



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Daniel Dickerson, Fiscal Analyst *DWD*
Date: February 19, 2019
Subject: Position and Grant Requests – JFO #2951 - 2954

Enclosed please find four (4) items, including three (3) limited-service positions, which the Joint Fiscal Office has received from the Administration.

JFO #2951 – One (1) limited-service position within the VT Agency of Agriculture, Food and Markets. The position would be titled Agricultural Water Quality Specialist II and would provide additional capacity for the Agency to perform its commitments to the U.S. Environmental Protection Agency (EPA) under the Lake Champlain Total Maximum Daily Load (TMDL). Specifically, this position would support the Conservation Reserve Enhancement Program, which is a program that compensates agricultural landowners for taking land out of production for a period of time and also provides cost-share for the establishment of vegetative buffers between agricultural land and waterways. The position would be funded from two sources: 1) a sub-grant from the Agency of Natural Resources that will leverage 2) grant funding from the U.S. Dept. of Agriculture.

[JFO received 2/15/19]

JFO #2952 – One (1) limited-service position within the VT Agency of Agriculture, Food and Markets. The position would be titled Agricultural Engineer I and would provide additional capacity for the Agency to perform its commitments to the U.S. Environmental Protection Agency (EPA) under the Lake Champlain Total Maximum Daily Load (TMDL). Specifically, this position would support the agricultural best management practices (BMP) program and the environmental quality incentives program. The position would provide engineering and hydrogeology assistance with agricultural waste management systems, environmental monitoring and other projects aimed at reducing environmental contamination from agricultural operations. The position would be funded by a sub-grant of federal funds from the Agency of Natural Resources.

[JFO received 2/15/19]

JFO #2953 – \$199,160 from the U.S. Dept. of Justice to the VT Dept. of Corrections. The funds would be used to develop a strategic plan for a system-wide approach to enhance employment outcomes of offenders who are re-entering the workforce. The effort would be focused on student assessments and increasing capacity within the culinary program in the corrections kitchen. Funds would be distributed between two personal service contracts, a workforce skills certification system, a prostart culinary trainer certification, and other supplies/packages. The planning effort would be completed through the remainder of State FY2019 and part of FY2020.

[JFO received 2/16/19]

JFO #2954 - \$2,295,876 from the U.S. Dept. of Labor to the VT Dept. of Labor (Department). The funding is being provided through Phase I of the Retaining Employment and Talent After Injury/Illness Network (RETAIN) demonstration project. The overall project would be focused on developing early intervention strategies to improve stay-at-work/return-to-work (SAW/RTW) outcomes for individuals who experience a work disability while employed. *One (1) limited-service position, titled Grant Manager, is associated with this request.* Phase I, which is estimated to last for 18 months, would be focused on project development, while phase II would focus on broader implementation and funding for phase II would be awarded based on the outcomes of phase I. The Department intends for the project to lead to the following outcomes: 1) a program that benefits injured workers, 2) reduced costs for worker's compensation claims, and 3) encourage suitable employment instead of reliance on programs like social security disability. The project would be 100% federally funded.

[JFO received 2/16/19]

Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; ddickerson@leg.state.vt.us) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by March 15, 2019 we will assume that you agree to consider as final the Governor's acceptance of these requests.

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
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FEB 16 2019

JOINT FISCAL OFFICE

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

Grant Summary:		To conduct research to identify, validate and document effective practices and policies that enhance employment opportunities for youth with disabilities			
Date:		2/5/2019			
Department:		Department of Labor			
Legal Title of Grant:		Retaining Employment and Talent After Injury/Illness Network (RETAIN) Demonstration Projects			
Federal Catalog #:		17.720			
Grant/Donor Name and Address:		US Department of Labor, Office of Disability Employment Policy, 200 Constitution Ave., NW, Room S-1303, Washington, District of Columbia 20210			
Grant Period:		From:	To:		
		9/24/2018	3/30/2020		
Grant/Donation		\$2,295,876.00			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$1,000,000	\$1,295,876	\$	\$2,295,876	
Position Information:		# Positions	Explanation/Comments		
		1	Limited Service		
Additional Comments:					
Department of Finance & Management				<i>AME</i>	(Initial)
Secretary of Administration				<i>BSH</i>	(Initial)
Sent To Joint Fiscal Office				2/14/19	Date

2/5/19



RECEIVED
FEB 18 2012
JOINT FISCAL OFFICE

Aronowitz, Jason

From: Monahan, Stephen
Sent: Tuesday, February 5, 2019 10:22 AM
To: Aronowitz, Jason
Cc: Wawrzyniak, Chad; Kurrle, Lindsay
Subject: Retain AA-1

Dear Jason:

Please amend the Retain AA-1 to reflect the change to one limited service position. This change is due to our revised plan to fulfill the CORE Director for Education and Outreach need through a sub-grant award with one of our partners, and fulfilling the duties of the Data Manager and Programmer using existing staff from our Labor Market Information Unit and ADS staffing. The Limited Service Position for a Retain Grant Manager is still needed.

Thank you for your assistance.

J. Stephen Monahan

Director, Workers' Compensation & Safety Division

Vermont Department of Labor

5 Green Mountain Drive


P.O. Box 488

Montpelier, Vermont 05601-0488

(802) 828-2138

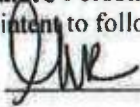
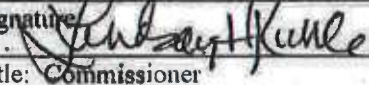
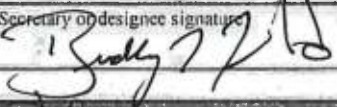

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION				
1. Agency:				
2. Department:		Department of Labor		
3. Program:		Worker's Compensation and Safety Division		
4. Legal Title of Grant:		Retaining Employment and talent After Injury/Illness Network (RETAIN) Demonstration Projects		
5. Federal Catalog #:		17.720		
6. Grant/Donor Name and Address: US Department of Labor				
7. Grant Period:		From: 9/24/2018	To: 3/30/2020	
8. Purpose of Grant: To conduct research to identify, validate, and document effective practices and policies that enhance employment opportunities for youth with disabilities				
9. Impact on existing program if grant is not Accepted:				
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY	FY	FY	
Personal Services	\$428,629	\$639,764	\$	
Operating Expenses	\$230,509	\$281,702	\$	
Grants	\$340,862	\$374,410	\$	
Total	\$1,000,000	\$1,295,876	\$	
Revenues:				
State Funds:	\$	\$	\$	
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:	\$	\$	\$	
(Direct Costs)	\$1,000,000	\$1,295,876	\$	
(Statewide Indirect)	\$	\$	\$	
(Departmental Indirect)	\$	\$	\$	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	
Total	\$1,000,000	\$1,295,876	\$	
Appropriation No:	4100500000	Amount:	\$2,295,876	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
		Total	\$2,295,876.00	

Received 1/11/19


DEC 07 2018

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

PERSONAL SERVICE INFORMATION		
<p>11. Will monies from this grant be used to fund one or more Personal Service Contracts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy. Appointing Authority Name: Lindsay Kurrle Agreed by:  (initial)</p>		
12. Limited Service Position Information:	# Positions	Title
	1	VT RETAIN GRANTS MANAGER
	1	Exec Director for Education and Outreach
	1	DATA MANAGER AND PROGRAMMER
Total Positions	3	
12a. Equipment and space for these positions:		<input checked="" type="checkbox"/> Is presently available. <input type="checkbox"/> 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-IPN (if applicable):	Signature: 	
	Title: Commissioner	
	Date: 12/7/18	
	Signature: _____ Date: _____	
Title: _____		
14. SECRETARY OF ADMINISTRATION		
<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) 	Date: 2-5-19
15. ACTION BY GOVERNOR		
<input checked="" type="checkbox"/> Accepted	(Governor's signature) 	Date: 2/13/19
<input type="checkbox"/> Rejected		
16. DOCUMENTATION REQUIRED		
Required GRANT Documentation		
<input checked="" type="checkbox"/> Request Memo <input type="checkbox"/> Dept. project approval (if applicable) <input checked="" type="checkbox"/> Notice of Award <input checked="" type="checkbox"/> Grant Agreement <input checked="" type="checkbox"/> Grant Budget	<input type="checkbox"/> Notice of Donation (if any) <input type="checkbox"/> Grant (Project) Timeline (if applicable) <input type="checkbox"/> Request for Extension (if applicable) <input type="checkbox"/> Form AA-1PN attached (if applicable)	
End Form AA-1		
(*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).		

**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: Vermont Department of Labor Date: 12/27/2018

Name and Phone (of the person completing this request): J. Stephen Monahan 802-828-2138

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):
 U.S. DEPARTMENT OF LABOR / OFFICE OF DISABILITY EMPLOYMENT POLICY
 Retaining Employment and Talent After Injury/Illness Network (RETAIN) Demonstration Projects
 Funding: Infra Structure \$1,000,000.00; implementation \$1,295,876.00; Total \$2,295,876.00 (see attached)

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>
RETAIN GRANT MANAGER	1	WC & Safety Division	10/01/2018 - 03/31/2020 (18 month Grant)

*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:

This grant provides an opportunity to reduce employer costs of disabling injuries, while improving the injured workers' ability to obtain the best treatment and either remain working while treating, or returning swiftly to work post treatment. We lack a staff person to manage the grant implementation and reporting requirements, and must return the grant if the position is not filled.

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)).

Judith H. Kurek 12/31/18
 Signature of Agency or Department Head Date

[Signature] 1/4/18
 Approved/Denied by Department of Human Resources Date

[Signature] 5 Feb 19
 Approved/Denied by Finance and Management Date

[Signature] 2-5-19
 Approved/Denied by Secretary of Administration Date

Comments:

This will include only 1 Limited Service position, not 3

Job Specifications

VDOL SENIOR GRANT MANAGER

Job Code: 471700

Pay Plan: Classified

Pay Grade: 25

Occupational Category: Administrative Services, HR & Fiscal Operations

Effective Date: 06/24/2007

Class Definition:

Oversight, administrative, coordinating and liaison work for the Vermont Department of Labor (VDOL). Duties include oversight and management of the preparation of proposals, grants, reports, budget development and provision of technical assistance to VDOL staff who write grants and to grant recipients. Significant contact occurs with government agencies (both state and federal), colleges and universities, employers and non-profit organizations including private foundations. Work is largely independently supervised.

Examples of Work:

Administers, directs and oversees external grants and sub-grants development process. The position directs the writing of grants and sub-grants between the VDOL and external agencies and departments both within state government and outside state government. Grants and sub-grants are also often written with higher education institutions, non-profit organizations and for-profit businesses. Grants and/or Memoranda of Agreement can be written with other states, the federal government, foundations and other organizations both within and outside the country. The position trains and oversees grant/sub-grant development activities of other state employees. The position identifies funding opportunities and is the department's primary contact with the funding sources. The position develops budgets for proposals submitted to external funding sources. The position helps establish application criteria for new funding streams. The position represents the department with multiple organizations outside VDOL and often represents the Commissioner, Deputy Commissioner and/or Director of Workforce Development. These external activities frequently require the position to act as meeting facilitator, make presentations and/or serve on reactor panels. The position oversees grant/sub-grant implementation. This includes providing compliance oversight, reviewing and approving cash requests and required reports. This position trains staff on the writing of grants /sub-grants, on their management and on regulatory compliance issues. Performs related duties as required.

Environmental Factors:

Duties are performed primarily in a standard office setting. Attendance at a wide range of meetings requires that private means of transportation be available and often requires work outside of normal office hours. Required travel includes both in-state and out-of-state travel.

Minimum Qualifications**Knowledge, Skills and Abilities:**

Above average math, oral and written skills.

Considerable knowledge of administrative principles, practices and program operations.

Extensive knowledge of grant writing and budget development.

Extensive knowledge of activities funded under federal and state grants, including applicable statutes authorizing the funding opportunities.

Extensive knowledge of private foundation funding practices and requirements.

Ability to interpret and apply rules and regulations of considerable complexity.

Above average analytical and organizational skills.

Ability to work on several projects concurrently and set priorities.

Ability to translate complex training content into readable and persuasive proposal format

Ability to work cooperatively with representatives from local, state and federal entities.

Education and Experience:

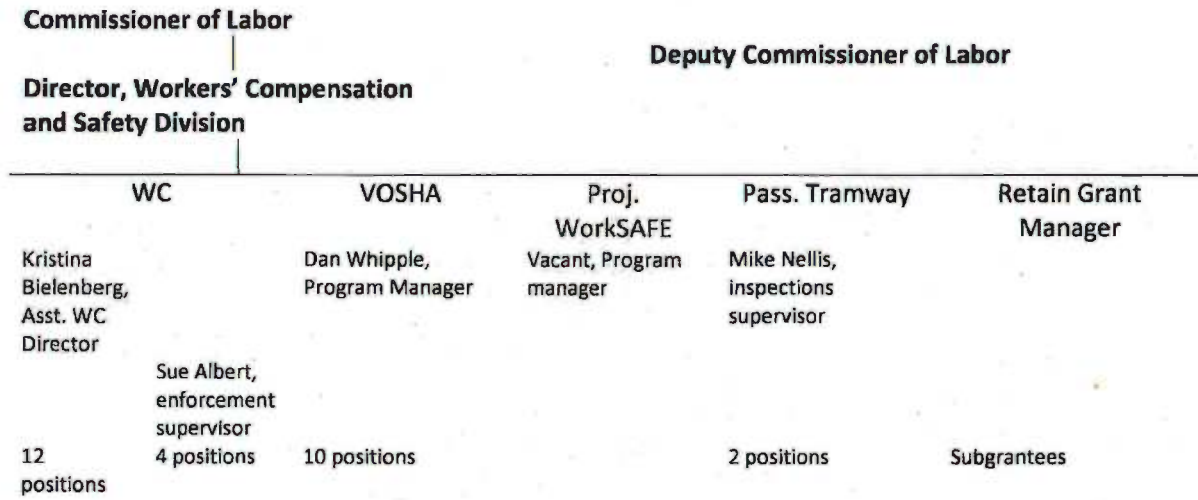
Education: Bachelor's degree.

Experience: Four years in education, accounting, grant writing, human resources business, or a related field, including two years grant writing and budget development work.

Note: Additional work experience (as stated above) may be substituted for the Bachelor's degree on a six months for a semester basis.

Special Requirements: n/a

Proposed Organizational Chart showing where the Retain Grant resides



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: _____
Working Conditions: _____	Accountability: _____
	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):

a. **REQUIRED:** Allocation requested: Existing Class Code Existing Job/Class Title:

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:

- Managing and supporting grant requirements and implementation for the Vermont RETAIN project
- Identifying and developing strategies to optimize the grants administration process
- Overseeing that the project is implemented according to state and federal compliance requirements
- Grant writing and identifying new grant opportunities
- Supervising the project team to ensure proper coordination of work
- Providing training to staff related to grants management and reporting requirements
- Keeping relevant project staff informed about upcoming deadlines and deliverables to ensure smooth completion of work responsibilities
- Overseeing compliance by all project partners with job responsibilities and requirements
- Maintaining research, administrative, and financial records for all grant related activities
- Providing detailed reports to the funders and the project leadership team related to the grant's progress
- Preparing financial or budget plans and allocation with planning and finance departments in accordance with grant requirements
- Overseeing invoicing, accounting, reporting, and other administrative functions to ensure successful execution of the grant process
- Analyzing budget trends and making recommendations to ensure the project stays within budget
- Monitoring paperwork and other related documents connected with grant-funded programs

2. Provide a brief justification/explanation of this request: This \$2.29 million grant provides an opportunity to reduce employer costs of disabling injuries, while improving the injured workers' ability to obtain the best treatment and either remain working while treating, or returning swiftly to work post treatment. This position

would manage the grant implementation and reporting requirements a prescribed by the US Department of Labor and the Office of Disability Employment Policy. Without this position, the grant funding would need to be returned to the federal government.

