



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: Joint Fiscal Committee members  
From: Sorsha Anderson, Senior Staff Associate  
Date: July 26, 2022  
Subject: Position Request – JFO #3110

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration. This grant is being held for the JFC meeting scheduled for July 28, 2022.

**JFO #3110** – Two (2) limited-service position to the VT Agency of Human Services, Department of Disabilities, Aging and Independent Living. Two (2) limited-service positions, Aging and Disabilities Quality and Program Specialists funded through 7/31/2024. Positions will provide technical assistance to long-term care facilities to prevent or manage Covid-19.  
*[Received July 26, 2022]*

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson: sanderson@leg.state.vt.us) if you have questions prior to the JFC meeting scheduled for July 28, 2022.

### 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 / Disabilities, Aging and Independent Living Date: 3/18/2022

Name and Phone (of the person completing this request): William Fritch, Director of Operations; 802-904-3403

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # 2478

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

Centers for Disease Control and Prevention; Epidemiology and Laboratory Capacity for Infectious Diseases (ELC); 6 NU50CK000520-03-03

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>
<u>Aging and Disabilities Quality and Program Specialist - 2 positions - Commissioner's Group - Anticipated end date 07/31/2024</u>			

\*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 primary responsibility of the staff in these two requested limited service positions will be to provide technical assistance to long-term care facilities (LTCFs) to support effective implementation of practices to prevent transmission of SARS-CoV-2, and/or to support clinical services during outbreaks of SARS-CoV-2 in LTCFs. Those duties satisfy the activities required by this award. They will also allow for DAIL staff who are currently providing that assistance to LTCFs to demobilize from the pandemic response and resume their normal duties after extensive deployments.

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)).

**Monica White**

Digitally signed by Monica White  
Date: 2022.03.18 16:06:19 -04'00'

DocuSigned by: 6/17/2022  
Vera W. Dutoy  
3/18/2022

Signature of Agency or Department Head

**Aimee Pope**

Digitally signed by Aimee Pope  
Date: 2022.06.21  
15:22:51 -04'00'

Date

Approved/Denied by Department of Human Resources

**Adam Greshin**

Digitally signed by Adam Greshin  
Date: 2022.06.30  
14:54:56 -04'00'

Date

Approved/Denied by Finance and Management

Date

Approved/Denied by Secretary of Administration

Date

7/25/22

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

Date

Comments:

DocuSigned by:  
Tracy O'Connell



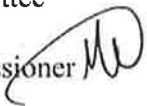
AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Commissioner's Office  
HC 2 South  
280 State Drive  
Waterbury VT 05671-2020  
Voice (802) 241-2401  
Fax (802) 241-0386

## MEMORANDUM

TO: The Joint Fiscal Committee

FROM: Monica White, Commissioner 

DATE: May 19, 2022

SUBJECT: Request for two Limited-Service Positions Associated with the Vermont Department of Health, Center for Disease Control and Prevention (CDC), Epidemiology and Laboratory Capacity for Infectious Diseases (ELC), Nursing Home & Long-term Care Facility Strike Team and Infrastructure Project grant.  
**Award Number: 6 NU50CK000520-03-03**

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This is a request from the Department of Disabilities, Aging and Independent Living (DAIL) to the Joint Fiscal Committee to approve two FTE limited-service positions to assist Skilled Nursing Facilities and state licensed Long-Term Care Facilities (LTCFs) in the effective implementation of infection prevention and control practices to prevent the transmission of SARS-CoV-2 after facility exposure while enabling the facilities' clinical services to continue safely. This work will be accomplished via a Memorandum of Understanding (MOU) with the Vermont Department of Health (VDH) through their federal grant funding from the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) - Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Departments

### Background

From the start of the COVID-19 pandemic response, both VDH and DAIL have dedicated staff to provide Health Outbreak, Prevention and Response assistance to LTCFs upon the identification of a new case or outbreak, and routinely thereafter to assess and update response plans. There are areas of overlap in this interdepartmental collaboration, as well as areas of specialty, with the DAIL team focused on Personal Protective Equipment (PPE), supplies and facility staffing capacity to support the clinical services these facilities provide.

These two limited positions will allow DAIL to continue COVID-response activities with LTCFs in collaboration with VDH and create new opportunities in support of public health goals, as



outlined in the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity supplemental funding guidance.

**Term and Amount of Grant**

The total award to DAIL through an MOU with VDH, is \$529,091.00 through July 31, 2024.

**Project Design**

Details of grant project can be found in the attached VDH/DAIL MOU.

