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STATE OF VERMONT
JOINT FISCAL COMMITTEE
1 Baldwin Street
Montpelier, Vermont 05633-5701

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management

From: Rebecca Buck, Staff Associate *RB*

Date: March 23, 2006

Subject: Status of Grant and Positions

No Joint Fiscal Committee member has requested that the following item be held for review:

JFO #2250 – \$610,832 grant from the Social Security Administration to the Department of Health. These grant funds will be used to establish an Electronic Death Registry System in Vermont. Joint Fiscal Committee approval is being requested to establish four (4) new sponsored limited service positions: two (2) Information Systems Developer, one (1) Public Health Analyst III, and one (1) Public Health Specialist.
[JFO received 02/21/06]

In accordance with 32 V.S.A. §5, the requisite 30 days having elapsed since this item was submitted to the Joint Fiscal Committee, the Governor's approval may now be considered final. We ask that you inform the Secretary of Administration and your staff of this action.

cc: Linda Morse
Cynthia LaWare
Paul Jarris
Molly Paulger
Laurie Grimm



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STATE OF VERMONT
JOINT FISCAL COMMITTEE
1 Baldwin Street
Montpelier, Vermont 05633-5701

MEMORANDUM

To: Joint Fiscal Committee Members

From: Rebecca Buck, Staff Associate *RB*

Date: February 23, 2006

Subject: Grant and Positions Request

Enclosed please find one (1) request which the Joint Fiscal Office recently received from the Administration:

JFO #2250 – \$610,832 grant from the Social Security Administration to the Department of Health. These grant funds will be used to establish an Electronic Death Registry System in Vermont. Joint Fiscal Committee approval is being requested to establish four (4) new sponsored limited service positions: two (2) Information Systems Developer, one (1) Public Health Analyst III, and one (1) Public Health Specialist. (Due to the size of this grant package, I have not included the entire submission in this mailing. I would be pleased to provide the entire package upon request.)

[JFO received 02/21/06]

The Joint Fiscal Office has reviewed this submission and determined that all appropriate forms bearing the necessary approvals are in order.

In accordance with the procedures for processing such requests, we ask you to review the enclosed and notify the Joint Fiscal Office (Rebecca Buck at 802/828-5969; rbuck@leg.state.vt.us or Stephen Klein at 802/828-5769; sklein@leg.state.vt.us) if you would like this item held for legislative review. Unless we hear from you to the contrary by March 9 we will assume that you agree to consider as final the Governor's acceptance of this request.

cc: Michael Smith, Secretary
James Reardon, Commissioner
Linda Morse, Administrative Assistant
Cynthia LaWare, Secretary
Paul Jarris, Commissioner
Molly Paulger, Classification Manager
Laurie Grimm, Human Resources Specialist

INFORMATION NOTICE

The following item was recently received by the Joint Fiscal Committee:

JFO #2250 – \$610,832 grant from the Social Security Administration to the Department of Health. These grant funds will be used to establish an Electronic Death Registry System in Vermont. Joint Fiscal Committee approval is being requested to establish four (4) new sponsored limited service positions: two (2) Information Systems Developer, one (1) Public Health Analyst III, and one (1) Public Health Specialist.

[JFO received 02/21/06]

STATE OF VERMONT
GRANT ACCEPTANCE FORM

JPO

2250

DATE: December 27, 2005

DEPARTMENT: AHS / Health

GRANT/DONATION (brief description and purpose): Electronic Death Registry System (EDRS) development and introduction to Vermont. The EDRS is a national initiative of the Social Security Administration with some of the impetus coming from concerns about identity theft. The system will be integrated into the Vermont's developing vital statistics and immunization registries.

GRANTOR/DONOR: Social Security Administration

GRANT PERIOD: 9/30/05 – 9/29/07

AMOUNT/VALUE: \$610,832

POSITIONS REQUESTED (LIMITED SERVICE):

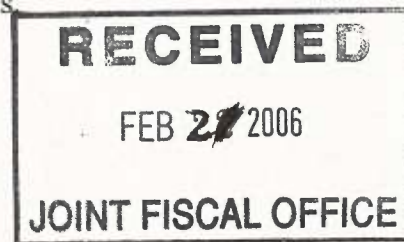
2 FTE Information Systems Developers

1 FTE Public Health Analyst III

1 FTE Public Health Specialist

ANY ON-GOING, LONG-TERM COSTS TO THE STATE: This project is being integrated into the state's vital records program of the division of health surveillance. This grant is to improve the existing system of recording information on deaths.

