



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Sorsha Anderson, Senior Staff Associate
Date: March 14, 2024
Subject: Grant/LSP Request – JFO #3192

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

JFO #3192: \$327,250.00 to the Agency of Human Services, Department of Health from the Centers for Disease Control and Prevention for data collection and public awareness related to Chronic Obstructive Pulmonary Disease. The grant is expected to fund yearly through 9/29/2027. The grant includes one (1) limited-service position, Health Systems Program Administrator, to manage contracts and grants associated with the funding and communications with the CDC. The position is also funded through 9/29/2027. *[Received March 12, 2024]*

Please note that the packet materials refer to a 5-year grant period. Vermont Department of Health confirms this was misstated. It is a 4-year grant period through 09/29/2027.

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson: sanderson@leg.state.vt.us) if you have questions or would like this item held for legislative review. Unless we hear from you to the contrary by **April 2, 2024**, we will assume that you agree to consider as final the Governor's acceptance of this request.



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

**STATE OF VERMONT
 FINANCE & MANAGEMENT GRANT REVIEW FORM**

Grant Summary:		Grant will support data collection and dissemination, education, and public awareness activities related to Chronic Obstructive Pulmonary Disease (COPD).			
Date:		1/24/2023			
Department:		VDH			
Legal Title of Grant:		Building Capacity for COPD Education and Awareness			
Federal Catalog #:		93.945			
Grant/Donor Name and Address:		CDC			
Grant Period:		From:	To:		
		9/30/2023	9/29/2027		
Grant/Donation		\$327,250			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$327,250	\$	\$	\$327,250	
Position Information:		# Positions	Explanation/Comments		
		1	Package includes a request for one Health Systems Program Administrator limited service position.		
Additional Comments:		Grant amount above represents year one funding currently awarded, additional funding expected through the grant's performance period.			
Department of Finance & Management				Adam Green Digitally signed by Adam Green Date: 2024.01.24 Greshin	(Initial)
Secretary of Administration				Sarah Clark Digitally signed by Sarah Clark Date: 2024.01.24 047B532CD55C438...	(Initial)
Sent To Joint Fiscal Office					Date






Department of Health
Office of the Commissioner
108 Cherry Street – PO Box 70
Burlington, VT 05402-0070
healthvermont.gov

[phone] 802-863-7280
[fax] 802-951-1275
[tdd] 800-464-4343

Agency of Human Services

MEMORANDUM

To: Jenney Samuelson, Secretary of Human Services
From: Mark Levine, MD, Commissioner of Health 
Re: Request for Grant Acceptance of Building Capacity for Chronic Disease Education and Awareness (COPD)
Date: 12/8/2023

I am pleased to report that the Department of Health has received a grant for *Building Capacity for Chronic Disease Education and Awareness* from the Centers for Disease Control and Prevention (CDC) for the project called Chronic Obstructive Pulmonary Disease (COPD). This grant award is \$327,250 per year and has a project period of five years, from 9/30/2023 to 9/29/2027.

The purpose of this grant award is to strengthen the science base for a chronic disease that does not currently have dedicated resources by creating a statewide COPD program to increase awareness, engagement, and education among three primary audiences, and deliver COPD trainings for guideline-based, person-centered care.

For this five-year project, the Department of Health will collaborate with the CDC, the American Lung Association, the VDH Division of Health Statistics and Informatics, and other CDC funded programs (Tobacco Control, Asthma and Health Equity). The project will require one new limited-service position in the Health Department. Funding for this position is included in the first-year grant award and is expected to continue for the full five-year project period.

Please find enclosed a Grant Acceptance Request (AA-1) and Limited Service Position Request for your review and approval.

Cc: Rich Donahey, AHS Chief Financial Officer



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

BASIC GRANT INFORMATION				
1. Agency:	Agency of Human Services			
2. Department:	Department of Health			
3. Program:	Building Capacity for COPD Education and Awareness			
4. Legal Title of Grant:	Building Capacity for COPD Education and Awareness			
5. Federal Catalog #:	93.945			
6. Grant/Donor Name and Address:				
Centers for Disease Control and Prevention 1600 Clifton Road Atlanta, GA 30329				
7. Grant Period:	From:	9/30/2023	To:	9/29/2027
8. Purpose of Grant:				
The purpose of this grant award is to strengthen the science base for a chronic disease that does not currently have dedicated resources by creating a state COPD program to increase awareness, engagement, and education among three primary audiences and deliver COPD trainings for guideline-based, person-centered care.				
9. Impact on existing program if grant is not Accepted: None				
10. BUDGET INFORMATION				
	SFY 24	SFY 25	SFY 26	Comments
Expenditures:				
Personal Services	\$231,437			
Operating Expenses	\$8,734			
Grants	\$87,079			
Total	\$327,250			
Revenues:				
State Funds:	\$0			
Cash	\$0			
In-Kind	\$0			
Federal Funds:	\$327,250			
(Direct Costs)	\$253,618			
(Indirect Costs)	\$73,631			
Other Funds:	\$0			
Total	\$327,250			
Appropriation No:	3420011000	\$15,000		
	3420021000	\$312,250		
	Total	\$327,250		
Has current fiscal year budget detail been entered into Vantage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Building Capacity for COPD Education and Awareness Grant Summary:

The purpose of this grant award is to strengthen the science base for a chronic disease that does not currently have dedicated resources by creating a statewide COPD program to increase awareness, engagement, and education among three primary audiences, and deliver COPD trainings for guideline-based, person-centered care. For this five-year project, the Department of Health will collaborate with the CDC, the American Lung Association, the VDH Division of Health Statistics and Informatics, and other CDC funded programs (Tobacco Control, Asthma and Health Equity).

