



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Sorsha Anderson, Senior Staff Associate
Date: February 14, 2022
Subject: Grant Request – JFO #3087

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

JFO #3087 – \$663,538 to the VT Department of Financial Regulation from the Centers for Medicare and Medicaid Services. Funds will be used to analyze Vermont’s current health insurance options to ensure coverage is accessible to all Vermonters, and to develop an action plan if necessary. Includes one (1) limited-service position, Grant Manager and Health Policy Analyst, funded through 9/14/2023.

[NOTE: The Department of Financial Regulation signed an RFP with an actuarial firm to start looking at the benchmark in September 2021. The work being performed now is planned on being paid for with grant funds.]

[Received February 10, 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 March 7, 2022 we will assume that you agree to consider as final the Governor’s acceptance of this request.

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

BASIC GRANT INFORMATION				
1. Agency:				
2. Department:		Department of Financial Regulation		
3. Program:		The State Flexibility to Stabilize the Market Cycle II Grant Program		
4. Legal Title of Grant:		Public Health Servcie Act		
5. Federal Catalog #:		93.413		
6. Grant/Donor Name and Address:				
Department of Health and Human Services Center for Medicare & Medicaid Services				
7. Grant Period:		From:	9/15/2021	To: 9/14/2023
8. Purpose of Grant:				
The Department of Financial Regulation plans to use the grant funds to carry out four main tasks: 1) Analyze the current Essential Health Benefit Package to ensure the coverage is meeting the needs of the small group and individual markets 2) Analyze whether current networks are adequate for consumers and providing accessible coverage 3) Enhance the existing policy filing review processes and formularies to ensure health insurance issuers do not include and utilize discriminatory benefit designs 4) Perform market scan of the uninsured population to ensure coverage is accessible to all of Vermont's population and develop action plan if necessary.				
9. Impact on existing program if grant is not Accepted:				
No impact to existing programs.				
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 22	FY 23	FY 24	
Personal Services	\$245,826	\$331,770	\$82,942	
Operating Expenses	\$3,000	\$	\$	
Grants	\$	\$	\$	
Total	\$	\$	\$	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$	\$	\$	
(Direct Costs)	\$248,826	\$331,770	\$82,942	
(Statewide Indirect)	\$	\$	\$	
(Departmental Indirect)	\$	\$	\$	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	
Total	\$	\$	\$	
Appropriation No:	2210011000	Amount:	\$663,538	
			\$	
			\$	

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

		\$
		\$
		\$
		\$
	Total	\$663,538

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: _____ Agreed by: _____ (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Grant Manager and Policy Analyst
Total Positions		

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

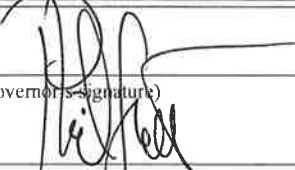
13. AUTHORIZATION AGENCY/DEPARTMENT

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: 1/20/2022
	Title: Commissioner	
	Signature:	Date:
	Title:	

14. SECRETARY OF ADMINISTRATION

<input checked="" type="checkbox"/>	Approved:	Date: 2/1/22
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15. ACTION BY GOVERNOR

<input checked="" type="checkbox"/>	Check One Box: Accepted	 (Governor's signature)	Date:
<input type="checkbox"/>	Rejected		2/10/22

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

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

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

department, commission, board, or other part of state government (see 32 V.S.A. §5).



Department of Health and Human Services

Centers for Medicare & Medicaid Services

Notice of Award

Award# PRPPR210149-01-00

FAIN# PRPPR210149

Federal Award Date: 09/15/2021

Recipient Information**1. Recipient Name**

BANKING, INSURANCE, SECURITIES &
HEALTH CARE ADMINISTRATION
89 Main St
Montpelier, VT 05602-3168
603-227-7265

2. Congressional District of Recipient
00**3. Payment System Identifier (ID)**
1036000264D8**4. Employer Identification Number (EIN)**
036000274**5. Data Universal Numbering System (DUNS)**
809376601**6. Recipient's Unique Entity Identifier****7. Project Director or Principal Investigator**

