuse Unit.

[JFO received 02/28/06]

The Joint Fiscal Office has reviewed this submission and determined that all appropriate forms bearing the necessary approvals are in order.

In accordance with the procedures for processing such requests, we ask you to review the enclosed and notify the Joint Fiscal Office (Rebecca Buck at 802/828-5969; rbuck@leg.state.vt.us or Stephen Klein at 802/828-5769; sklein@leg.state.vt.us) if you would like this item held for legislative review. Unless we hear from you to the contrary by March 16 we will assume that you agree to consider as final the Governor's acceptance of this request.

cc: Michael Smith, Secretary
James Reardon, Commissioner
Linda Morse, Administrative Assistant
William Sorrell, Attorney General
Molly Paulger, Classification Manager
Laurie Grimm, Human Resources Specialist

INFORMATION NOTICE

The following item was recently received by the Joint Fiscal Committee:

JFO #2251 – Request from the Office of the Attorney General to establish one (1) new limited service position: Nurse Investigator. This sponsored position is associated with a continuing U.S. Department of Health and Human Services grant in the Medicaid Fraud and Residential Abuse Unit. [*JFO received 02/28/06*]

JFO #
2251

STATE OF VERMONT
POSITION ACCEPTANCE FORM

GRANT SUMMARY:

This is a request for a limited service Medicaid Fraud Nurse Investigator position associated with a U.S. Department of Health and Human Services continuing grant (last update of this grant was awarded November 4, 2005). Because it is an additional position that was not approved earlier by JFC, it needs JFC approval.

DATE: January 9, 2006

DEPARTMENT: Attorney General

GRANT / DONATION: This Position is needed to help with the Medicaid fraud work done by the Attorney General's Office.

FEDERAL CATALOG No.: 93.775

GRANTOR / DONOR: US Department of Health and Human Services
Office of the Inspector General
Room 5551- Cohen Building
330 Independence Ave. SW
Washington, D.C. 20201

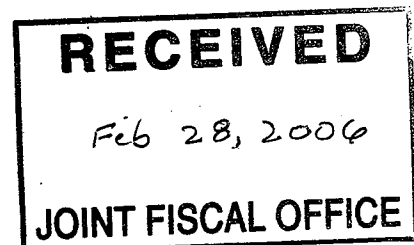
AMOUNT / VALUE: \$145,600 total of which \$109,200 is federal and the remaining 36,400 is state match.

POSITIONS REQUESTED: One new limited service position

GRANT PERIOD: 10/1/05- 9/30/06

COMMENTS: See attachments.

DEPARTMENT OF FINANCE AND MANAGEMENT: *JH* (INITIAL) *JH* 1/14/06
SECRETARY OF ADMINISTRATION (INITIAL) *Shy* 1/17/06
SENT TO JOINT FISCAL OFFICE: DATE: *2/2/06*



WILLIAM H. SORRELL
ATTORNEY GENERAL


J. WALLACE MALLEY, JR.
DEPUTY ATTORNEY GENERAL

WILLIAM E. GRIFFIN
CHIEF ASST. ATTORNEY
GENERAL



TEL: (802) 828-3171
FAX: (802) 828-2154
TTY: (802) 828-3665
CIVIL RIGHTS: (802) 828-3657
WEBPAGE: www.state.vt.us/atg

STATE OF VERMONT
OFFICE OF THE ATTORNEY GENERAL
109 STATE STREET
MONTPELIER
05609-1001

TO: Charlie Smith, Secretary of Administration
FROM: William E. Griffin,  Chief Assistant Attorney General
DATE: November 21, 2005
RE: Position Request Form - AA-1 – Medicaid Fraud Nurse Investigator

Attached please find an AA-1 Request for a new Nurse Investigator position (limited service) and a Position Request form for your approval and further action.

This position request is consistent with the Department of Health & Human Services grant award dated November 4, 2005 which is attached for your information.

The position is funded with 75% federal funds and requires a 25% state match. A Position Request Form has been filed with the Department of Human Resources for their review and approval.

