



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members
From: Nathan Lavery, Fiscal Analyst
Date: February 8, 2013
Subject: Grant Requests

Enclosed please find four (4) items that the Joint Fiscal Office has received from the administration, including the establishment of three (3) limited service positions.

JFO #2607 – \$994,716 grant from the U.S. Centers for Disease Control and Prevention to the Vermont Department of Health (VDH). These funds will be used build resilience against the effects of climate change through the formation of a stakeholder’s group, the forecasting of climate impacts, and identifying opportunities to work with other programs that address climate sensitive disease or risk factors. **Two (2) limited service positions** are associated with this request.

[JFO received 02/06/13]

JFO #2608 – \$86,678 grant from the U.S. Environmental Protection Agency to the Vermont Agency of Agriculture, Food and Markets. These funds will be used assist Vermont farm operators in reducing agricultural pollution, particularly water pollution, by providing farm operators with education and technical assistance.

[JFO received 02/06/13]

JFO #2609 – Request to establish **one (1) limited service** position in the Vermont Green Mountain Care Board. This position will be responsible for supporting enhanced reviews of health insurance rate filings. Funding for this position was approved in JFO #2463.

[JFO received 02/06/13]

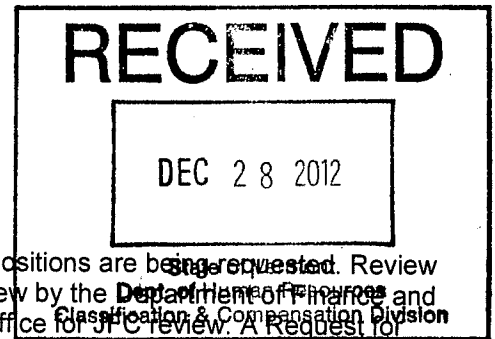
JFO #2610 – \$62,089 grant from the U.S. Department of Agriculture to the Vermont Department of Economic, Housing and Community Development (DEHCD). These funds will be used to provide technical assistance to small businesses in 2009 designated disaster counties. This funding is being transferred to DEHCD due to the U.S. Department of Agriculture closing a similar grant with Community Capital of Vermont.

[JFO received 02/06/13]

Please review the enclosed materials and notify the Joint Fiscal Office (Nathan Lavery at (802) 828-1488; nlavery@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 February 22 we will assume that you agree to consider as final the Governor’s acceptance of these requests.

**STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form**

JFO 2609



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: Green Mountain Care Board Date: 12/12/12

Name and Phone (of the person completing this request): Georgia Maheras, 802-828-2919

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # 2463

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

Granting Agency: Department of Health and Human Services, Grant Title: Grants to Support States in Health Insurance Rate Review Grant Cycle II. Grant Award letter and most recent approved budget are 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>
Health Policy Analyst, 1 position,	1	Program #27556,	October 1, 2011 through September 30, 2014

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

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

The Department of Financial Regulation maintains an MOU with the Green Mountain Care Board (Board) to fund employees working on grant activities. Several employees at the Board have been reassigned to other work and we need to hire another Health Policy Analyst for the Board to work solely under the grant so we can complete rate reviews and associated projects in a thorough and timely manner.

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)).

Amey Roder Wallack 12/26/12
Signature of Agency or Department Head Date

Molly Paul 12/28/12
Approved/Denied by Department of Human Resources Date

[Signature] 1/11/13
Approved/Denied by Finance and Management Date

[Signature] 1/13/13
Approved/Denied by Secretary of Administration Date

Comments: see attached form



JAN 07 2013

State of Vermont
Department of Financial Regulation
89 Main Street
Montpelier, VT 05620-3101
www.dfr.vermont.gov

For consumer assistance
[All Insurance] 800-964-1784
[Securities] 877-550-3907
[Banking] 888-568-4547

To: Molly Ordway Paulger

From: Jessica Mendizabal *JM 12/21/12*
Department of Financial Regulation
Grant Programs Manager
802-828-0751
jessica.mendizabal@state.vt.us