Mrs Emily Brown
emily.brown@vermont.gov
802-461-6949

8. Authorized Official

Mr Michael Pieciak
Commissioner
michael.pieciak@vermont.gov
802-828-3301

Federal Agency Information

Office of Acquisitions and Grants Management

9. Awarding Agency Contact Information

Ms Karen A Johnson
Grants Management Officer
Karen.Johnson1@cms.hhs.gov
410-786-2208

10. Program Official Contact Information

James Taing
James.Taing@Cms.Hhs.Gov
None

Federal Award Information**11. Award Number**

PRPPR210149-01-00

12. Unique Federal Award Identification Number (FAIN)

PRPPR210149

13. Statutory Authority

Section 2794 of the Public Health Service Act (Section 1003 of the Affordable Care Act)

14. Federal Award Project Title

The State Flexibility to Stabilize the Market Cycle II Grant Program

15. Assistance Listing Number

93 413

16. Assistance Listing Program Title

The State Flexibility to Stabilize the Market Grant Program

17. Award Action Type

New

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	09/15/2021	- End Date	09/14/2023
20. Total Amount of Federal Funds Obligated by this Action			\$663,538.00
20a. Direct Cost Amount			\$663,538.00
20b. Indirect Cost Amount			\$0.00
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			\$663,538.00
26. Project Period Start Date	09/15/2021	- End Date	09/14/2023
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period			Not Available

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Chris Clark

30. Remarks

Funds have been authorized in accordance with the final negotiated budget dated 2/13/2021. Please see the attached Program and Standard Terms and Conditions.



Department of Health and Human Services
Centers for Medicare & Medicaid Services

Notice of Award

Award# PRPPR210149-01-00
FATN# PRPPR210149
Federal Award Date: 09/15/2021

<p>Recipient Information</p> <p>Recipient Name BANKING, INSURANCE, SECURITIES & HEALTH CARE ADMINISTRATION, 89 Main St Montpelier, VT 05602-3168 603-227-7265</p> <p>Congressional District of Recipient 00</p> <p>Payment Account Number and Type 1036000264D8</p> <p>Employer Identification Number (EIN) Data 036000274</p> <p>Universal Numbering System (DUNS) 809376601</p> <p>Recipient's Unique Entity Identifier Not Available</p>
<p>31. Assistance Type Insurance</p> <p>32. Type of Award Other</p>

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	\$207,268.00
b. Fringe Benefits	\$93,270.00
c. Total Personnel Costs	\$300,538.00
d. Equipment	\$0.00
e. Supplies	\$1,000.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$360,000.00
j. TOTAL DIRECT COSTS	\$663,538.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$663,538.00
m. Federal Share	\$663,538.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-5991262	PRPPR0149A	1PR	4158	\$663,538.00	75-75-X-0112.005

**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: Department of Financial Regulation Date: 12/17/2021

Name and Phone (of the person completing this request): Emily Brown 802-828-4871

Request is for:

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

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):
Centers for Medicare and Medicaid Services (CMS), The State Flexibility to Stabilize the Market Cycle II Grant Program

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>
Grant Manager and Health Policy Analyst	1	DFR, Insurance Division	9/15/2021-9/14/2023

*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 grant administration and grant funded work requires an additional position to help with the management of the grant and ensure projects and reporting are completed in a timely and organized manner. This position will be responsible for organizing materials to meet quarterly reporting requirements and maintaining all grant related documents. The position will communicate frequently with contracted consultants regarding project deliverables and any data requests. The position will also aid in helping interpret data and will work directly with the project director on developing policy outcomes based on project results.

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)).