The award document, AA-1 form and Position Request Form are attached for your information and consideration. Please contact me or our Business Manager William Pettersen should you have any questions or require additional information.

STATE OF VERMONT Position Request Form

This form is to be used by agencies and departments when additional positions are being requested. The *Request for Temporary Position Form* should be used for temporary positions. Review and approval by the Department of Personnel must be obtained prior to review by the Department of Finance and Management. An updated organizational chart showing to whom the new position(s) would report must be attached to this form, as must a justification for this request as an essential program need. Please attach additional pages as necessary to provide enough detail.

Agency/Department **Office of the Attorney General** Program/Appropriation No. **2100001040**

1. Check the type of Position being requested and enter the anticipated end date for limited service positions.

- Permanent Classified
 Limited Service Classified **09/30/2009** (end date)
 Permanent Exempt
 Limited Service Exempt _____ (end date)

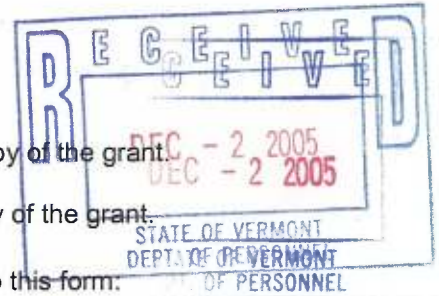
2. List below the number(s) and titles of each position being requested. Specify the source and percent of funds for the position(s), giving as much detail as possible (e.g. 85% general funds; 15% special fund). This will enable the Department of Personnel to place the position into the correct category: core, partnership, or sponsored.

<u>Number of Positions</u>	<u>Title of Position Requested</u>	<u>Funding Source and Percent</u>
One	Nurse Investigator	General 25%, Federal 75%

NOTE: Final determination of title and pay grade to be made by the Department of Personnel Classification Division upon submission and review of a PER-10 Request for Classification Action form.

3. Funds for this position request are available as follows:

- State Funds in FY 06 budget allocation.
 Federal Funds. List the source of federal funds and if a grant, submit a copy of the grant.
 Grant funds (non-federal). List the source of grant funds and submit a copy of the grant.



4. List below the source of grant funds and attach a copy of the grant proposal to this form:
Grant Award Attached

5. If this request is for conversion of a temporary position or a personal services contract that is performing the on-going and continued work of State Government, please indicate below.

- Temporary Position -- Position No.: _____ Job Title: _____
 Personal Services Contract – Contract No.: _____ On Payroll at Present

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

Signature of Agency or Department Head

Date

Approved/Denied by Department of Personnel

Date

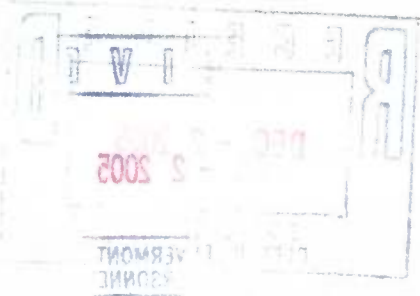
Approved/Denied by Finance and Management

