



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members
From: Sorsha Anderson, Staff Associate
Date: September 10, 2020
Subject: Grant Requests – JFO #3019

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

JFO #3019 – Two (2) limited-service positions within the VT Agency of Human Services, Department of Health. This grant will be used to implement evidence-based interventions to increase rates of colorectal screenings in primary care clinics that serve low-income, rural Vermonters. One (1) Public Health Programs Administrator responsible for the execution of grant deliverables, development of reports and documentation to the CDC, and one (1) Public Health Programs Evaluator responsible for developing the program evaluation plan and activities, and works with staff on plan implementation. Both positions are 100% federally funded and are expected to be funded for a minimum of 5 years. *This request does not stem from the state or federal response to the COVID-19 pandemic.*
[JFO received 09/9/20]

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson, sanderson@leg.state.vt.us) if you have questions or would like this item held for legislative review. Unless we hear from you to the contrary by October 10, 2020 we will assume that you agree to consider as final the Governor's acceptance of this request.



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

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

Agency of Administration

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

Grant Summary:	The purpose of this program is to increase rates of colorectal cancer screening in Vermont.				
Date:	8/20/2020				
Department:	Agency of Human Services – Department of Health				
Legal Title of Grant:	Organized Approaches to Increase Colorectal Cancer Screening				
Federal Catalog #:	93.800				
Grant/Donor Name and Address:	Department of Health & Human Services Centers for Disease Control & Prevention 2939 Brandywine Road Atlanta, Georgia 30341				
Grant Period:	From:	7/1/2020	To:	6/29/2025	
Grant/Donation	\$391,045				
	SFY 21	SFY 22	SFY 23	Total	Comments
Grant Amount	\$295,738	\$391,045	\$391,045	\$1,077,828	
Position Information	# Positions		Explanations/Comments		
	2 new positions		each 5 years in length to match grant award		
Additional Comments	See attached grant summary VDH's memo explains that future year amounts are anticipated				

Department of Finance & Management	Adam Greshin <small>Digitally signed by Adam Greshin Date: 2020.08.20 08:16:14 -0400'</small>	(Initial)
Secretary of Administration	Kristin Clouser <small>Digitally signed by Kristin Clouser Date: 2020.08.20 12:51:13 -0400'</small>	(Initial)
Sent to Joint Fiscal Office		Date



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

BASIC GRANT INFORMATION				
1. Agency:	Agency of Human Services			
2. Department:	Health			
3. Program:	Public health and health systems strategies to increase rates of colorectal cancer screening in Vermont			
4. Legal Title of Grant:	Organized Approaches to Increase Colorectal Cancer Screening			
5. Federal Catalog #:	93.800			
6. Grant/Donor Name and Address:	Department of Health & Human Services, Centers for Disease Control and Prevention, 2939 Brandywine Road, Atlanta, Georgia 30341			
7. Grant Period:	From:	7/1/2020	To:	6/29/2025
8. Purpose of Grant:	To increase rates of colorectal cancer screening in Vermont.			
9. Impact on existing program if grant is not Accepted:	None			
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 21	FY 22	FY 23	
Personal Services	\$285,923	\$381,230	\$381,230	
Operating Expenses	\$9,815	\$9,815	\$9,815	
Grants	\$0	\$0	\$0	
Total	\$295,738	\$391,045	\$391,045	
Revenues:				
State Funds:	\$0	\$0	\$0	
Cash	\$0	\$0	\$0	
In-Kind	\$0	\$0	\$0	
Federal Funds:	\$295,738	\$391,045	\$391,045	
(Direct Costs)	\$230,224	\$303,694	\$303,694	
(Statewide Indirect)	\$3,932	\$5,241	\$5,241	
(Departmental Indirect)	\$61,582	\$82,110	\$82,110	
Other Funds:	\$0	\$0	\$0	
Grant (source)	\$0	\$0	\$0	
Total	\$295,738	\$391,045	\$391,045	
Appropriation No:		Amount:		\$
	3420010000			\$61,582
	3420020000			\$234,156
				\$
				\$
				\$
				\$
				\$
		Total		\$295,738

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

PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: _____ Agreed by: _____ (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Public Health Programs Administrator AC:General
	1	Public Health Program Evaluator
Total Positions	2	

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

13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: E-SIGNED by Mark Levine, MD on 2020-07-17 17:37:39 EST	Date:
	Title: Commissioner of AHS Health Department	
	Signature: E-SIGNED by Jenney Samuelson on 2020-08-13 16:58:50 GMT	Date:
	Title: AHS Deputy Secretary	