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

PERSONAL SERVICE INFORMATION

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: Mark Levine, MD Agreed by: MAL (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Health Systems Program Administrator
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:	Date: 12/13/2023
	Title: Commissioner	
	Signature:	Date: 12/21/2023
	Title: AHS Deputy Secretary	

14. SECRETARY OF ADMINISTRATION

<input checked="" type="checkbox"/> SC	Approved:	(Secretary or designee signature)	Date: 1/29/2024 8:
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15. ACTION BY GOVERNOR

<input checked="" type="checkbox"/>	Check One Box: Accepted	(Governor's signature)	Date: 3/9/24
<input type="checkbox"/>	Rejected		

16. DOCUMENTATION REQUIRED

Required GRANT Documentation	
<input checked="" type="checkbox"/> Request Memo <input type="checkbox"/> Dept. project approval (if applicable) <input checked="" type="checkbox"/> Notice of Award <input type="checkbox"/> Grant Agreement <input checked="" 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)

End Form AA-1

(*) 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).

12/18/2023

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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: **Human Services – Vermont Department of Health** Date: 12/8/2023

Name and Phone (of the person completing this request): Megan Hoke 802-651-1670

Request is for:

- X Positions funded and attached to a new grant
- Positions funded and attached to an existing grant approved by

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

Department of Health and Human Services – Centers for Disease Control & Prevention – Building Capacity for COPD Education and Awareness; NU58DP007725

<u>Title of Position Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Health Systems Program Admin	1	HPDP	09/30/2023 – 9/29/2027

3. Justification for this request as an essential grant program need:

The administrator position is instrumental for successful reapplication, reporting, and communication with the funder (CDC) and writing and managing the contracts and grants associated with the funding that advance awareness, knowledge, treatment and behavior change as prescribed by CDC and as outlined in the agreed upon five year and annual workplan.

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] **John W. Dwyer** 12/21/2023 12/13/2023
 Signature of Agency or Department Head Date

David Fuller
 Approved/Denied by Department of Human Resources Date
 1/4/2024

Adam Greshin Digitally signed by Adam Greshin
 Date: 2024.01.26 14:38:47 -05'00'
 Approved/Denied by Finance and Management Date
Sarah Clark 1/29/2024 | 8:17:13 EST

Approved/Denied by Secretary of Administration Date

[Signature]
 Approved/Denied by Governor (required as amended by 2019 Leg. Session) Date
 3/9/24

Comments:



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award

Award# 1 NU58DP007725-01-00

FAIN# NU58DP007725

Federal Award Date: 09/13/2023

Recipient Information

1. Recipient Name

HUMAN SERVICES VERMONT AGENCY OF
PO BOX 70
Burlington, VT 05402-0070
[NO DATA]

2. Congressional District of Recipient

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3. Payment System Identifier (ID)

1036000264C7

4. Employer Identification Number (EIN)

036000264

5. Data Universal Numbering System (DUNS)

809376155

6. Recipient's Unique Entity Identifier (UEI)

YLQARK22FMQI

7. Project Director or Principal Investigator

Ms. Megan Hoke
Financial Director
ahs.vdhfedgrantoperations@vermont.gov
802-651-1670

8. Authorized Official

Ms. Rhonda K Williams
Principal Investigator
rhonda.williams@vermont.gov
802-863-7592

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Justie Huff
Contractor Grants Management Specialist
poq9@cdc.gov
404.498.2653

10. Program Official Contact Information

Stephanie Hinton
Program Officer
qxk8@cdc.gov
6789389722

Federal Award Information

11. Award Number

1 NU58DP007725-01-00

12. Unique Federal Award Identification Number (FAIN)

NU58DP007725

13. Statutory Authority

Section 301(a) of the Public Health Service Act, 42 U.S.C. 241(a)

14. Federal Award Project Title

Building Capacity for COPD Education and Awareness

15. Assistance Listing Number

93.945

16. Assistance Listing Program Title

Assistance Programs for Chronic Disease Prevention and Control

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	09/30/2023	- End Date	09/29/2024
20. Total Amount of Federal Funds Obligated by this Action			\$327,250.00
20a. Direct Cost Amount			\$250,624.00
20b. Indirect Cost Amount			\$76,626.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$0.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$327,250.00
26. Period of Performance Start Date	09/30/2023	- End Date	09/29/2027
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$327,250.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer – Signature

