



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Sorsha Anderson, Senior Staff Associate
Date: January 6, 2022
Subject: Grant Request – JFO #3085

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

JFO #3085 – Two (2) limited-service positions to the VT Department of Disabilities, Aging and Independent Living, Division of Vocational Rehabilitation from the Centers for Medicare and Medicaid Services. One (1) VR Program Coordinator to oversee at statewide scholarship, and mentor program for personal care attendants. One (1) VR Assistive Technology Specialist for vocational rehabilitation clients including transition age youth (high school students). Both positions funded through 9/30/2025 by previously approved grant JFO #2510.

[Received January 4, 2022]

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 January 20, 2021, we will assume that you agree to consider as final the Governor's acceptance of this request.

**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: DAIL VR Date: 9/9/2021

Name and Phone (of the person completing this request): James Smith 802 279-3713

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # 2510

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

Center for Medicare and Medicaid Services, Money Follows the Person Grant Demonstration

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

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
VR Program Coordinator	1	DVR	9/30/2025
VR AT Specialist	1	DVR	9/30/2025

*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

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

The DVR Project Coordinator will oversee a statewide scholarship (\$600,000) program for Personal Care Attendants (PCA) They will also establish a mentor program for PCAs. This work requires extensive planning and partnership with community care partners and training providers statewide. It would not be possible to implement without this position.

The requested AT Specialist will provide the AT services outlined in the grant application. It would not be possible to provide these services without this capacity.

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

E-SIGNED by Monica White
on 2021-09-23 09:19:11 EDT

Signature of Agency or Department Head _____ Date _____

E-SIGNED by Jenney Samuelson
on 2021-09-27 17:12:38 EDT

Approved/Denied by Department of Human Resources _____ Date _____

Adam Greshin Digitally signed by Adam Greshin
Date: 2021.12.13 11:21:30 -05'00'

Approved/Denied by Finance and Management _____ Date _____

Douglas Farnham Digitally signed by Douglas Farnham
Date: 2021.12.29 15:31:15 -05'00'

Approved/Denied by Secretary of Administration _____ Date _____

Approved/Denied by Governor (required as amended by 2019 Leg. Session) _____ Date 1/4/22

Comments:

E-SIGNED by Tracy O'Connell
on 2021-09-24 10:31:01 EDT DHR - 08/12/2019



<p>Recipient Information</p> <p>1. Recipient Name Vermont Agency of HS 103 S Main St Disability and Aging Services Waterbury, VT 05671-9800 [NO DATA]</p> <p>2. Congressional District of Recipient 00</p> <p>3. Payment System Identifier (ID) 1036000264D4</p> <p>4. Employer Identification Number (EIN) 036000264</p> <p>5. Data Universal Numbering System (DUNS) 809376155</p> <p>6. Recipient's Unique Entity Identifier</p> <p>7. Project Director or Principal Investigator Ms. Lynne Cleveland Vitzthum MFP Project Director Lynne.Clevelandvitzthum@vermont.gov 802.279.5254</p> <p>8. Authorized Official Ms. Angela Smith-Dieng Director angela.smith-dieng@vermont.gov 802-989-0454</p> <p>Federal Agency Information Office of Acquisitions and Grants Management</p> <p>9. Awarding Agency Contact Information Mr. Geoffrey Ntosi Grants Management Officer Geoffrey.Ntosi@Cms.Hhs.Gov 410-786-6070</p> <p>10. Program Official Contact Information Mr. Jeffrey Clopein Project Officer jeffrey.clopein@cms.hhs.gov 410-786-7252</p>
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<p>Federal Award Information</p> <p>11. Award Number 1LICMS330824-01-13</p> <p>12. Unique Federal Award Identification Number (FAIN) 1LICMS330824</p> <p>13. Statutory Authority Section 6071 of the DRA of 2005</p> <p>14. Federal Award Project Title Vermont Money Follows the Person Project</p> <p>15. Assistance Listing Number 93.791</p> <p>16. Assistance Listing Program Title Money Follows the Person Rebalancing Demonstration</p> <p>17. Award Action Type Administrative Supplement/Change</p> <p>18. Is the Award R&D? No</p>
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Summary Federal Award Financial Information	
19. Budget Period Start Date	04/01/2011 - End Date 09/30/2025
20. Total Amount of Federal Funds Obligated by this Action	\$5,000,000.00
20a. Direct Cost Amount	\$5,000,000.00
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$1,070,235.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$23,302,078.00
24. Total Approved Cost Sharing or Matching, where applicable	\$649,867.00
25. Total Federal and Non-Federal Approved this Budget Period	\$28,951,945.00
26. Project Period Start Date	04/01/2011 - End Date 09/30/2025
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	Not Available