14. SECRETARY OF ADMINISTRATION

Approved: _____ (Secretary or designee signature) **Kristin Clouser** Digitally signed by Kristin Clouser Date: 2020.08.20 12:46:22 -04'00' Date:

15. ACTION BY GOVERNOR

Check One Box: Accepted
 _____ (Governor's signature) Date: 9/8/20
 Rejected

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

- | | |
|---|---|
| <input checked="" type="checkbox"/> Request Memo | <input type="checkbox"/> Notice of Donation (if any) |
| <input type="checkbox"/> Dept. project approval (if applicable) | <input type="checkbox"/> Grant (Project) Timeline (if applicable) |
| <input checked="" type="checkbox"/> Notice of Award | <input type="checkbox"/> Request for Extension (if applicable) |
| <input type="checkbox"/> Grant Agreement | <input type="checkbox"/> Form AA-1PN attached (if applicable) |
| <input checked="" type="checkbox"/> Grant Budget | |

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).

E-SIGNED by Tracy O'Connell
on 2020-08-13 14:35:51 GMT

**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: **Agency of Human Services/ Department of Health**

Date: **7/17/2020**

Name and Phone (of the person completing this request): **Paul Daley 802-863-7284**

Request is for: **Positions funded and attached to a new grant.**

1. Name of Granting Agency, Title of Grant:

**Department of Health and Human Services, Centers for Disease Control and Prevention
CFDA 93.800 - Organized Approaches to Increase Colorectal Cancer Screening**

Project Title: *Public health and health systems strategies to increase rates of colorectal cancer screening in Vermont.*

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>
Public Health Programs Administrator	1	HPDP	7/1/20 – 6/29/25
Public Health Programs Evaluator	1	HPDP	7/1/20 – 6/29/25

*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:

Colorectal cancer is the third most common cancer diagnosed and the third leading cause of cancer death in men and women in Vermont. In Vermont, colorectal cancer screening rates have remained steady since 2008 with no significant, measurable change in the percentage of Vermont adults ages 50-75 that have received screening. With rates at 72% in 2016, Vermont has a higher percentage of men and women meeting the colorectal cancer screening guidelines compared to the U.S. at 68.8%, however it has the lowest rate in New England (range: 68.8% - 80%). There are clear disparities in colorectal cancer screening rates among certain populations in Vermont, including individuals with income at or below \$25,000 having a rate of 64% and those at \$25,000-\$50,000 at 68% and those with a high school education or less who have a rate of 64%.

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

E-SIGNED by Mark Levine, MD
on 2020-07-17 17:37:47 EST

Commissioner of Health _____ Date _____

E-SIGNED by Jenney Samuelson
on 2020-08-13 16:59:00 GMT

Secretary of Human Services _____ Date _____

Aimee Pope Digitally signed by Aimee Pope
Date: 2020.08.13 13:57:20 -04'00'

✓ Approved/Denied by Department of Human Resources _____ Date _____

Adam Greshin Digitally signed by Adam Greshin
Date: 2020.08.20 08:15:21 -04'00'

Approved/Denied by Finance and Management _____ Date _____

Kristin Clouser Digitally signed by Kristin Clouser
Date: 2020.08.20 12:46:51 -04'00'

Approved/Denied by Secretary of Administration _____ Date _____



9/8/20
Date

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

Comments:

MEMORANDUM

July 17, 2020

TO: Michael K. Smith, Secretary of Human Services

FR: Mark Levine, MD, Commissioner of Health E-SIGNED by Mark Levine, MD
on 2020-07-17 17:37:32 EST

RE: Request for Grant Acceptance

I am pleased to report that Vermont has received a grant from the Department of Health and Human Services, Centers for Disease Control & Prevention to improve screening and prevention of colorectal cancer.

Colorectal cancer is the third most common cancer diagnosed and the third leading cause of cancer death in men and women in Vermont. In Vermont, colorectal cancer screening rates have remained steady since 2008 with no significant, measurable change in the percentage of Vermont adults ages 50-75 that have received screening. With rates at 72% in 2016, Vermont has a higher percentage of men and women meeting the colorectal cancer screening guidelines compared to the U.S. at 68.8%, however it has the lowest rate in New England (range: 68.8% - 80%). There are clear disparities in colorectal cancer screening rates among certain populations in Vermont, including individuals with income at or below \$25,000 having a rate of 64% and those at \$25,000-\$50,000 at 68% and those with a high school education or less who have a rate of 64%.

The grant award is \$391,045 for the first year of an expected five year project period.

The funds will be used to implement evidence-based interventions in primary care clinics that serve low-income, rural Vermonters aged 50 – 75 in central and southeastern Vermont. The two key outcomes expected at the end of the period of performance are an increased clinic level of colorectal screening rates leading to increased prevention of colorectal cancers and improved systems in the selected clinics.

