



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Sorsha Anderson, Senior Staff Associate
Date: October 18, 2023
Subject: Grant Request – JFO #3168

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration. *This request is being held for the Joint Fiscal Committee meeting scheduled for November 7, 2023.*

JFO #3168: \$850,000.00 to the VT Agency of Human Services, Department of Health from the U.S. Centers for Disease Control and Prevention. Funds would continue to support the staff and activities of the department's current Diabetes Program to decrease the risk for type 2 diabetes and improve health for those with the diagnosis. This program was previously funded through a combined award for diabetes and cardiovascular disease control. *[Received October 12, 2023]*

**State of Vermont**

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

Agency of Administration

[phone] 802-828-2376
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**STATE OF VERMONT
FINANCE & MANAGEMENT GRANT REVIEW FORM**

Grant Summary:		Continuation of VDH Diabetes Program funding issued under a new CFDA for this project period. Funds support existing staff and activities related to work to decrease the risk for type 2 diabetes and improve health outcomes for people diagnosed with diabetes.			
Date:		8/10/2023			
Department:		AHS VDH			
Legal Title of Grant:		Decreasing risk for type 2 diabetes among adults with prediabetes and improving self care practices, quality of care, and early detection of complications among adults with diabetes			
Federal Catalog #:		93.988			
Grant/Donor Name and Address:		Centers for Disease Control and Prevention 2939 Brandywine Road / Atlanta, GA 30341			
Grant Period:		From:	To:		
		6/30/2023	6/29/2028		
Grant/Donation		\$850,000			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$850,000	\$	\$	\$850,000	
Position Information:		# Positions	Explanation/Comments		
		0			
Additional Comments:		\$850,000/year expected through 2028, this represents the first year of funding.			
Department of Finance & Management		Adam Greshin Digitally signed by Adam Greshin Date: 2023.08.10 DocuSigned by:		(Initial)	
Secretary of Administration		Sean Brown F643164EBC537432...		(Initial)	
Sent To Joint Fiscal Office				Date	






Department of Health
Office of the Commissioner
108 Cherry Street – PO Box 70
Burlington, VT 05402-0070
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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: A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes

Date: 7/25/23

I am pleased to report that the Department of Health has received a grant for *A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes* from the Centers for Disease Control and Prevention (CDC). The award totals \$850,000 with a performance period from June 30, 2023 – June 29, 2028.

The purpose of this grant award is to decrease the risk for type 2 diabetes among adults with prediabetes and improve self-care practices, quality of care, and early detection of complications among adults with diabetes.

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

Cc: Rich Donahey, AHS Chief Financial Officer



Grant Summary: Advancing Health Equity for Priority Populations with or at risk for Diabetes

The Department of Health has received a grant from the Centers for Disease Control and Prevention providing \$850,000/annually for a five-year project period. The purpose of this grant award is to decrease the risk for type 2 diabetes among adults with prediabetes and improve self-care practices, quality of care, and early detection of complications among adults with diabetes.

This award is a continuation grant for the Health Department's Diabetes Control Program. The program was previously funded through a combined award for diabetes and cardiovascular disease control. In this project period, the funding for diabetes control comes via a separate award with new Federal Catalog number. If the grant is not accepted, the Diabetes Control Program would be without funding and would need to be discontinued.

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:		Advancing Health Equity for Priority Populations with or at risk for Diabetes		
4. Legal Title of Grant:		Decreasing risk for type 2 diabetes among adults with prediabetes and improving self-care practices, quality of care, and early detection of complications among adults with diabetes		
5. Federal Catalog #:		93.988		
6. Grant/Donor Name and Address: Centers for Disease Control and Prevention 1600 Clifton Road Atlanta, GA 30329				
7. Grant Period:		From: 06/30/2023	To: 06/29/2028	
8. Purpose of Grant: The purpose of this grant award is to decrease the risk for type 2 diabetes among adults with prediabetes and improve self-care practices, quality of care, and early detection of complications among adults with diabetes.				
9. Impact on existing program if grant is not Accepted: This award is a continuation grant for the Health Department's Diabetes Control Program. The program was previously funded through a combined award for diabetes and cardiovascular disease control. In this project period, the funding for diabetes control comes via a separate award with new Federal Catalog number. If the grant is not accepted, the Diabetes Control Program would be without funding and would need to be discontinued.				
10. BUDGET INFORMATION				
	SFY 24	SFY 25	SFY 26	Comments
Expenditures:				
Personal Services	\$617,822.00			
Operating Expenses	\$42,178.00			
Grants	\$190,000.00			
Total				
Revenues:				
State Funds:	\$ 0.00			
Cash	\$ 0.00			
In-Kind	\$ 0.00			
Federal Funds:				
(Direct Costs)	\$663,234.00			
(Indirect Costs)	\$186,766.00			
Other Funds:				
Total	\$850,000			

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

Appropriation No:	[VDH appropriation]	SFY24	
3420021000	Public Health	\$810,000	
3420010000	Administration	\$40,000	

Has current fiscal year budget detail been entered into Vantage? Yes No

PERSONAL SERVICE INFORMATION

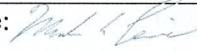
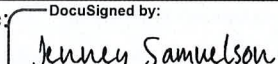
11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: Mark Levine, MD Agreed by: MAL (initial)