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).

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.)

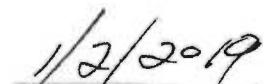
Attachments:


- 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).

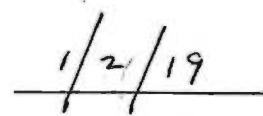
Personnel Administrator's Signature (required)*

Date


Supervisor's Signature (required)*


Date


Appointing Authority:
MICHAEL HANNON

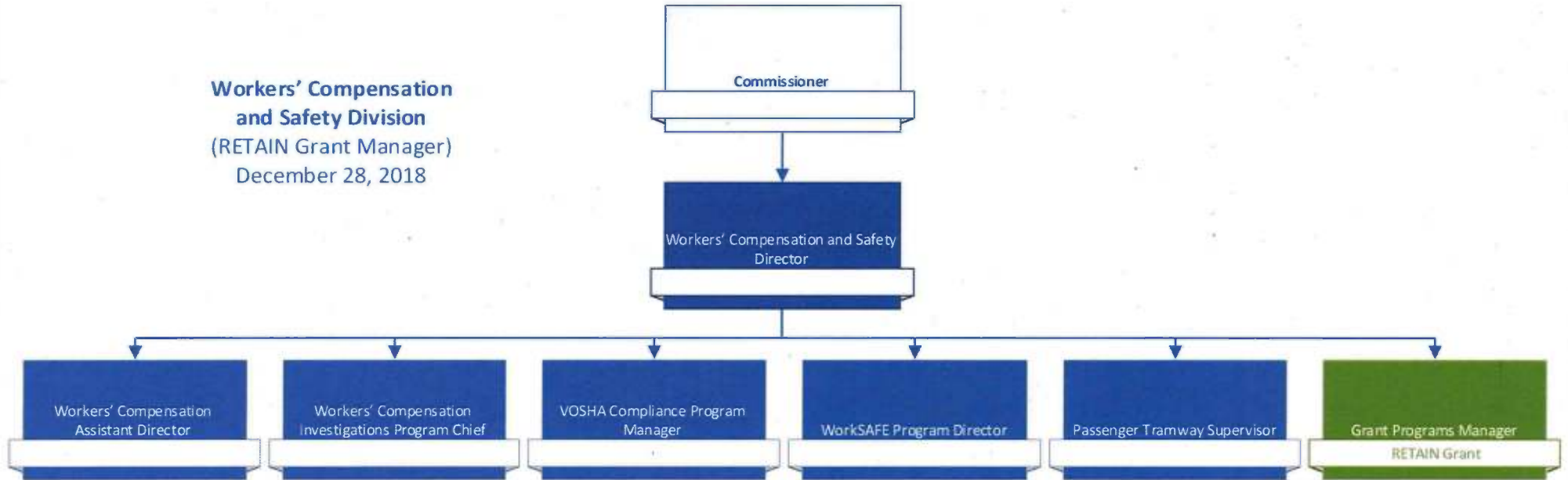


Appointing Authority or Authorized Representative Signature **(required)***

Date

* Note: Attach additional information or comments if appropriate.

**Workers' Compensation
and Safety Division**
(RETAIN Grant Manager)
December 28, 2018

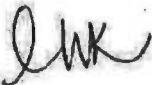




State of Vermont
Department of Labor
Lindsay H. Kurrle, Commissioner
5 Green Mountain Drive
P.O. Box 488
Montpelier, VT 05601
labor.vermont.gov

[telephone] 802-828-4301
[fax] 802-828-4181

MEMORANDUM

To: Susanne Young, Secretary of Administration
From: Lindsay H. Kurrle, Commissioner of Labor 
Date: October 19, 2018
Subject: **Request for approval of grant awarded the Vt Dept. of Labor (32 VSA §5(a)(1))**

Vermont statute prescribes a specific process for accepting any grant. See 32 VSA §5. The statute directs that the grant award be forwarded to the Governor's office for acceptance or rejection. The Governor's office is to send a copy of notice of the grant, and the acceptance or rejection of the award to the Joint Fiscal Office, along with a memorandum addressing six criteria, addressed below.

(A) The source of the grant, gift, or loan;

The source of this grant is the U.S. Department of Labor, Office of Disability Employment Policy (ODEP).

(B) The legal and referenced titles of the grant;

The Title of this grant is Retaining Employment and Talent After Injury/Illness Network (RETAIN) Demonstration Projects. Funding Opportunity Number: FOA-ODEP-18-01

(C) The costs, direct and indirect, for the present and future years related to such a grant;

This is a Phase 1 grant expected to last 18 months. The estimated direct and indirect cost over the 18 months of this grant is \$2,295,876.00. It is anticipated that \$1,000,000.00 will be spent on infrastructure initiatives and \$1,295,876.00 on implementation of educational and outreach efforts. More detailed financial information is contained in Form 424A and the Budget Narrative submitted as part of the Grant Application.



OCT 23 2018



State of Vermont
Department of Labor
Lindsay H. Kurrle, Commissioner
5 Green Mountain Drive
P.O. Box 488
Montpelier, VT 05601
labor.vermont.gov

[telephone] 802-828-4301
[fax] 802-828-4181

(D) The department and/or program which will utilize the grant;

The primary department utilizing the grant will be the Vermont Department of Labor, Workers' Compensation and Safety Division. State partners including the Vermont Department of Health and the Division of Vocational Rehabilitation Services may also utilize portions of the grant.

(E) A brief statement of purpose;

The overall goal of Phase 1 and Phase 2 of these grant initiatives is to develop effective early intervention strategies that improve stay-at-work/return-to-work (SAW/RTW) outcomes of individuals who experience work disability while employed. Work disability is defined as an injury, illness, or medical condition that has the potential to inhibit or prevent continued employment or labor force participation. The RETAIN Demonstration Projects grants were offered by the U.S. Department of Labor's Office of Disability Employment Policy (ODEP) in partnership with DOL's Employment and Training Administration (ETA) and the Social Security Administration (SSA). The grants are planned to be offered in two Phases. Phase one focuses on project development and Phase two, which will be awarded based on outcomes of Phase one will focus on broader implementation. Vermont has been awarded a Phase one grant. The Vermont Department of Labor's Workers' Compensation and Safety Division, in collaboration with other interested partners believes these grants are an opportunity to develop the education, treatment and infrastructure necessary to return injured or ill workers to productive work as soon as medically possible during the recovery process. An effective program will benefit the injured or ill worker, reduce the overall costs of workers' compensation claims, and encourage suitable employment instead of reliance on programs like social security disability.

Our approach will focus on:

- (1) Building a robust planning, coordination, communication, data, and education infrastructure
- (2) Implementing a work disability prevention program (VT WRC) to test the impact of early SAW/RTW interventions developed in a monopolistic state system that will be modified for use in the Vermont system with multiple independent insurers in a voluntary marketplace
- (3) Conducting a thorough assessment of the current SAW/RTW programs, resources, and services available to workers in our state
- (4) Conducting a thorough assessment of barriers to employment due to musculoskeletal and non-musculoskeletal injuries in our state
- (5) Engaging in strategic planning for Phase 2.





State of Vermont
Department of Labor
Lindsay H. Kurrle, Commissioner
5 Green Mountain Drive
P.O. Box 488
Montpelier, VT 05601
labor.vermont.gov

[telephone] 802-828-4301
[fax] 802-828-4181

Our partners in this endeavor will include participants from the public and private sector, including the Vermont Department of Health, the Division of Vocational and Rehabilitation services, OneCare, Dr. Karen Huyck of Dartmouth College and others.

(F) Impact on existing programs if grant is not accepted.

The grant is seen as an opportunity to return workers who are injured to employment quickly and safely. If successful it ought to reduce WC premiums for employers and reduce the number of persons reliant on social security disability benefit programs. However, if the grant is not accepted it would not have any immediate direct impact on the Workers' Compensation program or social security disability benefit programs.



Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
* a. Applicant: <input type="text" value="VT"/>	* b. Program/Project: <input type="text" value="A11"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text" value="09/30/2018"/>	* b. End Date: <input type="text" value="03/30/2020"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text" value="2,295,876.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,295,876.00"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: <input type="text"/>	* First Name: <input type="text" value="Michael"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Harrington"/>	
Suffix: <input type="text"/>	
* Title: <input type="text" value="Deputy Commissioner of Labor"/>	
* Telephone Number: <input type="text" value="802-828-4100"/>	Fax Number: <input type="text"/>
* Email: <input type="text" value="Michael.Harrington@Vermont.Gov"/>	
* Signature of Authorized Representative: <input type="text" value="Deborah Donati"/>	* Date Signed: <input type="text" value="08/03/2018"/>

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 01/31/2019

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Infrastructure	17.720	\$ 0.00	\$ 0.00	\$ 1,000,000.00	\$ 0.00	\$ 1,000,000.00
2. Implementation	17.720			1,295,876.00	0.00	1,295,876.00
3.						
4.						
5. Totals		\$ 0.00	\$ 0.00	\$ 2,295,876.00	\$ 0.00	\$ 2,295,876.00

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SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Infrastructure	(2) Implementation	(3)	(4)	
a. Personnel	\$ 240,731.00	\$ 368,250.00	\$	\$	\$ 608,981.00
b. Fringe Benefits	122,773.00	187,808.00			310,581.00
c. Travel	6,384.00	8,496.00			14,880.00
d. Equipment	0.00	10,000.00			10,000.00
e. Supplies	0.00	16,000.00			16,000.00
f. Contractual	340,862.00	374,410.00			715,272.00
g. Construction	0.00	0.00			0.00
h. Other	159,000.00	163,500.00			322,500.00
i. Total Direct Charges (sum of 6a-6h)	869,750.00	1,128,464.00			\$ 1,998,214.00
j. Indirect Charges	130,250.00	167,412.00			\$ 297,662.00
k. TOTALS (sum of 6i and 6j)	\$ 1,000,000.00	\$ 1,295,876.00	\$	\$	\$ 2,295,876.00
7. Program Income	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS	
8. Infrastructure	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
9. Implementation	0.00	0.00	0.00	0.00	
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 1,431,958.00	\$ 333,333.00	\$ 333,333.00	\$ 333,333.00	\$ 431,959.00
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$ 1,431,958.00	\$ 333,333.00	\$ 333,333.00	\$ 333,333.00	\$ 431,959.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b)First	(c) Second	(d) Third	(e) Fourth	
16. Infrastructure	\$ 0.00	\$ 0.00			
17. Implementation	431,959.00	431,959.00			
18.					
19.					
20. TOTAL (sum of lines 16 - 19)	\$ 431,959.00	\$ 431,959.00			
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges: 1998214		22. Indirect Charges: 297562			
23. Remarks:					

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**U.S. Department of Labor**

Office of the Assistant Secretary
for Administration and Management
Washington, D.C. 20210

**NOTICE OF AWARD**

AGREEMENT NUMBER: OD-32547-18-75-4-50

AGREEMENT PERIOD: September 24, 2018 THROUGH March 30, 2020

AMOUNT OF FEDERAL FUNDING: \$2,295,876.00

APPROPRIATION NUMBER: 1667-2018-
0501791819BD201801790012185OS007A0000AOWI00AOWI00-A90200-410010-ETA-DEFAULT TASK-**GRANTEE'S NAME AND ADDRESS**

State of Vermont
5 Green Mountain Dr
PO Box 48
Montpelier, VERMONT 05301-0488

ISSUING OFFICE

U.S. Department of Labor
Procurement Services Center
200 Constitution Avenue, N.W.
Rm. S-4307
Washington, D.C. 20210

This grant is funded by the U.S. Department of Labor, Office of Disability Employment Programs, hereinafter referred to as grantor, in support of the State of Vermont, hereafter referred to as recipient. The purpose of this grant is to conduct research to identify, validate, and document effective practices and policies that enhance employment opportunities for youth with disabilities. This grant incorporates the following additional documents and will be administered in accordance therewith.

1. Special Provisions (attached)
2. General Provisions (attached)
3. The recipient's Application for Federal Assistance, dated , (incorporated by reference)
4. The recipient's approved budget (attached)

APPROVED FOR THE GRANTOR:**Jimmie Curtis**

DATE: September 26, 2018

Close

Print

Vermont RETAIN Budget Justification

PERSONNEL	INFRASTRUCTURE	IMPLEMENTATION
	<u>Months 1-9</u>	<u>Months 10-18</u>
<p>Grant Manager: (to be named; dedicating 1.0 FTE starting in Month 2 to 3 of the project depending on the duration of the hiring process through Month 18) The Vermont RETAIN grant manager will oversee all administrative, operational, and program management aspects of the project including infrastructure development (including partnership, project team training, project design, data management, program evaluation and quality improvement, and educational material development and activities) and Phase 1 components (including the VT WRC project, RTW inventory, needs assessment, best practice guidelines, and work rehabilitation program planning). The grant manager will be responsible for the timeline and milestones of the project as well as data reporting.</p>	<p>0.62FTE \$32,644</p>	<p>1.0FTE \$52,500</p>
<p>Medical Director: (dedicating 0.5 FTE starting on Month 1 of the project through Month 18) The Vermont RETAIN Medical Director will be a board-certified Occupational and Environmental Medicine physician with clinical and research expertise in functional assessment and recovery, complex return to work, work rehabilitation, work disability prevention, health-related absences from work, clinical outcomes and quality improvement, as well as large-scale program development. They will be knowledgeable in state and national evidence-based treatment guidelines and best SAW/RTW practices. They will serve as the Medical Director of VT WRC program and will provide occupational medicine and return-to-work expertise. They will also contribute to all aspects of the design and implementation of the Vermont RETAIN project, participate in the expert panel to develop evidence-based treatment guidelines for Vermont, contribute content for education materials, provide trainings, interface with participating healthcare providers, assist with the needs assessment, and contribute to the study design and data-related aspects of the project.</p>	<p>0.50FTE*</p>	<p>0.50FTE*</p>
<p>Core Director of Return to Work Services: (dedicating 1.0 FTE starting on Month 1 of the project through Month 18). The Core Director of RTW Services will have expertise in prevent work disability and facilitating SAW/RTW for employees through care coordination and communication across the entire care team. The Core Director for RTW Services will spearhead the RTW coordination services for the VT WRC program, collect VT WRC program data, oversee the RTW specialist inventory, assist with content for RTW specialist education materials, and participate in other strategic planning and implementation activities related to the RTW coordination aspects of the project.</p>	<p>1.0FTE*</p>	<p>1.0FTE*</p>

Core Director for Education and Outreach: (to be named; dedicating 1.0 FTE starting in Month 2 to 3 of the project depending on the duration of the hiring process through Month 18) The Core Director for Education and Outreach will have expertise educational programming and will spearhead the education and training components of the project for healthcare providers, employers, employees, and RTW specialists, collect education-related program data, and participate in other strategic planning and implementation activities related to the education aspects of the project.

0.75FTE
\$63,000

1.0FTE
\$84,000

Core Director for Data and Analysis: (to be named; dedicating 0.5 FTE starting in Month 2 to 3 of the project depending on the duration of the hiring process through Month 18) The Core Director of Data and Analysis will be responsible for designing and specifying the data management systems for the entire project, including connecting existing health and employment-related databases, creating new databases, increasing reporting capacity, enhancing IT systems, and developing additional technological capacity for project data collection and data sharing within the VT DOL, between project partners, for continuous quality improvement, and for data reporting to the US DOL. They will also assist with data management related to analysis and evaluation plans and oversee the Data Manager/Programmer.

0.50FTE
\$42,000

0.50FTE
\$42,000

Data Manager/Programmer: (to be named; 1.0 FTE starting in Month 2 to 3 of the project depending on the duration of the hiring process through Month 18) The data Manager/Programmer will work under the Core Director for Data and Analysis and will be responsible for all aspects of gathering data and integrating existing data systems including database management and data entry for the project.