 12/17/2021
Signature of Agency or Department Head Date

Aimee Pope

Digitally signed by Aimee Pope
Date: 2022.01.24

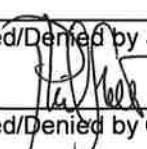
Approved/Denied by Department of Human Resources Date

Adam Greshin

Digitally signed by Adam Greshin
Date: 2022.02.07 11:54:15 -05'00'

Approved/Denied by Finance and Management Date

Approved/Denied by Secretary of Administration Date

 2/10/22

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

Comments:

Budget Narrative

The Department is requesting the to participate in the State Flexibility to Stabilize the Market Grant Program. The Department maintains an effective form review process and market conduct program to ensure all pre-selected market reforms and consumer protections under Part A of Title XXVII of the Public Health Services act are implemented and hopes to enhance and improve market compliance within the scope of the reforms. Currently the Department does not have a separate budget to administer the and enforce the market reforms. The Department has integrated the enforcement of these pre-selected market activities into the pre-existing regulatory structure of the Department's rates and forms and market conduct duties.

A. Personnel (Salaries and Wages)

The total amount of personnel funds to be requested is \$199,279 over two years. In the first year of the grant, the total personnel funds requested are \$99,639 and in year two of the grant, the amount being requested for personnel is \$99,640. The personnel funds will fund one position.

Position Title	Name (if known)	Annual	Time	Months	Amount Requested
Director of Rates and Forms	Emily Brown	\$103,230	30%	24 months	\$30,969
Assistant Director of Rates and Forms, Life and Health	Anna Van Fleet	\$74,984	10%	24 months	\$7,498
Assistant General Counsel	Sebastian Arduengo	\$73,861	10%	24 months	\$7,386
Administrative Services Manager	Karen Hutchinson	\$68,536	5%	24 months	\$3,426
Grant Manager and Policy Analyst	Vacant	\$75,000	100%	24 months	\$150,000
Total:		\$395,611			\$199,279

Job Description: Director of Rates and Forms – Emily Brown

The Director of Rates and Forms oversees the entire form review process for the Department including management, review, and final filing dispositions for the Department. The Director will be the lead policy development on the four enhancements outlined in the narrative, including enhancement of the form review process, network adequacy evaluation, development of enforcement mechanisms and reporting standards and guiding the contract actuaries on all aspects of project direction. 30% of time is budgeted for 12 months in year one. 30% of time is budgeted for 12 months in year two of the grant cycle.

Assistant Director of Rates and Forms, Life and Health – Anna Van Fleet

The Assistant Director assists with form filing reviews and decisions. She is also responsible for SERFF filing management and working with contracted actuaries on annual analysis and certification of health insurance policies sold on the exchange. The assistant director will help review and analyze the outcomes of the various projects identified in the project narrative and work directly with the project director in formulating and presenting policy and regulatory guidance to relevant parties.

Assistant General Counsel and Director of External Appeals– Sebastian Arduengo

This position will help direct the overall operation of the project and will be responsible for overseeing the implementation of project activities and helping with the request for proposal process to ensure compliance with state law. The position will also help with development of policy and regulatory outcomes once project outcomes are complete.

Administrative Services Manager – Karen Hutchinson

The administrative services manager will be responsible for managing the grant budget and managing payments to consultants and federal financial reports.

Job Description: Grant Manager and Policy Analyst

This position is currently vacant. This position will be responsible for organizing materials to meet quarterly reporting requirements and maintaining all grant related documents. The position will communicate frequently with contracted consultants regarding project deliverables and any data requests. The position will also aid in helping interpret data and will work directly with the project director on developing policy outcomes based on project results.

B. Fringe Benefits

Year One		Salary Requested	Amount Requested
FICA	7.25%	\$99639	\$7223.828
Retirement (average)	15%	\$99639	\$14945.85
Insurance (average)	20%	\$99639	\$19927.8
WC	2.75%	\$99639	\$2740.073
Total:			\$44837.55
Year Two			
FICA	7.25%	\$99640	\$7223.828
Retirement (average)	15%	\$99640	\$14945.85
Insurance (average)	20%	\$99640	\$19927.8
WC	2.75%	\$99640	\$2740.073
Total:			\$44837.55

C. Travel

No funds are being requested for travel.

D. Equipment

No funds are being requested for equipment.