12. Limited Service Position Information:	# Positions	Title
	N/A	
Total Positions		

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

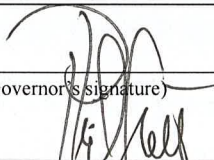
13. AUTHORIZATION AGENCY/DEPARTMENT

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: 7/28/23
	Title: Commissioner	
	Signature: 	Date: 8/4/2023
	Title: Agency of Human Services Secretary <small>C3FDC5F53361483...</small>	

14. SECRETARY OF ADMINISTRATION

 Approved:	(Secretary or designee signature)	DocuSigned by:  8/11/2023 <small>F643164EBC83432</small>
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15. ACTION BY GOVERNOR

<input checked="" type="checkbox"/>	Check One Box: Accepted	
<input type="checkbox"/>	Rejected	(Governor's signature) Date: 10/12/23

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)
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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).

8/1/2023



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 1 NU58DP007398-01-00

FAIN# NU58DP007398

Federal Award Date: 06/16/2023

Recipient Information**1. Recipient Name**

HUMAN SERVICES VERMONT AGENCY OF
280 State Dr
Vermont Agency of Human Services
Waterbury, VT 05671-9501
[NO DATA]

2. Congressional District of Recipient
00**3. Payment System Identifier (ID)**
1036000264E7**4. Employer Identification Number (EIN)**
036000264**5. Data Universal Numbering System (DUNS)**
809376155**6. Recipient's Unique Entity Identifier (UEI)**
YLQARK22FMQ1**7. Project Director or Principal Investigator**

Ms. Susan Kamp
Director, Physical Activity, Nutrition and Women's
Health
susan.kamp@vermont.gov

8. Authorized Official

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

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Tajsha LaShore
okx5@cdc.gov
404.498.5696

10. Program Official Contact Information

Gaylyn Henderson
N/A
gqp0@cdc.gov
404-498-3338

30. Remarks**Federal Award Information****11. Award Number**

1 NU58DP007398-01-00

12. Unique Federal Award Identification Number (FAIN)

NU58DP007398

13. Statutory Authority

Public Health Service Act, as amended, Section 301(a) and Section 317K, 42 U.S.C. 241(a); 42 U.S.C. 247b-12

14. Federal Award Project Title

Decreasing risk for type 2 diabetes among adults with prediabetes and improving self-care practices, quality of care, and early detection of complications among adults with diabetes

15. Assistance Listing Number

93.988

16. Assistance Listing Program Title

Cooperative Agreements for State-Based Diabetes Control Programs and Evaluation of Surveillance
Systems

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	06/30/2023	- End Date	06/29/2024
20. Total Amount of Federal Funds Obligated by this Action			\$850,000.00
20a. Direct Cost Amount			\$665,696.00
20b. Indirect Cost Amount			\$184,304.00
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			\$850,000.00
26. Period of Performance Start Date	06/30/2023	- End Date	06/29/2028
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$850,000.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Stephanie Latham

Vermont Proposed Budget Narrative
CDC-RFA-DP-23-0020 Component A
July 1, 2023 – June 29, 2024

A. Salaries and Wages

Staff	Position	Salary	FTE	Year 1 2320 Salaries
Rebecca O'Reilly, MS, RD	Chronic Disease Program Manager, Diabetes	\$76,312	1.0	\$76,312
Jennifer Woolard, MPH	Public Health Program Administrator	\$73,520	0.8	\$58,816
Caitlin Moroney, MA	Public Health Specialist II	\$59,054	1.0	\$59,054
Paul Meddaugh, MS	Public Health Analyst III	\$78,170	0.5	\$39,085
Dana Ward, MBA, MPH	Information Director	\$78,774	0.2	\$15,755
2320 funded Totals			3.5	\$249,022

**The Director of Physical Activity and Nutrition Programs will serve as the Primary Investigator for this grant and provide general oversight and support for the diabetes team. Her time is contributed in-kind.*

An additional position, Melissa Southwick (My Healthy Vermont Program Manager), is part of the diabetes staff team. Her salary is paid for using a COVID Workforce Development (CDC) grant and an MOU with the Department of Vermont Health Access (Medicaid). Her salary at 1.0FTE, is \$65,863.

An additional position, Nicole Waweru (HPDP Health Equity Lead), supports all teams in the division of Health Promotion and Disease Prevention. Her salary is paid for using a Covid-19 Health Disparities grant (CDC).

Position Descriptions:

Primary Investigator (PI): The Director of Physical Activity and Nutrition Programs will serve as the Primary Investigator for this grant and will directly supervise the Chronic Disease Program Manager.

Chronic Disease Program Manager (Project Lead) (1.0 FTE): Under supervision and guidance from the PI, this position will serve as the program manager and the clinically focused lead for Diabetes programming. The position is responsible for the execution of the grant deliverables, development of reports and documents, supervision of team members, and oversight of My Healthy Vermont programming.

Public Health Program Administrator (0.8 FTE): Under supervision and guidance from the Chronic Disease Program Manager, this position will support programmatic activities for all component A activities. This position is the lead on activity implementation with sub-awardees. Activities will include support of CDC reporting and sub-award administration, coordination with sub-awardees, and ensuring that the appropriate technical assistance to sub-awardees is provided.