COMMENTS:



DEPT. FINANCE AND MANAGEMENT:
SECRETARY OF ADMINISTRATION:
SENT TO JOINT FISCAL OFFICE:

(INITIAL) *JA*

(INITIAL) *Smy*

(DATE) *2/15/06*

11/19/06 2/8/06

2/20/06 2/8/06

THE REPORT OF THE

SA

11-11-11

**STATE OF VERMONT
REQUEST FOR GRANT ACCEPTANCE**

1. Agency: Human Services
 2. Department: Health
 3. Program: Surveillance
 4. Legal Title of Grant: Electronic Death Registration System
 5. Federal Catalog No.: n/a – funding source is a contract
 6. Grantor and Office Address: Social Security Administration
 Baltimore, MD 21244-1811
 7. Grant Period: From: 9/30/05 To: 9/29/07
 8. Purpose of Grant: The purpose of this grant is to support the establishment of an electronic death registration system. (see attached summary)
 9. Impact of Existing Programs if Grant is not Accepted: None

10. Budget Information	(1st State FY) <u>FY 2006</u>	(2nd State FY) <u>FY 2007</u>	(3rd State FY) <u>FY 2008</u>
EXPENDITURES:			
Personal Services	\$150,235.90	\$300,471.80	\$150,235.90
Operating Expenses	\$2,472.10	\$4,944.20	\$2,472.10
Other	\$0	\$0	\$0
TOTAL	\$152,708.00	\$305,416.00	\$152,708.00
REVENUES:			
State Funds:			
Cash	\$ n/a	\$ n/a	\$ n/a
In-Kind	\$ n/a	\$ n/a	\$ n/a
Federal Funds:			
(Direct Costs)	\$118,368.40	\$236,736.80	\$118,368.40
(Statewide Indirect)	\$1,716.98	\$3,433.96	\$1,716.98
(Dept. Indirect)	\$32,622.62	\$65,245.24	\$32,622.62
Other funds:			
(source)	\$ n/a	\$ n/a	\$ n/a
TOTAL	\$152,708.00	\$305,416.00	\$152,708.00

Grant will be allocated to these appropriation expenditure accounts:

<u>Appropriation Nos.</u>	<u>Amounts</u>
0342010100	\$93,151.88
0342030100	\$59,556.12

RECEIVED DEC 12 2005

11. Will grant monies be spent by one or more personal service contracts?

YES NO

If YES, signature of appointing authority here indicates intent to follow current guidelines on bidding. X _____

12a. Please list any requested Limited Service positions:

Titles	Number of Positions
Information Systems Developer II	2
Public Health Analyst III	1
Public Health Specialist	1
TOTAL	4

12b. Equipment and space for these positions:

Is presently available.
 Can be obtained with the available funds.

13. I certify that no funds have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant.

Signature of Appointing Authority

[Signature]
Signature

11/9/05
Date

Deputy Commissioner
Title

Signature of Agency Secretary or Designee

Cynthia D. Lawrence
Signature

12/07/05
Date

Deputy Secretary
Title

14. Action by Governor:

Approved
 Rejected

[Signature]
(Signature)

2/15/06
(Date)

15. Secretary of Administration:

Request to JVO
 Information to JFO

[Signature]
(Signature)

1/20/06 2/8/06
(Date)

JS
12/15

16. Action by Joint Fiscal Committee:

(Dates)

- Request to be placed on JVC agenda
- Approved (not placed on Agenda in 30 days)
- Approved by JFC
- Rejected by JFC
- Approved by Legislature

(Signature)

(Date)

Request for Contract Acceptance and Establishment of Positions

Justification Summary for Grant Acceptance

Details as to why an Electronic Death Registry System is needed in Vermont can be found in the Grant Response Application, Section 1.1, Introduction and Background, pages 1-7. This addendum to VDH's request for grant acceptance and approval of four limited service positions, will summarize why the implementation of an EDRS program is a crucial component of the State's public health initiatives, as well as Homeland Security and Bioterrorism preparedness activities.

Currently, the State of Vermont maintains a **paper-driven** system for death certification and reporting. It takes an average of **38 days** from the date of death for the Health Department to receive the information and manually enter it into a database for use by VDH employees. The long delay is due to a lengthy, paper-intensive process. The physician fills out part of the death certificate and sends to the funeral director. The funeral director fills out part of the certificate and sends it to the town or city clerk. The town/city clerk signs the certificate and sends to the Vital Records Office. The Vital Records Office data enters the death certificate information and transmits the information to CDC. CDC codes the cause-of-death information and transmits the codes back to VDH. The process is even longer if a Vermont resident dies in another state. In those cases, the average time is **112 days**. That's problematic for identifying potential problems early enough to address them efficiently with other states. It means that a sick Vermonter that seeks care just across the border and dies out-of-state is invisible to us for over three months, in turn making a potential health issue in border communities difficult to identify.