**Contacts**

Brian Guy  
DAIL Director of Operations  
[brian.guy@vermont.gov](mailto:brian.guy@vermont.gov)

Megan Tierney-Ward  
Deputy Commissioner  
[Megan.tierney-ward@vermont.gov](mailto:Megan.tierney-ward@vermont.gov)





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

**Notice of Award**

Award# 6 NU50CK000520-03-03  
FAIN# NU50CK000520  
Federal Award Date: 10/26/2021

**Recipient Information**

**1. Recipient Name**

Human Services, Vermont Agency Of  
280 State Dr  
Waterbury, VT 05671-9501  
[NO DATA]

**2. Congressional District of Recipient**  
00

**3. Payment System Identifier (ID)**  
1036000274A6

**4. Employer Identification Number (EIN)**  
036000264

**5. Data Universal Numbering System (DUNS)**  
809376155

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Ms. Julia Brennan  
julia.brennan@vermont.gov  
802-863-7225

**8. Authorized Official**

Mr. Bryan O'Connor  
bryan.oconnor@vermont.gov  
802-863-7384

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Cathleen Franklin  
Grants Management Specialist  
qtm0@cdc.gov  
678-475-4552

**10. Program Official Contact Information**

Mr. Fred Maxineau  
PIIA  
hyx2@cdc.gov  
404.639.0869

**Federal Award Information**

**11. Award Number**

6 NU50CK000520-03-03

**12. Unique Federal Award Identification Number (FAIN)**

NU50CK000520

**13. Statutory Authority**

301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

**14. Federal Award Project Title**

Epidemiology and Laboratory Capacity (ELC)

**15. Assistance Listing Number**

93.323

**16. Assistance Listing Program Title**

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	08/01/2021	<b>- End Date</b>	07/31/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$4,239,605.00		
20a. Direct Cost Amount	\$4,239,605.00		
20b. Indirect Cost Amount	\$0.00		
<b>21. Authorized Carryover</b>	\$0.00		
<b>22. Offset</b>	\$0.00		
<b>23. Total Amount of Federal Funds Obligated this budget period</b>	\$5,511,149.00		
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>	\$0.00		
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>	\$9,750,754.00		
<b>26. Project Period Start Date</b>	08/01/2019	<b>- End Date</b>	07/31/2024
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>	Not Available		

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Ms. Freda Johnson  
Grants Management Officer

**30. Remarks**



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

## Notice of Award

Award# 6 NU50CK000520-03-03

FAIN# NU50CK000520

Federal Award Date: 10/26/2021

**Recipient Information****Recipient Name**

Human Services, Vermont Agency Of  
280 State Dr  
Waterbury, VT 05671-9501  
[NO DATA]

**Congressional District of Recipient**

00

**Payment Account Number and Type**

1036000274A6

**Employer Identification Number (EIN) Data**

036000264

**Universal Numbering System (DUNS)**

809376155

**Recipient's Unique Entity Identifier**

Not Available

**31. Assistance Type**

Cooperative Agreement

**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	\$580,132.00
b. Fringe Benefits	\$260,079.00
c. Total Personnel Costs	\$840,211.00
d. Equipment	\$15,200.00
e. Supplies	\$136,627.00
f. Travel	\$41,766.00
g. Construction	\$0.00
h. Other	\$8,170,850.00
i. Contractual	\$111,000.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$9,315,654.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$435,100.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$9,750,754.00</b>
<b>m. Federal Share</b>	<b>\$9,750,754.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

**34. Accounting Classification Codes**

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390GXY	19NU50CK000520TH2C6	CK	41.51	\$200,000.00	75-X-0140
2-9390J4N	19NU50CK000520HOME6	CK	41.51	\$449,760.00	75-X-0140
2-9390J4P	19NU50CK000520SIRPC6	CK	41.51	\$2,076,782.00	75-X-0140
2-9390J4Q	19NU50CK000520SNFC6	CK	41.51	\$783,486.00	75-X-0511
2-9390J4R	19NU50CK000520NLTC6	CK	41.51	\$729,577.00	75-X-0511



**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 _____	Effective Date: _____
Comments: _____	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: Ageing and Disabilities Quality and Program Specialist

Agency/Department/Unit: Human Services / Disabilities, Ageing and Independent Living GUC:

Pay Group:  Work Station:  Zip Code:

Position Type:  Permanent  Limited Service (end date) 07/31/2024

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

Supervisor's Name, Title and Phone Number: Megan Tierney-Ward, Deputy Commissioner, 802-760-9405

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

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code 489400 Existing Job/Class Title: Ageing and Disabilities Quality and Program Specialist

b. 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:  Two limited service positions are being requested in the existing job classification Aging and Disabilities Program Specialist (Job Code:  489400).