Public Health Specialist II (1.0 FTE): Under supervision and guidance from the Chronic Disease Program Manager, this position works closely with the My Healthy Vermont Program Manager and is responsible for providing support and technical assistance to diabetes prevention and self-management programs and partners. The position is available to support to My Healthy VT communication and data needs as needed.

Public Health Analyst III (0.5 FTE): This position conducts research and statistical support and analysis. Duties include statistical and epidemiological methodology and serves as the grant lead for collecting and analyzing population level, claims, and clinical datasets. This position supports program staff with Performance Improvement evaluation efforts.

Chronic Disease Information Director (0.2 FTE): This position oversees the design and implementation of the communications, outreach, and provider education initiatives associated with the diabetes strategies. This position liaises with the Department’s Division of Communications and manages the program’s communications contract.

Total Salaries and Wages

\$249,021

B. Fringe

B. Fringe (Average: 73% of salaries)	Total
	\$182,034
Fringe Justification: <ul style="list-style-type: none"> Fringe benefits calculated at the actual per employee rate, based on usage in 1815 Year 5. 	

Total Fringe

\$182,034

C. Travel**\$11,597**

In-State Travel						
	Number of Trips	Number of People	Cost of Airfare, hotel	Number of total miles	Cost per Mile/per diem	Total Requested
In-State Mileage	TBD: Annually	5	N/A	1,000	\$.655	\$655
Total In-State						\$655
In-State Travel Justification:						
<ul style="list-style-type: none"> Travel to partners and sub-awardees for meetings, grant monitoring and other activities. The in-state budget number is based on 1,000 miles (across all 2320 staff), reimbursed at \$0.655 per mile 						

Out of State Travel						
	# of Trips	# of People	Cost of Airfare, hotel, registration	# of total miles	Cost per Mile/per diem	Total Amount Requested
ADA 2024 Orlando FL Location TBA (Rebecca O'Reilly)	1	1	Air: \$700 Hotel: \$300/night x 5 nights = \$1500 Registration: \$850 Ground Transport: \$50	N/A	Per Diem: \$69.00*/ day x 6 days = \$414 *Per Diem calculated based on GSA daily rate for Burlington, VT	\$3514
Diabetes Orientation Meeting Atlanta, GA Rebecca O'Reilly Paul Meddaugh Caitlin Moroney	1	3	Air: \$450 X 3 people=\$1350 Hotel: \$300/night x 3 nights X 3 people = \$2700 Registration: \$800 X 3 people= \$2400* Ground Transport: \$50 x 3 people= \$150		Per Diem: \$69.00*/ day x 4 days x 3 people = \$828 *Per Diem calculated based on GSA daily rate for Burlington, VT	\$7428
Total Out of State						\$10,942
Out of State Travel Justification:						
<ul style="list-style-type: none"> • Two trips for Rebecca O'Reilly (Chronic Disease Program Manager) <ul style="list-style-type: none"> ○ Travel to CDC 2320 Diabetes Kick-Off Meeting (September 2023) ○ Travel to American Diabetes Association Scientific Sessions (June 2024) • One trip each for Caitlin Moroney (Public Health Specialist II and Paul Meddaugh (Public Health Analyst III) <ul style="list-style-type: none"> ○ Travel to CDC 2320 Diabetes Kick-Off Meeting (September 2023) <p>* Travel to the CDC 2320 Kick-Off meeting will likely be less expensive than budgeted due to lack of registration cost for orientation. The total was intentionally left high because if the three staff budgeted to attend cannot travel while we wait for State approval to begin spending 2320 funds, we would like to utilize the costs to instead attend the American Public Health Association Annual Meeting in Atlanta, which will have a registration cost.</p>						
Total In-State and Out of State Travel						\$11,597

D. Equipment **\$0**
E. Consultant Costs **\$0**

F. Supplies **\$3,491**

Item Requested	Type	Total
Misc. Supplies & Incidentals	Pens, pencils, paper, ink for printing	\$841
General Office Supplies	Two laptop computers @ \$1,325	\$2,650
Total Supplies		\$3,491
Supplies Justification:		
<ul style="list-style-type: none"> • Misc. Supplies & Incidentals: This is for any supplies needed to support diabetes activities and day to day operations. Supplies may include hard goods such as pens, pencils, notepads, post-it notes, etc. or other allowable supplies needed to carry out activities such as office supplies for in-person meetings, retreats, etc. that directly support workplan objectives. • Laptops: Two standard laptops @ \$1,325 to replace existing units. The Vermont Department of Health replaces laptops every three years. 		