<p>28. Authorized Treatment of Program Income ADDITIONAL COSTS</p> <p>29. Grants Management Officer - Signature Ms. Karen A. Johnson Grants Management Officer</p>
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<p>30. Remarks</p>

See Remarks (continuation)



Department of Health and Human Services

Centers for Medicare & Medicaid Services

Notice of Award

Award# 1LICMS330824-01-13

FAIN# 1LICMS330824

Federal Award Date: 08/19/2021

Recipient Information
Recipient Name Vermont Agency of HS 103 S Main St Disability and Aging Services Waterbury, VT 05671-9800 [NO DATA]
Congressional District of Recipient 00
Payment Account Number and Type 1036000264D4
Employer Identification Number (EIN) Data 036000264
Universal Numbering System (DUNS) 809376155
Recipient's Unique Entity Identifier Not Available

31. Assistance Type Project Grant
32. Type of Award Other

33. Approved Budget (Excludes Direct Assistance)	
i. Financial Assistance from the Federal Awarding Agency Only	
ii. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$4,284,429.00
b. Fringe Benefits	\$1,882,041.00
c. Total Personnel Costs	\$6,166,470.00
d. Equipment	\$32,871.00
e. Supplies	\$97,350.00
f. Travel	\$198,749.00
g. Construction	\$0.00
h. Other	\$17,605,720.00
i. Contractual	\$5,519,126.00
j. TOTAL DIRECT COSTS	\$29,620,286.00
k. INDIRECT COSTS	\$401,894.00
l. TOTAL APPROVED BUDGET	\$30,022,180.00
m. Federal Share	\$29,372,313.00
n. Non-Federal Share	\$649,867.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-5991457	MFP330824A	1LJ	412K	\$5,000,000.00	75-1921-0516



Department of Health and Human Services

Centers for Medicare & Medicaid Services

Notice of Award

Award# 1LICMS330824-01-13

FAIN# 1LICMS330824

Federal Award Date: 08/19/2021

Remarks (Continuation)

This action approves your Capacity Building Funding application dated May 14, 2021. Your request for \$5,000,000.00 is approved for four years as requested. This funding is for planning and capacity building activities to accelerate Long-Term care system transformation design and implementation, and to expand Home and Community-Based Capacity. Activities and Milestones funded through this opportunity shall be reported in Section K of the Semi-Annual Progress report. Please enter the Budget Information amounts for this funding opportunity in the worksheet for proposed budget (WFPB) "Capacity Building Funding -100%" line in the total expenditure section.

Incentive payment to employees shall be made according to recipients' formal policy and must be consistently applied. Incentive payment must be paid pursuant to an agreement entered into in good faith between the recipient organization and the employee before the services were rendered or pursuant to an established plan followed by the recipient organization so consistently as to imply, in effect, an agreement to make such payment.

Although stipends are not considered Salaries, this income is still subject to Federal, and some State income tax. Such income may be reported on IRS form 1099

This action also approves your request for Lynne Cleveland Vitzthum to be your new Project Director.

VERMONT DEPARTMENT OF PERSONNEL
Request for Classification Action
New or Vacant Positions
Existing Job Class/Titles ONLY
Position Description Form C

- **This form is to be used by management to request the allocation of a new position, or reallocation of a vacant position, to an EXISTING class title.**
- Employee requests must be submitted on the separate "Position Description Form A."
- Requests for full classification, to determine the appropriate pay grade for any job class must be submitted on "Position Description Form A."
- 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.
- 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 will 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.
- All sections of this form are required to be completed unless otherwise stated.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office.

**Request for Classification Action
New or Vacant Positions
EXISTING Job Class/Title ONLY
Position Description Form C/Notice of Action
For Department of Personnel Use Only**

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

Position Information:

Incumbent: **Vacant or New Position**

Position Number: Current Job/Class Title:

Agency/Department/Unit: GUC:

Pay Group: Work Station: Zip Code:

Position Type: Permanent Limited Service (end date)

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

Supervisor's Name, Title and Phone Number:

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

New Position(s):

- REQUIRED: Allocation requested: Existing Class Code Existing Job/Class Title:
- Position authorized by:

- Joint Fiscal Office – JFO # Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

Vacant Position:

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code: Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code: Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes No If Yes, please provide detailed information:

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties:

Overall management of the DVR Money Follows the Person (MFP) Project. The DVR MFP program is designed to implement three major initiatives to increase and sustain the number and quality of direct care workers in the human service system. This includes personal care attendants, home health aides and developmental disability support staff.