Date

Approved/Denied by Secretary of Administration

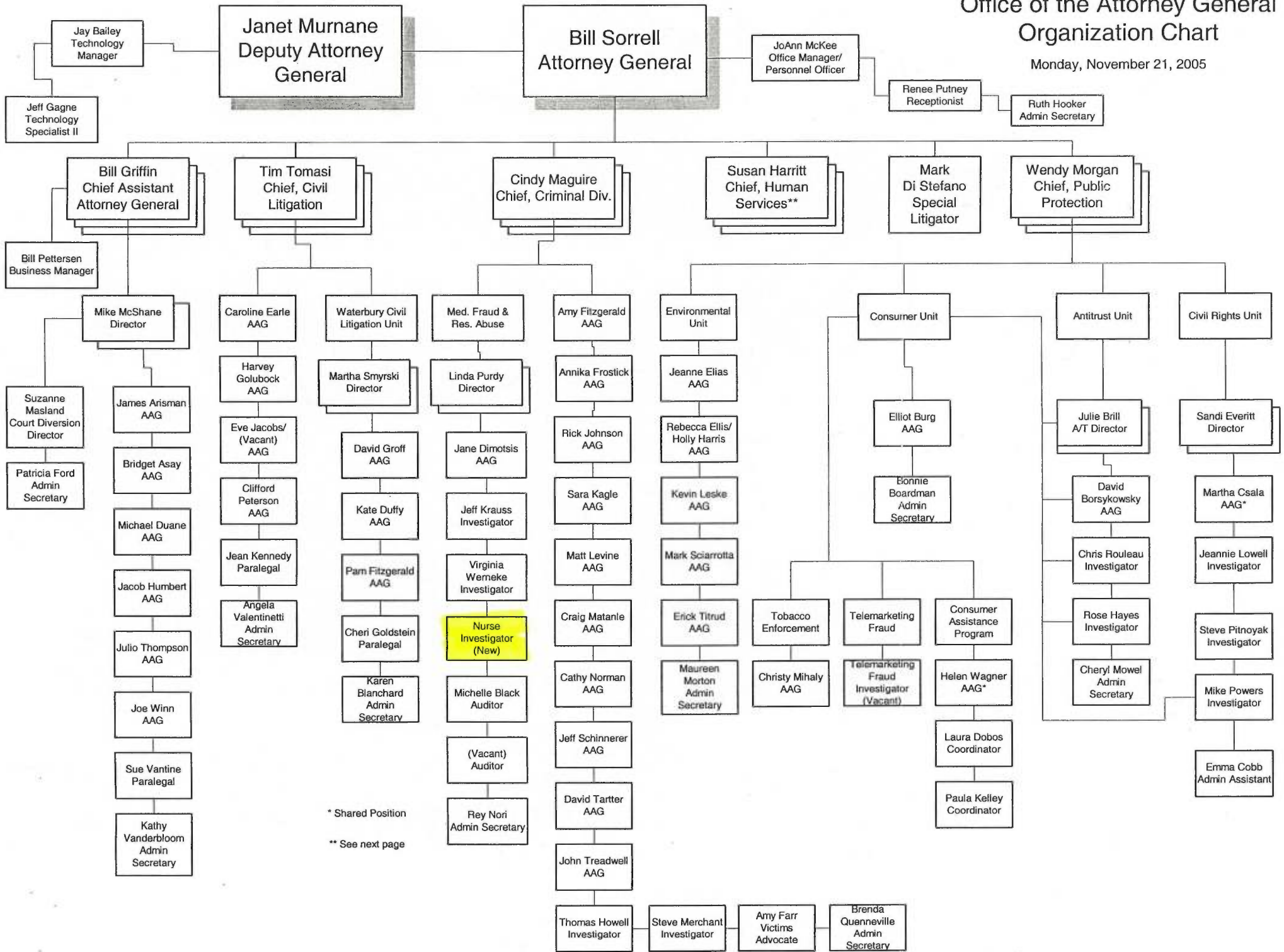
Date

Comments: New Nurse Investigator position is consistent with the Department of Health & Human Services grant award dated November 5, 2005 – Attached.



Office of the Attorney General Organization Chart

Monday, November 21, 2005



* Shared Position

** See next page

ATTORNEY GENERAL'S NURSE INVESTIGATOR

Job Code: 085400

Pay Plan: CLS Salary Administration Plan

Pay Grade: 22

Occupational Category: Protective Services

Effective Date:

Class Definition:

Complex investigative work for the Office of the Attorney General, Medicaid Fraud & Residential Abuse Unit, involving actual or alleged cases of either a criminal or civil nature. Typical investigations may include allegations of abuse, neglect, physical or sexual abuse, drug diversion, financial exploitation or fraud within the Medicaid funded facilities or programs. Duties shall include the assessment of medical care, quality of life, and medication, the examination of licensing surveys; and the review of facility procedures and documentation as they pertain to fraud and abuse investigations. Duties are performed with a high degree of independence. Must have the ability to work as part of a team and in conjunction with other agencies. Work is performed under the general supervision of the Unit Director.