Please find enclosed a Grant Acceptance Request (AA-1) and Limited Service Position Request for your review and approval.

Cc: Sarah Clark, AHS Chief Financial Officer



1. DATE ISSUED MM/DD/YYYY 06/10/2020		1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA NO. 93.800 - Organized Approaches to Increase Colorectal Cancer Screening			
3. ASSISTANCE TYPE Cooperative Agreement			
4. GRANT NO. 1 NU58DP006749-01-00 Formerly		5. TYPE OF AWARD Other	
4a. FAIN NU58DP006749		5a. ACTION TYPE New	
6. PROJECT PERIOD MM/DD/YYYY From 07/01/2020		Through 06/29/2025	
7. BUDGET PERIOD MM/DD/YYYY From 07/01/2020		Through 06/29/2021	

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

2939 Brandywine Road
Atlanta, GA 30341

NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulations)
section 301(a) of the Public Health Service Act, [42 U.S.C section 241(a)], as amended

8. TITLE OF PROJECT (OR PROGRAM)
Public health and health systems strategies to increase rates of colorectal cancer screening in Vermont.

9a. GRANTEE NAME AND ADDRESS Human Services, Vermont Agency Of 280 State Dr Waterbury, VT 05671-9501	9b. GRANTEE PROJECT DIRECTOR Ms. Susan Kamp 280 State Drive Waterbury, VT 05671-9501 Phone: 802-951-4006
10a. GRANTEE AUTHORIZING OFFICIAL Mr. Paul Daley 108 CHERRY STREET BURLINGTON, VT 05402-0070 Phone: 8029510142	10b. FEDERAL PROJECT OFFICER Djenaba Joseph 4700 Buford Hwy Atlanta, GA 30341-3717 Phone: 770.488.3157

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 391,045.00	
II Total project costs including grant funds and all other financial participation I		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and WageS 116,468.00		c. Less Cumulative Prior Award(s) This Budget Period 0.00	
b. Fringe Benefits 52,411.00		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 391,045.00	
c. Total Personnel Costs 168,879.00		13. Total Federal Funds Awarded to Date for Project Period 391,045.00	
d. Equipment 0.00		14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):	
e. Supplies 2,600.00		YEAR	TOTAL DIRECT COSTS
f. Travel 4,215.00		a. 2	d. 5
g. Construction 0.00		b. 3	e. 6
h. Other 3,000.00		c. 4	f. 7
i. Contractual 125,000.00		15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
j. TOTAL DIRECT COSTS 303,694.00		a. DEDUCTION	
k. INDIRECT COSTS 87,351.00		b. ADDITIONAL COSTS	
l. TOTAL APPROVED BUDGET 391,045.00		c. MATCHING	
m. Federal Share 391,045.00		d. OTHER RESEARCH (Add / Deduct Option)	
n. Non-Federal Share 0.00		e. OTHER (See REMARKS)	
REMARKS (Other Terms and Conditions Attached - <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)		b	
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY 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			
b. The grant program regulations.			
c. This award notice including terms and conditions, if any, noted below under REMARKS.			
d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.			
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.			

GRANTS MANAGEMENT OFFICIAL:
Valencia Williams, Lead Grant Management Specialist
1600 Clifton Rd
Atlanta, GA 30333
Phone: 404.498.3260

17.OBJ CLASS 41.51	18a. VENDOR CODE 1036000274B8	18b. EIN 036000264	19. DUNS 809376155	20. CONG. DIST. 00
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 0-939ZRBP	b. 20NU58DP006749	c. DP	d. \$391,045.00	e. 75-20-0948
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

**Vermont Year One Colorectal Cancer Screening Grant Budget Narrative
July 1, 2020 – June 30, 2021**

A. Salaries and Wages

Position Title	Annual Salary	Time (% FTE)	Months	Amount Requested
Public Health Program Administrator (<i>new-vacant</i>)	\$59,931	100%	12	\$59,931
Evaluation Director (<i>Patrick Kinner</i>)	91,006	.05%	12	\$4,550
Public Health Program Evaluator (<i>new-vacant</i>)	\$59,931	50%	12	\$29,966
Data Manager (<i>Matthew Maiberger</i>)	\$68,168	20%	12	\$13,634
Public Health Programs Director (<i>Susan Kamp</i>)	\$83,872	10%	12	\$8,387

Job Descriptions:

Public Health Program Administrator: This position is responsible for the execution of the grant deliverables, development of reports and documentation to the CDC, sub-award development and monitoring and coordinating the work of the grant between the Department of Health and all sub-awardees and partners. Position to be hired; job description attached.