0.75FTE
\$39,375

1.0FTE
\$52,500

Core Director for Quality and Outcomes: (dedicating 0.25 FTE starting on Month 1 of the project through Month 18) The Core Director for Quality and Outcomes will have experience in rehabilitation, disability, measurement theory and methods, health services research, health and disability theory, measure development and evaluation (with an emphasis on patient-reported measures), program evaluation and continuous quality improvement, decision science and survey methods. They will know how to develop and implement program evaluation processes, measures and data collection. The person in this role will serve as the Evaluation Liaison to the RETAIN independent evaluator and also will oversee the continuous quality improvement process and collection and measurement of performance metrics, and guide and advise all efforts related to program evaluation, outcome measures, and measurement capabilities. They will work directly with the Core Director of Data and Analysis and the independent evaluator on internal measures of quality processes and outcomes related to VT WRC performance and execution. They will also serve as an advisor for VT WRC with respect to physical therapy and rehabilitation, work rehabilitation physical therapy clinical practice guideline development and dissemination.

0.25FTE**

0.25FTE**

Core Director for Work Rehabilitation: (dedicating 0.2 FTE starting on Month 4 or 5 of the project through Month 18, starting after initial infrastructure development is complete). The Core Director of Work Rehabilitation will have expertise in Occupational Medicine, clinical musculoskeletal diagnosis, treatment, and management, and functional restoration and will oversee development and dissemination of functional rehabilitation and recovery services in Vermont, help build a PT/OT workforce trained in work rehabilitation, participate in the expert panel to develop evidence-based treatment guidelines in Vermont, contribute content for education materials, assist with data collection plans, and participate in other strategic planning and implementation activities related to the work rehabilitation aspects of the project.

0.10FTE*

0.20FTE*

Interagency Liaison: The Interagency Liaison will have expertise in the SAW/RTW field and have strong relationships with healthcare providers, employers, vocational counselors, insurers, and SAW/RTW agencies throughout the state of Vermont. The Interagency Liaison will interface with all agency target population partners to facilitate the successful completion of the Vermont RETAIN project. They also will be able to serve as a back-up RTW Coordinator if our primary RTW coordinator is on vacation or away to ensure continuity of services to workers.

0.25FTE

0.50FTE

\$15,938

\$31,875

Employer Partner Representative: As the employer partner in the Vermont RETAIN project, the Vermont Chamber of Commerce will provide a representative to help engage employer and employee groups, communicate about RETAIN-related initiatives to Vermont employers and businesses, convene employer meetings and trainings, and participate in other strategic planning and implementation activities related to employer participation aspects of the project.

0.10FTE

0.25FTE

\$5,625

\$14,063

Health Care Systems Partner Representative: As the healthcare systems partner for the Vermont RETAIN project, OneCare will provide a representative who has the skills and expertise needed to fulfill the healthcare partnership aspects of the project. As a population health organization for the state, they have experience disseminating best health care practices to reduce adverse health outcomes.

0.10FTE

0.25FTE

\$8,400

\$21,000

Agency Representatives:

Department of Health Representative: To be named. In their role as a Vermont RETAIN partner, the DOH representative will communicate about RETAIN-related initiatives to healthcare providers in the state, convene healthcare-related meetings and trainings, support HIPAA compliance needs arising from communication between healthcare providers, employers, and RTW coordinators and specialists, support RETAIN-related continuing medical education credits for HCP, and participate in other strategic planning and implementation activities related to the healthcare aspects of the project.

0.10FTE

0.25FTE

\$5,625

\$14,063

Division of Vocational Rehabilitation Representative: To be named. In their role as a Vermont RETAIN partner, the DVR representative will contribute expertise in all aspects of vocational rehabilitation, assist with the inventory to understand the scope and distribution of current RTW services in the public and private sectors, help develop education and training materials for RTW specialists, convene vocational-related meetings, communicate about RETAIN-related initiatives to RTW specialists in the state, and participate in other strategic planning and implementation activities related to the vocational rehabilitation and retraining aspects of the project.

0.10FTE
\$5,625

0.25FTE
\$14,063

Workforce Development Board Representative: The WFDB representative will be Dustin Degree, a former Vermont senator and the executive director of WFDB. The WFDB coordinates workforce training and education programs and engages state employers, workers and other partners. As a Vermont RETAIN partner, Mr. Degree will assist with engaging employer and employee groups, helping develop employee and employer education and training materials, convening employer meetings, and participating in other strategic planning and implementation activities related to workforce development and education.

0.10FTE
\$5,625

0.25FTE
\$14,063

Department of Labor Representative: J. Stephen Monahan, JD, is currently the Director of the Workers' Compensation & Safety Division for the Vermont Department of Labor where he oversees the workers' compensation claim adjudication program, as well as the workers' compensation unit responsible for investigating and prosecuting non-compliance, misclassification and fraud, the Vermont Occupational Safety & Health (V.O.S.H.A.) program, Project WorkSAFE (a safety and health consultation program), and the passenger tramway safety program. He will serve as the Department of Labor representative for the Vermont RETAIN project to assist with strategic planning, data collection and management planning, target population engagement, and other DOL-related aspects of the design and implementation of the Vermont RETAIN project. Previously he served as General Counsel to the Vermont Department of Labor and Industry. He is a past president of the State O.S.H.A. Litigators Organization, an association of state occupational safety and health prosecutors. Mr. Monahan also supervised the workers' compensation hearing officers and provided legal advice to the fire prevention and building code division, the electrical and plumbers licensing boards, and the wage and hour division, and served as counsel to the Architectural Barrier Compliance Board, the agency regulating accessibility for persons with disabilities in Vermont. Prior to his current position, he served as an assistant attorney general assigned to the Agency of Human Services, representing the Departments of Mental Health and Social Welfare. He received his B.A. degree from the University of Connecticut and his J.D. degree, *cum laude*, from the Vermont Law School where he was also a member of the Vermont Law Review.

0.20FTE
\$11,250

0.25FTE
\$14,063

Division of Vocational Rehabilitation Representative: To be named. In their role as a Vermont RETAIN partner, the DVR representative will contribute expertise in all aspects of vocational rehabilitation, assist with the inventory to understand the scope and distribution of current RTW services in the public and private sectors, help develop education and training materials for RTW specialists, convene vocational-related meetings, communicate about RETAIN-related initiatives to RTW specialists in the state, and participate in other strategic planning and implementation activities related to the vocational rehabilitation and retraining aspects of the project.

0.10FTE
\$5,625

0.25FTE
\$14,063

Workforce Development Board Representative: The WFDB representative will be Dustin Degree, a former Vermont senator and the executive director of WFDB. The WFDB coordinates workforce training and education programs and engages state employers, workers and other partners. As a Vermont RETAIN partner, Mr. Degree will assist with engaging employer and employee groups, helping develop employee and employer education and training materials, convening employer meetings, and participating in other strategic planning and implementation activities related to workforce development and education.

0.10FTE
\$5,625

0.25FTE
\$14,063

Department of Labor Representative: J. Stephen Monahan, JD, is currently the Director of the Workers' Compensation & Safety Division for the Vermont Department of Labor where he oversees the workers' compensation claim adjudication program, as well as the workers' compensation unit responsible for investigating and prosecuting non-compliance, misclassification and fraud, the Vermont Occupational Safety & Health (V.O.S.H.A.) program, Project WorkSAFE (a safety and health consultation program), and the passenger tramway safety program. He will serve as the Department of Labor representative for the Vermont RETAIN project to assist with strategic planning, data collection and management planning, target population engagement, and other DOL-related aspects of the design and implementation of the Vermont RETAIN project. Previously he served as General Counsel to the Vermont Department of Labor and Industry. He is a past president of the State O.S.H.A. Litigators Organization, an association of state occupational safety and health prosecutors. Mr. Monahan also supervised the workers' compensation hearing officers and provided legal advice to the fire prevention and building code division, the electrical and plumbers licensing boards, and the wage and hour division, and served as counsel to the Architectural Barrier Compliance Board, the agency regulating accessibility for persons with disabilities in Vermont. Prior to his current position, he served as an assistant attorney general assigned to the Agency of Human Services, representing the Departments of Mental Health and Social Welfare. He received his B.A. degree from the University of Connecticut and his J.D. degree, *cum laude*, from the Vermont Law School where he was also a member of the Vermont Law Review.

0.20FTE
\$11,250

0.25FTE
\$14,063

Division of Disability Services Representative: Vermont DDS determines the medical eligibility of individuals in Vermont who have applied for Social Security disability benefits and/or disability-based Medicaid. As such, they are an important part of the RETAIN project, which seeks to reduce long-term work disability among project participants and the need for federal Social Security disability benefits. As a Vermont RETAIN partner, Vermont DDS will strategic planning and assist with Social Security-related data collection and sharing for the Vermont RETAIN project.

0.10FTE

0.25FTE

\$5,625

\$14,063

FRINGE BENEFITS

Fringe benefits are included for all personnel at the State of Vermont's current DHHS-approved rate of 51%, unless otherwise noted, or unless services are included as part of a sample subcontract.

\$122,773

\$187,808

CONSULTANTS

Work Injury Risk Management Consultant: Peter Rousmaniere, MBA, will provide expertise about Vermont employment and disability issues and programs to inform the models and strategic plan of the Vermont RETAIN project. He will dedicate up to 5 hours per month of his expertise for the duration of the Phase 1 project at no cost.

\$0.00

\$0.00

Employment Law Education Consultant: Phyllis Phillips, JD, will provide expertise about Vermont employment and disability rights and regulations to support the education component of the VT WRC program. She will dedicate up to 5 hours per month of her expertise during the implementation part of the Phase 1 project at a rate of \$200/hour.

\$0.00

\$9,000

Health Care Compliance Consultant: Our Value Institute for Health and Care team from the University of Texas at Austin will provide expertise in health system change, value-based care and matching services to needs. They will dedicate up to 200 hours of assistant-level support at \$275 per hour and 100 hours of director-level support at \$375 per hour during the implementation phase of the project.

\$4,500

\$4,500

Injured Employee Representative (Consultant): The Vermont RETAIN Leadership Team will include an employee representative with a history of injury or illness that affected his/her ability to work. The employee representative will be included as a stakeholder in the design and development phase of the RETAIN project to ensure representation of the employee perspective in the program development.

\$4,500

\$37,500

EQUIPMENT

Dedicated servers are included in this budget to provide secure data storage. We anticipate using Dell PowerEdge T630 Server, 16 GB RAM, 2 TB hard drive, secured by RAID (redundant array of independent disks). Costs include setup hardware (racks/rails).

\$0.00

\$10,000

SUPPLIES

Supplies include printing, postage, surveys, publicity materials, communication materials, and recruitment and enrollment materials to support enrollment, recruitment, and participation in the project.

\$0.00

\$16,000

TRAVEL

Site Visit to Seattle COHE for 4 RETAIN Leadership Team members to gain further insight, knowledge, and understanding of the Washington State COHE model, processes, procedures, and protocols to help inform implementation of the VT WRC program.

\$6,384

\$8,496

OTHER

Development of a Physical Therapy Assistant program in Vermont to support the work rehabilitation aspect of the project and to build the rehabilitation pipeline in Vermont. This will include \$150,000 for a lab and \$150,00 for the program.

\$150,000

\$150,000

CONTRACTS

In the case of our sample institutions, we have included these roles as part of a subcontract, wherein all costs would be inclusive, and incur indirect costs at the institution's appropriate rate. These two sample contracts would add the following costs to our budget:

*Subcontract 1: Mary Hitchcock Memorial Hospital

\$280,661

\$312,403

**Subcontract 2: University of Pittsburgh

\$60,201

\$62,007

INDIRECT COSTS

Indirect costs are included at a rate of 22.50% MTDC, in accordance with the State of Vermont's current DHHS-approved rate, where all segments of the sample budget above would incur indirect costs except capital equipment (items \$5,000 and over) and any subcontract over \$25,000.

\$130,250

\$167,412

Total Request:

\$1,000,000

\$1,295,876



Grants & Contracts
1 Medical Center Drive
Lebanon, New Hampshire 03756-1000
603-650-6193

July 31, 2018

LETTER OF COMMITMENT

**Mary Hitchcock Memorial Hospital– State of Vermont Department of Labor
COLLABORATION
PROGRAM ANNOUNCEMENT NO. FOA-ODEP-18-01**

This letter confirms that the appropriate program and administrative personnel of the Mary Hitchcock Memorial Hospital have reviewed the proposal entitled "Vermont RETAIN" being submitted in support of the above-referenced program. The Mary Hitchcock Memorial Hospital Principal Investigator on this proposal is Karen L. Huyck, MD. The performance period is 09/30/2018 to 02/29/2020 and the estimated cost is \$638,178 which includes appropriate direct and indirect costs.

Mary Hitchcock Memorial Hospital confirms that it has a Conflict of Interest policy and process which conforms to the requirements of the PHS regulations set forth in 45 CFR Part 94 and 42 CFR Part 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research for which PHS Funding is Sought" as amended in 2011.

The current negotiated F&A rate agreement is attached.

Please contact our office directly at (603) 650-6193 with any questions. Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Burgess".

Leigh Burgess
Vice President, Research Operations

Enclosures

		IMPLEMENTATION										INFRASTRUCTURE										
		Quarter 1			Quarter 2			Quarter 3			SUBTOTAL	Quarter 4			Quarter 5			Quarter 6			SUBTOTAL	
		Month 1 Sep-18	Month 2 Oct-18	Month 3 Nov-18	Month 4 Dec-18	Month 5 Jan-19	Month 6 Feb-19	Month 7 Mar-19	Month 8 Apr-19	Month 9 May-19		Month 10 Jun-19	Month 11 Jul-19	Month 12 Aug-19	Month 13 Sep-19	Month 14 Oct-19	Month 15 Nov-19	Month 16 Dec-19	Month 17 Jan-20	Month 18 Feb-20		
Salary	Huyck	7,900	7,900	7,900	7,900	7,900	7,900	7,900	7,900	7,900	71,100	7,900	7,900	7,900	7,900	7,900	7,900	7,900	7,900	7,900	71,100	142,200
	Bentley	8,258	8,258	8,258	8,258	8,258	8,258	8,258	8,258	8,258	74,322	8,258	8,258	8,258	8,258	8,258	8,258	8,258	8,258	8,258	74,322	148,644
	Dent	6,438	6,438	6,438	6,438	6,438	6,438	6,438	6,438	6,438	57,942	6,438	6,438	6,438	6,438	6,438	6,438	6,438	6,438	6,438	57,942	115,884
	Subtotal SALARY:	22,596	22,596	22,596	22,596	22,596	22,596	22,596	22,596	22,596	203,364	22,596	22,596	22,596	22,596	22,596	22,596	22,596	22,596	22,596	203,364	406,728
Fringe	Huyck	806	806	806	806	806	806	806	806	806	7,254	806	806	806	806	806	806	806	806	806	7,254	14,508
	Bentley	2,783	2,783	2,783	2,783	2,783	2,783	2,783	2,783	2,783	25,047	2,783	2,783	2,783	2,783	2,783	2,783	2,783	2,783	2,783	25,047	50,094
	Dent	657	657	657	657	657	657	657	657	657	5,913	657	657	657	657	657	657	657	657	657	5,913	11,826
	Subtotal FRINGE:	4,246	4,246	4,246	4,246	4,246	4,246	4,246	4,246	4,246	38,214	4,246	4,246	4,246	4,246	4,246	4,246	4,246	4,246	4,246	38,214	76,428
	Subtotal COMPENSATION:	26,842	26,842	26,842	26,842	26,842	26,842	26,842	26,842	241,578	26,842	26,842	26,842	26,842	26,842	26,842	26,842	26,842	26,842	26,842	241,578	483,156
	Travel:	1,919	323	410	323	323	323	410	323	323	4,677	323	323	323	323	323	410	323	323	323	2,994	7,671
	Supplies:	2,738									2,738											2,738
	Subtotal Direct Costs:	31,499	27,165	27,252	27,165	27,165	27,252	27,165	27,165	27,165	248,993	27,165	27,165	27,165	27,165	27,165	27,252	27,165	27,165	27,165	244,572	493,565
	Indirect Costs:	9,229	7,959	7,985	7,959	7,959	7,985	7,959	7,959	7,959	72,953	7,959	7,959	7,959	7,959	7,959	7,985	7,959	7,959	7,959	71,660	144,613
	Total Request:	40,728	35,124	35,237	35,124	35,124	35,237	35,124	35,124	321,946	35,124	35,124	35,124	35,124	35,124	35,237	35,124	35,124	35,124	35,124	316,232	638,178
			111,089			105,372			105,485				105,373			105,486			105,373			