Examples of Work:

Receive and review allegations of criminal or civil infractions through citizen complaints or referrals from other agencies. As appropriate, utilizes a variety of investigative techniques including interviewing witnesses, examining and analyzing various records and documents, gathering and preserving evidence. May also conduct legal research, statistical workups of data and public education services. Presents results in written investigative reports. Assists prosecuting attorney in trial preparation, may be required to testify in court.

Environmental Factors:

Duties are performed in both field and office settings. Considerable travel throughout the State is required, for which private means of transportation must be available. Some positions may require incumbents to be in good physical condition, able to perform strenuous physical activity on occasion, and to work long and irregular hours in the field during work assignments. The nature of the work in some positions may create situation of potential danger and injury. Evening and weekend work may be necessary.

Minimum Qualifications:

Knowledge, Skills and Abilities.

Considerable knowledge of and competency in applying the principles and practices of professional nursing.

Working knowledge of other health care disciplines, which are involved in total patient care.

Working knowledge of care needs of residents in long term care facilities

Ability to interpret and apply rules and regulations of considerable complexity

Ability to elicit sensitive information through interviews

Working knowledge and understanding of investigative principles and techniques

Working knowledge of applicable state and federal laws.

Ability to analyze, evaluate, and summarize large amounts of documentary evidence.

Ability to prepare clear and concise, or detailed and complex, reports as required

Ability to establish and maintain effective working relationships

Ability to communicate effectively both orally and in writing

Ability to gather, analyze and interpret criminal intelligence and or large amounts of complex data or documentary evidence

Ability to make public presentations

Working knowledge of Vermont court practices, rules and procedures

Ability to function independently with limited direct supervision

Education and Experience:

Vermont Registered Nurse

Experience:

Three years of experience as a practicing RN of which one year consists of work with elders, people with physical disabilities and/or individuals with developmental disabilities or traumatic brain injuries.

Preferred Qualifications: BSN

**STATE OF VERMONT
REQUEST TO ESTABLISH POSITION
(use additional sheets as needed)**

1. Agency: **Attorney General**
 2. Department: **Public Protection**
 3. Program: **Medicaid Fraud**
 4. Legal Title of Grant: **Medicaid Fraud & Residential Abuse**
 5. Federal Catalog No: **93-775**
 6. Grantor & Office Address:
**Department of Health & Human Services
 Office of the Inspector General
 Room 5551 – Cohen Building
 330 Independence Avenue, S.W.
 Washington, D.C. 20201**

7. Grant Period: From: **10/01/2005** To: **September 30, 2006**

8. Purpose of Position:
The new Nurse Investigator position will supplement existing investigative staff in the enforcement of Medicaid Fraud abuse and anti-fraud efforts. Position is funded beginning April 1, 2006 per grant agreement

9. Impact on Existing Programs if Position is not accepted:
Enforcement efforts will continue to be limited

10. Budget Information:	(1 st State FY) FY 2006	(2 nd State FY) FY 2007	(3 rd State FY) FY 2008
EXPENDITURES:			
Personal Services:	\$ 15,600	\$ 64,100	\$ 65,900
Operating Expenses:	\$	\$	\$
Grants:	\$	\$	\$
TOTAL	\$ 15,600	\$ 64,100	\$ 65,900
REVENUES:			
<u>State Funds:</u>			
Cash:	\$ 3,900	\$ 16,025	\$ 16,475
In-kind:	\$ 0.00	\$ 0.00	\$ 0.00
<u>Federal Funds:</u>			
(Direct Costs):	\$ 11,700	\$ 48,075	\$ 49,425
(Statewide Indirect):	\$ 0.00	\$ 0.00	\$ 0.00
(Department Indirect):	\$ 0.00	\$ 0.00	\$ 0.00
<u>Other Funds:</u>			
(source) Grant:	\$ 0	\$ 0	\$ 0
TOTAL	\$ 15,600	\$ 64,100	\$ 65,900

<u>Appropriation Numbers</u>	<u>Amounts</u>
Org Code: 02100 Dept ID: 2100001040 Fund: 10000 & 22005 Proj/Grant: Medicaid	\$ 145,600

11. Will grant monies be spent by one or more personal services contracts?

YES NO

If YES, signature of appointing authority here indicates intent to follow current guidelines on bidding.