Evaluation Director (Patrick Kinner): This position is responsible for the evaluation work across the division. He will supervise the Public Health Program Evaluator.

Public Health Program Evaluator: Responsible for guiding the program's evaluation activities, based on the guidance provided by the CDC and branch evaluation staffs. This individual develops the evaluation plan and logic model and works with program staff to identify and track appropriate performance measures, troubleshoot any barriers, and translate evaluation findings into quality improvement activities. Position to be hired; job description attached.

Data Manager (Matthew Maiberger): Manages all aspects of data management for the program, supports and advises evaluation activities, and conducts additional research and statistical work as needed.

Public Health Programs Director (Susan Kamp): This position will provide supervision of the Public Health Program Administrator. Additional responsibilities are to provide oversight, coordination and support for health systems interventions. This position is responsible for ensuring reports and documentation are submitted to the CDC.

Total Salaries and Wages **\$116,468**

B. Fringe

Fringe benefits calculated at 45% of total salaries. **\$ 52,411**

C. Travel **\$ 4,215**

Travel (In-State and Out-of-State)
 Travel (In-State): \$ 870
 Travel (Out of State): \$ 3,345

Number of Trips	Number of People	Cost of Airfare, hotel	Number of total miles	Cost per Mile/per diem	Amount Requested
Monthly	1-2	N/A	125	\$.58	\$870
Annual	3	\$3000		\$345	\$3,345
Total					\$4,215

Justification: In-state travel to partners and sub-awardees for meetings and other activities. Out of state travel for reverse site visit.

D. Equipment **\$ 0**

E. Supplies **\$ 2,600**

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
General Office Supplies	Pens, pencils, paper	12 months	\$25/month	\$300
Computer Workstation	laptop	1 ea.	\$800	\$800

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Standing Desk		2	\$750	\$1500
Total Supplies				\$2,600

Justification:

Basic office supplies will be made available to the new employees. For one new position, a new laptop must be purchased to support the employee's work and for both new positions, a standing desk will be purchased as a workstation.

F. Contractual Costs: \$125,000

Springfield Medical Care Systems: \$30,000

Name of Contractor: Springfield Medical Care System

Method of Selection: Sole source. They are the provider of the services needed in that geographic area that meets CDC criteria for participation.

Period of Performance: July 1, 2020 – June 30, 2021

Scope of Work: Provide baseline data for adults age 50-75 currently served by the clinic along with their colorectal cancer screening rate. Participate in clinic assessment.

Implement recommended Evidence Based Interventions. Provide required data reports to the VDH.

Method of Accountability: The State uses performance-based monitoring for all contracts.

Payment is linked to performance.

Itemized Budget: To be determined.

Gifford Health Center (FQHC): \$30,000

Awardee: Gifford Health Center

Method of Selection: Sole Source. They are the provider of the services needed in that geographic area that meets CDC criteria for participation.

Period of Performance: July 1, 2020 – June 30, 2021

Scope of Work: Provide baseline data for adults age 50-75 currently served by the clinic along with their colorectal cancer screening rate. Participate in clinic assessment.

Implement recommended Evidence Based Interventions. Provide required data reports to the VDH.

Method of Accountability: The State uses performance-based monitoring for all awards.

Payment is linked to performance.

Itemized Budget: To be determined.

Brattleboro Memorial Hospital: \$40,000

Name of Contractor: Brattleboro Memorial Hospital

Method of Selection: Sole source. They are the provider of the services needed in that geographic area that meets CDC criteria for participation.

Period of Performance: July 1, 2020 – June 30, 2021

Scope of Work: Provide baseline data for adults age 50-75 currently served by the clinic along with their colorectal cancer screening rate. Participate in clinic assessment.

Implement recommended Evidence Based Interventions. Provide required data reports to the VDH.

Method of Accountability: The State uses performance-based monitoring for all contracts.

Payment is linked to performance.

Itemized Budget: To be determined.

BiState Primary Care Association: \$25,000

Name of Contractor: BiState Primary Care Association

Method of Selection: Sole source. BiState is the technical assistance association for Vermont's Federally Qualified Health Centers.

Period of Performance: July 1, 2020 – June 30, 2021

Scope of Work: Assist funded FQHC's with technical assistance regarding tracking and reporting clinical data, panel management and overcoming administrative barriers.

Method of Accountability: The State uses performance-based monitoring for all contracts.

Payment is linked to performance.

Itemized Budget: To be determined.

G. Construction \$ 0

H. Other \$3,000

BRFSS \$3,000

Justification: To ensure target audiences are included in the BRFSS.