G. Other**\$ 27,090**

Description	Total	Justification:
Printing	\$1,000	For printing of materials for MHVT programming (DPP DSMES & DSMP), and other printed materials to support general program activities
BRFSS	\$10,000	<p>To fund the Diabetes BRFSS modules* for statewide surveillance of Diabetes and CVD. (Note: The final BRFSS questions are still being determined. aAn updated allocation will be submitted as requested)</p> <ul style="list-style-type: none"> • The VDH Diabetes program requests space on Vermont’s BRFSS for optional modules, at regular intervals, that support our CDC-funded activities and outcomes. Optional questions include: <ul style="list-style-type: none"> ○ About how often do you check your blood for glucose or sugar? ○ About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C? ○ About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? ○ When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light? ○ Have you ever taken a course or class in how to manage your diabetes yourself?
<p>PAC Software <i>This expense addresses system (and/or) population level needs related to the SDOH-related system or population-level needs within our selected strategies.</i></p>	<p>\$10,000 (Actual cost is \$20,000; the remaining \$10,000 will be covered by the My Healthy VT MOU Budget)</p>	<p>Software (Workshop Wizard Program) to support statewide feedback loop linking participation in My HealthyVT programs (DPP, DSMP) with clinical interventions by facilitating 1) record of participation and biometric outcomes into the EHR and 2) reinforcement of participation by members of a participant’s clinical care team. Additionally, the software offers streamlined data collection and use opportunities that will support continuous quality improvement of programs, increase efficiency of program administration, and ultimately create capacity needed to offer more programs throughout the state.</p> <p>This expense directly supports Strategy 1, Objectives 2 and 4; Strategy 5, Objectives 2 and 4; and Strategy 10, Objectives 1, 3, 4 and 5</p> <p>It directly impacts the following performance measures: # of new ADA-recognized or ADCES-accredited DSMES services established; # of new diabetes support programs or services established; # of participants (total # and # from priority populations) enrolled by CDC-recognized National DPP delivery organizations; # and types of new multi-directional e-referral systems established</p>

Digital Conference Registration to the American Public Health Association (APHA) Annual Meeting for Jennifer Woolard	\$425	To provide digital access to the APHA annual meeting for one Public Health Program Administrator. No Travel is required. Attendance is virtual and will support professional development and improved content area expertise. Every effort will be made to select conference sessions that directly support diabetes workplan objectives.
In-State Conference Registration VT- Association of Diabetes Care and Education Specialists for Rebecca O'Reilly	\$165	To allow the Chronic Disease Program Manager to attend the annual meeting of the Vermont Chapter of Diabetes Care and Education Specialists. Only in-state mileage is required. In addition to offering relevant updates in diabetes care and support, the conference offers up to twelve (12) continuing education units of credit for registered dietitians.
Stipends for community members representing designated priority populations to compensate time spent supporting equity-focused workplan objectives	\$5,500	Several of the diabetes workplan objectives focus on strategy development to ensure equity for priority populations in diabetes activities. It is vital that members of priority populations are included in strategy development. This budget line is to ensure that we will be able to compensate community members for their time and expertise.
Total Other		\$27,090

H. Contractual Costs:**Total \$190,000****1. HARK MEDIA AND COMMUNICATIONS**

At least half of this sub-award addresses system (and/or) population level needs related to the SDOH-related system or population-level needs within our selected strategies.

Name of Contractor: HARK Media and Communications

Method of Selection: Request for Proposal leading to Master Contract with VDH/ HPDP. HARK Communication is the Media and Communications agency that was originally selected in 2018 via a competitive RFP process. They are the master contract for these service for the HPDP Division at VDH.

Period of Performance: July 1, 2023– June 30, 2024

Scope of Work: Funding to HARK will utilize opportunities to support brand awareness of MHVT and promotions for DSMP, DSMES and DPP and developing materials and strategies to increase referrals to these programs in Vermont. HARK will also support opportunities to use media and communications to support behavior change strategies that encourage referral to, enrollment in, and retention of participants in DSMP, DSMES, and DPP within Vermont’s My Healthy VT infrastructure. These efforts will utilize formative research that was done in collaboration with HARK in 1815 year 5 to reduce barriers for and increase participation by priority populations.

Method of Accountability: The State uses performance-based monitoring for all contracts. Payment is linked to performance.

Proposed sub-award deliverables include: Communication materials related to strategies and activities listed below and ongoing website development for www.myhealthylvt.org

This grant directly supports the following strategies and activities: Strategy 1, Objectives 2 and 4; Strategy 5, Objectives 2 and 4; and Strategy 10, Objectives 1, 3, 4 and 5

And directly impacts the following performance measures: # of new ADA-recognized or ADCES-accredited DSMES services established; # of new diabetes support programs or services established; # of participants (total # and # from priority populations) enrolled by CDC-recognized National DPP delivery organizations; # and types of new multi-directional e-referral systems established

Staff Supervising Contractor: Chronic Disease Information Director

HARK Itemized Budget:

HARK Budget (July 1, 2023-June 30, 2024)	Amount
Budget details will be submitted once a statement of work for the proposed activities has been completed. An estimated breakdown is provided below.	
Salaries: Digital Strategy: \$110 x 90 hours/year	\$9,900
Salaries: Marketing Strategy: \$110 x 90 hours/year	\$9,900
Salaries: Web Development: \$125 x 90 hours/year	\$11,250
Salaries: Graphic Design: \$125 x 50 hours/year	\$6,250
Media/Advertising	\$12,700
Total	\$50,000

2. Professional Data Analysts (PDA)

Name of Contractor: Professional Data Analysts (PDA) (Evaluation Agency)

Method of Selection: Request for Proposal leading to Master Contract with VDH/ HPDP. PDA was selected due to their strong public health background and familiarity with 1815 related to work with other states. They are the master contract for these service for the HPDP Division at VDH.

Period of Performance: July 1, 2023-June 30, 2024

Scope of Work: PDA will implement evaluation activities, adhering to guidance laid out by CDC, and will aid in performance measurement activities for DP 2320. PDA will support all related evaluation activities.

Method of Accountability: The State uses performance-based monitoring for all contracts. Payment is linked to performance.