X _____

12a. Please list any requested Limited Service positions:

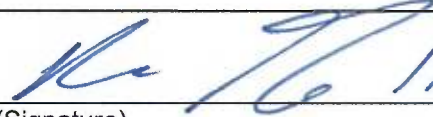
Titles	Number of Positions
Nurse Investigator	One

12b. Equipment and space for these positions:

is presently available.
 Can be obtained with available funds.

13. Signature of Appointing Authority -

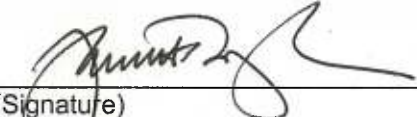
NOTE I certify that no funds have been Expended or committed in Anticipation of Joint Fiscal Committee approval of this grant.

 11-21-05
(Signature) (Date)

Ch Asst AG
(Title)

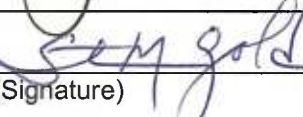
14. Action by Governor:

Approved
 Rejected

 1/31/06
(Signature)

15. Secretary of Administration:

Request to JFO
 Information to JFO


(Signature)

16. Action by Joint Fiscal Committee:

<input type="checkbox"/> Request to be placed on JFC agenda	(Dates)
<input type="checkbox"/> Approved (not placed on agenda in 30 days)	_____
<input type="checkbox"/> Approved by JFC	_____
<input type="checkbox"/> Rejected by JFC	_____
<input type="checkbox"/> Approved by Legislature	_____

(Signature) (Date)



NOV 4 2005

Ms. Linda A. Purdy
Director, Medicaid Fraud Control Unit
Office of the Attorney General
43 Randall Street
Waterbury, Vermont 05676

Dear Ms. Purdy:

We received the Application for Federal Assistance for continued funding of the Vermont Medicaid Fraud Control Unit. In accordance with the provision of 42 CFR 1007.15, on behalf of the Secretary, I hereby notify you that your total grant award for Fiscal Year (FY) 2006 (October 1, 2005 - September 30, 2006) is \$507,000, to be distributed in quarterly amounts of \$126,750. This award is intended to provide you with draw down authority under your letter of credit sufficient to match your expenditures at the 75 percent rate during the quarters beginning October 1, 2005, January 1, 2006, April 1, 2006, and July 1, 2006.

Your draw down authority for each corresponding quarter was determined based on the needs expressed in your budget. You are not authorized to draw down funds until they become available as identified on the enclosed Award Summary Form, under the section "Breakdown of Award".

This award is made under authority of section 1903 (a)(6) of the Social Security Act and is subject to all the terms and conditions of 42 CFR 1007 and Office of Management and Budget Circular A-87. Also, as a condition of this grant award you must comply with sections 506 and 507 of the FY 1999 Department of Health and Human Services (DHHS) Appropriation Bill (P.L. 101-166).

Inquiries regarding draw down of payment should be directed to the DHHS, Payment Management System Branch at (301) 443-1660.

All other questions relative to this grant award should be referred to:

DHHS, Office of Inspector General
Office of Management and Policy
Room 5551 - Cohen Building
330 Independence Avenue, S.W.
Washington, D.C. 20201

ATTN: Demele Fleming, (202) 619-3768 or
Samantha Ferbish, (202) 619-3431.