I. Total Direct: \$303,693

J. Indirect: \$87,351

The Vermont Department of Health uses a Cost Allocation Plan, not an indirect rate. The Vermont Department of Health is a department of the Vermont Agency of Human Services, a public assistance agency, which uses a Cost Allocation Plan in lieu of an indirect rate agreement as authorized by OMB Circular A-87, Attachment D. This Cost Allocation Plan was approved by the US Department of Health and Human Services effective October 1, 1987. A copy of a recent approval letter is attached. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program. Because these are actual costs, unlike an Indirect Cost Rate, the ratio of allocated costs to salary will vary from quarter to quarter. Based on costs allocated to similar programs during recent quarters, we would currently estimate these allocated costs at 75% of the direct salary line item.

K. TOTAL: \$391,045

Grant Summary:

Vermont has received a grant award of \$391,045 from the Department of Health & Human Services, Centers for Disease Control & Prevention. The project period for the grant is from 7/1/2020 through 6/29/2025. The award has no state match requirement.

The purpose of this funding is to implement evidence-based interventions (EBIs) in primary care clinics that serve low-income, rural Vermonters aged 50 – 75 in central and southeastern Vermont. This cooperative agreement will result in increased screening rates among the selected clinics.

Two key outcomes expected at the end of the period of performance are an increased clinic level of colorectal screening rates leading to increased prevention of colorectal cancers and improved systems in the selected clinics. Through work with the Department, these clinics will improve their systems that use electronic health records (EHRs) to support evidence-based interventions (EBIs) for colorectal screening and that may be generalizable to other chronic conditions.

The Department will draw on longstanding and new partnerships to establish performance-based subgrantee agreements with three primary care health systems. The focus of these agreements will address the required readiness, assessment, and implementation of the Evidence-Based Interventions (EBIs).

- Springfield Medical Care Systems (SMCS) is a long-standing partner with experience implementing clinic-level interventions and quality improvement activities to improve the prevention, identification, and management of diabetes.
- Gifford Health Care (GHC) is also a current partner and has developed a primary care network-wide protocol that uses evidence-based strategies to improve diabetes prevention and management. Areas identified for quality improvement includes providing in-depth education and outreach to providers to ensure protocol implementation and fidelity as well as improved patient screening for prediabetes.
- Brattleboro Memorial Hospital (BMH) is a new partner and is very interested in quality improvement regarding colorectal cancer screening.

These three health systems have been identified based on need (low screening rates, per UDS and EHR data), their rural and low-income status, and the clinics' previous experience and/or stated capacity and commitment to conduct the assessment.

Health Systems staff in the Department's Health Promotion and Disease Prevention (HPDP) Division will provide content support and technical assistance to the selected health systems. Activities will include but are not limited to drafting the sub-grantee agreement language, assisting in assessment and project design, QI support, monthly phone calls, annual site visits, evaluation and surveillance planning and implementation, and connecting partners with state and national resources to increase colorectal screening.

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

- **This form is to be used by management to request the allocation of a new position, or reallocation of a vacant position, to an EXISTING class title.**
- Employee requests must be submitted on the separate "Position Description Form A."
- Requests for full classification, to determine the appropriate pay grade for any job class must be submitted on "Position Description Form A."
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded areas of the form.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you will need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- All sections of this form are required to be completed unless otherwise stated.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office.

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

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

Position information:

Incumbent: **Vacant or New Position**

Position Number: TBD Current Job/Class Title: _____

Agency/Department/Unit: AHS/VDH/HPDP GUC: _____

Pay Group: _____ Work Station: Burlington, VT Zip Code: 05401

Position Type: Permanent Limited Service (end date) 6/30/2025

Funding Source: Core Sponsored Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.) 100% Federal

Supervisor's Name, Title and Phone Number: Susan Kamp, Public Health Programs Director (802) 951-4006

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

New Position(s):

a. **REQUIRED:** Allocation requested: Existing Class Code 444900 Existing Job/Class Title: Public Health Programs Administrator AC: General

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:

Duties include planning, community development, evaluation, and grant & contract administration.

Sets objectives, identifies, and implements chronic disease prevention strategies and determines programmatic evaluation methods.

Guides communities to understand and adopt changes to effect improvements in health outcomes.

Identifies opportunities, challenges, barriers and takes steps to address them.

Works with other State agencies to assure that policies within the department and outside are coordinated and focused on opportunities for program integration.

Integrates goals of Health Vermonters 2030 and the State Health Improvement Plan into project development.

Assists communities to conduct needs assessments and develop a comprehensive plan for delivery of coordinated (networked) health services.