Proposed sub-award deliverables include: Development and implementation of the annual Evaluation and Performance Monitoring Plan that includes evaluation of Strategies 1, 5, and 8

This grant directly supports the following strategies and activities: Strategy 1, all objectives; Strategy 5, all objectives; and Strategy 8, all objectives

And directly impacts the following performance measures: # of new ADA-recognized or ADCES-accredited DSMES services established; # of new diabetes support programs or services established; # of participants (total # and # from priority populations) enrolled by CDC-recognized National DPP delivery organizations; # of organizations offering the [family-centered childhood obesity] intervention

Staff Supervising Contractor: Physical Activity and Nutrition Director (PI)

Professional Data Analysts (PDA) Itemized Budget:

Professional Data Analysts Budget <i>(July 1, 2023-June 30, 2024)</i>	Amount
Budget details will be submitted once a statement of work for the proposed evaluation has been completed. An estimated breakdown is provided below.	
Salaries: PDA Senior Evaluator time: 6.4 hrs/week x \$150 hour x 52 weeks	\$49,920
Printing/ Postage: \$80	\$80
Total	\$50,000

3. CATHEDRAL SQUARE CORPORATION (SASH)

This sub-award addresses system (and/or) population level needs related to the SDOH-related system or population-level needs within our selected strategies.

Name of Contractor: Cathedral Square Corporation

Method of Selection: Sole source. They are the sole statewide provider of the services needed for **housing site based** clinical and community services, CHW approaches, team-based care approaches, and Diabetes prevention and management work with an older, low-income, vulnerable population.

Period of Performance: July 1, 2023– June 30, 2024

Scope of Work: Support team-based care and non-physician approaches focused on high burden populations to improve diabetes outcomes, improve systems and increase referrals to DSMES, NDPP, and SMBP and family-centered programs and interventions (SASH for All); support pharmacist inclusion on teams, and participate in statewide CHW infrastructure building. The Cathedral Square Support and Services at Home (SASH) program is uniquely positioned to support multiple priority populations, including, older adults, adults with disabilities, and low SES individuals, across the entire state.

Method of Accountability: The State uses performance-based monitoring for all contracts. Payment is linked to performance.

Proposed sub-award deliverables include: Participation on Statewide DSMES Workgroup; support of priority populations needs assessment; Improved ability to serve priority populations with DSMES, DSMP and DPP; participation in PPI learning collaborative; inform development of future CDC workplans; update/utilize patient registry to better meet needs of priority populations; development of protocol for integrating family-based obesity intervention into "SASH for" All"; development of electronic feedback loop between SASH and My Healthy VT community programs; support capacity for SASH CHWs to support expanded DPP and DSMP for priority populations; offering of SDOH training for statewide staff

This grant directly supports the following strategies and activities: Strategy One, Objectives #1, #3, #5; Strategy Four, Objectives #1, #2, #3; Strategy Five, Objective #5; Strategy Eight, Objective #2; Strategy Ten, Objective #2; Strategy Twelve, Objective # 3, Strategy Thirteen, Objective #4

And directly impacts the following performance measures: # of new ADA-recognized or ADCES-accredited DSMES services established; # of new diabetes support programs or services established; # of existing ADA-recognized or ADCES-accredited DSMES services and diabetes support programs that have tailored their programs or recruitment strategies to increase participation of priority populations; # of participants (total # and # from priority populations) enrolled by CDC-recognized National DPP delivery organizations; # of organizations offering the [family-centered obesity intervention] intervention; # and types of new multi-directional e-referral systems established; # of health care organizations using these multi-directional referral systems to exchange information with a) CDC-recognized organizations offering the National DPP lifestyle intervention and/or b) DSMES or diabetes support services and c) community programs/services that address SDOH or meet social needs; and the total # of patients served within these health care organizations; # of CHWs in the workforce who: i. are supported by and involved in shaping a recognized definition of CHW scope of practice ii. have access to workforce development training and career ladders iii. are fully integrated into diabetes care teams, DSMES/diabetes support programs, and National DPP lifestyle intervention delivery organizations and making or facilitating referrals for people with or at risk for diabetes to these services iv. are reimbursed for their services through public and private insurer and employer payment mechanisms (includes both general funding and insurance company payments); # and type of staff trained on SDOH strategies and training type

Staff Supervising Contractor: Public Health Program Administrator

Cathedral Square Itemized Budget:

Budget (July 1, 2023-June 30, 2024)	Total
Line Item	
Personnel	
Salary: (Health systems educator: hourly wage x up to 10 hrs/week x 52 weeks)	\$10,500
Salary: (Assistant SASH Director: hourly wage x up to 8 hrs/week x 52 weeks)	\$10,500
Salary: (Data Systems Support Specialist: hourly wage x up to 4 hrs/week x 52 weeks)	\$6,000
Total Salaries	\$27,000
Fringe: (Fringe rate est. 30.43%)	\$8,216
Total Personnel Costs	\$35,216
Non-Personnel	
In State Travel: (Between SASH sites and to related meetings): Estimated miles 200 x .655/mile	\$135
Registration: Continuing education opportunities for Health Systems Educator and SASH Assistant Director	\$633
Supplies: Printing for educational materials: up to 1,875 pieces @ .20/piece	\$380
Total Non-Personnel Costs	\$1,148
Total Direct Costs Total personnel and non-personnel	\$36,364
Indirect 10% of direct costs	\$3,636
Total direct costs plus indirect costs	\$40,000

4. BI-STATE PRIMARY CARE ORGANIZATION (BSPCA)

This sub-award addresses system (and/or) population level needs related to the SDOH-related system or population-level needs within our selected strategies.