Re: Limited Service Position Request

Date: 12/21/12

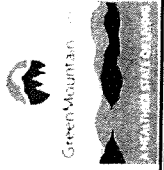
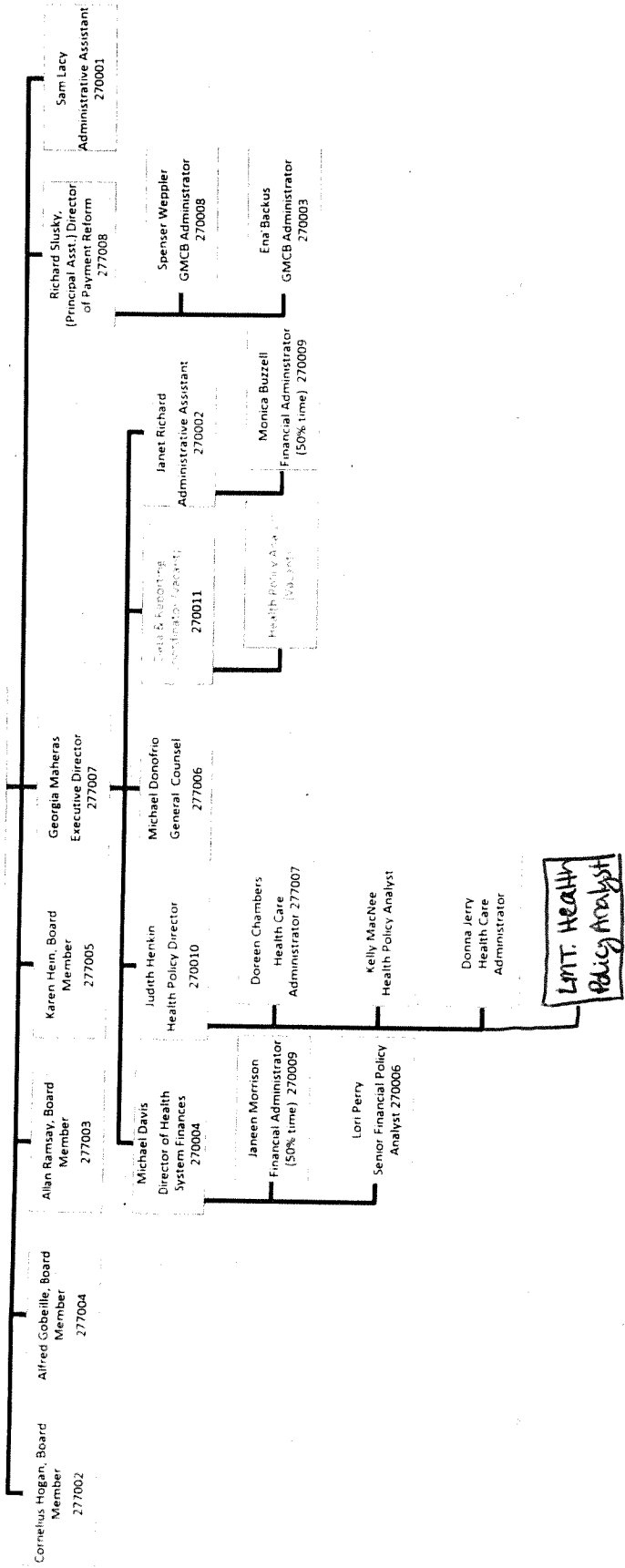
The original grant approved by JFO #2463 was for the first Cycle of CFDA #93.511. We are now in Cycle II of the grant, which has the same CFDA #. The positions approved under the second cycle of the grant are different than those approved in the first cycle and recently we've been approved for an additional Health Policy Analyst. I've included an email from the Department of Health and Human Services approving the additional position without a revised grant narrative because we have already received approval to contract with the Green Mountain Care Board for rate review activities.

If you have any questions regarding the funding source for this position please do not hesitate to contact me. Thank you.



Green Mountain Care Board Organizational Chart

Anya Rader Wallack, Chair
277001



MEMORANDUM OF UNDERSTANDING
VERMONT RATE REVIEW ENHANCEMENT PROJECTS CYCLES I AND II

MEMORANDUM OF UNDERSTANDING
BETWEEN THE DEPARTMENT OF FINANCIAL REGULATION AND THE GREEN MOUNTAIN CARE BOARD

This MOU has been amended from a previously modified version to include a new billing process. All new changes appear in bold italics.