Sincerely yours,

for Kathleen D. Gobbett
Budget Officer

Enclosures:
"Award Summary Form"
"Drug-Free Workplace Act Requirements"

cc:
Michelle Black
Auditor

AWARD SUMMARY FORM

ACCOUNTING DATA

State:	VERMONT MEDICAID FRAUD CONTROL UNIT
Grant Award Program:	93.775 State Medicaid Fraud Control Units
Employer Identification Number (EIN):	1-036000264-B2
Appropriation Number:	75X0512
Commitment Number:	SMFCU - 46
Object Class:	41.51
Document Number:	01-0601-VT-5050

BREAKDOWN OF AWARD

Quarter	Common Accounting Number	Federal Share	State Share	Total
10/01/05 - 12/31/05	6-1990190	\$126,750	\$42,250	\$169,000
01/01/06 - 03/31/06	6-1990190	\$126,750	\$42,250	\$169,000
04/01/06 - 06/30/06	6-1990190	\$126,750	\$42,250	\$169,000
07/01/06 - 09/30/06	6-1990190	\$126,750	\$42,250	\$169,000

AWARD INFORMATION

Funding Grant Period:	Fiscal Year 2006 (October 1, 2005 - September 30, 2006)
Approved Budget:	\$507,000
Adjustments:	
Expected Expenditures:	\$507,000
Federal Financial Participation:	75 percent
CONTACT PERSON:	Demele Fleming (202) 619-3768

FFY 2006

MFCU BUDGET REQUEST

Appendix C

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 8/1/2005	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE 6/14/2005	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: State of Vermont	Organizational Unit: Department: Vermont Attorney General
Organizational DUNS: 809550338	Division: Criminal Division
Address: Street: 109 State Street, Pavilion Building	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Linda
City: Montpelier	Middle Name A.
County: Washington	Last Name Purdy
State: VT Zip Code 05609	Suffix:
Country: USA	Email: lpurdy@atg.state.vt.us

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
03-6000267

Phone Number (give area code) 802-241-4442	Fax Number (give area code) 802-241-4447
---	---

8. TYPE OF APPLICATION:
 New Continuation Revision
 If Revision, enter appropriate letter(s) in box(es)
 (See back of form for description of letters.)
 Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)
 STATE
 Other (specify)

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 93-775
 TITLE (Name of Program):
 State Medicaid Fraud Control Units

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 The Medicaid Fraud & Residential Abuse Unit investigates and prosecutes Medicaid provider fraud in addition to patient abuse, neglect, and exploitation in Medicaid-funded facilities and program in the State of Vermont

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Statewide

13. PROPOSED PROJECT
 Start Date: 10/1/2005 Ending Date: 9/30/2006

14. CONGRESSIONAL DISTRICTS OF:
 a. Applicant State of Vermont b. Project Medicaid Fraud Control Unit

15. ESTIMATED FUNDING:

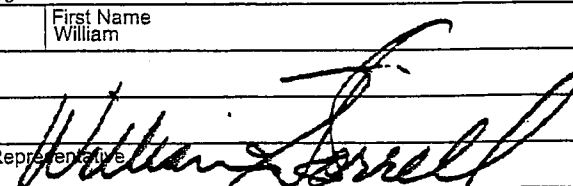
a. Federal	\$ 507,000	00
b. Applicant		00
c. State	\$ 169,000	00
d. Local		00
e. Other		00
f. Program Income		00
g. TOTAL	\$ 676,000	00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. Yes. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
 DATE:
 b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes If "Yes" attach an explanation. No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.	First Name William	Middle Name H.
Last Name Sorrell		Suffix
b. Title Attorney General		c. Telephone Number (give area code) 802-828-3173
d. Signature of Authorized Representative 		e. Date Signed 8/1/2005

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. State MFCU	93.775	\$ -	\$ -	\$ 507,000	\$ 169,000	\$ 676,000
2.						\$ -
3.						\$ -
4.						\$ -
5. Totals		\$ -	\$ -	\$ 507,000	\$ 169,000	\$ 676,000
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (5)
	(1) State MFCU	(2)	(3)	(4)		
a. Personnel	\$ 396,000	\$ -	\$ -	\$ -	\$ 396,000	
b. Fringe Benefits	\$ 137,700				\$ 137,700	
c. Travel	\$ 33,100				\$ 33,100	
d. Equipment	\$ 6,000				\$ 6,000	
e. Supplies	\$ 13,500				\$ 13,500	
f. Contractual	\$ 73,500				\$ 73,500	
g. Construction	\$ -				\$ -	
h. Other	\$ 16,200				\$ 16,200	
i. Total Direct Charges (sum of 6a - 6h)	\$ 676,000	\$ -	\$ -	\$ -	\$ 676,000	
j. Indirect Charges	\$ -				\$ -	
k. TOTALS (sum of 6i and 6j)	\$ 676,000	\$ -	\$ -	\$ -	\$ 676,000	
7. Program Income	\$ -	\$ -	\$ -	\$ -	\$ -	