* To develop and promote career ladders for direct care workers through the development of a scholarship program

* To implement a mentorship program to support new direct care workers by pairing them with more experienced staff.

* Create new partnerships with the workforce system to help recruit direct care workers.

The Program Coordinator will be responsible for the design and development of the scholarship program. This will include development of criteria for eligibility for the scholarships and the distribution of up to \$600,000 over four years. They will have to set parameters around what type of training and education programs can the scholarships be used for. The Coordinator will be responsible for tracking and managing the distribution of the funds to direct care workers who have met the criteria. They will have to recruit direct care provider agencies statewide to participate in the scholarship program.

The Program Coordinator will develop partnerships with post secondary training and education providers especially LNA programs. They will work with the training providers to promote the use of the scholarships. The Coordinator will be responsible for promoting the scholarships broadly in the community. This will include development of marketing and informational tools to inform direct care workers about potential career ladders in human services.

The Program Coordinator will design and develop a mentorship program for direct care workers. This will include the distribution of incentive funds for experienced workers to mentor and support new workers. They will have to establish criteria for participation in the program and eligibility for the incentive payments. The Coordinator will have to establish a network of providers willing to participate in the program and willing to help

recruit mentors. They will develop clear role parameters for the mentor role in partnership with the participating agencies. They will also establish mechanisms to train and orient mentors to the role.

The Program Coordinator will develop partnerships with workforce programs such as DVR, DOL and community partners to create pathways for potential workers to enter direct care work. They will use these partnerships to promote the scholarships as career ladder opportunities for potential workers. They will explore strategies with the workforce providers to reduce barriers for individuals who might enter this field.

The Program Coordinator will be responsible for meeting the terms of the agreement with MFP Grant Manager. This will include management of the program budget (\$1.16 million). They will have to develop systems to track and report program progress and outcomes to the MFP Grant Manager and ultimately the federal government.

2. Provide a brief justification/explanation of this request: DAIL was awarded a five year extension from CMS for the Money Follows the Person grant with new funding for multiple projects. DAIL has delegated the management of this workforce development project to DVR. DVR is requesting a Program Coordinator to oversee implementation of this project.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). No

Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes No

5. The name and title of the person who completed this form:

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

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

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.)

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

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

Date

Supervisor's Signature **(required)***

Date

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

Date

* Note: Attach additional information or comments if appropriate.

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

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

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

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

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

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

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

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

Request for Classification Review Position Description Form A

For Department of Personnel Use Only

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

New Duties: Providing assistive technology evaluations (AT) for Vocational Rehabilitation (VR) clients including transition age youth (high school students). This requires obtaining and reviewing reports and assessments written by other professionals including VR counselors, occupational, physical and speech therapists, MD's, psychologists, etc. All medical, physical and psychological factors must be considered when evaluating the client's needs, abilities, desire to learn and use assistive technology. The purpose of the evaluation is to determine if there is available AT to meet the needs and abilities of the client for the purpose of being able to access the general curriculum at high school and/or postsecondary institutions or perform work duties and to trial the AT with the client. Prepares written reports for VR counselors and schools detailing what factors were considered; what AT was trialed and what AT is recommended as well as the necessary training needed to prevent abandonment of the AT. Works with Individualized Education Plan (IEP) teams at schools to explain evaluations and often encounter strongly held opinions about what can be provided for students based on budgetary constraints.

Other duties as outlined in previous RFR.

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*.

AT Specialists work with individuals with disabilities of all ages, their family members and the professionals who provide services to these individuals. It includes K -12 and post secondary schools, mental health agencies; home health agencies; ALS, MS, Alzheimers association; human service departments and divisions; Dept. of Labor, librarians; autism groups and others. The interactions include providing public awareness displays; training in specific content areas or about specific types of AT to instruct about the potential of AT, its uses and applications.

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.

Preference is to have Assistive Technology Practitioner (ATP) Certification or the necessary background to obtain the certification.

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:

no

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.

AT specialists receive referrals and requests directly from individuals and organizations as well as from the central AT office. Assignments are reviewed on a weekly basis as a group. AT specialists work from regional locations and function independently most of the time with professional supervision from the AT 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.*

AT Specialists frequently work with clients who are unable to obtain the AT they need and are very frustrated; they often have a myriad of other problems related to their disability and the specialists need to about community resources and laws in order to help them acquire other services. Understanding the limitations of systems to provide AT for people who need it to become or remain independent and trying to find other solutions is challenging.

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.*

The job of providing information and training about AT and providing AT evaluations for VR clients contributes significantly to DAILE's mission of assisting people to have full access to their communities; to remain independent and save taxpayers money in the process. All consumer information is confidential and is treated as such.