Name of Contractor: Bi-State Primary Care Organization

Method of Selection: Sole source. Bi-State is the only organization overseeing and collecting EHR and claims data from FQHCs in VT.

Period of Performance: July 1, 2023– June 30, 2024

Scope of Work: Support team-based care approaches focused on high burden populations to improve diabetes outcomes, improve systems and increase referrals to DSMP, DSMES, and DPP. Sub-awardees will work with VDH and chosen sub-awardees to strategically develop priorities and agreed upon actions to develop, implement and measure state-wide improvements to diabetes prevention and management, particularly for priority populations. BSPCA has expertise in quality improvement in clinical care and the ability to utilize a unique software program (QLIK) to pull FQHC EHR data related to priority populations and create visualizations to inform and better target Vermont’s approach to CDC strategies.

Method of Accountability: The State uses performance-based monitoring for all contracts. Payment is linked to performance.

Proposed sub-award deliverables include: Participation on Statewide DSMES Workgroup; support of priority populations needs assessment; support FQHC improved ability to serve priority populations with DSMES, DSMP and DPP; participation in PPI learning collaborative; inform development of future CDC workplans; support for bi-directional referral systems development between FQHCs and chronic disease prevention and management services that promote improved outcomes for people with or at risk for diabetes; participation in planning meetings to develop family-centered obesity interventions; participate in expansion of successes from past diabetes efforts; advise on My Healthy VT administrative operations improvement; assist with development of social needs resource guide; offer SDOH-related training to FQHC faculty and staff

This grant directly supports the following strategies and activities: Strategy 1, Objectives 1, 3, and 4; Strategy 4, Objectives 1 and 2; Strategy 5, Objective 4; Strategy 8, Objective 1; Strategy 10, Objectives 3 and 4; Strategy 13, Objectives 1 and 2

And directly impacts the following performance measures: # of new ADA-recognized or ADCES-accredited DSMES services established; # of new diabetes support programs or services established; # of health care organizations that have adopted or enhanced a) team-based care supported by sustainable payment models and b) clinical systems and care practices to improve health outcomes for people with diabetes; # of participants (total # and # from priority populations) enrolled by CDC-recognized National DPP delivery organizations; # of organizations offering the [family-centered obesity] intervention; # and types of new multi-directional e-referral systems established; # and type of staff trained on SDOH strategies and training type

Staff Supervising Contractor: Public Health Program Administrator

Bi-State Primary Care Association (BSPCA) Itemized Budget:

BSPCA Budget (July 1, 2023 – June 30, 2024)	
Line Item	Total
Personnel	
Salary: (Community Health Quality Manager: \$32 x ~4 hrs/week x 52 weeks)	\$6,700
Salary: (Project Coordinator: \$32 x ~4 hrs/week x 52 weeks)	\$6,700
Salary: (Operations Director: \$39 x ~.75 hrs/week x 52 weeks)	\$1,550
Total Salaries:	14,950
Fringe: (fringe rate = 15%)	\$2,243
Total Personnel Costs	\$17,193
Non-Personnel	
Registration: Continuing education opportunity for personnel (assumes virtual)	\$150
Contracts: (Qlik annual maintenance fees) \$420 X 2 licenses	\$840
	\$990
Total Non-Personnel Costs	
	\$18,183
Total Direct Costs Total personnel and non-personnel	
	\$1,818
Indirect 10% of direct costs	
Total direct costs plus indirect costs	\$20,000

5. Federally Qualified Health Center (FQHC) #1 Northern Counties Healthcare

This sub-award addresses system (and/or) population level needs related to the SDOH-related system or population-level needs within our selected strategies.

Name of Contractor: Northern Counties Healthcare

Method of Selection: Sole source. FQHC sites were selected based on health center staff, EHR, and systems capacity to complete the work on selected CDC strategies, and their ability to collaborate with VDH and sub-awardees to develop and share systems related to quality of care and outcomes for high burden populations and their ability to integrate systematic linkages between DSMP/DSMES/DPP and clinical care providers.

Period of Performance: July 1, 2023– June 30, 2024

Scope of Work: Support team-based care approaches focused on high burden populations to improve diabetes outcomes, improve systems and increase referrals to DSMP, DSMES, and DPP. Sub-awardees will work with VDH and chosen sub-awardees to strategically develop priorities and agreed upon actions to develop, implement and measure state-wide improvements to diabetes prevention and management, particularly for priority populations.

Method of Accountability: The State uses performance-based monitoring for all contracts. Payment is linked to performance.