Ms. Pamela Render
Grants Management Officer

30. Remarks

**Vermont Department of Health (VDH) COPD Program
Building Capacity for Chronic Disease Education and Awareness
NOFO# CDC-RFA-DP-23-0067**

Budget Narrative

Vermont Year 1: Period 10/01/2023 – 9/30/2024

Fiscal Management: The Vermont COPD Program (VCP) will be administered by the Agency of Human Services' Department of Health under all fiscal provisions required by the State of Vermont. Upon award and throughout its administration, it will be subject to the same set of management protocols and controls as other programs in the Health Department and Vermont state government. These include controls on the obligation and expenditure of funds, such as competitive bidding for purchases and approval processes for authorizing payments to vendors including subrecipient monitoring. The Department requires that all work hours be positively reported by employees to specific programs, and timesheets are reviewed by supervisors. The Vermont Department of Health is a department of the Vermont Agency of Human Services, a public assistance agency, which uses a Cost Allocation Plan in lieu of an indirect rate agreement as authorized by OMB Circular A-87, Attachment D. The Department's Business Office provides fiscal oversight for the program. Fiscal reports are provided to program managers who use the information to monitor and adjust, when necessary, program activities to manage expenditures.

Vermont's COPD Program Purpose:

Vermont's COPD Program aims to expand and advance CDC's work with stakeholders on education, outreach, provider training, and public awareness activities to strengthen the science base for chronic diseases that do not currently have dedicated resources. With the toll that COPD has on the population especially in mid to later life and as a major cause of disability and death, the state of Vermont seeks CDC funding to demonstrate a multi-pronged effort to achieve meaningful patient outcomes as outlined in the notice of funding opportunity. In collaboration with CDC and the American Lung Association, Vermont stakeholders including health insurers, accountable care organization, pulmonary experts, community health teams, evaluation and media contractors and the public health community, will focus on data collection and dissemination, education, and public awareness activities that will support effective, evidence-based clinical and population-level approaches to improve health and health equity.

Building on a foundation of accomplishments, evaluation learnings, and stakeholder engagement, the Vermont Department of Health's proposed Vermont COPD Program (VCP) will develop an accessible, inclusive, guideline-based system of care for Vermonters with COPD, prioritizing high-burden populations and rural areas. Priority populations include Vermonters with COPD in regional hot spots, including counties that have high ED and hospitalization rates, Vermonters with low socioeconomic status and/or are food insecure, Vermonters with asthma and other respiratory conditions, and Vermonters who smoke or are exposed to secondhand smoke. Individuals with complex, co-occurring, chronic conditions, disabilities, New Americans, and certain occupations will warrant tailored strategies. VCP will advance strategies to educate the public and build public awareness about COPD, and promote best practices in COPD management and care, to prevent new cases of COPD, support COPD control, reduce COPD-related emergency department visits and hospitalizations, and reduce COPD morbidity, mortality and disparities through leveraging strategic partnerships to provide better care, improve health and quality of life for those impacted by COPD, and lower costs. Evaluation will document obstacles, progress, and recommendations for more effective public health professional and clinical communications and training and will disseminate results through various publications including peer review.

A. **SALARIES AND WAGES:** The following are personnel and associated costs proposed to support the Vermont COPD Program during the Year 1 budget period:

Position Title and Name	Annual Salary	Time	Months	Amount Requested
<i>Program Manager, TBD</i>	\$62,296	100%	12 months	\$62,296
<i>PH Analyst, TBD</i>	\$62,296	50%	12 months	\$31,148
<i>Chronic Disease Prevention Chief (and PI) Rhonda Williams</i>	\$94,623	5%	12 months	\$ 4,731
Total Personnel				\$98,175

Justification: The following includes a description of responsibilities that are directly related to the specific program objectives within the Vermont COPD Program.

Job Description: Program Manager (100% FTE) – (TBD)

The Program Manager (PM) will oversee the Vermont COPD Program which aims to be data- driven, using population-based surveillance reports, communications with stakeholders, knowledge gained from evaluation, and feedback from national, state, medical and community partnerships and key relationships. This position is responsible for leading the VDH COPD Program and its strategic partnerships, array of initiatives and associated outcomes. The PM and the team will work in close collaboration with the COPD Advisory Panel; its grantees; Department of Aging and Independent Living (DAIL), Departments of Public Services and Children and Families (for Weatherization), Environmental Health Division in the Health Department; programs including the Asthma Program, Health Equity, BOLD Alzheimer’s Disease and Healthy Aging, Diabetes, Physical Activity and Nutrition, and Tobacco Control in the Health Promotion and Disease Prevention Division; healthcare partners and statewide delivery systems such as the Department of Vermont Health Access (DVHA/Medicaid), Blueprint for Health, OneCare Vermont, Blue Cross Blue Shield, Bi-State Primary Care Association and Vermont Rural Health Alliance, Support and Services at Home (SASH), Adult Day Center – Project Independence, UVMCC Adult Primary Care Burlington, and UVM Lung Center – COPD Research. The position is tasked with overseeing the workplan; being the liaison with the CDC; identifying and addressing programmatic needs in consultation with the analyst and implementing best and promising practice interventions among high burden populations and building a stronger, more comprehensive system of COPD care in Vermont in planning with the Principal Investigator. The PM is the point person for the evaluator in collaboration with stakeholders and for implementation of recommended actions. The PM will convene regular COPD workgroup meetings; prepare and submit all required reports to the CDC; manage the budget and perform sub recipient monitoring; and ensure the COPD Program is meeting all objectives as outlined in its CDC annual workplan, the Vermont COPD State Plan and Healthy Vermonters 2030 objectives and performance measures.