Ensures broad-based representation and participation in all phases of the project.

Coordinates use of data from multiple sources for program review, monitoring and evaluation.

Writes grant proposals, monitors funding, and ensures compliance with federal and state policies and program regulations.

Represents the department with a variety of councils, community partners and advisory groups.

2. Provide a brief justification/explanation of this request:

This position is required as part of a recently awarded five-year grant from the CDC entitled "Organized Approaches to Increase Colorectal Cancer Screening." This position will be required to manage multiple grants

and contracts, while providing coordination of effort with multiple partners across the state to increase colorectal cancer screening rates and improve health outcomes among Vermonters.

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). The position is not supervisory

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: Al Johnson, Administrative Services Manager II

6. Who should be contacted if there are questions about this position (provide name and phone number):
Julie Arel (802) 338-0574

7. How many other positions are allocated to the requested class title in the department: 9

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) No

Attachments:

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

Patricia Murray

Personnel Administrator's Signature (required)*

6/30/20
Date

Julie Arel

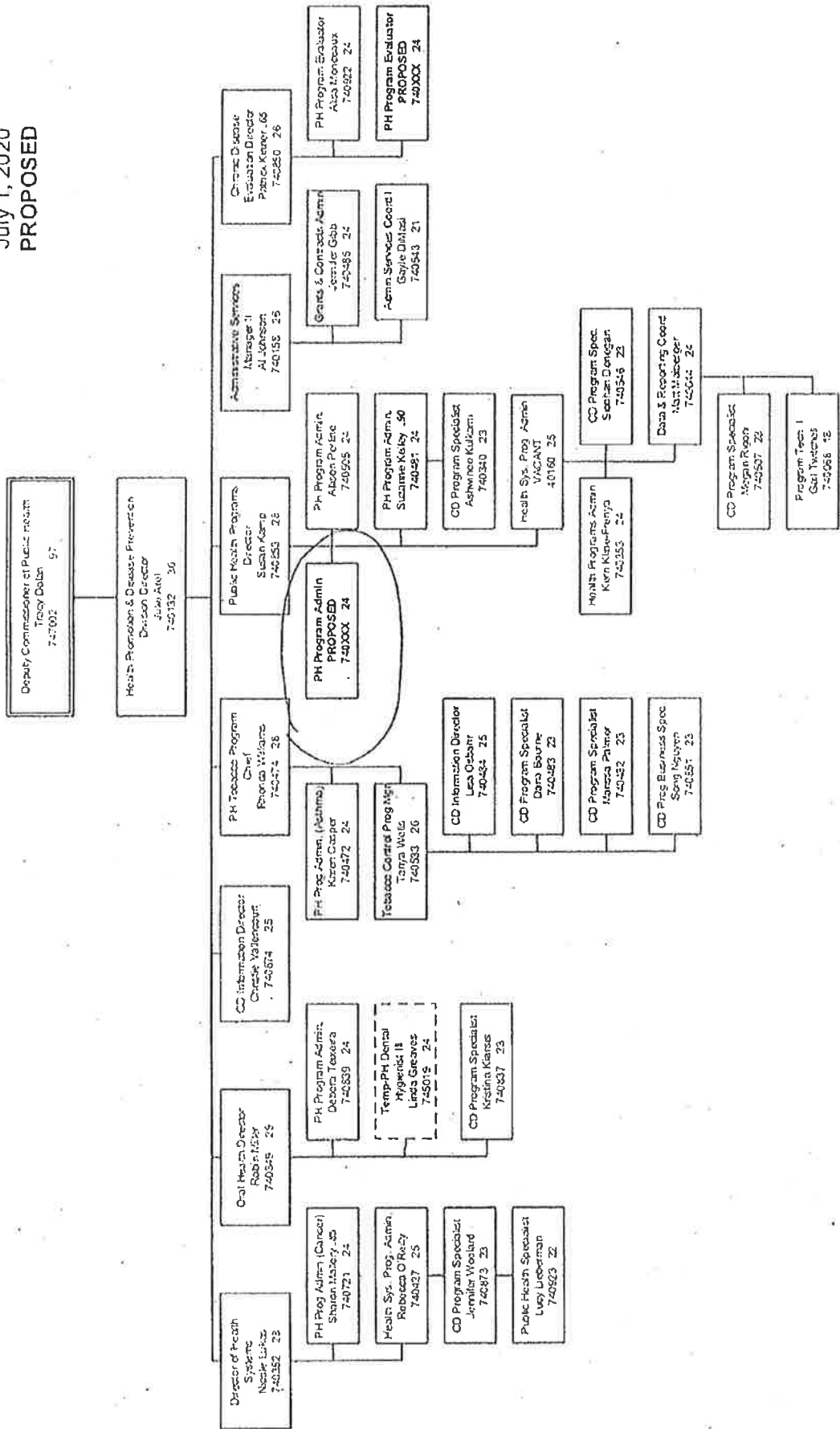
Supervisor's Signature (required)*

6/20/2020
Date

[Signature]