The Department of Financial Regulation (DFR) and the Green Mountain Care Board (GMCB) will collaborate to complete the work associated with the Grants to States to Support Premium Review, Cycles I and II awarded to DFR for the periods of Oct. 1, 2010-June 30, 2012 (Cycle I) and October 1, 2011 to September 30, 2014 (Cycle II). Through this agreement, DFR will be responsible for the administration and reporting related to the federal grant, while the GMCB will assist DFR with specific grant related work.

Purpose

DFR agrees to transfer up to \$1,325,495 to the GMCB for the purpose of completing specific work related to the Vermont Rate Review Enhancement Projects Cycles I and II, as approved in the federal award. It is expected that select GMCB staff will assist, collaborate with and/or manage contracts with DFR in the following efforts:

1. Create and maintain standards for health insurance rate filings.
2. Perform reviews of health insurance rate filings.
3. Integrate hospital budget review into rate review process using hospital budgetary software and the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES).
4. Integration of historical and current rate data into an accessible database.
5. Implement customized and enhanced rate data collection, including the development of a unified data infrastructure.
6. Enhance representation of consumer interests with respect to rate review by working with the Health Care Ombudsman and assisting with public outreach via electronic communications.
7. Use insurance market research and actuarial services to support review of rate increases.
8. Travel in-state and out-of-state to rate review stakeholder and/or conference activities.

Term of Agreement

This MOU will be in effect upon signature by the Deputy Commissioner of DFR and will end of September 30, 2014. The MOU shall be amended as necessary.

Contacts

DFR

Name: Susan Donegan
Phone: (802) 828-4842

Title: Insurance Deputy Commissioner
E-mail: susan.donegan@state.vt.us

Name: *Dave Cameron*
Phone: *(802) 828-2379*

Title: *Administrative Services Director*
E-mail: david.cameron@state.vt.us

MEMORANDUM OF UNDERSTANDING
VERMONT RATE REVIEW ENHANCEMENT PROJECTS CYCLES I AND II

GMCB

Name: Georgia Maheras **Title:** Executive Director
Phone: (802) 828-2989 **E-mail:** georgia.maheras@state.vt.us

Name: Jason Pinard **Title:** Financial Director
Phone: (802) 828-3547 **E-mail:** jason.pinard@state.vt.us

Payment Terms (amended on 10/3/12)

- Expenses incurred from January 1, 2012 to September 30, 2014 directly relating to the Rate Review grant and as outlined in the included budget will be found allowable.
- GMCB will track expenses using grant related project identifiers and submit them to Jason Pinard in the office of Building and General Services (BGS).
- By the 15th day of the month following each quarter end, BGS will develop an expenditure report through Vision system. BGS will submit the report to DFR to request an interdepartmental transfer from DFR to GMCB. The quarter dates in any given year are as follows: October 1-December 31; January 1-March 31; April 1-June 30; and July 1-September 30. Once completed, DFR will notify Jason Pinard of the transfer via email.
- DFR may also request intermittent reports from BGS as necessary to comply with federal grant reporting requirements.
- Funds transfer to GMCB by DFR will be for the following expenses including the addition of contract expenses:

Budget Costs for Green Mountain Care Board Rate Review											
Budget Period: Jan 1, 2012 - Sept. 30, 2014											
Name	Position Title	SFY Hourly Rate*				% of Time Devoted to Project	FY12	FY13	FY14	FY15	Salary Expense
		SFY12 1/1/12 - 6/30/12	SFY13 7/1/12 - 6/30/13	SFY14 7/1/13 - 6/30/14	SFY15 7/1/14 - 9/30/14						
Begin Jan 1, 2012							1,040	2,080	2,080	520	
Davis	GMCB Director of Financial Systems	49.79	52.31	54.42	56.62	15%	7,767	16,321	16,980	4,416	\$ 45,484.10
MacNee	GMCB Health Policy Analyst	21.99	23.10	24.04	25.01	15%	3,430	7,208	7,499	1,951	\$ 20,088.28
Perry	GMCB Senior Analyst	33.56	35.26	36.68	38.16	12%	4,188	8,800	9,156	2,381	\$ 24,526.15
Weppler	GMCB Health Care Administrator	25.71	27.01	28.10	29.24	15%	4,011	8,427	8,768	2,281	\$ 23,486.57
Begin April 1, 2012							520	2,080	2,080	520	
Henkin	GMCB Health Insurance Policy Director	39.71	41.72	43.40	45.16	100%	20,649	86,776	90,282	23,482	\$ 221,189.69
Richard	GMCB Administrative Assistant	25.07	26.34	27.40	28.51	15%	1,955	8,218	8,550	2,224	\$ 20,946.46
FTEs:						1.72					
Personnel (listed above)							subtotal				\$ 355,721
Fringe Benefits							31%				\$ 110,274
Sub-total Salaries and Fringe							subtotal				\$ 465,995
Travel											
~In-State Travel							\$ 1,500				
~Out-of-State Travel							\$ 15,000				
							subtotal				\$ 16,500
Contractual											
Data Collection and Information Management							\$ 493,000				
Market Research and/or Actuarial Services							\$ 350,000				

MEMORANDUM OF UNDERSTANDING
VERMONT RATE REVIEW ENHANCEMENT PROJECTS CYCLES I AND II

Funding:

Source of Funds: 100% Federal

CFDA Title: Grants to the State for Premium Review- Cycles I and II

CFDA Number: 93.511

Award Names: 2010 Grants to States for Health Insurance Premium Review- Cycle I
Grants to States in Health Insurance Rate Review Grant Cycle II

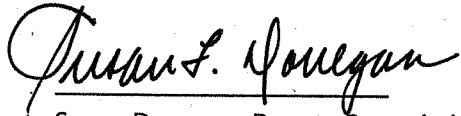
Award Numbers: IPRPR100021-01-02, PRPRP120019-01-01

Award Years: 2010-2014

Federal Granting Agency: HHS, CCIIO


Research and Development Grant: No

The provisions of this Memorandum of Understanding are hereby entered into and agreed to by virtue of the authorized signatures below:



Susan Donegan, Deputy Commissioner
Department of Financial Regulation

10/18/12
Date



Georgia Maheras, Executive Director
Green Mountain Care Board

10/10/12
Date

1. DATE ISSUED MM/DD/YYYY 11/08/2011	2. CFDA NO. 93.511	3. ASSISTANCE TYPE Project Grant
1a. SUPERSEDES AWARD NOTICE dated 09/20/2011 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded		
4. GRANT NO. 6 PRPPR120019-01-01 Formerly	5. ACTION TYPE Post Award Amendment	
6. PROJECT PERIOD From 10/01/2011	Through 09/30/2014	
7. BUDGET PERIOD From 10/01/2011	Through 09/30/2014	

Department of Health and Human Services
Centers for Medicare & Medicaid Services
Office of Acquisitions and Grants Management
7500 Security Boulevard
Baltimore, MD 21244-1850

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)
Section 2794 of the Public Health Service Act (Section 1003 of the
Affordable Care Act)

8. TITLE OF PROJECT (OR PROGRAM)
Grants to Support States in Health Insurance Rate Review Grant Cycle II

9a. GRANTEE NAME AND ADDRESS
Banking, Insurance, Securities and Health Care Administration
Health Care Administration
89 Main St
Montpelier, VT 05602-3168

9b. GRANTEE PROJECT DIRECTOR
Ms. Jessica Santucci
Health Care Administration
89 Main Street
Montpelier, VT 05620
Phone: 8028280751

10a. GRANTEE AUTHORIZING OFFICIAL
Ms. Jessica Santucci
89 MAIN ST
MONTPELIER, VT 3168
Phone: 8028280751

10b. FEDERAL PROJECT OFFICER
Ms. Jacqueline Roche
200 Independence Ave Sw Rm 738-G
Washington, DC 20201
Phone: 202-260-8094