Job Description: PH Analyst/COPD Epidemiologist (50% FTE) – (TBD)

The COPD Analyst is responsible for analyzing, monitoring, and reporting all population-based asthma measures from BRFSS, Hospital Discharge, and Vitals data. This position is responsible for ensuring that all relevant COPD data (i.e., population indicators and surveillance performance measures including Healthy

Instant Atlas measures) are collected and uploaded to the VDH website in a timely manner and communicated to stakeholders and team members. The PH Analyst will prepare and disseminate COPD data reports and presentations; assist the Vermont COPD Program in using data to identify Vermonters with disparate burden and to make data-driven decisions; participate in prioritized strategic partnership meetings, regular COPD Program meetings, and CDC surveillance calls; and present pertinent population-based data at select COPD Advisory Panel and health partner meeting and at annual webinars coordinated by the PI. The PH Analyst will work strategically with Vermont's All-Payer Claims System and SIREN (EMS) data to assess health care utilization and incorporate additional GIS mapping into data products to enhance Vermont's COPD surveillance system. The PH Analyst will also assist the Program in interpreting respiratory disease data from partners including health systems (OneCare VT); insurers (Medicaid, BCBS); DAIL (State Plan on Aging data including caregiver survey and Age Strong Vermont Plan)/ Department of Labor; and VDH's Environmental Health and Climate Change; and HPDP's Tobacco and Asthma Program data. The COPD analyst (TBD) has a strong background in data collection, analysis, and reporting.

Job Description: Chronic Disease Prevention Chief/Principal Investigator (5% FTE) - (Rhonda Williams, MES) Ms. Williams, Chronic Disease Prevention Chief, provides oversight to project planning and implementation strategies informed by data, chronic disease program partnership, strategic partnership development, personnel, and grant administration. As part of the Health Department Extended Leadership and Division Leadership teams, Ms. Williams will leverage her collaborations and networks to advance the objectives of the COPD Program. Ms. Williams serves on the Health and Human Services Advisory Council Alzheimer's Research, Care and Services and works with several national organizations (ALA, Alzheimer's Association, National Council on Mental Health, CMS). Ms. Williams also serves on research study advisory councils including for the ABCD Study Vermont site. As the PI of both the Asthma and Tobacco Control and Prevention Programs in addition to the BOLD Alzheimer's and Healthy Aging Program, she looks for integration opportunities to maximize respiratory health outcomes through policies and initiatives, especially those that reduce initiation and use of tobacco products combustible tobacco and vapor products among those with respiratory disease and eliminating exposure to secondhand smoke including in multi-unit housing. Ms. Williams leads the Tobacco Medicaid Benefit and Promotion Initiative which has succeeded in adding pharmacists as tobacco cessation providers and is working with the team on promotion as another step to protect respiratory health. Ms. Williams regularly meets with HPDP and VDH leadership and she leads for evaluation, communications, health systems, and business management for support and integration pathways. Ms. Williams joined the Asthma Program in 2011 after serving as co-PI for a national five-year study on addressing childhood asthma in high prevalence communities, including a site in Chicago.

B. FRINGE BENEFITS

\$59,630

The actual cost of fringe benefits (not a fringe benefit rate) will be reported as a direct cost of the program. The actual cost of fringe benefits varies from employee to employee based on salary, employee choice of health care plan, and employee election of certain other benefits. The usual, major components of this cost are FICA at approximately 7% of salary, and retirement and health insurance, each at about 16% of salary. The cost of each employee's fringe benefits will be allocated to the program based on hours worked in the program relative to all hours worked by the employee. Based on the current average cost of fringe benefits for employees, we are estimating the cost of fringe benefits at 40% of salary.

C. CONSULTANT COSTS	\$ 0.00
No consultant costs are needed at this time.	

D. EQUIPMENT	\$ 0.00
No additional equipment is needed at this time.	
E. SUPPLIES	\$ 3,900.00

Supplies Justification: Funds for supplies are for the Program Manager and Analyst workstation laptops and docking stations and COPD Management and Care Kits for education and outreach of families and providers.

F. TRAVEL (In-State):

In-State Travel Budget:

Total: \$524

# of Trips	# of People	Cost of Airfare	# of Total Miles	Cost per Mile	Amount Requested
12	3	N/A	800	\$0.655	\$524
Total					\$524

In-State Travel Justification: Program staff in-state travel to partner sites in support of grant management to conduct program meetings, site visits and technical support visits.