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Standard Form 424A (Rev. 7-97)

Previous Edition Usable

Prescribed by OMB Circular A-102

PERSONNEL BUDGET & ROSTER

POSITION	NAME OF INDIVIDUAL	ANNUAL SALARY	PROPOSED BUDGET	EMPLOYMENT DATE
Director/Attorney	Linda A. Purdy	\$ 76,600	\$ 80,000	8/31/1997
Attorney	Jane Dimotsis	\$ 65,900	\$ 66,000	9/7/2004
Investigator	Virginia L. Werneke	\$ 49,300	\$ 52,000	7/27/2003
Investigator	Jefferson K. Krauss	\$ 46,200	\$ 49,000	1/24/2005
Nurse Investigator	Vacant - New Position Requested as of April 2006	\$ 46,200	\$ 24,000	
Auditor	Michelle L. Black	\$ 43,500	\$ 48,000	5/7/2001
Auditor	Vacant - New Position Requested as of Nov 2006	\$ 43,500	\$ 41,000	
Administrative Assistant	Kelley E. Spear - Position to be upgraded to a Paralegal/Admin	\$ 32,700	\$ 36,000	5/21/2003
			<u>\$ 396,000</u>	

Note: Include vacant positions with associated salaries and budget.



NOV 4 2005

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Director, Medicaid Fraud Control Unit
Office of the Attorney General
43 Randall Street
Waterbury, Vermont 05676

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Your draw down authority for each corresponding quarter was determined based on the needs expressed in your budget. You are not authorized to draw down funds until they become available as identified on the enclosed Award Summary Form, under the section "Breakdown of Award".

This award is made under authority of section 1903 (a)(6) of the Social Security Act and is subject to all the terms and conditions of 42 CFR 1007 and Office of Management and Budget Circular A-87. Also, as a condition of this grant award you must comply with sections 506 and 507 of the FY 1999 Department of Health and Human Services (DHHS) Appropriation Bill (P.L. 101-166).

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for Kathleen D. Gobbett
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Enclosures:
"Award Summary Form"
"Drug-Free Workplace Act Requirements"

cc:
Michelle Black
Auditor

AWARD SUMMARY FORM

ACCOUNTING DATA

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Object Class:	41.51
Document Number:	01-0601-VT-5050

BREAKDOWN OF AWARD

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AWARD INFORMATION

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Adjustments:	
Expected Expenditures:	\$507,000
Federal Financial Participation:	75 percent
CONTACT PERSON:	Demele Fleming (202) 619-3768

FFY 2006

MFCU BUDGET REQUEST

Appendix C

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 8/1/2005	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE 6/14/2005	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: State of Vermont		Organizational Unit: Department: Vermont Attorney General	
Organizational DUNS: 809550338		Division: Criminal Division	
Address: Street: 109 State Street, Pavilion Building		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Montpelier		Prefix: Ms.	First Name: Linda
County: Washington		Middle Name A.	
State: VT		Last Name Purdy	
Zip Code 05609	Suffix:		
Country: USA		Email: lpurdy@atg.state.vt.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 03-6000267		Phone Number (give area code) 802-241-4442	Fax Number (give area code) 802-241-4447
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) STATE Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): State Medicaid Fraud Control Units		9. NAME OF FEDERAL AGENCY:	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Medicaid Fraud & Residential Abuse Unit investigates and prosecutes Medicaid provider fraud in addition to patient abuse, neglect, and exploitation in Medicaid-funded facilities and program in the State of Vermont	
13. PROPOSED PROJECT Start Date: 10/1/2005 Ending Date: 9/30/2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant State of Vermont b. Project Medicaid Fraud Control Unit	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 507,000	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	DATE:	
c. State	\$ 169,000	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 676,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name William	Middle Name H.	Suffix
Last Name Sorrell		c. Telephone Number (give area code) 802-828-3173	
b. Title Attorney General		e. Date Signed 8/1/2005	
d. Signature of Authorized Representative 			