11. APPROVED BUDGET (Excludes HHS Direct Assistance)

I HHS Grant Funds Only

II Total project costs including grant funds and all other financial participation

a. Salaries and Wages	684,133.00	
b. Fringe Benefits	212,081.00	
c. Total Personnel Costs	896,214.00	
d. Equipment	2,000.00	
e. Supplies	4,000.00	
f. Travel	4,000.00	
g. Construction	0.00	
h. Other	204,475.00	
i. Contractual	2,693,356.00	
j. TOTAL DIRECT COSTS	3,804,045.00	
k. INDIRECT COSTS (rate of)	0.00	
l. TOTAL APPROVED BUDGET	3,804,045.00	
m. Federal Share	3,804,045.00	
n. Non-Federal Share	0.00	

12. AWARD COMPUTATION FOR GRANT

a. Amount of HHS Financial Assistance (from item 11m)	3,804,045.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	3,804,045.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	0.00
13. Total Federal Funds Awarded to Date for Project Period	3,804,045.00

14. RECOMMENDED FUTURE SUPPORT
(Subject to the availability of funds and satisfactory progress of the project):

YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

a. DEDUCTION
b. ADDITIONAL COSTS
c. MATCHING
d. OTHER RESEARCH (Add / Deduct Option)
e. OTHER (See REMARKS)

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, HHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation cited above.
b. The grant program regulations cited above.
c. This award notice including terms and conditions, if any, noted below under REMARKS.
d. HHS Grants Policy Statement including addenda in effect as of the beginning date of the budget period.
e. 45 CFR Part 74 or 45 CFR Part 92 as applicable.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached - Yes No)

Attached is the revised Notice of Award approving the revised budget of the original award dated September 20, 2011. The Terms and Conditions have been updated to reflect the three year period of performance and budget period.

GRANTS MANAGEMENT OFFICER: *Michelle Eagans*, Grants Management Officer

17. OBJ CLASS 4115	18a. VENDOR CODE 1036000264D8	18b. EIN 036000274	19. DUNS 809376601	20. CONG. DIST. 00
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 1-5992933	b. PRPPR0019A	c. IPR	d. \$0.00	e. 75X0112
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

**Request for Classification Action
New or Vacant Positions**

EXISTING Job Class/Title ONLY

Position Description Form C/Notice of Action Received 12/28/12

For Department of Personnel Use Only

Pending JFD Approval

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

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

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

Vacant Position:

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

For All Requests:

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

Analyze federal and state legislation

Organize and facilitate stakeholder meetings

Assist with Program Evaluation

Prepare written analytic reports in support of major strategic planning and evaluation programs

Provide quantitative analyses of administrative and clinical health data.

Produce a wide range of written materials, including policy briefs, abstracts, articles, reports, and presentations.

2. Provide a brief justification/explanation of this request: The Department of Financial Regulation has approved funding to help support enhanced reviews of health insurance rate filings. The Board is statutorily charged with having the final approval authority on major medical health insurance rates and has been operating with only one full time employee working in this area. It is necessary to hire a Health Policy Analyst to help review the rate filings, write decisions and assist in the area of stakeholder engagement, consumer transparency and any other enhancements related to rate review as described under the grant (and as required by the Federal and State Health Care Reform laws). The Board maintains a Memorandum of Understanding with the Department of Financial Regulation to support Board positions working on grant related activities and there is substantial funding for this position under the grant.

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: Georgia Maheras, 802-828-2919
6. Who should be contacted if there are questions about this position (provide name and phone number):
Jessica Mendizabal, Grant Programs Manager, 802-828-0751
7. How many other positions are allocated to the requested class title in the department: 2
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.) Yes, the new Health Policy Analyst will be an additional direct report to the Health Policy Director.

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).

Nancy Kubland
Personnel Administrator's Signature (required)*

12/21/12
Date

[Signature]
Supervisor's Signature (required)*

12/21/12
Date

Cerya Rader Wallack
Appointing Authority or Authorized Representative Signature (required)*

12/26/12
Date

* Note: Attach additional information or comments if appropriate.