G. OTHER

\$4,310

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
<i>General licenses for software</i>	<i>PM & Analyst</i>	2	\$355	\$ 710
	<i>VDH-Analyst</i>	1	\$3,600	\$ 3,600
Total				\$ 4,310

Other Justification: Funds for standard licensed software and SAS licensed software (at 50% of cost).

H. CONTRACTUAL COST

\$87,079

Contracts are awarded in a manner that follows the Agency of Human Services' protocols and procedures for a competitive Request for Proposal (RFP) or sole source process in awarding of contracts. The State uses performance-based monitoring for all contracts. Payment is linked to performance. Selected contracts are a continuation of previously approved agreements, as they have both been able to meet their contractual responsibilities and have proven good fits for the work scope of this grant. Other contracts listed below will be determined by competitive limited bid. The Program Manager is responsible for monitoring.

A. Professional Data Analysts (PDA)

\$38,000

1. Name of Contractor: **Professional Data Analysts (PDA)**
2. Method of Selection: Competitive Bid through VDH-HPDP process as a division evaluation contractor.
3. Period of Performance: October 1, 2023 to September 30, 2024
4. Scope of Work: Rigorous evaluation is a critical component of public health programming. Evaluation will ensure that overarching evaluation questions of the NOFO are answered and that the process and outcome measures are collected and reported on. Providing evaluative consultation also meets national public health

services standard number nine. The contractor will: a) Carry out evaluation planning and implementing evaluation activities to improve the efficiency, effectiveness and sustainability of the Vermont COPD Program (VCP); b) Use findings from program evaluations to guide continuous program improvement; c) Develop and utilize evaluation tools in a way that increases evaluation capacity and ability to assess COPD and the VCP and among partners/stakeholders; d) Prepare and disseminate evaluation products; e) collect and report on measures as part of the Evaluation and Performance Measures and Annual Performance Report; f) participate in CDC technical assistance calls and support a community of practice by sharing program successes and challenges. PDA is committed to using CDC's evaluation framework and the resources and tools available through its *Learning and Growing through Evaluation*.

5. Method of Accountability: The State uses performance-based payment, and the contractor will conduct services in a timely and reliable manner. Contractor will receive payments according to a payment schedule and will bill the program for services provided based on the number of hours of work completed. HPDP's Evaluation Director and the Program Manager will supervise the contract.

6. Itemized Budget and Justification: The contract is based on deliverables. An itemized budget is produced with the Business Manager and agreed upon by the contractor once funding is awarded. PDA's deliverables are as follows:

- Program management and strong evaluation presence, including supporting production of required CDC reporting (e.g., CDC's 6-month Performance and Annual Reports), and participating in stakeholder, team and CDC meetings, as appropriate.
- Support continuous evaluation capacity building, including convening focused evaluation stakeholder groups, providing periodic evaluation progress feedback presentations to partners and stakeholders (e.g., the State's COPD Strategic Plan and project updates).
- Develop and employ a dashboard together with program staff and stakeholders to monitor progress on achieving objectives in the State's COPD Strategic Plan, including at least 2-3 areas identified as priorities by stakeholder groups.
- Develop one individual evaluation plan (IEP) on a Vermont COPD Program strategy, including new COPD data and educational products and dissemination, educational and best practice support activities for providers, and outreach and awareness building to individuals, families and caretakers impacted by COPD.
- Update the Strategic Evaluation Plan (SEP) as necessary; including high level input by core evaluation stakeholder groups on the longer-term milestones of strengthening Vermont's comprehensive COPD management and care system, including expansion and quality improvement strategies among health care practices to continue earlier work through the Asthma and COPD Learning Collaborative.
- Provide technical assistance to VCP and select partners on evaluation, as needed, particularly to support new partners who use the new COPD Caregiver tool kit, Clinical Pocket Guide, and data reporting tool.
- Indirect Cost: 10% of direct costs.
- Contact: Melissa Chapman, PhD

B. Strategic COPD Communications: HARK

\$20,579

1. Name of Contractor: HARK Media and Communications
2. Method of Selection: HARK Communication is the Media and Communications agency that was selected via a competitive RFP process conducted by VDH HPDP. HARK is the master contractor to provide communication and marketing services for the HPDP Division.
3. Period of Performance: October 1, 2023 to September 30, 2024.
4. Scope of Work: The State is providing funds to HARK to conduct digital media planning, buying, and campaign design for the Vermont COPD Program within the Department of Health. This work plan includes brief,

targeted campaigns promoting important COPD awareness and prevention messages to Vermont families. Dynamic Facebook and Google ads will drive traffic to select pages on HealthVermont.gov and CDC.gov and encourage visitors to take critical preventive actions to support COPD management and control including encouraging visitors to download COPD self-management education tools and information, the new COPD Caregiver Toolkit, and other key support resources. Annually a media plan will be created to ensure most up-to-date surveillance data to guide geo specific, tailored promotion to reach highest burden populations.