Proposed sub-award deliverables include: Participation on Statewide DSMES Workgroup; support of priority populations needs assessment; support FQHC improved ability to serve priority populations with DSMES, DSMP and DPP; participation in PPI learning collaborative; inform development of future CDC workplans; participation in planning meetings to develop family-centered obesity interventions; participate in expansion of successes from past diabetes efforts; advise on My Healthy VT administrative operations improvement; assist with development of social needs resource guide

This grant directly supports the following strategies and activities: Strategy 1, Objectives 1 and 3; Strategy 4, Objectives 1, 2 and 3; Strategy 5, Objective 4; Strategy 8, Objective 1; Strategy 10, Objectives 3 and 4; Strategy 13, Objective 2

And directly impacts the following performance measures: # of new ADA-recognized or ADCES-accredited DSMES services established; # of new diabetes support programs or services established; # of health care organizations that have adopted or enhanced a) team-based care supported by sustainable payment models and b) clinical systems and care practices to improve health outcomes for people with diabetes; # of participants (total # and # from priority populations) enrolled by CDC-recognized National DPP delivery organizations; # of organizations offering the family-centered obesity intervention; # and types of new multi-directional e-referral systems established; # and type of staff trained on SDOH strategies and training type

Staff Supervising Contractor: Public Health Program Administrator

Northern Counties Healthcare Itemized Budget:

FQHC #1 Northern Counties Healthcare Budget (July 1, 2023-June 30, 2024)	Total
Personnel	
Salary: (Diabetes and Nutrition Program Coordinator: ~ 3.8hr./week x \$35/hr x 52 weeks)	\$6,993
Total Salary	\$6,993
Fringe: (fringe rate = 30%)	\$2,098
Total Personnel	\$9,091

Non-Personnel	
Total Non-Personnel	\$0
Total Direct Costs	\$9,091
Indirect	\$909
Total	\$10,000

6. Federally Qualified Health Center (FQHC) #2 Community Health Centers of Chittenden and Grand Isle Counties

This sub-award addresses system (and/or) population level needs related to the SDOH-related system or population-level needs within our selected strategies.

Name of Contractor: Community Health Centers

Method of Selection: Sole source. FQHC sites were selected based on health center staff, EHR, and systems capacity to complete the work on selected CDC strategies, and their ability to collaborate with VDH and sub-awardees to develop and share systems related to quality of care and outcomes for high burden populations and their ability to integrate systematic linkages between DSMP/DSMES/DPP and clinical care providers.

Period of Performance: July 1, 2023– June 30, 2024

Scope of Work: Support team-based care approaches focused on high burden populations to improve diabetes outcomes, improve systems and increase referrals to DSMP, DSMES, and DPP. Sub-awardees will work with VDH and chosen sub-awardees to strategically develop priorities and agreed upon actions to develop, implement and measure state-wide improvements to diabetes prevention and management, particularly for priority populations.

Method of Accountability: The State uses performance-based monitoring for all contracts. Payment is linked to performance.

Proposed sub-award deliverables include: Participation on Statewide DSMES Workgroup; support of priority populations needs assessment; support FQHC improved ability to serve priority populations with DSMES, DSMP and DPP; participation in PPI learning collaborative; inform development of future CDC workplans; participation in planning meetings to develop family-centered obesity interventions; participate in expansion of successes from past diabetes efforts; advise on My Healthy VT administrative operations improvement; assist with development of social needs resource guide

This grant directly supports the following strategies and activities: Strategy 1, Objectives 1 and 3; Strategy 4, Objectives 1, 2 and 3; Strategy 5, Objective 4; Strategy 8, Objective 1; Strategy 10, Objectives 3 and 4; Strategy 13, Objective 2

And directly impacts the following performance measures: # of new ADA-recognized or ADCES-accredited DSMES services established; # of new diabetes support programs or services established; # of health care organizations that have adopted or enhanced a) team-based care supported by sustainable payment models and b) clinical systems and care practices to improve health outcomes for people with diabetes; # of participants (total # and # from priority populations) enrolled by CDC-recognized National DPP delivery organizations; # of organizations offering the family-centered obesity intervention; # and types of new multi-directional e-referral systems established; # and type of staff trained on SDOH strategies and training type

Staff Supervising Contractor: Public Health Program Administrator

Community Health Centers Itemized Budget:

FQHC #2 Community Health Centers Budget (July 1, 2023-June 30, 2024)	Amount
Personnel	
Salary: (Quality Program Manager: ~ 3.3hr./week x \$40/hr x 52 weeks)	\$6,993
Total Salary	\$6,993
Fringe: (fringe rate = 30%)	\$2,098
Total Personnel	\$9,091
Non-Personnel	
Total Non-Personnel	\$0
Total Direct Costs	\$9,091
Indirect	\$909
Total	\$10,000

7. Health Equity Capacity Contractor #1 Propio Translation Services

This sub-award addresses system (and/or) population level needs related to the SDOH-related system or population-level needs within our selected strategies.

Name of Contractor: Propio Translation Services

Method of Selection: Sole source. The contractor was selected for their ability to enhance workplan activities by providing technical assistance needed to ensure access to programs and services for priority populations. The selected organization has demonstrated capacity to contribute to the sub-award deliverables and demonstrate unique ability to collaboratively overcome challenges to equitable access. This contractor has expertise in accessibility of information through varied modes of communication. Examples of accessibility of information include language translation or dissemination of information via varied modes of communication (i.e. video, audio, pictorial, etc.)

Period of Performance: July 1, 2023– June 30, 2024

Scope of Work: Support team-based care approaches focused on high burden populations to improve diabetes outcomes, improve systems and increase referrals to DSMP, DSMES, and DPP. Sub-awardees will work with VDH and chosen sub-awardees to strategically develop priorities and agreed upon actions to develop, implement and measure state-wide improvements to diabetes prevention and management, particularly for priority populations.