Budget Justification – Mary Hitchcock Memorial Hospital

Personnel:

Karen L. Huyck, MD, PhD, MPH, Medical Director 6 calendar months/50% effort over Phase I

Dr. Huyck is a board-certified Occupational and Environmental Medicine physician and an Assistant Professor at the Geisel School of Medicine at Dartmouth in the Section of Occupational and Environmental Medicine with expertise in functional recovery and complex return to work. She serves as the Medical Director of the VT WRC program and will contribute to all aspects of the design and implementation of the Vermont RETAIN project. She attended the University of Vermont Medical School and Graduate College through a Vermont family grant that requests, but does not require, recipients to be underserved populations in Vermont. Clinically, she works with the Dartmouth-Hitchcock Workers' Compensation Center to facilitate SAW/RTW for workers with work-related injuries and illness. Her clinical practice has become a regional referral center for complex work injuries because of the coordinated services that support functional recovery and RTW. She also sees consultations from colleagues to assist with functional assessments and rehabilitation plans for patients applying for SSDI. She has worked many years as a Utilization Reviewer for workers' compensation cases and is knowledgeable in state and national WC treatment guidelines. Previously, she co-founded a women's health clinical research center at Brigham and Women's Hospital in Boston and coordinated all administrative, research, and outreach activities of the center, including many large research trials. Under her direction, this initiative became internationally recognized and competitively funded. For the Vermont RETAIN project, Dr. Huyck will provide occupational medicine and return-to-work expertise, participate in the expert panel to develop evidence-based treatment guidelines for Vermont, contribute content for education materials, provide trainings, and interface with participating healthcare providers. She is trained in the Experience Group technique and will assist with the needs assessment. She has completed an MPH and the Harvard Clinical Effectiveness Program and also will assist with study design and data-related aspects of the project.

Mary Helen Bentley, LicSW, Core Director, RTW Services, 12 calendar months/100% effort during Phase I

Ms. Bentley is a licensed social worker and Continuing Care Manager for the Dartmouth-Hitchcock Workers' Compensation Center with an extensive background in facilitating return to work through care coordination and communication across the care team. She will serve as the Core Director of Return to Work Services for the Vermont RETAIN project and spearhead the RTW coordination services for the VT WRC program, oversee the RTW specialist inventory, and assist with content for RTW specialist education materials.

David Dent, DO, MPH, Core Director, Work Rehabilitation, 2.4 calendar months/20% effort during Phase I

Dr. Dent is an Assistant Professor at the Geisel School of Medicine at Dartmouth in the Section of Pain Medicine and Director of the Dartmouth-Hitchcock Functional Restoration Program who will serve as the Core Director of Work Rehabilitation for the Vermont RETAIN project. Dr. Dent is board-certified in Occupational and Environmental Medicine and in Pain Medicine and is board-eligible in Sports Medicine. He will oversee development and dissemination of functional rehabilitation and recovery services in Vermont, help build a PT/OT workforce trained in work rehabilitation, participate in the expert panel to develop evidence-based treatment guidelines in Vermont, contribute content for education materials, and assist with data collection plans.

Fringe Benefits: Fringe benefits are included for all personnel at Mary Hitchcock Memorial Hospital's DHHS-approved rate of 10.2% for Physicians and 33.70% for all other personnel.

Non-Compensation Costs:

Computer:

Dr. Huyck will need a laptop computer to facilitate her travel availability, and to coordinate services while on the road. We have included costs for a 13-inch MacBook Pro, with appropriate peripherals and docking station, at our current cost through Dartmouth-Hitchcock Medical Center's purchasing agreement, which also includes robust security and software.

Travel:

Dr. Huyck will travel every two weeks to Montpelier to work with the VTRETAIN team, and will travel twice per quarter to other in-state sites to work with clinicians and other stakeholders. Additionally, she will travel once during Phase I to Seattle to observe the Washington COHE. In all cases, current IRS mileage rates and/or GSA per diem rates are used. For Airfare, current estimated rates are include and allow for taxes.

Destination	Qty/Phase I	Travelers	Description	Subtotal
Montpelier	39	1	Mileage: 59 miles roundtrip P/D Meals & IE: \$17 Ground: \$70 includes mileage plus \$6 parking per day	\$87 per trip, \$3,393 subtotal
Burlington or Analog	12	1	Mileage: 98 miles roundtrip P/D Meals: \$18 Ground: \$113 includes mileage plus \$6 parking per day	\$131 per trip, \$1,788 subtotal
Seattle COHE	1	1	3 nights Airfare: \$450 P/D Lodging: \$244/day P/D Meals & IE: \$74/day Ground Mileage: \$86 MHT Parking: \$51 (\$17/day) Tolls: \$10 Taxi: \$45	\$1,596 subtotal

Indirect Costs:

Indirect costs are included at Mary Hitchcock Memorial Hospital's current DHHS-approved rate for Other Sponsored Programs, of 29.3% MTDC. Details of this rate agreement are available upon request.

	<u>Infrastructure</u>	<u>Implementation</u>	<u>Subtotal</u>
Direct	869,750	1,128,464	1,998,214
<i>Indirect</i>	<u>130,250</u>	<u>167,412</u>	<u>297,662</u>
Subtotal	1,000,000	1,295,876	2,295,876

Title: VT RETAIN
 Start: 9/30/18
 End: 6/30/19

State of VT Fringe Rate: 51.00%

PERSONNEL

<u>Name</u>	<u>Role</u>
TBN	Grant Manager
TBN	Core Director for Education and Outreach
TBN	Core Director for Data and Analysis
TBN	Data Manager/Programmer
TBN	Interagency Representative
TBN	Employer Partner Representative
TBN	Health Care Systems Partner Representative
TBN	Department of Health Representative
TBN	Division of Vocational Rehabilitation Representative
Sarah Buxton	Workforce Development Board Representative
J. Stephen Monahan	Department of Labor Representative
TBN	Division of Disability Services Representative

<u>Site</u>	<u>Base Salary</u>	<u>FTE</u>	<u>Salary</u>	<u>Fringe</u>	<u>Subtotal</u>
SoVT	70000	0.62	32,644	16,648	49,292
	112000	0.75	63,000	32,130	95,130
	112000	0.50	42,000	21,420	63,420
	70000	0.75	39,375	20,081	59,456
	85000	0.25	15,938	8,128	24,066
	75000	0.10	5,625	2,869	8,494
	112000	0.10	8,400	4,284	12,684
	75000	0.10	5,625	2,869	8,494
	75000	0.10	5,625	2,869	8,494
	75000	0.10	5,625	2,869	8,494
	75000	0.20	11,250	5,738	16,988
	75000	0.10	5,625	2,869	8,494
Subtotal Compensation:			240,731	122,773	363,504

EQUIPMENT

CONSULTANTS

		<u>Hours</u>	<u>x Rate</u>	<u>Subtotal</u>	
Work Injury Risk Management Consultant	Peter Rousmanie	45.00	\$ -	-	9,000
Employment Law Education Consultant	Phyllis Phillips	45.00	\$ -	-	
Health Care Compliance Consultant	TBN	45.00	\$ 100.00	4,500	
Injured Employee Representative (Consultant)	TBN	90.00	\$ 50.00	4,500	

SUPPLIES

TRAVEL

Site Visit to Seattle COHE for 1 RETAIN Leadership Team member	6,384
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OTHER

OT/PT Training Program	150,000
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SUBAWARDS

		<u>Direct</u>	<u>Indirect</u>	<u>Subtotal</u>	
Dartmouth-Hitchcock Medical Center	Huyck, K	217,061	63,600	280,661	340,862
University of Pittsburgh	McDonough, C	38,467	21,734	60,201	

Direct Costs Months 1-9:	869,750
NIC Base Calculated:	578,888
<u>NIC Months 1-9:</u>	<u>130,250</u>
Subtotal Months 1-9:	1,000,000
Budget Max	1,000,000

NICRA Rate: 22.50%

Title: VT RETAIN
 Start: 7/1/19
 End: 3/30/20

State of VT Fringe Rate: 51.00%

<u>PERSONNEL</u>	<u>Column1</u>	<u>Column2</u>	<u>Column3</u>	<u>Column4</u>	<u>Column5</u>	<u>Column6</u>	
<u>Name</u>	<u>Role</u>	<u>Site</u>	<u>Base Salary</u>	<u>FTE</u>	<u>Salary</u>	<u>Fringe</u>	<u>Subtotal</u>
TBN	Grant Manager		70000	1.00	52,500	26,775	79,275
TBN	Core Director for Education and Outreach		112000	1.00	84,000	42,840	126,840
TBN	Core Director of Data and Analysis		112000	0.50	42,000	21,420	63,420
TBN	Data Manager/Programmer		70000	1.00	52,500	26,775	79,275
Mary Guyette	Interagency Liaison		85000	0.50	31,875	16,256	48,131
TBN	Employer Partner Representative		75000	0.25	14,063	7,172	21,234
TBN	Health Care Systems Partner Representative		112000	0.25	21,000	10,710	31,710
TBN	Department of Health Representative		75000	0.25	14,063	7,172	21,234
TBN	Division of Vocational Rehabilitation Representative		75000	0.25	14,063	7,172	21,234
Dustin Degree	Workforce Development Board Representative		75000	0.25	14,063	7,172	21,234
J. Stephen Monahan	Department of Labor Representative		75000	0.25	14,063	7,172	21,234
TBN	Department of Health Representative		75000	0.00	-	-	-
TBN	Division of Disability Services Representative		75000	0.25	14,063	7,172	21,234

Subtotal Compensation: 368,250 | 187,808 | 556,058

EQUIPMENT
CONSULTANTS

		<u>Hours</u>	<u>x Rate</u>	<u>Subtotal</u>	
	Servers for Data				10,000
	Work Injury Risk Management Consultant	Peter Rousmaniere	45.00	-	-
	Employment Law Education Consultant	Phylis Phillips	45.00	200	9,000
	Health Care Compliance Consultant	TBN	45.00	100	4,500
	Health Care Systems Change Consultant	Value Institute Team	200.00	\$ 275.00	55,000
			100.00	\$ 375.00	37,500

SUPPLIES

	<u>Qty</u>	<u>Per/Ea</u>	<u>Subtotal</u>	
				16,000
	Printing costs		1500	
	Postage costs		5000	
	Surveys		2000	
	Marketing and publicity materials		2500	
	Communication and outreach materials		2500	
	Recruitment and enrollment materials		2500	

TRAVEL

Leadership Meetings in Montpelier	3132
Site Visits	5364

OTHER

OT/PT Training Program	150,000	150,000
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SUBAWARDS

		<u>Direct</u>	<u>Indirect</u>	<u>Subtotal</u>	
Dartmouth-Hitchcock Medical Center	Huyck, K	241,611	70,792	312,403	374,410
University of Pittsburgh	McDonough, C	39,621	22,386	62,007	

Direct Costs Months 10-18: 1,128,464
 NIC Base Calculated: 744,054
NIC Months 10-18: 167,412
Subtotal Months 10-18: 1,295,876
 Budget Max: 1,500,000
 204,124

NICRA Rate: 22.50%

Travel #	Activity	Frequency	Trips/yr	Travellers	Days	Destination	Airfare	P/D Lodging	P/D Meals	Ground	Per Trip Costs				Total
Travel #1	Leadership	Twice Monthly	36	1	1	Montpelier	0	0	17	70	0	0	612	2520	3132
Travel #2	Site Visits	Biweekly	36	1	2	Various in VT	0	0	18	113	0	0	1296	4068	5364
Travel #3	COHE Annual		1	4	3	Seattle	450	244	74	192	1800	2928	888	768	6384
											1800	2928	2796	7356	

	Qty	Cost/Ea	Montpelier Subtotal	Burlington Subtotal	Seattle Subtotal
South Coach	0	0	0	0	0
Parking	1	6	6	6	51
Mileage	2	59	64.31	106.82	85.674
Tolls	0	10	0	0	10
Taxi	0	45	0	0	45
Visa	0	110	0	0	0
Cards (TZ)	0	50	0	0	0
Other			0	0	0
Other			0	0	0
			70	113	192
mileage			0.545	0.545	0.545
miles			59	98	78.6
			64.31	106.82	85.674

GSA Per Diem Rates			
	Max Lodging	M&IE	Max P/D
Montpelier	125	51	176
Seattle	244	74	318
State Department Per Diem Rates			
	Max Lodging	M&IE	Max P/D
Chongqing	99	83	182
Pretoria	162	86	248
Port au Prince	155	111	266

Attachment D: Statement of Work

VERMONT RETAIN PROJECT NARRATIVE

Definitions: We have defined the following terms for use in this proposal.

Vermont RETAIN Project refers to the activities related to the RETAIN grant

Vermont RETAIN Program refers to the center that will be created to provide early intervention strategies to prevent work disability. This is the Vermont corollary of Washington State's COHE and will be named the Vermont Workability VT Resource Center (VT WRC).

WRII refers to work-related injuries and illnesses

N-WRII refers to non-work-related injuries and illnesses

Early intervention refers to interventions that occur between the onset of injury or illness up to six months post-injury or illness (also referred to as the *near-immediate* time period)

HCP refers to allopathic healthcare providers including M.D., D.O., and associate providers (nurse practitioners and physician assistants), as well as chiropractors

RTW specialists refers to vocational counselors, occupational therapists, physical therapists, and others in the public and private sector providing SAW/RTW services

Contracting and procurement: This application is subject to state procurement guidelines, which will be followed at all stages of the project. The personnel details identified in this application are indicative of a strong candidate. The sub-contract budget materials are a sample proposal from one interested institution. Should the proposal under consideration be accepted, we would offer a competitive bid process to any interested institution.

a. STRATEGIC APPROACH AND PROJECT DESIGN

The Vermont RETAIN project proposal is best understood in the demographic and socio-economic context of our state. Vermont is the sixth smallest state in area and the second least populous state in the U.S. Yet Vermont has one of the highest rates of work disability among

working-age adults (1). Vermont has the second highest rate of adults under age 35 enrolled in SSDI of any state. Approximately 26,000 (6.2%) of Vermonters ages 18 to 64 receive SSDI benefits (versus the national average of 4.7%) (2); the primary diagnosis for 71% of Vermont's beneficiaries is mental health disorders (46%) or musculoskeletal disorders (25%). In 2015, 45,600 (12.4%) of working-age Vermonters (from 21 to 64 years old) reported one or more disabilities as compared to the U.S disability prevalence rate of 10.7% (3). Of these working-age Vermonters with disabilities, 25% worked full-time, compared to 62% of working-age Vermonters without disabilities. According to the CDC, disability-related healthcare costs in Vermont are \$941 million annually, which is 26% of total healthcare expenditures for the state (4). Only 0.5% of Vermonters receiving SSDI benefits leave the program.