5. Method of Accountability: The contract expectations and deliverables will be managed by the Program Manager.
6. Itemized Budget: The contract is based on deliverables. Hark's deliverables are as follows:
 - Conduct project management and coordination and monthly data reporting, including media Metrics on reach and engagement.
 - Annually create a media plan based on surveillance and other survey data to guide geo specific, tailored promotion to reach highest burden populations for increasing public awareness and clinical care of COPD.
 - Design and implement a media campaign on COPD awareness and prevention for Vermont families and drive traffic to the program page and encourage visitors to take critical actions to support COPD management and control including encouraging visitors to download COPD self-management education tools and information, access 802Quits, the new COPD Caregiver Toolkit, and other key support resources.
 - Design and develop a new page on COPD provider guidelines and best practices referring to the NHLBI website and implement a media campaign to drive traffic to the COPD Provider Guideline Care Page starting in Y2.
 - Indirect Cost: 10% of direct costs.
 - Contacts: Alison Logan.

C. University of Vermont Medical Center (UVMHC): \$27,000

1. Name of Contractor: University of Vermont Medical Center – Pulmonology
2. Method of Selection: Sole source contract; UVMHC is a large pulmonary center with clinics in underserved areas serving immigrant and high need COPD populations. Dr. Ram Baalachandran is a pulmonologist and intensivist in the Pulmonology and Critical Care Department of Internal Medicine at the UVMHC treating COPD and other lung conditions, with special concern around improving the quality of life of his patients.
3. Period of Performance: October 1, 2023 to September 30, 2024.
4. Scope of Work: The State is providing funding to the University of Vermont Medical Center (UVMHC) to support effective evidence-based clinical and population-level approaches to improve health and health equity among individuals and families impacted by COPD. Through this funding, UVMHC will expand its clinical teaching and delivery of guideline-based COPD clinical support, including self-management education, to providers and patients with uncontrolled COPD through individual and group sessions in various settings and platforms (e.g., community centers, homes, clinics, telemedicine, online, etc.), including palliative care for families and caretakers. UVMHC will also offer technical assistance and expertise to support provider best practices in COPD management and care through the COPD Advisory Council and a new COPD Learning Community. The UVMHC pulmonary group will support the development of a statewide Comprehensive COPD Care Infrastructure by building support and vision for screening, education, treatment and referrals from diagnosis through management and care, including training on care transition and end of life planning and palliative care. UVMHC will share COPD expertise through Public Health Grand Rounds and annual webinar to elevate COPD as a public health priority, to share most current disease research, and educate the public, public health professionals and health care providers on COPD best practices and guideline care standards. It is expected that UVMHC and the Vermont COPD Program, including its

Evaluator, will work closely to ensure highest quality programming through the grant period, and in support of the CDC chronic disease goals.

5. Method of Accountability: The contract will be monitored by the COPD Program Manager.
6. Itemized Budget and Justification: The contract is based on deliverables. An itemized budget is produced with the Business Manager and agreed upon by the contractor once funding is awarded. UVMHC's deliverables are anticipated as follows:
 - Participate in the new quarterly COPD Advisory Panel and share COPD expertise. Similar to the longstanding Asthma Advisory Panel that VDH facilitates, UVMHC will participate and support promoting clinical guidelines and disseminating training for clinicians and support to caregivers.
 - Increase provider awareness and capacity to provide COPD management support and care per national best practice guidelines through a COPD Learning– With the VDH COPD Program, there will be a minimum of two rounds of 5 sessions on COPD management and care.
 - Disseminate COPD clinical and caregiver materials among the UVM Health Network and through the above deliverables. UVMHC can circulate the new COPD Caregiver Toolkit, NHLBI Pocket Guide and other clinical tools including for palliative care.
 - Participate in annual COPD programming strategic planning for how to decrease morbidity caused by COPD.
 - Demonstrate best practice COPD Care Delivery.
 - Provide a COPD Patient Identification and C-SME Delivery Protocol to identify and reach patients with uncontrolled COPD, including a listing of methods and criteria to ensure reaching patients at highest need, and to track patient completion of C-SME.
 - Deliver C-SME Education to a minimum of 10 uncontrolled COPD patients, COPD basics, medications, advice on eliminating or avoiding home triggers including referrals as needed for home environmental assessments or home remediation by weatherization or home visiting professionals; screening, counseling, treatment and/or referrals for those exposed to secondhand smoke; where smoking and secondhand smoke exposure exists, provide 802Quits referral(s), daily management, and long-term care planning.
 - Submit quarterly C-SME Delivery Reports using a state-approved template that briefly describes the a) educational C-SME educational content, the total number of, the setting and/or the platform(s)/method(s) used, and whether the delivery was an individual or group session; b) patient assessments and progress. Include pre- and post- data collection on proper device use, COPD Control Assessments, Respiratory Therapy status, and other CDC and program required performance measures. The report will include de-identified COPD-related data from enrollment to completion. Data reporting will be aligned with demonstrating effective COPD management and care and may include demographic data, COPD control assessments, management practices, hospitalizations, emergency department visits, 802Quits referrals, skills and knowledge data, and any weatherization services provided.
 - Submit a brief Technical Assistance Report at the close of each work period that records the date, purpose, and recipient of delivering up to thirty (20) hours of technical assistance to select State-approved entities to support developing a Statewide COPD learning community, including technical supports of C-SME delivery by health care providers, as needed.
 - Indirect Cost: 10% of direct costs.