E. Supplies

Items	Rate	Cost
Laptop	1 @ \$2,500	\$2,500
Printer	1 @ \$500	\$500

General office supplies will be used by staff members to carry out daily activities of the program. The Grant Manager and Policy Analyst will be a new position and will require a laptop computer and printer to complete required activities under this Notice of Funding Opportunity. The price of the laptop computer and printer is consistent with those purchased for other employees of the organization and is based upon a recently acquitted invoice (which can be provided upon request).

F. Consultants

The projects outlined under the grant will all be performed by consultants. All consultants will be hired through a request for proposal (RFP) bidding process following all required statutes and applicable administrative bulletins. The RFP process will begin upon the anticipated approval of the grant application. The Department has provided good faith estimates of the amount each project will cost. The final cost and identification will be provided upon completion of the RFP process. At this time the Department is unable to identify a proposed consultant for each of the projects as outlined in the project narrative. No costs for consultant activities shall be incurred until the Department provides the required documentation to CMS and receives approval for the consultant hiring.

Grant Manager and Health Policy Analyst

Job Code: XXX

Pay Plan: Classified

Pay Grade: 27

Occupational Category: Administrative Services, HR & Fiscal Operations

Effective Date: XXX

Class Definition:

Assist the Director of Insurance Regulation in the management of key operational elements, stakeholder groups and implementation initiatives as required for several grant projects.

Helping to ensure timely and effective implementation of grant activities as well as the ensuring policy decisions are supported by comprehensive analysis and data.

Examples of Work:

The role of the Grant Manager and Health Policy Analyst will require substantial involvement in the development of grant project design principles, methodologies, and strategies for implementation. This will also include identification of impacts on quality and costs, definitions of performance metrics, and identification of payer and provider financial and performance impact.

The Grant Manager and Health Policy Analyst will be responsible for assisting staff to identify those financial and clinical performance measures that will be necessary to model performance benchmarks, trends, and actual performance over time. This work will be coordinated with other agencies throughout the State.

He/she will also be responsible for assisting the Director of Insurance Regulation in the production of necessary quarterly reports to the Centers for Medicare and Medicaid Services or others as required. He or she will help define project scope, goals and deliverables that support project goals in collaboration with stakeholders and will track project milestones and deliverables. This will include management of grant funding and work plan updates in accordance with federal guidelines.

Other Duties will include:

Assist in the development of project plans and associated communications documents.

Effectively communicate project expectations to team members and stakeholders in a timely and clear fashion.

Estimate the resources and participants needed to achieve project goals.

Review requirements for use of funds as stipulated by the grantor agency.

Coordinate the preparation of grant application documentation such as program plan and budget.

Participate in meetings with insurance companies and other state agencies.

Manage the implementation of health care projects, including reviewing required reporting.

Collaborate with Department staff on project development and implementation.

Participate in regularly scheduled and ad hoc meetings as requested.

Perform related duties as required.

Environmental Factors:

Work is performed primarily in a virtual and office setting. Meetings with various advisory committees, public interest groups, municipal officials and staff as well as basic position functions. Encounters with adversary groups, conflicting opinions, and public apathy may be anticipated.

Knowledge, Skills and Abilities:

Knowledge of the principles and practices of public administration and program management, including accounting and program evaluation.

Ability to translate abstract concepts into concrete tasks, including the development and implementation of effective program policies and operating procedures.

Working knowledge of grant administration and compliance monitoring.

Experience with computer applications related to program management, grant administration, and production of financial and clinical reports, graphs, etc.

Ability to establish and maintain effective working relationships.

Ability to communicate effectively through written materials, and visual and oral presentations (including proficiency with applicable Microsoft Office Suite products).

Skill in meeting facilitation techniques.

Experience at working both independently and in a team-oriented, collaborative environment is essential.

Can conform to shifting priorities, demands and timelines through analytical and problem-solving capabilities.

Minimum Qualifications

Juris Doctor (J.D.) or Master's degree in relevant field AND three (3) years or more of professional level experience in administration, public policy, public health, government, health care or human services field.

OR

Bachelor's degree AND five (5) years or more of professional level experience in administration, public policy, public health, government, health care or human services field.