In terms of WRIL, Vermont experiences approximately 16,000 first reports of WRIL annually. In 2016, 1230 nonfatal musculoskeletal occupational injuries and illnesses involving days away from work were reported in Vermont (5). Of these, the median time out of work for herniated discs was 150 days (as compared to 38 days in Washington State). Healthcare, retail, manufacturing, hospitality, construction, and education are the most common industries in Vermont (6). In terms of all-cause injuries, the most recent injury surveillance from the Vermont Department of Health reports that Vermonters make an average of ~68,000 emergency department (ED) visits annually for injury-related causes, which is statistically higher than the national rate (7); leading causes for these visits are falls, being struck by, overexertion, cut/pierce, and motor vehicles. Vermonters age 25 to 44 years have the most injury-related ED visits per year, followed by 15 to 24 year-olds, then 45 to 64 year-olds. While Vermonters age 65 year and older have the lowest numbers of ED visits related to injury, they have the highest hospitalization rate. Overall, the Vermont population is aging.

The reasons for high rates of work disability in Vermont remain to be fully elucidated, but likely reasons include strong resources for enrolling eligible individuals into disability programs, able-bodied workers leaving the state for work, substance abuse, and high rates of mental health conditions. Additional support for human services, case management, and vocational rehabilitation have been cited as important resources for reducing Vermont's work disability rate (1).

Because of our small size and high disability rates, our overall objective in submitting a RETAIN proposal is to reduce work disability in Vermont by testing and disseminating the most effective, affordable, and sustainable interventions for preventing work disability across the *entire* state. Our objective in Phase 1 is to plan and launch a small, innovative work disability prevention program rooted in best SAW/RTW practices, tailored to the needs of Vermont workers, and built on the existing strengths and frameworks in our state. At the end of Phase 1, we expect to have the infrastructure, partnerships, design, and enrollment to test the program and to be well positioned to disseminate a set of validated strategies across the state.

Vermont has strong local and state-level commitment to supporting a healthy and productive workforce. There also is a strong population health focus among our healthcare organizations. The Vermont Department of Health, The Green Mountain Care Board, and our statewide Accountable Care Organization (OneCare) collectively work closely with Vermont healthcare institutions and providers to ensure access to high quality services, track population health data, reduce costs, and redesign services to improve outcomes. On the other hand, Vermont has a limited occupational medicine workforce with fewer than five board-certified Occupational and Environmental Medicine (OEM) physicians in active clinical practice. The majority of early injury and illness care occurs in the primary care setting by providers with little or no training in SAW/RTW practices. These providers typically treat both WRIL and N-WRIL, so HCP who

receive training in best SAW/RTW practices will be able to apply these practices across injury types. In the WC arena, Vermont has multiple independent insurers in a voluntary marketplace. There is no utilization review system or regulated use of guideline-based care.

While experts have defined best SAW/RTW practices for workers with WRII and N-WRII, it is not known how widely stakeholders in Vermont are aware of these best practices and the extent to which these best practices are being utilized across the state. Moreover, these strategies are better defined for musculoskeletal injury and illness; SAW/RTW strategies for non-musculoskeletal injuries and illness remain to be fully characterized. Thus, achieving the long-term RETAIN goals of increasing employment retention and reducing long-term work disability in Vermont will require five critical foundational steps:

- (1) Building a robust planning, coordination, communication, data, and education infrastructure
- (2) Implementing a work disability prevention program (VT WRC) to test the impact of early SAW/RTW interventions developed in a monopolistic state system that will be modified for use in the Vermont system with multiple independent insurers in a voluntary marketplace
- (3) Conducting a thorough assessment of the current SAW/RTW programs, resources, and services available to workers in our state with WRII and N-WRII
- (4) Conducting a thorough assessment of barriers to employment due to musculoskeletal and non-musculoskeletal WRII and N-WRII in our state
- (5) Engaging in strategic planning for Phase 2

Each of these steps is described in detail below. Data will be collected during each Phase 1 step in accordance with Appendix D of the FOA and in collaboration with the Independent Evaluator (IE). Data from Phase 1 projects will be used in Phase 2 to understand gaps in services relative to needs and to determine which SAW/RTW interventions are most acceptable, feasible,

and effective in Vermont. Phase 2 initiatives will involve leveraging our existing resources to fill identified gaps and disseminate validated best SAW/RTW practices to the entire state. This will support the overall RETAIN goal of improving work retention and reducing work disability.

i. Model goals and targeting

Target population: In accordance with Section III.D. in the FOA, the target population of the VT WRC program during Phase 1 will be Vermont workers with musculoskeletal WRII who are employed or in the labor force at the time of participation in the program and are not applying for or receiving federal disability benefits. Our population will include workers with new injury or illness, with worsening of a pre-existing injury or illness, or who are within six-months of diagnosis of an injury or illness that is threatening their ability to stay at work. We have chosen this population for several reasons. Most importantly, workers who sustain WRII typically return to work more slowly, have less optimum recovery, and have a more complex behavioral profile by virtue of sustaining a work injury than their N-WRII counterparts. If we can improve SAW/RTW outcomes in a population that faces more difficulty staying employed after injury or illness, we can better ensure that we have developed a robust set of tools that will work in both complicated (WRII) and typically less complicated (N-WRII) musculoskeletal injury scenarios.

To recruit members of this target population, we will work with our partner healthcare system, OneCare, to identify HCP who see a large volume of musculoskeletal WRII or who are located in areas with industries where the incident of musculoskeletal WRII is high. The Vermont Department of Labor does not currently maintain a centralized database with type of work injury and work disability status; however, based on data from the U.S. Bureau of Labor and Statistics, we estimate an annual incident rate of about 1200 cases of musculoskeletal WRII with risk of work disability (5). In terms of sample size for the Phase 1 project, we

conservatively estimate recruiting 120 of these workers with musculoskeletal WRII (~10%) to participate from over 100 participating HCP. There are ~2200 physicians in active practice in Vermont. Providers participating in OneCare include nine Vermont hospitals, one New Hampshire hospital, two Federally Qualified Health Centers, 24 independent physician practices, 30 independent specialist practices, 19 skilled nursing facilities, eight home health agencies, six Designated Agencies for mental health and substance use, nine other specialty providers, and two Area Agencies on Aging. We also have close working relationships with many HCP who treat musculoskeletal WRII, and do not anticipate any difficulty achieving sufficient HCP engagement to achieve enrollment goals.

In terms of sample size of treatment and comparison groups, many of the SAW/RTW interventions to be used in this project have been previously validated in similar populations. In this case, clinical equipoise is absent, creating an ethical concern about withholding beneficial treatment in order to create a comparison group. (Clinical equipoise is the absence of genuine uncertainty about whether an intervention will be beneficial). For this reason, our proposal does not include formation of treatment and comparison groups for a randomized trial. Details of how to best test VT WRC interventions, both statistically and ethically, will be discussed with the IE, but non-treatment comparison groups will likely utilize historical or state-wide data.

Services: The key services to be delivered through VT WRC in the Phase 1 project will be (1) training HCP, employers, employees, and RTW specialists in best SAW/RTW practices, (2) providing RTW coordination services for workers at risk for work disability, (3) enhancing stakeholder communication to support SAW/RTW, and (4) involving vocational retraining and rehabilitation services if needed.

Partners: Agency partners in this project and their anticipated roles are listed below. All agency

partners will identify a representative to the Vermont RETAIN Leadership Team, contribute to strategic planning, and collect and share data in accordance with the scope of their involvement.

Vermont Department of Health (VTDOH) has close relationships with all hospitals and healthcare systems in Vermont to ensure access to quality health care services and collects and analyzes health data to track and respond to population health outcomes. In particular, the Behavioral Risk Factor Surveillance System (BRFSS) monitors the disability status of Vermonters. Specific roles of VT DOH as a Vermont RETAIN partner will include (1) communicating about RETAIN-related initiatives to HCP in the state, (3) convening HCP meetings and trainings, (4) supporting HIPAA compliance needs arising from communication between HCP, employers, and RTW coordinators and specialists, and (5) supporting RETAIN-related continuing medical education credits for HCP.

Vermont Workforce Development Board (WFDB) is the sole WFDB for the state and has close relationships with employers and employees across the state to implement more effective and efficient ways to educate and train Vermonters for the workforce. As a Vermont RETAIN partner, WFDB will help engage employer and employee groups, help develop employee and employer education and training materials, and participate in other strategic planning and implementation activities related to workforce development and education.

Vermont Division of Vocational Rehabilitation (DVR) provides services across the vocational rehabilitation spectrum to people with disabilities across the state. In their role as a Vermont RETAIN partner, DVR will contribute their expertise in all aspects of vocational rehabilitation, assist with the inventory to understand the scope and distribution of current RTW services in the public and private sectors, help develop education and training materials for RTW specialists, and communicate about RETAIN-related initiatives to RTW specialists in the state.

Vermont Chamber of Commerce is the largest business organization in Vermont, representing all industries and sectors, and experienced working with government agencies to support the Vermont economy. As a partner in this project, the Vermont Chamber of Commerce will help engage employer and employee groups, communicate about RETAIN-related initiatives to Vermont employers and businesses, and convene employer meetings and trainings.

OneCare, our statewide Accountable Care Organization (ACO), works with a large network of clinicians to improve health by providing higher quality, patient-centered, lower cost, and more coordinated care to more than 112,000 Vermonters. OneCare will serve as the healthcare systems partner for the Vermont RETAIN project and has the skills and expertise needed to fulfill the healthcare partnership aspects of the project. As a population health organization for the state, they have experience disseminating best health care practices to reduce adverse health outcomes.

Vermont Division of Disability Services (DDS) determines the medical eligibility of individuals in Vermont who have applied for Social Security disability benefits and/or disability-based Medicaid. As such, they are an important part of the RETAIN project, which seeks to reduce long-term work disability among project participants and the need for federal Social Security disability benefits. As a Vermont RETAIN partner, Vermont DDS will assist with Social Security-related data collection and sharing for the Vermont RETAIN project.

Geographic area: The Vermont population is 623,657 people and the area is 9,616 mi². (For reference, the population of Washington State, where the COHE model originated, is 7.4 million and the area is 71,362 mi².) Because Vermont is a small state, ultimately, we will be able to disseminate SAW/RTW practices developed and tested as part of the Vermont RETAIN project across the entire state.

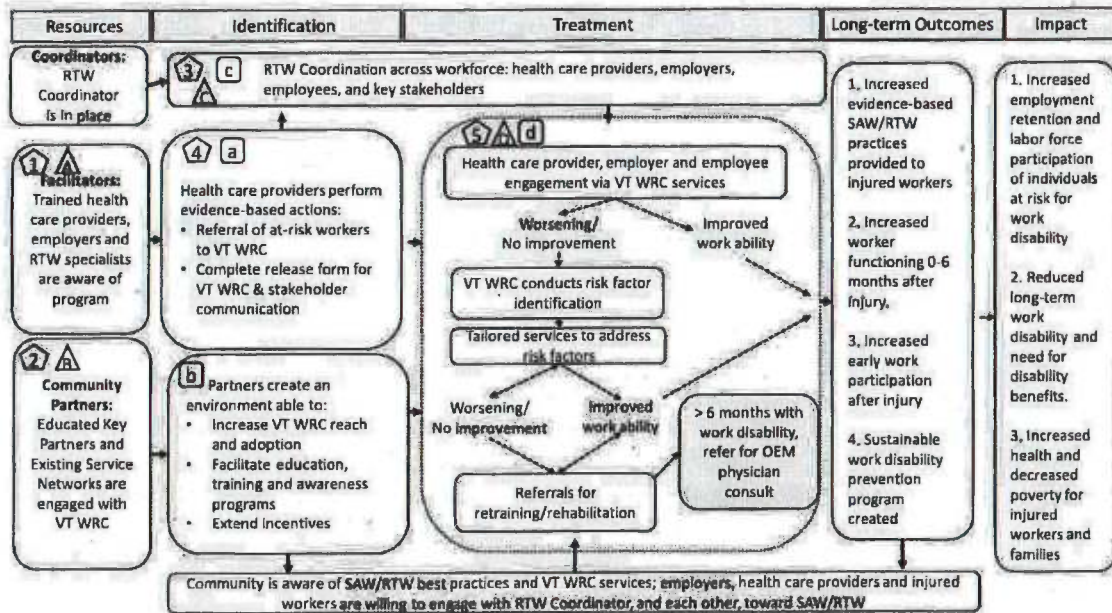
Current activities: Current activities closest to the RETAIN model is the Dartmouth-Hitchcock

Workers' Compensation Center (DH-WCC), located at the Dartmouth-Hitchcock Medical Center, a tertiary healthcare facility on the New Hampshire/Vermont border that serves patients in Northern New England, including in Vermont. DH-WCC, which has been operational for over 15 years, is based on many of the same best practice principles and provides many of the same services as the COHE model. The center is staffed by two RTW coordinators (called Continuing Care Managers) and one administrative assistant, with support from two part-time board-certified OEM physicians. DH-WCC provides SAW/RTW education to providers, care coordination services for any patient receiving care in the D-H system for a work injury, and support and resources to any other stakeholder involved in a WC claim (such as nurse case managers, claims adjusters, vocational counselors, treating providers, employers, and attorneys). The center is designed to facilitate effective and timely care and successful RTW outcomes for injured workers and to improve effective participation by providers and patients in the workers' compensation process. It is a successful program reaching most departments with high insurer and patient satisfaction and high numbers of referrals from HCP and nurse case managers. DH-WCC has the key capabilities, resources, relationships, and expertise to execute VT RETAIN project activities. However, center resources and services are available only to patients with WRII treating in the D-H system. To achieve the long-term RETAIN goals of increased employment retention and reduced long-term work disability, these services need to be modified, tested, and expanded to include N-WRII and to be available to all workers in the state.

ii. Comprehensive Description of Model, Supporting Evidence Base & Detailed Work Plans

Theory of Change: The Theory of Change diagram below is adapted from De Silva, *et al.* and illustrates how VT WRC will intervene on work disability (8). This model draws on the evidence from COHE, the Early Return to Work (ERTW), and Stay at Work programs at the Washington

State Department of Labor and Industries to support early identification of workers at risk for work disability using SAW/RTW strategies described in detail in the next section. This diagram complements our Project Logic Model (attached), which focuses on describing the structure of the program and how activities support program goals and outcomes.



Key	Assumptions	Interventions
<ul style="list-style-type: none"> ---> Intervention needed △ Assumption ① Intervention a Rationale i Indicator 	<p>Assumptions</p> <p>A. HCP, employers, and RTW specialists can be motivated to learn evidence-based RTW practice</p> <p>B. Key partners will be engaged with the program and support communication, training and uptake</p> <p>C. HCP, employers, and workers are willing to engage with RTW Coordinator</p> <p>D. Employers will support SAW/RTW practices including work modifications</p>	<p>Interventions</p> <p>1. Educate and train HCP, RTW specialists, and employers</p> <p>2. Educate and engage key partners and existing networks; provide incentives for participation and best practice</p> <p>3. Provide RTW Coordination for referred injured workers</p> <p>4. HCP perform evidence-based actions: referral of at-risk workers to VT WRC and complete release form for VT WRC and stakeholder communication</p> <p>5. Tailored evaluation, risk identification, and treatment plan for worker developed with stakeholder engagement</p>
	<p>Rationale</p> <p>a. Evidence supports these SAW/RTW practices</p> <p>b. Experience with COHE, ERTW, and Stay at Work programs indicate that partnership with workforce development, health care systems, and employment community are fundamental to program success</p> <p>c. RTW coordination has been shown to improve work disability outcomes by tracking, recommending and coordinating best practices</p> <p>d. Risk factor identification and tailored interventions are required to efficiently target and mitigate the factors that impact work disability.</p>	<p>Indicators</p> <p>i. >50 RTW specialists in Vermont participate in inventory and training</p> <p>ii. >100 HCP in partner health care system trained and >10 employers in partner employment organization trained in SAW/RTW</p> <p>iii. Use of VT WRC program: >25% of participating HCP refer VT WRC</p> <p>iv. >80% of participating HCP and workers are satisfied or very satisfied with VT WRC services</p> <p>v. 100% of injured workers who do not return to work at 6 months are referred for retraining/rehabilitation</p>

SAW/RTW Strategies to be Used or Adapted by the Project: The healthcare-based and employment-based SAW/RTW strategies to be used by VT WRC (listed under “Services” in “Model Goals and Targeting” above) are described in detail in this section with an explanation of how they differ from currently available services in Vermont. These strategies are based on established COHE interventions and have been modified for use in the Vermont system. The evidence for these strategies are well described in *A Community-Focused Health & Work Service (HWS)* by Jennifer Christian, *et al.*, and will not be recapitulated here (9).