- Contacts: Dr. Ram Baalachandran

D. Area Health Education Centers (AHEC)

\$ 0

1. Name of contractor: University of Vermont Larner College of Medicine, Office of Primary Care and AHEC Program Method of Selection: Sole source contract; AHEC's Project ECHO (Extension for Community Healthcare Outcomes) is an evidence-based interactive distance-learning method developed by researchers at the University of New Mexico, and currently is engaged with HPDP Programs, including Alzheimer's and Healthy Aging.
2. Period of Performance: October 1, 2023 to September 30, 2024.
3. Scope of Work: The ECHO model™ links teams of interdisciplinary specialists with primary care clinicians. During tele ECHO™ sessions, experts mentor and share their expertise across a virtual network via case-based learning, enabling primary care practice teams to treat patients with complex conditions in their own communities. The ECHO series will identify strategies, best practices, screening tools, resources, clinical pearls, and emerging topics in COPD care and management in Vermont and explore current COPD best practice guideline standards. The primary target audiences are teams of primary care providers, nurses, palliative care, tobacco cessation experts, and social workers/case managers who work in primary care practices throughout Vermont. The program is inclusive of caregiver roles as part of the care team and person-centered care. The scope of work includes planning the tele-ECHO COPD series of sessions covering major educational domains including COPD pathophysiology and progression, treatment plans, medications and patient skills, environmental triggers and behavioral risk management and referrals, daily self-management supports including the COPD Action Plan and the COPD Caregiver Toolkit, and to address the comprehensive system of care including data metrics in patient care and linkages and referrals to COPD learning modules if/as available on Vermont Health Learn. Funds can be used to post Project ECHO materials on the platform which VDH will promote.
4. Method of Accountability: The contract expectations and deliverables will be managed by the COPD Program Manager.
5. Itemized Budget and Justification: The contract is based on deliverables. AHEC's deliverables are as follows:
 - Plan tele-ECHO series on COPD, including facilitation methods, and developing and compiling resources, quality improvement tools, and best practice guidelines content, and design post-session evaluations.
 - Implement the COPD Project Echo to engage and educate healthcare providers, public health professionals, caregivers and other stakeholders (e.g., home plus health and weatherization) throughout Vermont to increase provider awareness and capacity to provide COPD management support and care per national best practice guidelines.
 - Disseminate COPD clinical and caregiver materials including those from NIH, NHLBI, ATS and the COPD Foundation. Materials may include the COPD Caregiver Toolkit, NHLBI Pocket Guide and other clinical tools including for palliative care.
 - Submit a written Project Echo Report at the close of each work period that records the time, date, purpose, method and benefits of delivering the sessions, including data gathered through the sessions.
 - Indirect Cost: 10% of direct costs.
 - Contacts: Pattie Smith-Urie

E. BRFSS: ICF Macro

\$1,500

6. Name of contractor: ICF Macro
7. Method of Selection: Competitive bid performed by the Health Surveillance Division, BRFSS Coordinator.
8. Period of Performance: October 1, 2023, to September 30, 2024.
9. Scope of Work: BRFSS is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use

of preventive services. BRFSS collects data in all 50 states as well as the District of Columbia and three U.S. territories, and largest continuously conducted health survey system in the world.

- 10. Method of Accountability: The contract expectations and deliverables will be managed by the VDH BRFSS Coordinator.
- 11. Itemized Budget and Justification: The contract is based on deliverables. ICF Macro's deliverables are as follows:
 - Conduct one focused question through BRFSS Core Survey focused on COPD.
 - Contact: Kate Emmons.

F. TOTAL DIRECT COSTS **\$253,618**

BUDGET SUMMARY

A. Salaries and Wages	PH Administrator (PM) PH Analyst CD Prevention and Tobacco Program Chief	\$98,175
B. Fringe Benefits		\$59,630
C. Consultant Costs	N/A	\$0
D. Equipment	N/A	\$0
E. Supplies	N/A	\$3,900
F. Travel	N/A	\$524
G. Other	Software, registration, honoraria	\$4,310
H. Contractual	PDA, HARK, UVMCMC, ICF Macro/BRFSS	\$87,079
I. Total Direct (sum A-H)		\$253,618
J. Total Indirects	(See below)	\$73,632
		\$327,250

J. TOTAL INDIRECT COSTS **\$73,632**

The rate is estimated at 75% of the personnel line item.

Justification: The Vermont Department of Health uses a Cost Allocation Plan, not an indirect rate. The Vermont Department of Health is a department of the Vermont Agency of Human Services, a public assistance agency, which uses a Cost Allocation Plan in lieu of an indirect rate agreement as authorized by OMB Circular A-87, Attachment D. This Cost Allocation Plan was approved by the US Department of Health

and Human Services effective October 1, 1987. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program. Because these are actual costs, unlike an Indirect Cost Rate, these costs will vary from quarter to quarter and cannot be fixed as a rate. Based on costs allocated to similar programs during recent quarters, we would currently estimate these allocated costs at 75% of the direct salary line item.