Preferred Qualifications:

Special Requirements:

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.

The duties of the Grant Manager and Health Policy Analyst are as follows:

1. Professional oversight and management of grant workflow and related projects for the Department and other state agency stakeholders.

What: The position will oversee and manage several grant projects which have been approved by the Centers for Medicare and Medicaid (CMS). The projects include an analysis of the Essential Health Benefit Benchmark Plan, Network Adequacy, and enhancing the form and rate review process.

How: The project requires coordination with several stakeholders and contractors to complete projects. The incumbent will ensure that project deadlines are being met and quarterly filings are completed in a timely manner. The position will also be responsible for scheduling and coordinating meetings. Manages day to day operational aspects of grant projects, as well as project oversight. Schedules, attends, and evaluates grantee compliance against federal standards. Helps develop project work plans and oversees progress.

Why: To ensure projects are completed in a timely and compliant manner within the two year grant period.

2. Conducts data analysis and develops written materials to advise and inform health policy decisions.

What: The position analyzes and processes varying data sources and uses the relevant information to develop policy positions and reports to inform health policy positions.

How: Requests data and information from relevant sources and analyzes the results using knowledge of health care law and policy.

Why: To ensure policy decisions are supported by comprehensive analysis of available data and resources.

3. Assistance with drafting written reports and to ensure compliance with federal and state regulations. Prepares quarterly reports and files with federal entities to ensure compliance with grant guidelines.

What: The position provides analytical and technical support to facilitate post award

administration and compliance.

How: The project requires states to file quarterly reports with the federal agency charged with issuing the grant funds and oversight of eligible projects.

Why: Ensure that work is being performed in compliance with the federal grant requirements and all reporting and analysis is completed in a timely manner.

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*.

Collaborate with other state agencies regulating health insurance and health care policy. Coordinate and organize projects with contract actuaries and external stakeholders, such as insurance companies and advocacy groups. Monitor and report on grant activity to relevant federal and state entities.

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.

No

4. Do you supervise?

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

The position is not a supervisory position.

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.

Projects and assignments will be received from the Director of Insurance Regulation. Priorities will be determined by the grant project timelines and deadlines for expenditure of the funding. Tasks will mostly be performed independently but regular reporting to the supervisor will be required.

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.*

The grant manager and policy analyst will be responsible for managing several workstreams at the same time, tracking reporting requirements, project deadlines, and coordinating agendas and presentations between several stakeholders with conflicting priorities.

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.*

Overseeing and managing a grant budget of \$666,000 Federal Grants. Carrying out grant projects and managing project workflows.

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?
The grant manager is frequently subject to competing demands on her time and is expected to manage several project workflows with several	75%

deadlines.	
The grant manager may be required to mediate competing interests of stakeholders who are invested in their positions.	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?
None	

- 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?

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

Type	How Much of the Time?

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.

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 management of federal grant projects and ensuring projects are completed in a timely manner and within budget. The federal grant contains several requirements which must be completed to ensure the state receives federal funds for the health policy workstreams.

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?

Management of large and complex case loads. The ability to organize, process, and communicate data. The grant manager will be responsible for receiving and managing several data sources and will need to organize the information. Knowledge of federal and state health care law.

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

The above description was prepared by the Director of Insurance Regulation

4. Suggested Title and/or Pay Grade:

Grant Manager and Health Policy Analyst, Pay Grade 27

Supervisor's Signature (required): Emily Brown Date: 12/15/21

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:

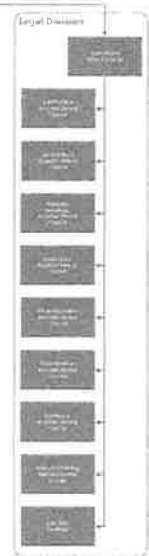
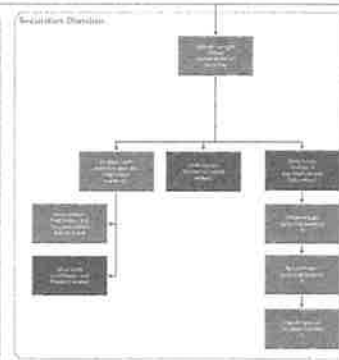
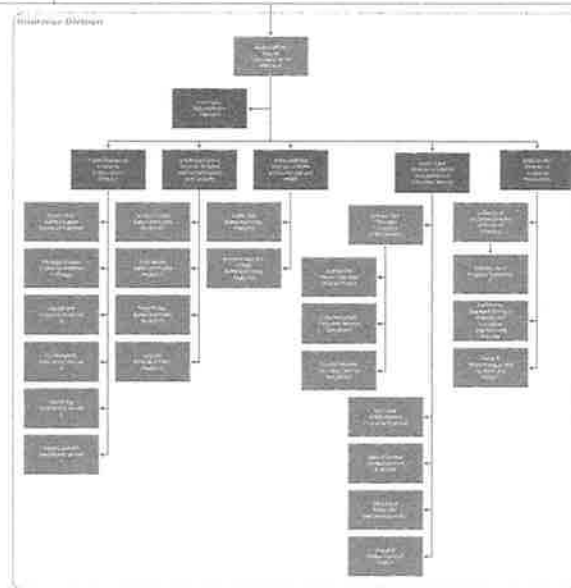
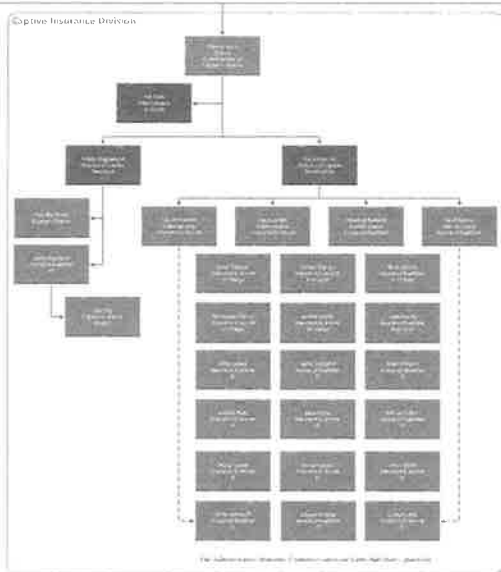
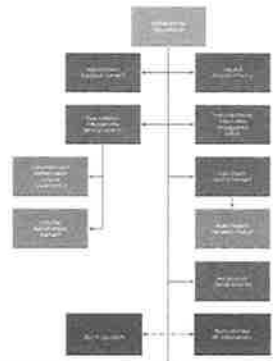


Appointing Authority or Authorized Representative Signature (required)

12/16/2021

Date

Vermont Department of Financial Regulation





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

[phone] 802-828-2376
 [fax] 802-828-2428

Agency of Administration

STATE OF VERMONT FINANCE & MANAGEMENT GRANT REVIEW FORM					
Grant Summary:		This grant funding will be utilized to better administer and enforce market reforms related to pre-selected market reforms and consumer protections.			
Date:		1/31/2022			
Department:		Department of Financial Regulation			
Legal Title of Grant:		The State Flexibility to Stabilize the Market Cycle II Grant Program			
Federal Catalog #:		16.585			
Grant/Donor Name and Address:		Department of Health and Human Services Center for Medicare & Medicaid Services			
Grant Period:		From:	To:		
		9/15/2021	9/14/2023		
Grant/Donation		\$663,538			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$248,826	\$331,770	\$82,942	\$663,538	
Position Information:		# Positions	Explanation/Comments		
		1	Position is intended to assist with the management of the grant and ensure grant-related projects and reporting is complete and timely.		
Additional Comments:					
Department of Finance & Management				<small>DocuSigned by:</small> Adam Greshin <small>Digitally signed by Adam Greshin Date: 2022.01.31 15:52:31 -05'00'</small> 41948B1C0A3645...	
Secretary of Administration				(Initial)	
Sent To Joint Fiscal Office				(Initial)	
				Date	