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?
working with people with few resources who often see the AT specialist as the last resort after exhausting other options; potentially volatile situations where there is strong difference of opinions about whether recommendations should be implemented and who will pay for them.	25%

- 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?

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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?
display boards, handouts, equipment	10-40 lbs.	25%

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

Type	How Much of the Time?
driving	25%

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.

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Employee's Signature (required): _____ Date: _____

Supervisor's Section:

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

The most important duties of the AT specialist is to provide highly skilled AT services in a respectful manner to Vermonters with disabilities whether it is public awareness, training or evaluation, in order to allow them to access their communities and remain productive, contributing members of society.

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?

Considerable knowledge of problems encountered by individuals with disabilities in the use of assistive technology; considerable knowledge of the latest developments in AT, ability to communicate effectively; ability to establish and maintain effective working relationships; possessing or maintaining Assistive Technology Practitioner certification. Considerable knowledge of physiological and psychological terminology..

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

n/a

4. Suggested Title and/or Pay Grade:

Assistive Technology Specialist pg 21

Supervisor's Signature (required): _____ Date: _____

Personnel Administrator's Section:

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

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

Yes No If yes, please provide detailed information.

Attachments:

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

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

Suggested Title and/or Pay Grade:

Personnel Administrator's Signature **(required)**: _____ Date: _____

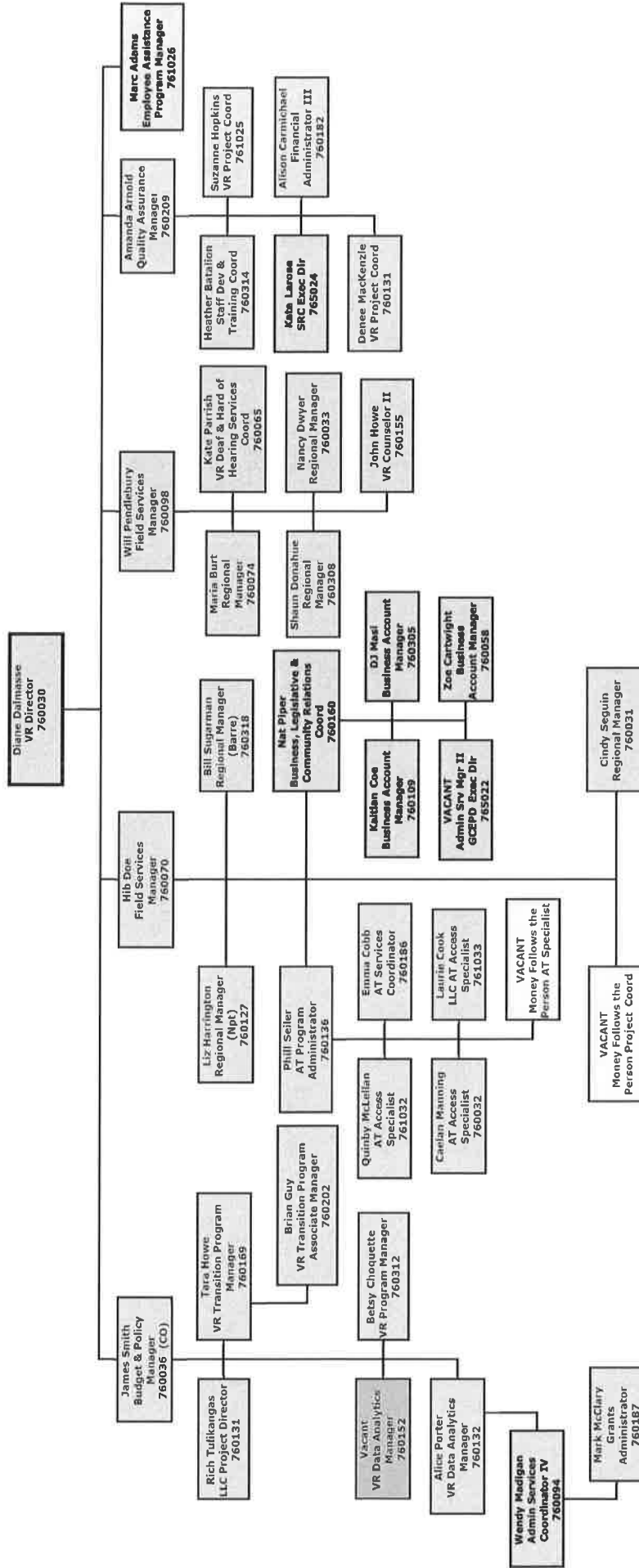
Appointing Authority's Section:

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

Suggested Title and/or Pay Grade:

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

Date



DAIL VR
Central Office
08/31/2021