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. State MFCU	93.775	\$ -	\$ -	\$ 507,000	\$ 169,000	\$ 676,000
2.						\$ -
3.						\$ -
4.						\$ -
5. Totals		\$ -	\$ -	\$ 507,000	\$ 169,000	\$ 676,000
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)	
	(1) State MFCU	(2)	(3)	(4)		
a. Personnel	\$ 396,000	\$ -	\$ -	\$ -	\$ 396,000	
b. Fringe Benefits	\$ 137,700				\$ 137,700	
c. Travel	\$ 33,100				\$ 33,100	
d. Equipment	\$ 6,000				\$ 6,000	
e. Supplies	\$ 13,500				\$ 13,500	
f. Contractual	\$ 73,500				\$ 73,500	
g. Construction	\$ -				\$ -	
h. Other	\$ 16,200				\$ 16,200	
i. Total Direct Charges (sum of 6a - 6h)	\$ 676,000	\$ -	\$ -	\$ -	\$ 676,000	
j. Indirect Charges	\$ -				\$ -	
k. TOTALS (sum of 6i and 6j)	\$ 676,000	\$ -	\$ -	\$ -	\$ 676,000	
7. Program Income	\$ -	\$ -	\$ -	\$ -	\$ -	

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Standard Form 424A (Rev. 7-97)

Previous Edition Usable

Prescribed by OMB Circular A-102

PERSONNEL BUDGET & ROSTER

POSITION	NAME OF INDIVIDUAL	ANNUAL SALARY	PROPOSED BUDGET	EMPLOYMENT DATE
Director/Attorney	Linda A. Purdy	\$ 76,600	\$ 80,000	8/31/1997
Attorney	Jane Dimotsis	\$ 65,900	\$ 66,000	9/7/2004
Investigator	Virginia L. Werneke	\$ 49,300	\$ 52,000	7/27/2003
Investigator	Jefferson K. Krauss	\$ 46,200	\$ 49,000	1/24/2005
Nurse Investigator	Vacant - New Position Requested as of April 2006	\$ 46,200	\$ 24,000	
Auditor	Michelle L. Black	\$ 43,500	\$ 48,000	5/7/2001
Auditor	Vacant - New Position Requested as of Nov 2006	\$ 43,500	\$ 41,000	
Administrative Assistant	Kelley E. Spear - Position to be upgraded to a Paralegal/Admin	\$ 32,700	\$ 36,000	5/21/2003
			\$ 396,000	

Note: Include vacant positions with associated salaries and budget.

WILLIAM H. SORRELL
ATTORNEY GENERAL

J. WALLACE MALLEY, JR.
DEPUTY ATTORNEY GENERAL


WILLIAM E. GRIFFIN
CHIEF ASST. ATTORNEY
GENERAL



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STATE OF VERMONT
OFFICE OF THE ATTORNEY GENERAL
109 STATE STREET
MONTPELIER
05609-1001

TO: Charlie Smith, Secretary of Administration

FROM: William E. Griffin,  Chief Assistant Attorney General

DATE: November 21, 2005

RE: Position Request Form - AA-1 – Medicaid Fraud Nurse Investigator

Attached please find an AA-1 Request for a new Nurse Investigator position (limited service) and a Position Request form for your approval and further action.

This position request is consistent with the Department of Health & Human Services grant award dated November 4, 2005 which is attached for your information.

The position is funded with 75% federal funds and requires a 25% state match. A Position Request Form has been filed with the Department of Human Resources for their review and approval.

The award document, AA-1 form and Position Request Form are attached for your information and consideration. Please contact me or our Business Manager William Pettersen should you have any questions or require additional information.