Method of Accountability: The State uses performance-based monitoring for all contracts. Payment is linked to performance.

Proposed sub-award deliverables include: Support FQHC improved ability to serve priority populations with DSMES, DSMP and DPP; inform development of future CDC workplans; support of Diabetes Prevention Coalition needs assessment; participate in expansion of successes from past diabetes efforts; assist with development of social needs resource guide

This grant directly supports the following strategies and activities: Strategy 1, Objectives 1 and 3; Strategy 4, Objectives 1, 2 and 3; Strategy 5, Objectives 3 and 4; Strategy 8, Objective 1; Strategy 10, Objectives 3 and 4; Strategy 13, Objective 2

And directly impacts the following performance measures: # of new ADA-recognized or ADCES-accredited DSMES services established; # of new diabetes support programs or services established; # of health care organizations that have adopted or enhanced a) team-based care supported by sustainable payment models and b) clinical systems and care practices to improve health outcomes for people with diabetes; # of participants (total # and # from priority populations) enrolled by CDC-recognized National DPP delivery organizations; # of organizations offering the family-centered obesity intervention; # and types of new multi-directional e-referral systems established; # and type of staff trained on SDOH strategies and training type

Staff Supervising Contractor: Public Health Program Administrator

Propio Translation Services:

Health Equity Capacity Grantee #1 Propio Budget (July 1, 2023-June 30, 2024)	Amount
Personnel	
Salary: (Translation Services: \$.30/word (written) \$1.30 per minute (video))	\$5,000
Total Salary	\$5,000
Fringe:	\$0
Total Personnel	\$5,000
Non-Personnel	
Total Non-Personnel	\$0
Total Direct Costs	\$5,000
Indirect	\$0
Total	\$5,000

8. Health Equity Capacity Grantee #2 Association of African's Living in Vermont (AALV)

This sub-award addresses system (and/or) population level needs related to the SDOH-related system or population-level needs within our selected strategies.

Name of Contractor: Association of Africans Living in Vermont

Method of Selection: Sole source. The contractor was selected for their ability to enhance workplan activities by providing technical assistance needed to ensure access to programs and services for priority populations, particularly non-white individuals. The selected organization has demonstrated capacity to contribute to the sub-award deliverables and demonstrate unique ability to collaboratively overcome challenges to equitable access. This contractor has expertise in accessibility of information through varied modes of communication. Examples of accessibility of information include, language translation or dissemination of information via varied modes of communication (i.e. video, audio, pictorial, etc.)

Period of Performance: July 1, 2023– June 30, 2024

Scope of Work: Support team-based care approaches focused on high burden populations to improve diabetes outcomes, improve systems and increase referrals to DSMP, DSMES, and DPP. Sub-awardees will work with VDH and chosen sub-awardees to strategically develop priorities and

agreed upon actions to develop, implement and measure state-wide improvements to diabetes prevention and management, particularly for priority populations.

Method of Accountability: The State uses performance-based monitoring for all contracts. Payment is linked to performance.

Proposed sub-award deliverables include: Participation on Statewide DSMES Workgroup; support of continuous quality improvement for MHVT; support of priority populations needs assessment; support FQHC improved ability to serve priority populations with DSMES, DSMP and DPP; participation in PPI learning collaborative; inform development of future CDC workplans; support of Diabetes Prevention Coalition needs assessment; participation in planning meetings to develop family-centered obesity interventions; participate in expansion of successes from past diabetes efforts; advise on My Healthy VT administrative operations improvement; assist with development of social needs resource guide

This grant directly supports the following strategies and activities: Strategy 1, Objectives 1 and 3; Strategy 4, Objectives 1, 2 and 3; Strategy 5, Objectives 3 and 4; Strategy 8, Objective 1; Strategy 10, Objectives 3 and 4; Strategy 13, Objective 2

And directly impacts the following performance measures: # of new ADA-recognized or ADCES-accredited DSMES services established; # of new diabetes support programs or services established; # of health care organizations that have adopted or enhanced a) team-based care supported by sustainable payment models and b) clinical systems and care practices to improve health outcomes for people with diabetes; # of participants (total # and # from priority populations) enrolled by CDC-recognized National DPP delivery organizations; # of organizations offering the family-centered obesity intervention; # and types of new multi-directional e-referral systems established; # and type of staff trained on SDOH strategies and training type

Staff Supervising Contractor: Public Health Program Administrator

Association of African’s Living in Vermont (AALV) Itemized Budget:

Health Equity Capacity Grantee #2 AALV Budget (July 1, 2023-June 30, 2024)	Amount
Personnel	
Salary: (Live Interpretation or A/V Translation: \$60/hour up to 83 hours)	\$5,000
Total Salary	\$5,000
Fringe:	\$0
Total Personnel	\$5,000
Non-Personnel	
Total Non-Personnel	\$0
Total Direct Costs	\$5,000
Indirect	\$0
Total	\$5,000

TOTAL CONTRACTUAL: \$190,000

Total: \$850,000

I. Construction	\$0
J. Total Direct:	\$663,234
K. Indirect:	\$186,766

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. A copy of a recent approval letter is attached. 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, the ratio of allocated costs to salary will vary from quarter to quarter. 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.

L. TOTAL:	\$850,000
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