Training participating health care providers: The Vermont RETAIN project will adapt DH-WCC and other existing educational materials to create a standard training for HCP related to SAW/RTW practices for WRII and N-WRII. Currently, HCP at Dartmouth-Hitchcock receive training in SAW/RTW principles through the DH-WCC at the request of a department or section or through the suggestion of the center’s Continuing Care Managers when low performance by HCP is noted in this area. Education sessions are created using a core slide set selected to meet the needs of the department or section. There is no standard SAW/RTW training for HCP in Vermont. The state does not require continuing education on SAW/RTW best practices to obtain or renew a clinical license in the state. HCP may voluntarily participate in continuing education, health system-directed, or self-directed learning related to work disability prevention.

Incentivizing participating health care providers: Currently, HCP in Vermont do not receive incentives that support SAW/RTW. In the Vermont RETAIN project, HCP will receive incentives in the form of free continuing education credits to participate in SAW/RTW education. In our experience with the DH-WCC, providers do not require financial incentives to refer patients to the center for services. We hypothesize that HCP are motivated to refer because the services provided save HCP time and decrease their frustration with clerical tasks; this so-

called “bureaucratic drag” is well known to erode physician-patient relationships and increase provider burnout (10). Because we want to create the most financially sustainable and simplest program that achieves the project goals and can be easily disseminated throughout the entire state, we will focus on non-monetary incentives that reduce provider administrative burden, save provider time, and increase provider satisfaction.

Return-to-Work (RTW) Coordination: RTW coordination services will be adapted from the Washington State COHE and DH-WCC models for use by the VT WRC RTW Coordinator. VT WRC RTW coordinators will be knowledgeable in broad SAW/RTW principles including work disability prevention principles for both WRII and N-WRII. For example, they will be knowledgeable about WC, STD/LTD, ADA, FMLA, SSDI, and other health-related absences from work and be able to interact with all relevant stakeholders to facilitate functional recovery among injured workers. This strategy will be spearheaded by our Core Director for RTW Coordination Services who is currently a Continuing Care Manager for DH-WCC. There currently are no centralized RTW coordination services in Vermont that are available to any worker at risk for work disability. A subset of RTW coordination or vocational rehabilitation services are available through state programs, private companies, and insurers. There is not a standard set of services these professionals provide or standard training they receive.

Early communication to all stakeholders: This service will be provided by the VT WRC RTW Coordinator and will include care coordination and communication between the provider, worker, employer, and other relevant stakeholders (such as vocational counselor), to facilitate return to work as soon as medically appropriate. In the COHE model, this job is done by the Health Service Coordinator whose full-time case load is up to 2,350 initiated claims (11); thus, one coordinator will be sufficient for this pilot project even with the additional work load of

keeping data logs for the study. There are no standard SAW/RTW communication services in use in Vermont that are available to any worker at risk for work disability. A subset of workers may access early communication services if they are followed by an OEM physician, if they are assigned a nurse case manager by an insurance company, or if the healthcare office where they are receiving treatment employs care coordinators.

Workplace-based interventions: Similar to HCP education and training, the Vermont RETAIN project involves developing education for employees and employers that will cover topics relevant to work disability prevention for WRII and N-WRII. These will be developed from existing open source materials. Currently, there are no standard workplace-based interventions related to SAW/RTW in use in Vermont that are available to any worker at risk for work disability. Availability depends on the resources available through a particular employer. Training available through the WFDB focuses on matching employers with employee candidates and focuses on hard to employ populations such as individuals discharged from correctional facilities, but not specifically on disabled workers. The WC Division at the VT DOL trains employers to follow safety rules to reduce injuries. Neither the WFDB or WC DOL interventions include employer training to prevent work disability among currently employed workers.

Vocational retraining/rehabilitation: VT WRC RTW Coordinators will work with DVR to offer workplace-based interventions such as modified work, alternate job duties, and job retraining and rehabilitation depending on severity and prognosis of the injury. Currently, DVR uses contractors to provide VR services, which can be limited if there is not a work release from the treating HCP. Services do not include care coordination and are not designed to optimize worker function. Also, many current vocational rehabilitation services are locked into a reimbursement mechanism with a timeframe that starts too late, outside the work disability prevention window.

Tracking and monitoring: VT WRC will track and monitor the medical and employment progress of workers with injuries and illness in the context of the larger data collection plan described below. Currently, there is minimal to no tracking and monitoring of early SAW/RTW-related information in Vermont.

Phase 1 Work Plan: Phase 1 work will be performed in collaboration with the RETAIN TA, who will assist with planning, pilot requirements, state-specific project needs, establishing partnerships, and overcoming potential barriers. The three components of Phase 1 of the Vermont RETAIN project are (1) building robust infrastructure, (2) developing and launching a Phase 1 demonstration project, and (3) foundational work for Phase 2 projects.

Component 1. Building a robust planning, communication, data, and education infrastructure

The Vermont RETAIN project will start with infrastructure development that will be overseen by the Vermont RETAIN Leadership Team, which is listed in the attached organizational chart. Infrastructure development activities will include:

- (1) Identifying and finalizing the list of individuals from the Vermont RETAIN partner agencies to serve as representatives to the Vermont RETAIN Leadership Team
- (2) Hiring additional study staff not currently accounted for in the existing Key Personnel including a Grant Manager, Core Director for Education and Outreach, Core Director of Data Management, Systems Analyst/Programmer, and Interagency Liaison
- (3) Contracting with work injury risk management, employment law education, and health care systems change consultants
- (4) Finalizing partnerships, memoranda of understanding, sub-award agreements and contracts
- (5) Arranging a Washington State COHE site visit

- (6) Scheduling weekly meetings of the RETAIN Leadership Team to include other partners and stakeholders as indicated. These meetings will be used for strategic planning and project development for Phase 1 and for strategic development and preparing a proposal and other required materials for a Phase 2 application. For off-site members, meetings will alternate between in-person and video conference. Additional meetings will be scheduled as needed to support planning, implementation and completion of the Phase 1 project.
- (7) Establishing study design, developing study protocols, creating study materials, establishing data collection protocols, and obtaining IRB approval
- (8) Developing outreach and communication plans to facilitate target population participation
- (9) Developing recruitment and enrollment procedures for participating HCP, employers, employees, and RTW specialists
- (10) Developing HIPPA compliant releases for stakeholders to communicate about participating workers regarding issues related to SAW/RTW planning
- (11) Developing legally sound data sharing agreements between partners
- (12) Creating a data management plan that will include using and connecting existing health and employment-related databases, creating new databases, increasing reporting capacity, enhancing IT systems, and developing additional technological capacity for project data collection and data sharing within the VT DOL, between project partners, for continuous quality improvement, and for data reporting to the US DOL
- (13) Developing a plan and methods to submit grant reports and updates as required by US DOL
- (14) Ensuring that all project staff have completed necessary human studies training and other research compliance certification and training related to the projects
- (15) Ordering supplies and equipment

- (16) Planning site visits to participating Vermont employers, HCP, and RTW specialists
- (17) Assembling VT WRC protocols, procedures, services, a process for referring workers to the center, as well as a protocol for workers who need more than six months of services or who do not meet eligibility criteria for the Phase 1 project but need SAW/RTW support
- (18) Developing standardized evidence-based education and training about best SAW/RTW practices for HCP, employers, employees, and RTW specialists to ensure that all stakeholders are current with the literature, practice, technology, and population needs.

At the end of this component of the Phase 1, we expect to have the planning, staffing, communication, data, partnership, and compliance infrastructure to support the next Phase 1 activities as described below, including the Phase 1 demonstration project and Phase 2 planning.

Component 2. VT WRC Phase 1 Demonstration Project: Implementing Evidence-Based SAW/RTW Practices for WRIL in a Setting with Multiple Independent Insurers in a Voluntary Marketplace

Once infrastructure has been established, the next step in the Phase 1 work plan will be launching the VT WRC work disability prevention program to test the early SAW/RTW strategies (described above) in our target population. The aim of this project is to determine whether these strategies, which were developed for use in the monopolistic Washington State system through the COHE model, can be effectively modified for use in the Vermont system with multiple independent insurers in a voluntary market-place. Another important difference between the WC system in Vermont and in Washington besides the insurance model, is that Vermont does not mandate utilization review for guideline-based care. For Vermont to implement COHE-type interventions, the interventions must be targeted and sustainable to minimize costs and straightforward enough to be executed across a decentralized system.

Employer-based interventions: We will work with the Chamber of Commerce and the WFDB to

identify employers to participate in this intervention. By working through these employer groups, we will have maximum flexibility to match the participating employers to the study, and we will ensure, given the small size of our state, that employers feel equally included in the planning phases. Participating employers will then identify supervisors and employees to receive the employer and employee training related to best SAW/RTW practices. Education will be provided in a series of sessions to meet the schedule needs of the participants. Education materials will have been developed during the infrastructure development component of the project as described above and based on existing open source materials and tool kits. We will provide information about all aspects of health-related absences from work (WC, STD/LTD, ADA, FMLA, SSDI), health risks of unemployment, and state employment rights. We also will work with employers to explain the concept of modified work and to develop alternate duty programs. We believe that when employees and employers understand their responsibilities, rights, and financial realities, they are more willing and able to engage in a collaborative process.

Health care-based interventions: We will work with our healthcare systems partner, OneCare, to identify HCP to participate in this intervention. By working through OneCare, we will have maximum flexibility to match participating HCP to the study, and we will ensure, given the small size of our state, that healthcare organizations feel equally included in the planning phases. We will provide education to HCP about best practices for SAW/RTW with free continuing education credits for participating providers. Topics will include health-related absences from work, injury reporting, causation, work capacity, patient education, timing of follow up appointments, identifying patients at risk of delayed recovery, functional assessment, stakeholder communication, iatrogenic disability, and other important SAW/RTW topics.

RTW coordination services: Based on experience in the DH-WCC, we think that a referral to VT

WRC and completion of a release form for SAW/RTW communication between VT WRC, the patient, the HCP, and the employer will be the simplest and most effective methods to promote use of VT WRC and reduce work disability. We will target referrals to VT WRC from HCP versus employers because employees often view referrals by their employer more suspiciously than referrals from their HCP. To this end, as part of the HCP training, we will explain VT WRC services, how it can save HCP time and improve health outcomes, explain the referral process, and provide release forms for patients to sign for SAW/RTW communication between stakeholder. VT WRC RTW coordination services will be provided to workers from the target population. In addition to care coordination, communication with other stakeholders, as well as vocational rehabilitation resources will be provided if indicated. If a worker with N-WRII or who otherwise does not meet the above initial inclusion criteria is referred, we will provide standard information and resources assist with SAW/RTW, but they will not be included in Phase 1 study.

At the end of this demonstration project, we expect to have implemented (1) evidence-based education for supervisors, employees, and HCP, (2) a demonstration of the VT WRC RTW services in our target population, and (3) two financially sustainable non-monetary incentives to engage HCP in the SAW/RTW practices. These interventions will be evaluated, using the performance metrics collected according to the table below and based on Appendix D in the FOA. We are particularly interested in the acceptability, feasibility, and effectiveness of the interventions and in changes in knowledge, attitude and behaviors of HCP, employers, and employees with respect to best SAW/RTW practices before and after training. Interventions will be refined based on the results of the evaluation and on our CQI process prior to dissemination in Phase 2. The overall goal of this project is to create a knowledgeable employer, employee, and HCP base and to develop a core set of validated interventions available through VT WRC

designed to reduce time Vermonters are out of work for medical reasons and decrease the number of Vermonters at risk for work disability.

Component 3. Phase 2 Planning

Throughout the Phase 1 award period, we will work with our agency partners to plan for Phase 2 projects that best leverage our existing local resources to effectively expand and disseminate VT WRC services. We propose four primary Phase 2 planning activities:

- (a) Performing an inventory of RTW specialists in the state to understand current programs, resources, and services available to Vermonters with musculoskeletal and non-musculoskeletal WRH and N-WRH as the foundation for a robust work disability prevention network
- (b) Conducting a comprehensive needs assessment of the factors that support SAW/RTW and barriers that prevent SAW/RTW among workers in Vermont with WRH and N-WRH
- (c) Developing a set of Vermont evidence-based WC treatment guidelines and best practices to support SAW/RTW outcomes
- (d) Building a physical therapy (PT) and occupational therapy (OT) workforce trained in soon-to-be published clinical practice guidelines for work rehabilitation by partnering with our regional Functional Restoration Program and local educational institutions

a. Creating a Robust SAW/RTW Service Network in Vermont: There is a diverse set of RTW specialists operating in the public and private sectors in Vermont with different approaches to influencing SAW/RTW outcomes. They vary in types of services provided, geographic area served, types of clients served, and use of best practices. While some existing informal programs are executing RETAIN-type activities, others do not address the near-immediate phase of functional loss. Some locations and clients do not have access to services, and some important services are not widely available. To be able to disseminate the VT WRC model across the state,

we need to coordinate and develop our existing SAW/RTW workforce. The aim of this Phase 2 planning activity is to understand the strengths and gaps in SAW/RTW services provided in Vermont and to develop an effective, standardized, evidence-based training for these specialists.

To do this, we will ascertain information about existing programs related to SAW/RTW in Vermont. This will be accomplished through lists provided by RETAIN partner organizations, on-line and yellow page searches, and notices posted to relevant listservs and membership organizations. A survey will be developed and sent to identified programs and organizations to collect information about types of services provided, eligibility criteria for services, geographic reach, current knowledge and use of best SAW/RTW practices, and perceived gaps in services. Study staff will follow up with phone calls or may set up meetings to visit programs or companies to collect needed information.

The inventory will be overseen by the Core Director for Return to Work Services and supported by Vermont RETAIN project staff and agency partners as indicated. Free continuing education in best SAW/RTW practices will be developed and provided to any RTW specialist who participates in the inventory as an incentive to participate. Information collected will be used to create a comprehensive inventory of state SAW/RTW professionals, resources, and services, including types of services available by geographic location and type of clients served. This list will be used to identify gaps in services, in training, and in client groups served.

At the end of this Phase 2 planning activity, we expect to have developed a comprehensive inventory of RTW services in Vermont and an evidence-based training for RTW specialists. With the RETAIN IE, we will evaluate the acceptability, feasibility, and effectiveness of the training; we also want to understand changes in knowledge, attitude and behaviors of RTW specialists before and after training with respect to best SAW/RTW practices. The training will

be refined as indicated, and the inventory and training will be used in Phase 2 to address SAW/RTW barriers and gaps specific to Vermont. Understanding geographic, service, and client patterns of RTW services will allow us to tailor the expansion of VT WRC to meet the specific SAW/RTW needs of the Vermont workers that it serves.

b. Understanding Work Disability from All Types of WRII and N-WRII in Vermont:

Factors contributing to high work disability rates in Vermont remain to be fully elucidated, although mental health disorders and musculoskeletal conditions are known to play substantial roles. The aim of this Phase 2 planning activity is to further understand unmet needs regarding SAW/RTW for workers with any type of injury or illness that puts them at risk of work disability to inform expansion of VT WRC services. To this end, we will perform a needs assessment concomitantly with the inventory of RTW services under the direction of our Core Director for Education and Outreach to identify barriers to SAW/RTW in Vermont. The assessment will include a series of interviews with representative samples of employers, employees, RTW specialists, and insurers, and with HCP who provide early injury and illness care in the state.