JUL 01 2020

Division of Health Promotion &
Disease Prevention
July 1, 2020
PROPOSED



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

- **This form is to be used by management to request the allocation of a new position, or reallocation of a vacant position, to an EXISTING class title.**
- Employee requests must be submitted on the separate "Position Description Form A."
- Requests for full classification, to determine the appropriate pay grade for any job class must be submitted on "Position Description Form A."
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded areas of the form.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you will need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- All sections of this form are required to be completed unless otherwise stated.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office.

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

Notice of Action # _____	Date Received (Stamp) _____
Action Taken: _____	
New Job Title _____	
Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level _____ B/U _____ OT Cat: _____	EEO Cat. _____ FLSA _____
New Mgt Level _____ B/U _____ OT Cat: _____	EEQ 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: TBD Current Job/Class Title: _____

Agency/Department/Unit: AHS/VDH/HPDP GUC: _____

Pay Group: _____ Work Station: Burlington, VT Zip Code: 05401

Position Type: Permanent Limited Service (end date) 6/30/2025

Funding Source: Core Sponsored Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.) 100% Federal

Supervisor's Name, Title and Phone Number: Patrick Kinner, Chronic Disease Evaluation Director (802) 863-7273

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

New Position(s):

- REQUIRED: Allocation requested:** Existing Class Code 422506 Existing Job/Class Title: Public Health Program Evaluator
- 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:

What: Conduct evaluations or chronic disease programs.

How: Engage stakeholders in program description and evaluation design, develop evaluation questions and methods of data collection, collect and analyze data, report evaluation results, lead performance improvement planning based on results.

Why: To determine the efficacy of chronic disease programs.

What: Develop program evaluation capacity among chronic disease programs.

How: Conduct formal and informal trainings on how program evaluation is done, the benefits of evaluation, and how program evaluation can serve the needs of chronic disease programs.

Why: To improve the likelihood of evaluation data use by chronic disease programs.

What: Develop evaluation and data collection tools to be used by chronic disease programs.

How: Serve as a resource for data collection methodology, design, implementation and analysis.

Why: To support chronic disease programs in data-driven decision making.

2. Provide a brief justification/explanation of this request: This position is required as part of a recently awarded five-year grant from the CDC entitled "Organized Approaches to Increase Colorectal Cancer Screening." The CDC is requiring that the evaluation work related to this project/award are provided by VDH staff rather than a contractor.

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). The position is not supervisory

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: Al Johnson, Administrative Services Manager II

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

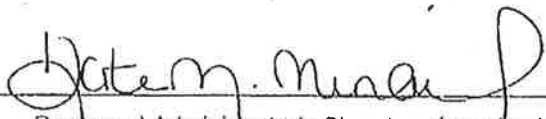
Julie Arel (802) 338-0574

7. How many other positions are allocated to the requested class title in the department: 1

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) No

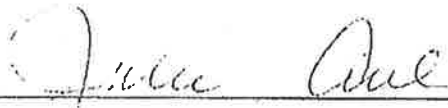
Attachments:

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



Personnel Administrator's Signature (required)*

6/30/20
Date



Supervisor's Signature (required)*

6/26/2020
Date



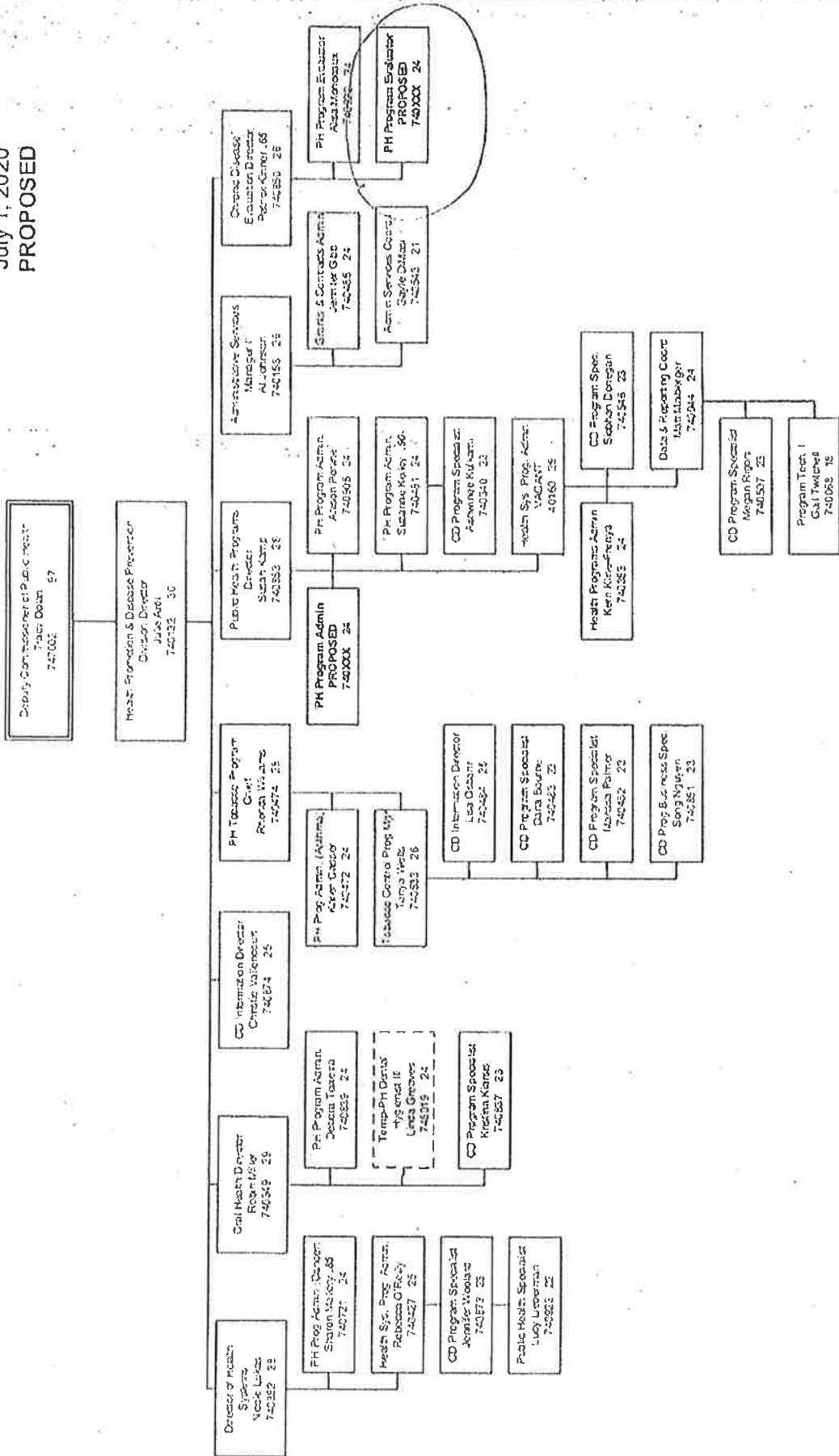
Appointing Authority or Authorized Representative Signature (required)*

JUL 01 2020

Date

* Note: Attach additional information or comments if appropriate.

**Division of Health Promotion &
Disease Prevention**
July 1, 2020
PROPOSED

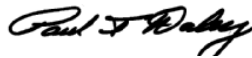


MEMORANDUM

August 19, 2020

TO: Candace Elmquist, Senior Budget Analyst
Department of Finance & Management

FR: Paul Daley, Financial Director



RE: Colorectal Cancer Screening Grant AA-1 Funding Assumptions

The Health Department has provided your office with an AA-1 Request for Grant Acceptance along with a Limited Service Position Request. You have noted that our budget information in Section 10 reflects anticipated funding beyond the first-year award of \$391,045. This memorandum provides an explanation of the basis for that assumption.

The Health Department applied for this funding in response to a notice of funding opportunity published by CDC as [CDC-RFA-DP20-2002](#). In the notice, the CDC stated its intent to fund projects for a five-year budget period and applicants were expected to submit a five year work plan. Our project proposal was approved, and our first-year notice of grant award was issued on 6/10/2020. The grant award noted that future funding would be based on satisfactory programmatic progress and availability of funds.

Our AA-1 budget estimates that we'll spend 75% of the first year award in state fiscal year 2021, allowing for the usual start up period for grant approval, hiring and commencement of work. Our fiscal year 22 and 23 estimates assume that we'll receive and spend the full award amount in each fiscal year. CDC grants generally allow for grantees to carry forward unspent funds, and for no-cost extensions if the full award is not expended before the end of the initial project period.

We have high confidence in our ability to make satisfactory progress on our work plan and receive future year awards, and have included this estimate in our AA-1 budget as support for our request to establish limited service positions for the duration of the project period.