(WHAT) Ensures appropriate maintenance of programs and clinical services in long-term care facilities (LTCFs), where measures have been enacted to prevent the spread of SARS-CoV-2, the virus that causes COVID-19. (HOW) Participates in the development of processes and approaches to review services in long-term care facilities LTCFs. Identifies strengths and areas of concern in service provision and provides direction to service providers for program improvement. (WHY) Preventing and mitigating outbreaks of COVID-19 in LTCFs is critically important. So to is ensuring that through these prevention and mitigation efforts, LTCF residents are not harmed by the disregard for care needs unrelated to COVID-19.

(WHAT) Facilitates prompt and effective response to COVID-19 in LTCFs. (HOW) Provides technical assistance to LTCFs on situation and outbreak response calls in partnership with Department of Health colleagues. (WHY) COVID-19 will continue to circulate in our communities even after the acute pandemic response ends. Persons living in LTCFs are among the individuals at highest risk in our communities. Prompt and effective response to COVID-19 in LTCFs is critical to mitigate morbidity and mortality among facility residents.

(WHAT) Collaborates with LTCFs and other AHS partners to solidify the COVID-19 prevention and response measures that have been enacted in LTCFs, ensuring that these capacities will not be lost following the end of the acute pandemic response. (HOW) Writes quality service review reports. Provides directives and recommendations to providers for improvement in a range of program areas. (WHY) There was a significant investment of resources in building capacity for COVID-19 prevention and mitigation in LTCFs. There will need to be a focus on ensuring that the resources that were invested lead to a lasting change, particularly so that they continue to pay off in the event of any new and concerning COVID-19 variants or other similar diseases

2. Provide a brief justification/explanation of this request:  The primary responsibility of the staff in these two requested limited service positions will be to provide technical assistance to long-term care facilities (LTCFs) to

support effective implementation of practices to prevent transmission of SARS-CoV-2, and/or to support clinical services during outbreaks of SARS-CoV-2 in LTCFs. Those duties satisfy the activities required by this award. They will also allow for DAIL staff who are currently providing that assistance to LTCFs to demobilize from the pandemic response and resume their normal duties after extensive deployments.

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). N/A - non-supervisory positions

**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: William Fritch, Director of Operations

6. Who should be contacted if there are questions about this position (provide name and phone number): Megan Tierney-Ward, Deputy Commissioner, 802-760-9405

7. How many other positions are allocated to the requested class title in the department: 0

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.) No

**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

Megan Tierney-Ward  
\_\_\_\_\_  
Supervisor's Signature (required)\*

\_\_\_\_\_  
3/22/22  
\_\_\_\_\_  
Date

A handwritten signature in black ink, appearing to read "Mina White", is written above a horizontal line.

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

3/22/2022

Date

\* Note: Attach additional information or comments if appropriate.

MOU 03420-09283

**Vermont Agency of Human Services (AHS)**

**MEMORANDUM OF UNDERSTANDING (MOU)**

**Between the  
Department of Health  
and  
Vermont Department of Disabilities, Aging and  
Independent Living**

This Memorandum of Understanding (MOU) is hereby entered into by the State of Vermont, Department of Health (VDH) and the Department of Disabilities, Aging and Independent Living (DAIL).

A. Purpose:

The purpose of this Memorandum of Agreement is to provide funding for two DAIL limited-service positions to assist Skilled Nursing and other Long-Term Care Facilities (LTCFs) to support effective implementation of infection prevention and control practices to prevent the transmission of SARS-CoV-2 after facility exposure while enabling the facilities' clinical services to continue safely.

B. Background:

The Department of Health, in coordination with Department of Disabilities, Aging and Independent Living, will use the federal grant funding from the *Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) - Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Departments* to implement effective infection prevention and control practices to prevent the transmission of SARS-CoV-2 after facility exposure while enabling the facilities' clinical services to continue safely.

From the start of the pandemic response, both VDH and DAIL have had staff providing technical assistance to LTCFs during response calls which are held upon the identification of a new situation (e.g., a single case in a facility) and routinely thereafter to assess and update response plans (this approach is universal across LCTFs, i.e., not limited to SNFs). There are areas of overlap in this interdepartmental collaboration, as well as areas of specialty, with the DAIL team focused on PPE and staffing capacity to support the clinical services these facilities provide.

DAIL will undertake certain activities in support of public health goals, as outlined in the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity supplemental funding guidance described in the section below.