Chronic diseases drive as much as 80% of health spending and account for most of the N-WRII-related work disability burden in the country (12). Healthcare systems struggle to effectively help people with chronic conditions, in part because they focus only on treating illness and ignore the underlying economic and cultural factors that exacerbate chronic conditions. Effective care design requires a better understanding of the causes and contributing factors of N-WRII-related work disability and the obstacles to RTW in this population. In this planning activity, we want to understand the drivers of work disability to identify unmet needs and outcomes that matter most to people being served. Designing care that addresses those needs improves health outcomes and reduces costs (13).

One human-centered method, called Experience Groups (EG), brings together small groups of participants who share a set of medical or health circumstances such as low back pain, Type 2 diabetes or congestive heart failure. During the sessions, facilitators listen to participants discuss aspects of their conditions, the outcomes and capabilities that matter most to them, and areas in which they most struggle with their health and care. Through these discussions, the facilitator develops insights into the participants' unmet needs, gaps in care, and obstacles to health. Because they are rooted in patients' experiences with their condition that go beyond clinical perspectives, this technique identifies needs for services that aren't otherwise being articulated, offered, or met. In this way, sessions lead to an understanding of individuals' needs that enables the creation of new high-value, health-promoting solutions. Beyond individuals, the EG approach can be applied to groups of employers, insurers, and healthcare providers to identify barriers to SAW/RTW and gaps in services, education, training, and resources. Our group's prior use of this approach has identified a number of important gaps in care and obstacles to health that were easily and inexpensively addressed (14). Simply integrating services and providing access to health coaches, low cost medications, and informal support networks among people with similar health situations can significantly improve their health and functional outcomes.

With the RETAIN IE, we will ensure representative participation in the needs assessment across geographic location, type of industry, size of employer, type of health care office or system. If possible, information will be collected from those who decline to participate in the assessment as this will also provide important insights into SAW/RTW barriers. At the end of this planning activity, we expect to have the information needed to develop a list of gaps in services and unmet needs contributing to all types of work disability in Vermont that can be addressed in Phase 2 of the project.

c. Developing Vermont Evidence-Based WC Treatment Guidelines to Support SAW/RTW

Outcomes: The aim of this activity is to create a panel of experts to develop a set of evidence-based WC treatment guidelines and best practices to be used for tiered WC fee schedule in Vermont with higher reimbursement rates for services that follow the guidelines. This approach will reward HCP who follow evidence-based SAW/RTW best practices and support the goals of SAW/RTW and work disability prevention. To this end, we will convene a group of expert physicians, rehabilitation specialists, mental health providers, insurance carriers, nurse case managers, vocational counselors, and other work-injury professionals for strategic planning. Guidelines will be based on existing state and national guidelines and tailored to Vermont. We anticipate that WC insurance carriers will be willing to pay more for evidence-based and guideline-based care as it is expected to reduce the overall cost of a case. This approach will likely be more financially sustainable for Vermont than providing VT WRC monetary incentives for guideline-based care. If we can show measurable results, the state will look at duplicating this for Medicaid reimbursement, and we will work with the Green Mountain Care Board and our state ACO to develop further strategies for ensuring coverage for best practice and evidence-based care in N-WRII populations. At the end of this Phase 2 planning activity we expect to have a blueprint for Vermont WC treatment guidelines and tiered fee schedule.

d. Building a Physical Therapy and Occupational Therapy Workforce Trained in

Functional Recovery and Work Rehabilitation: To further leverage existing local resources and integrate them into the VT WRC program, we will partner with our regional Functional Restoration Program, Castleton College, and our Core Director for Quality and Outcomes to build a physical therapy and occupational therapy workforce trained in best clinical practice guidelines for work rehabilitation. This activity builds on the RTW inventory and, fortuitously,

connects with three work rehabilitation initiatives occurring concurrently during the Phase 1 RETAIN funding period. First, our Core Director for Quality and Outcomes is the editor of the team developing the national best clinical practice guidelines for work rehabilitation for physical therapists, which are soon-to-be published. Second, the Dartmouth-Hitchcock Functional Restoration Program (DH-FRP), which is our only regional functional restoration program, is recently under new leadership with a focus on better supporting early SAW/RTW interventions and on reaching more patients who would benefit from functional recovery. (Currently, the DH-FRP is available only to individuals who are already out of work or who can be out of work for three full weeks, and the cost is often prohibitive.) Third, there is an initiative in Vermont to develop an PT/OT assistant program to increase the state's rehabilitation pipeline. The availability of new clinical work rehabilitation guidelines, the new strategic focus of the DH-FRP, and a Vermont rehabilitation training program all align with each other and with the goals of the Vermont RETAIN program to reduce work disability.

To integrate these initiatives, the new director of the DH-FRP will serve as our Core Director for Work Rehabilitation to help design functional recovery strategies to reduce work disability in the state based on findings from our inventory and needs assessment. This will include training programs for local PT and OT to learn best functional restoration practices. These education programs will be integrated with education on the new national clinical work rehabilitation guidelines. Finally, we will partner with Castleton College to develop a PT assistant training program to include functional restoration and work rehabilitation education. Participating therapists will bring these practices to their local communities to increase access to evidence-based functional recovery and work rehabilitation services in rural and underserved areas. At the end of this Phase 1 planning activity, we will have done strategic planning for (1) new functional

recovery programs and services that will fill gaps and unmet needs in work disability prevention in the state, (2) education programs for local practicing PT/OT based in best functional recovery and work rehabilitation practices, and (3) a pipeline of therapists in the state trained in best functional recovery and rework rehabilitation practices.

Other Phase 2 Planning Activities: We will undertake a few other Phase 2 planning activities during Phase 1. Because almost half of Vermonters on disability receive benefits for mental health conditions, we also will connect with mental health and substance abuse programs and providers in the state. We will use the needs assessment data to design Phase 2 interventions to help Vermonters with mental health conditions and substance abuse return or stay in the workplace. In addition, we will build relationships with other relevant state, local, and nonprofit organizations and agencies to facilitate successful completion of Phase 2 projects based on findings from the needs assessment.

Overall, the goals of Phase 2 planning activities include (1) creating a comprehensive inventory of RTW services and programs in the state, (2) creating work disability prevention education for RTW specialists, (3) characterizing factors influencing work disability from all types of injuries and illnesses Vermont, (4) convening an expert panel in guideline-based WRRI care, and (5) partnering with Castleton College and our regional FRP to develop improved functional recovery and work rehabilitation services in Vermont. We anticipate that at the end of these activities, we will have (1) identified gaps in RTW services, (2) revealed unmet needs for preventing work disability, (3) laid the groundwork for implementing a WC reimbursement system that rewards HCP for using evidence-based SAW/RTW treatment guidelines and best practices, and (4) created an integrated infrastructure for work rehabilitation and functional recovery and services in Vermont.

The table below shows the milestones for the three Phase 1 components.

	MONTH																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Phase 1 - Component 1																		
Infrastructure Development																		
Partnership Development Activities																		
Identify partner agency representatives																		
Hire study staff																		
Contract with consultants																		
Finalize MOU, subawards, and contracts																		
Project Team Training																		
Plan and conduct COHE site visit																		
Complete research compliance and study training																		
Project Design and Management																		
Schedule strategic planning meetings																		
Conduct weekly strategic planning meetings																		
Conduct regular meetings with RETAIN IE and TA																		
Develop HIPAA compliant releases																		
Develop and submit IRB protocol																		
Finalize Phase 1 study design with IE																		
Write full study protocol																		
Develop recruitment plan and materials																		
Develop VT WRC release form & referral process																		
Develop study forms, surveys, and logs																		
Data Collection, Sharing, and Management																		
Create study data collection plan																		
Develop data sharing agreements																		
Create data collection infrastructure																		
Create data management and sharing plan																		
Develop a data reporting plan																		
Program Evaluation and Quality Improvement																		
Develop CQI surveys and data collection plan																		
Conduct program evaluation and CQI activities																		
Educational Materials																		
Develop HCP, employer and employee trainings																		
Phase 1 Component 2																		
VT WRC project																		
Identify participants for education																		
Provide education to HCP, employers, workers																		
Worker enrollment and consent for VT WRC																		
RTW Coordination Services																		
VT WRC program data collection																		
Phase 1 Component 3																		
Phase 2 Planning																		
Return to Work Inventory																		
RTW inventory data collection																		
Identify RTW specialist participants for education																		
RTW specialist education																		
Needs Assessment																		
Identify participants for discussion groups																		
Conduct discussion groups																		
Needs assessment data collection																		
Best Practices Guideline																		
Identify participants for expert panel																		
Convene panel for meetings and interviews																		
Develop blueprint for guideline concordant treatment																		
Work Rehabilitation Infrastructure																		
Build foundation for PTA training program																		
Create work rehabilitation education																		

The table below shows the timeline for the three Phase 1 components.

Infrastructure Phase (Months 1 to 9)							
<ul style="list-style-type: none"> ○ Partnership Development Activities ○ Project Team Training ○ Project Design and Management ○ Data Collection, Sharing, and Management ○ Program Evaluation and Quality Improvement ○ Educational Materials 							
Phase 1 Projects (Months 10 to 18)							
HCP-Based Interventions		Employer-Based Interventions		Phase 2 Planning			
Develop HCP Education	Enroll patients to pilot of VT WRC RTW Services	Develop Employer Education	Develop Employee Education	Start RTW Inventory and RTW Specialist Education	Facilitate Discussions for Needs Assessment	Convene panel to develop WC Treatment Guidelines	Plan FRP services, work rehabilitation education, and OT/PT pipeline development

Preliminary Phase 2 Implementation Plan: The Vermont RETAIN Phase 2 projects build on the Phase 1 components detailed above. In addition to testing and disseminating the validated best SAW/RTW practices from Phase 1 to workers throughout the state with musculoskeletal and non-musculoskeletal WRII and N-WRII, in Phase 2 we also will test new strategies for improving SAW/RTW outcomes based on findings from the inventory and needs assessment. Thus, Phase 2 initiatives will include (1) expanding the RTW specialist network in Vermont, (2) expanding VT WRC services, and (3) disseminating VT WRC services

Phase 2 Initiative 1. Expanding the RTW Specialist Network in Vermont

This project will involve expanding VT WRC into strategic areas in the state staffed by RTW specialists with the necessary expertise to address specific SAW/RTW barriers and fill gaps identified in the needs assessment. Partners in this initiative include our agency partners, the

evaluation team, our local educational institution partners, our consultants, and other partners identified based on study findings and through the continuous quality improvement process. Specifically, information from the needs assessment interviews will be carefully analyzed and unmet needs and barriers will be identified and prioritized. We expect to find barriers across the employer, employee, insurance, and health care domains, some of which overlap with known barriers in musculoskeletal WRII populations and some of which do not. We also expect that needs will cluster into reproducible patterns. Next, the patterns and distribution of RTW services found in the inventory will be compared to results of the needs assessment to develop RTW services to match unmet needs. For example, certain geographic areas may have a significant population of workers with specific RTW coordination needs due to substance abuse disorder or there may be a predominant profession in the state with RTW specialists who are not familiar with the vocational needs of that industry. Then RTW services will be expanded or implemented to fill these gaps to reduce barriers to stay at and return to work.

In addition, RTW education will be tested, refined and disseminated at no cost. Incentive to participate in RTW training will be access to the professional network of other RTW specialists who participate in the training to share information, contribute to quality improvement and monitor new trends that may require additional training. The RTW directory data also will be used to create a publicly searchable database of public and private sector SAW/RTW services and resources in Vermont.

Through education, all RTW professionals trained through VT WRC will be able to provide a core set of services aimed at reducing work disability. By matching services to needs, VT WRC RTW services in different areas will offer specialized services to overcome the specific barriers experienced by the group of clients they serve.

Phase 2 Initiative 2. Expanding VT WRC Services

In addition to matching RTW services to unmet needs as described above, we will fully analyze the needs assessment data to develop other types of interventions that respond to identified needs. Although the details of these interventions depend on the findings of the needs assessment, we anticipate that the following factors contribute to all types of preventable work disability: behavioral health disorders, delayed and uncoordinated care, difficulty with treatment access, administrative delays, short appointment times, inability of patients to navigate the system, lack of insurance coverage for promising emerging treatments, lack of transferrable job skills or education, lack of jobs, contentious legal disputes (in VT WRIL cases), lack of financial information for workers to understand the economic impact of disability, and HCP inexperience with medical documentation of health related absences from work, functional assessment, work capacity statements, and musculoskeletal exam and diagnosis.

Examples of possible interventions that could be provided through VT WRC in response to these needs are interventions developed through a Behavioral Health and Substance Abuse Liaison, telephonic health coaching programs, peer health coaching programs, peer employment coaching programs, accessible functional restoration programs and services, access to OT/PT trained in clinical guidelines for work rehabilitation, building an alternative dispute resolution option for WC cases, job retraining, coverage arrangements for emerging treatments that show promise in improving functional outcomes for individuals at risk for leaving work but are not traditionally covered by insurance. Partners in this initiative include the Vermont RETAIN team and other partners identified based on needs assessment findings and through the continuous quality improvement process. Phase 2 will also involve working with insurers to improve coverage to support functional outcomes.

Phase 2 Initiative 3. Disseminating VT WRC RTW Coordination Services

This component of the Phase 2 project tests, refines, expands, and disseminates the best SAW/RTW practices implemented through VT WRC in Phase 1 to the wider work population. Ideally, testing VT WRC services would occur concurrently with the first two Phase 2 initiatives (the inventory and needs assessment analyses) and would be ready to disseminate once RTW and other services have been expanded to address unmet needs. Having services in place that are matched to needs will make RTW coordination more effective. Partners in this initiative include the Vermont RETAIN team, DVR, WFDB, Vermont Chamber of Commerce, OneCare, Department of Health, the evaluation team, and other partners identified based on findings and through the continuous quality improvement process. In this initiative we will:

1. Evaluate VT WRC interventions implemented in Phase 1 (including education, RTW coordination and communication services, and workplace-based interventions) using the collected performance metrics as detailed in the table below and in our Theory of Change and Project Logic Models. Based on these findings and CQI results, interventions will be refined to create a set of validated evidence-based SAW/RTW interventions to disseminate across the state
2. Disseminate the validated employer, employee, and HCP education by:
 - Providing in-person and web-based education sessions to HCP using recruitment strategies developed in Phase 1 and in partnership with the DOH. Because of Vermont's small geographic size and our team's strong existing connections to HCP and healthcare organizations, it is possible for the VT WRC team to travel to clinics and healthcare facilities to give on-site trainings and presentations. Free continuing medical education credit will be offered as incentive, as well as communicating that the training will contain information that will reduce provider administrative burden and save provider time.