K. TOTAL COSTS:

\$327,250

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 _____	Effective Date: _____
Comments:		Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____ Working Conditions: _____ Total: _____		

Incumbent Information:

Employee Name: Employee Number:

Position Number: Current Job/Class Title:

Agency/Department/Unit: Work Station: Zip Code:

Supervisor's Name, Title, and Phone Number:

How should the notification to the employee be sent: employee's work location or other address, please provide mailing address:

New Position/Vacant Position Information:

New Position Authorization: Request Job/Class Title: 441100

Position Type: Permanent or Limited / Funding Source: Core, Partnership, or Sponsored

Vacant Position Number: Current Job/Class Title:

Agency/Department/Unit: Work Station: Zip Code:

Supervisor's Name, Title and Phone Number:

Type of Request:

Management: A management request to review the classification of an existing position, class, or create a new job class.

Employee: An employee's request to review the classification of his/her current position.

1. Job Duties

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

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

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

The Health Systems Program Administrator is a position in HPDP that oversees receipt of federal funding. There are a number of the same Health Systems Program Administrator positions for advancing key deliverables in chronic disease prevention (tobacco) and management (diabetes, hypertension and cardiovascular disease, asthma, Alzheimer's Disease) and now COPD. The administrator position is instrumental for successful reapplication, reporting and communication with the funder (CDC) and writing and managing the contracts and grants associated with the funding that advance awareness, knowledge, treatment and behavior change as prescribed by CDC and as outlined in the agreed upon five year and annual workplan. The administrator is the pointperson for CDC communications and submission of all required forms, with the oversight of the program director. The COPD Health Systems Program Administrator will be responsible for working with health surveillance staff to fulfill the data publishing scope of work in the grant in addition to health systems efforts to train and support clinical staff in screening and treating per guideline care standards Vermonters who have COPD. The administrator is also responsible for managing health promotion to raise awareness among Vermonters of new COPD program resources, what to ask their doctor, other treatment resources that may be available to them (nutrition counseling, respiratory therapy) and the evaluation of these grant components' effectiveness which the program director or PI also supports.

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*.

The Health Systems Program Administrator including for COPD is expected to be the primary contact for CDC and national health networks including the American Lung Association, National Institutes of Health and Respiratory Health Association in addition to health systems (University of Vermont Pulmonology Department and Lung Center) and other interested health systems such as Bi-State Primary Health Care Association and Free Clinics. The administrator also handles the workplans and invoicing for contracts (evaluation, health promotion) and for grants to implement the core components for disease

management and patient self-management. These contacts include quality improvement and business staff at organizations, other Health Systems Program Administrators, evaluators, surveillance and importantly, those with lived experience and their care partners.

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.

NA although disease management and health promotion experience and knowledge is desired along with proficient Word and Excel skills.

4. Do you supervise?

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

The proposed Health Systems Program Administrator for COPD will not supervise.

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.

The administrator will receive an annual workplan with objectives and performance measures at the six month mark which are used for weekly supervisory check-ins and discussion of work progress. The first six months are spent in onboarding, training, meeting key contacts, and starting the grants and contracts with the program director.

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.*

Understanding the complex health system components that impact accessibility and delivery

of health care in our state including for chronic disease prevention and management which for COPD include smoking cessation, relapse prevention, occupation and home exposure, appropriate use of medications, COPD treatment plans and their use, respiratory therapy and how to access in addition to the needs for social and emotional support with a terminal illness; with that come the need to understand palliative and hospice care and how to communicate these services appropriately and effectively.

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.*

To provide confidentiality for any patient interaction or associated data and the responsible oversight of the grant dollars (\$327,000 annually).

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?
NA	NA

- 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?
NA	NA

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?
NA		

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

Type	How Much of the Time?
NA	

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.

The proposed new position of Health Systems Program Administrator for one of the leading causes of death in Vermont, COPD, is instrumental for improving the quality of life for our aging state population.

Employee's Signature (**required**): _____ New Position _____ 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?

see above description

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?

see above description

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

NA

4. Suggested Title and/or Pay Grade:

Health Systems Program Administrator, PG 25

Supervisor's Signature (required): Rhonda Williams Date: 2

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).

N/A

Suggested Title and/or Pay Grade:

[Empty text box]

DocuSigned by:

Tristia Brooks

577C7FA8885D4E3...

Personnel Administrator's Signature (required):

Date: 11/15/2023

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.

n/a

Suggested Title and/or Pay Grade:

n/a

DocuSigned by:

Julie Arol

84F283BC82A6441...

11/15/2023

Appointing Authority or Authorized Representative Signature (required)

Date



DEPARTMENT OF HEALTH

Division of Health Promotion & Disease Prevention December 1, 2023 PROPOSED