C. Specification of Work to be Performed:

MOU 03420-09283

1. DAIL agrees to:
  - a. Request legislative approval for two new positions.
  - b. Hire two staff to integrate into their healthcare outbreak prevention and response (HOPR) team to work in tandem with VDH-HOPR to assist Skilled Nursing Facilities (SNFs) and non-SNF Long-Term Care Facilities (LCTFs) in the effective implementation of infection prevention and control practices to prevent the transmission of SARS-CoV-2 following facility exposure while enabling the facilities' clinical services to continue safely.
    - These staff will be hired into an existing job specification as Aging and Disabilities Quality and Program Specialists
  - c. Employ these two staff in such a manner that they will split their time between provision or support to SNFs and non-SNF LCTFs in accordance with budgeted award amounts. Each staff will work:
    - 0.52 FTE supporting SNFs
    - 0.48 FTE supporting non-SNF LCTFs
  - d. Utilize these two staff in such a manner that they will assume the COVID-19 technical assistance responsibilities currently covered by temporarily deployed staff from other DAIL areas of work.
  - e. Provide office space, equipment and regular supervision to the Aging and Disabilities Quality and Program Specialists
2. VDH agrees to:
  - a. Assign a grant Principal Investigator and Project Lead, with responsibility for administering this agreement on behalf of VDH,
  - b. Oversee all grant programmatic data and financial reporting requirements.

D. Reporting Requirements

1. VDH is responsible for monitoring and oversight to ensure that federal funds are expended for their intended purpose, that all performance measures were attained, and that all State and Federal programmatic requirements are met.
2. DAIL is responsible for:
  - a. Charging only for allowable activities,
  - b. Providing timely and complete responses to requests by VDH for program information.
  - c. Submitting report of quarterly milestone status to Grants Manager 15 days before CDC report is due.

E. Terms of Agreement and Maximum Payment

1. This MOU is intended to cover the entire project period for the CDC Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) supplements titled Nursing Home & Long-term Care Facility Strike Team and Infrastructure Project. The current approved project period ends July 31, 2024.
2. This agreement shall be effective as of 2/1/2022 and shall remain in effect until July 31, 2024 unless otherwise changed by mutual consent.
3. The maximum amount payable under the terms of this agreement is \$529,091

and is budgeted per grant as follows:

Skilled Nursing Facilities (SNFs)	\$275,067
Non-SNF Long-term Care Facilities	\$254,023
<b>Grand Total</b>	<b>\$529,091</b>

F. Payment

Terms

1. DAIL will request reimbursement of costs on a quarterly basis within 15 days after completion of cost allocation.
2. VDH agrees to reimburse DAIL for eligible costs in accordance with the budget issued by the Principal Investigator.
3. DAIL may request reimbursement of DAIL allocated costs if its cost allocation plan identifies those costs through a separate AlloCAP final receiver. VDH will not reimburse DAIL for AHS allocated indirect costs. DAIL will provide the Principal Investigator and Grants Manager with a copy of the quarterly earnings report and VISION detail query as supporting documentation of the amount requested. VDH will not require additional documentation for project expenses unless required by the federal funding agency.
4. DAIL can use the following VDH program codes if they choose:
  - 39246 - ELC STRIKE Skilled Nursing Fac
  - 39253 - ELC STRIKE Nursing and LTC Fac

G. Federal Funding Accountability and Transparency Act (FFATA) Reporting

1. If DAIL awards subrecipient grant funding through this agreement, DAIL will provide VDH with a copy of the award within 15 days of final execution. VDH has FFATA reporting responsibility for the federal grant funding this agreement.

H. Contacts

Department of Health  
 Jenna Cebelius  
 HAI Epidemiologist  
 Lead for CDC Grant  
 (802)-318-3200  
[jenna.cebelius@vermont.gov](mailto:jenna.cebelius@vermont.gov)

Department of Disabilities, Aging and  
 Independent Living  
 Megan Tierney-Ward  
 Deputy Commissioner  
 (802)-760-9405  
[megan.tierney-ward@vermont.gov](mailto:megan.tierney-ward@vermont.gov)

**WE, THE UNDERSIGNED PARTIES, AGREE TO BE BOUND BY THIS MOU.**

DocuSigned by:  
  
 4/25/2022  
69E24C3A530C4D7

Mark Levine, MD  
 Commissioner  
 Vermont Department of Health

Deputy Commissioner

DocuSigned by:  
  
 4/25/2022  
00942579903A478

Monica White  
 Commissioner  
 Vermont Department of Disabilities, Aging and  
 Independent Living



Department of Disabilities, Aging and Independent Living  
 Commissioner's Office  
 Updated 3/23/2022