- Developing, testing, and implementing other continuing medical education programs and series based on feedback as we deploy the education and also based on the needs assessment data. For example, we expect there to be a need for musculoskeletal exam skills training focused on functional assessment and diagnosis of pain generators.
 - Providing in-person and web-based education sessions to employers and employees using recruitment strategies developed in Phase 1 and in partnership with the Vermont Chamber of Commerce. Again, because of Vermont's small geographic size and our team's strong existing relationships with employers in the state, it is possible for the VT WRC team to travel to employers in Vermont to give on-site trainings and presentations.
3. Launch VT WRC RTW coordination services developed in Phase 1 for musculoskeletal and non-musculoskeletal WRII and N-WRII:
- Expanding VT WRC RTW coordination services by hiring additional RTW coordinators as needed for expectations of increased work load and to interface with the enhanced local resources created through the inventory and needs assessment
 - Opening a Workers' Health Hotline through VT WRC available to employers, employees, insurers, case managers, RTW specialists, and HCP to answer questions, connect callers to resources, provide occupational medicine telephonic consults, and assist with SAW/RTW
 - Disseminate information to HCP for referring patients to VT WRC based on the communication plans created with the DOH in Phase 1.
4. Improving the VT WRC program by:
- Testing and customizing disability calculator tool to be used by RTW coordinators and community partners to help individuals understand the impact of unemployment on their overall economic status before they leave work

- Continuing to provide education and training
- Continuing quality improvement activities and updating services as indicated

Measurements and outcomes: We will collect the performance metrics listed in the table below in collaboration with our Core Director of Data and Analysis, Core Director of Quality and Outcomes, IE, and partner agencies. Some metrics have been modified if the intervention related to the metric was adapted for use in Vermont. These are marked with an asterisk. Optional metrics from Appendix D not listed in the table below are represented in the milestone charts (i.e., time until IT systems and records are created). Caution will be needed when interpreting results from metrics collected in Phase 1 given the number of variables relative to the sample size and the short time period for the study. Thus, in Phase 1, measures will focus on understanding if VT WRC education and RTW coordination services are utilized, sustainable, and effective in meeting identified needs and filling identified gaps, as well as changes in attitude, knowledge, and behavior of participants. When the VT WRC program is disseminated in Phase 2, the larger sample size and longer time period of the study will allow for measurements related to reduction in work disability, including trends in number and types of federal disability applications and percent of recipients returning to work on a population level. Change in federal disability rates is not a Phase 1 outcome because the Phase 1 study period is too short and the sample size will be too small to see a population-level change. In addition to the outcome measures listed in the table, we will use a quality improvement approach to collect and analyze data and information during all phases of the project and make changes as indicated to improve the program as described below.

PERFORMANCE METRICS ADAPTED FROM APPENDIX D IN FOA		
Activity	Measure Description	Frequency
Participant Enrollment	Number and percent of health care providers enrolled in RETAIN study (as fraction of target of 100 HCP)	Input measure reported monthly from VT WRC HCP enrollment form by the Core Director for Education and Outreach
	Number and percent of health care providers referring VT WRC (>25% of participating HCP)	
	Number and percent of worker population enrolled in RETAIN study (as fraction of target of 100 workers)	
	Number and percent of worker population enrolled by injury type, WRII/N-WRII, age, gender, race, ethnicity, industry code, job classification	
	Time lapse (in days) between injury/illness and enrollment	
Training	Number and percent of health care providers trained in SAW/RTW best practices (Target > 100)	Input, output, and process measures reported weekly, monthly or quarterly from VT WRC service log by Core Director for RTW Services
	Number and percent of RTW specialists trained in SAW/RTW best practices (Target >50% of those participating in inventory)	
	Number and percent of employers with supervisors and employees trained in SAW/RTW best practices (Target > 10)	
Communication/Coordination	Number of instances RTW Coordinator communicated with Employee, employer, and HCP	
	Communication between RTW Coordinator and stakeholders established within 3 days of enrollment	
Case Management	Number of days a case was active per employee participant	
	Number and percent of cases closed within 12 weeks	
Case Management	Employment services tracking per employee participant: time from referral to services, type of services, frequency, length	
	Number of days from first HCP visit and referral to VT WRC*	
	Develop RTW plan within 3 days of referral to VT WRC	
	Number of work-loss days per employee participant	
	Number and percent of workers referred beyond VT WRC > 6 months post-injury (and per total enrolled in VT WRC)	
Per person cost for providing RETAIN services (post start-up)		
Satisfaction (at or above 80%)	Employer satisfaction with training, communication, and RTW services	Process measure reported annually from satisfaction surveys by Core Director of Quality
	HCP satisfaction with training, communication, and RTW services	
	Employee satisfaction with training, communication, and RTW services	
Labor force participation	Number and percent of RETAIN employee participants stayed at or returned to employment:	Outcome measure reported biannually from VT WRC service log by Core Director for RTW Services
	Number and percent of employees returned to same job	
	Number and percent returned to different job at the same employer	
	Number and percent returned to full time work	
	Number and percent returned to a reduced schedule	
Earnings	Number and percent returned to modified work	
	Earnings in dollars at last job of RETAIN employee participant (at time of injury/illness)	Outcome measure reported biannually with RETAIN IE
Earnings in dollars at new job of RETAIN employee participant (post injury/illness)		

Phase 2 timeline and milestones are detailed in the table below.

	YEAR			
	2.5	3	4	5
Phase 2 - Initiative 1				
Expanding the RTW Specialist Network in Vermont				
Analyze needs assessment data				
Analyze RTW inventory data				
Develop RTW services to match needs				
Test and implement RTW services that match needs				
Test RTW specialist education				
Refine RTW specialist education				
Disseminate RTW specialist education				
Create RTW directories				
Refine RTW services and education through CQI				
Phase 2 Initiative 2				
Expanding VT WRC Services				
Analyze needs assessment data				
Develop expanded VT WRC services to match needs				
Implement expanded VT WRC services that match needs				
Refine VT WRC services through CQI				
Phase 2 Initiative 3				
Disseminating VT WRC RTW Coordination Services				
Evaluate VT WRC HCP, employer & employee education from Phase 1				
Evaluate VT WRC RTW coordination services from Phase 1				
Use evaluation findings to refine education & RTW services				
Disseminate VT WRC HCP, employer & employee education				
Launch VT WRC RTW coordination services for WRII and N-WRII				
Disseminate VT WRC coordination services for WRII and N-WRII				
Refine VT WRC RTW coordination services and education through CQI				

b. ORGANIZATIONAL CAPACITY AND QUALITY OF KEY PERSONNEL

The Vermont RETAIN project will be overseen by the Commissioner of the Vermont Department of Labor. The Vermont RETAIN Leadership Team will report to the Commissioner through the Grant Manager. Partner agencies will interact with the Vermont RETAIN Leadership Team with assistance from an Interagency Liaison, and the RETAIN IE will interact with our evaluation liaison. The attached organizational chart depicts this structure in more detail and lists roles each team member will play and type of tasks they will conduct. Given the extensive data collection, sharing, and management scope of this project, we created three data-related positions on the leadership team. The Core Director of Data and Analysis will be responsible for designing and specifying the data management systems for the entire project and assisting with analysis, the Data Manager/Programmer will be responsible for all aspects of gathering data and

integrating existing data systems, and the Core Director for Quality and Outcomes will oversee CQI and assist with evaluation. This results in a combined FTE that meets the required 0.50 FTE for the evaluation liaison needs of this project. Details related to collection of required programmatic data elements (including what data is collected from where, by whom, and when) is integrated into our milestone charts, performance metrics table, and staffing plans and support an organized approach to data collection and reporting in accordance to Section VI.C.2. in the FOA. The Vermont RETAIN Leadership Team also will include an employee representative with a history of WRII or N-WRII that affected his/her ability to work. The employee representative will be included as a stakeholder in the design and development phase of the RETAIN project. Including the employer and employee perspectives will help maintain an impartial and balanced approach that will be crucial to the success of this project.

Many key members of the leadership team have been identified and have the skills and experience to efficiently initiate the Vermont RETAIN project and develop the VT WRC program. Professional qualifications of these key personnel are described below and further detailed in the attached budget narrative.

Mary Guyette, RN, is an experienced nurse case manager in Vermont with strong relationships with HCP, employers, vocational counselors, and insurers throughout the state. She will serve as our Interagency Liaison and also be able to serve as a back-up RTW Coordinator if our primary coordinator is on vacation or away to ensure continuity of services to workers.

Mary Helen Bentley, LicSW, is a licensed social worker and Continuing Care Manager for the DH-WCC with an extensive background in facilitation return to work through care coordination and communication across the care team. She will serve as the Core Director of Return to Work

Services for the Vermont RETAIN project and spearhead the RTW coordination services for the VT WRC, oversee the RTW specialist inventory, and assist with content for education materials.

Dustin Degree, JD, is a former Vermont senator and the executive director of WFDB, which coordinates workforce training and education programs and engages state employers, workers and other partners. He will serve as the WFDB representative on the Vermont RETAIN project as assist with strategic planning and data integration and management plans.

David Dent, DO, MPH, is a board-certified OEM and Pain Medicine physician and Director of the D-H Functional Restoration Program who will serve as the Core Director of Work Rehabilitation for the Vermont RETAIN project. He will oversee development and dissemination of functional recovery services in Vermont, help build a PT/OT workforce trained in work rehabilitation, participate in the expert panel to develop treatment guidelines, and contribute content for education materials.

Karen L. Huyck, MD, PhD, MPH, is a board-certified OEM physician with expertise in functional recovery and complex return to work. She will contribute to the overall design and implementation of the Vermont RETAIN project and serve as the Medical Director of VT WRC. She is well versed in state and national WC treatment guidelines. She has previously founded large scale clinical research centers and completed the Harvard Clinical Effectiveness Program.

Christine McDonough, PT, PhD, CEEAA will serve as the Core Director for Quality and Outcomes. Dr. McDonough has a clinical background in physical therapy, doctoral training in health services research, health and disability theory, and measure development and evaluation, with an emphasis on patient-reported measures. She also has advanced training and experience in program evaluation and continuous quality improvement, decision science, survey methods, and

disability and measurement theory and methods and is a member of the Scientific Advisory Board for the APTA's national Physical Therapy Outcomes Registry (PTOR).

J. Stephen Monahan, J.D., is the Director of the Workers' Compensation and Safety Division at VDOL with extensive knowledge of processes, procedures, and data collection related to state vocational programs. He will serve as the VDOL representative to the Vermont RETAIN team and assist with strategic planning and data collection.

In the short time since the RETAIN FOA was posted, we have already built a strong team infrastructure. We have strong existing relationships with the agency partners listed in this proposal, are well connected with workers, employers, and healthcare groups in the state, and understand SAW/RTW needs in our target population. We also have designed the project to reveal unmet needs that may not be readily apparent. We have existing protocols and procedures to facilitate efficient initiation of return to work coordination services for injured employees and efficient development of SAW/RTW educational materials. Additional resources needed are described in our budget. Overall, our group is well suited to carry out the programmatic, fiscal, administrative, logistical, and evaluation-related activities of this project.

c. MANAGEMENT/OPERATIONAL PLAN

We will have resources in place and begin implementation of the demonstration project within nine months of receiving Phase 1 funding (assuming DOL receives Paperwork Reduction Act approval by that time for the information collection associated with the project) as depicted in our timeline and milestone charts. The roles and responsibilities of key partners is described in the Strategic Approach and Project Design section above and in attached letters and organizational chart. The list of key personnel with a description of each person's relevant

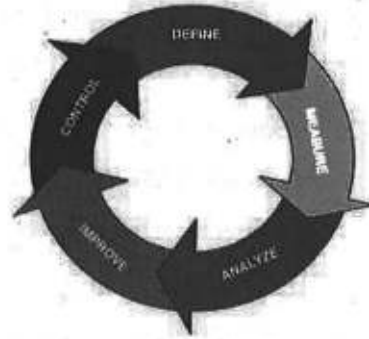
background, their roles, and overall responsibilities is listed above and in the budget narrative.

Resumés of key personnel and letters of support and commitment are included as attachments.

i. **Risk Management and Opportunities:** As detailed above, we are well prepared to perform this project and do not anticipate significant problems. One concern is the aggressive timeline for this project. To compensate for the short pre-proposal time period, several planning activities have been shifted to the infrastructure development phase of the project, such as finalizing agreements, partnerships, contracts, and data management plans. Given the number of infrastructure tasks required to start the project, some foundational work, including hiring, may take longer than expected. In that case, we will focus on launching HCP education and enrollment into the VT WRC program, and other Phase 1 components, including the RTW specialist inventory, the needs assessment, and part of the Phase 2 planning, may require an extension or may need to be completed in Phase 2. Data infrastructure will be our biggest challenge as many existing state systems are antiquated and are not integrated across programs. We have created a data plan that involves creation of new databases for collecting the majority of Phase 1 data, and we included sufficient data-related support in our staffing and budget to be equipped to address data issues. Most of the metrics collected by partner agencies will not be needed until Phase 2, giving us time to work out data infrastructure, sharing, planning issues. Although we were not able to address legal data sharing issues in the pre-submission period, based on our work on other state projects, we believe these can be addressed early in the Phase 1 process. We will identify any need for data-sharing agreements and any limitations to how data may be used, protected, disclosed, or shared. In addition, we have included budget for Health Care Compliance consulting if needed to interface with our agency partners and the evaluation team to ensure compliance with data sharing laws and regulations. Finally, although we do not think this is likely, if we cannot

achieve our target enrollment through HCP engagement, we will use our connections to the employment community to enroll workers. We are confident that our team has the collective skills and expertise to successfully complete this project; in general, however, if we encounter difficulties, we will fully utilize the RETAIN TA to overcome any potential barriers.

ii. Continuous Quality Improvement (CQI): During the project, we will analyze process-related data as part of a CQI approach to improve our processes without changing our underlying model. Our Core Director for Quality and Outcomes is experienced in CQI (see attached letter). In addition, several of our key personnel are clinically trained in the DMAIC



(Define, Measure, Analyze, Improve, Control) approach to quality improvement. We will use this method for program CQI as shown in the diagram above, created by HB Education.

iii. Participation in the Evaluation: We are committed to assistance from the RETAIN IE to refine data collection and implementation plans and to support the independent evaluation.

References

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4. CDC. Disability and Health. "State Profile Data: Vermont." Accessed July 29, 2018 at <https://www.cdc.gov/ncbddd/disabilityandhealth/impacts/vermont.html>
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14. Wallace SE and Teisberg EO. *The Experience Perspective: A Guide to Facilitating and Gaining Insights*. Health Value Advisors, Inc., Hanover, NH; 2011.
15. Teisberg EO. and Wallace SE. *Total Well Being Strategy: Insights from the Associate Experience Group Sessions*. Presentation, Louisville, KY; 2012.

Attachment E:
Negotiated Indirect Cost Rate Agreement
(If applicable)

HOSPITALS RATE AGREEMENT

EIN: 1020222140A1

DATE: 06/23/2015

ORGANIZATION:

FILING REF.: The preceding agreement was dated 03/27/2014

Dartmouth-Hitchcock
Mary Hitchcock Memorial Hospital
One Medical Center Drive
Lebanon, NH 03756-

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES:	FIXED	FINAL	PROV. (PROVISIONAL)	PRED. (PREDETERMINED)
	<u>EFFECTIVE PERIOD</u>			
	<u>FROM</u>	<u>TO</u>	<u>RATE (%) LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	07/01/2015	06/30/2018	29.30 On-Site	Other Sponsored Programs
PROV.	07/01/2018	06/30/2020	29.30 On-Site	Other Sponsored Programs

*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment, alterations and renovations), that portion of each subaward in excess of \$25,000; hospitalization and other fees associated with patient care whether the services are obtained from an owned, related or third party hospital or other medical facility; rental/maintenance of off-site activities; student tuition remission and student support costs (e.g., student aid, stipends, dependency allowances, scholarships, fellowships).

ORGANIZATION: Dartmouth-Hitchcock

AGREEMENT DATE: 6/23/2015

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

Fringe Benefits applicable to direct salaries and wages are treated as direct costs.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Equipment means an article of nonexpendable, tangible person property having a useful life of more than two years, and an acquisition cost of \$2,000 or more per unit.

Your next proposal based upon fiscal year ending 6/30/17 is due by 12/31/17.