This current business process is set in statute; however, we can greatly improve the time by replacing the paper process with an electronic reporting system. It is crucial that we reduce the reporting lag down to **5 days**. This will allow VDH to:

- Supplement current monitoring processes for indications of bioterrorism events or infectious diseases;
- Conduct geographic analyses of clusters of deaths that may be caused by pollutants or other environmental hazards;
- Improve the accuracy of the information listed on the death certificate by implementing an automated system of checks and edits – thereby improving our public health planning and resource allocation based on true causes-of-death;
- Support the chronic care initiative by examining trends in leading causes of death;
- Prevent fraudulent activity by deactivating the deceased's Social Security Number with timely data to the Social Security Administration;
- Reduce the opportunity for creation of untracked fraudulent death certificates, which can be used to obtain benefits and secure temporary travel permits to the United States by individuals that are overseas (under the guise of "putting a relative's affairs to rest").

The Department of Homeland Security, under the Real I.D. Act, requires that states' DMV Offices conduct real-time queries against each states' Vital Records Office database to verify births and deaths before issuing a driver's license. This requirement is expected to go into effect by 2008 or 2009. Additionally, the Intelligence Reform Law's forthcoming draft regulations (to be issued June 2006) will include a requirement for all states to implement an EDRS system. However, funding from Congress for that activity is not certain, meaning it has the potential to be an unfunded (or partially funded) requirement.

Therefore, VDH applied for and secured funding directly from the Social Security Administration to build and implement an EDRS program. SSA had previously given out funds to a small number of states for EDRS implementation and this year was to be the last round of awards. Given the significant benefits of the system

– and the coming federal requirements – we secured funding from SSA since future funding from Congress is unclear.

Why Not Contract the Work?

The decision to develop the EDRS internally was based on our evaluation of commercial options. A small number of states have implemented EDRS programs, such as New Hampshire and South Dakota. We reviewed the EDRS software used by both these states, met with their vendors, and discussed (informally) the costs associated with purchasing and modifying those software packages to work within the VDH environment. In both cases, the expense of the software plus modification exceeded \$500,000. That did not include VDH staff time for integration or for the Vital Records Office activities of recruitment, training, and support.

It was determined that the more cost-effective option is to build the EDRS application at VDH, using some of our current tools and software. Also, internal development avoids costly integration issues. SSA was willing to support both the IT positions and the Vital Records Office positions, recognizing that implementation in a rural state requires a significant amount of travel and one-on-one training.

Additionally, we are expecting that the federal requirements of the Real I.D. Act and the Intelligence Reform Law will require us to setup a database of death records going back to 1935. As part of the EDRS project, we can proactively plan for those requirements and conduct the foundational work required to accommodate the data entry and database storage (and retrieval) of those records. At a future stage, there will need to be a discussion regarding resources available for data entering those records, but that is not within the scope of work for this grant.

Justification for Four New Positions

The request for four positions to support the Electronic Death Registration System (EDRS) project is for development, implementation, training, and maintenance of the EDRS program.

A careful analysis of the body of work needed to implement EDRS can be found in the Grant Proposal, Section J, Attachment 1, Section 2-2, pages 5-12. However, to summarize, this analysis indicated that some of the project coordination, recruitment and development duties could and would be absorbed by present VDH staff. However, even with support from existing staff, a task analysis of the total body of work indicates a need for a minimum of four additional positions to successfully meet grant objectives within necessary time frames.

The first two positions needed will provide the IT support for implementation of EDRS. One system developer will focus on the development of software for a system of state wide web based applications for 100's of EDRS users. The second position will focus on the development of necessary database elements for the EDRS system and the integration of the resulting database with VDH's present database systems that support the Immunization and Birth Registries. The volume of dedicated IT support needed for implementation of EDRS, on schedule, could not be accomplished with the present IT System Developers. For detailed duties for both positions, see Request for Review #1 and #2.

The third major body of work that is critical in accomplishing EDRS implementation is the outreach, education, development of training materials and ongoing user support/training for external users of ERDS. Since this system needs to support 600+ physicians, 100+ funeral directors, and 237+ town clerks, it is too extensive to be absorbed by other VDH staff. The nature of work is characteristic of that performed by the job class of Public Health Specialist. See Request for Review #3 for detailed duties.

The fourth key position requested will focus on managing the design of the EDRS surveillance system, planning and managing system implementation, continuously evaluating data quality and addressing quality concerns. At VDH this scope of work is generally assigned to PH Analyst III's in the Vital Records Unit. Again, the body of work and tight deadlines associated with the implementation of the ERDS system, do not allow for this project to be managed by an incumbent Analyst. See the Request for Review #4 for detailed duties.

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** # 1

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: Incumbent will work as part of a software development team, but will be the primary developer for the Electronic Death Registry system, with enough existing knowledge and proven experience in a team environment to create software classes and modules, in either vb.net, or asp.net. The resulting system will be a series of statewide, web-based applications, which will be deployed to 100's of users, including medical examiners, undertakers, and town clerks. Accuracy is critical as the result of this system will be the legal death certificate system for the State of Vermont. The incumbent must have experience in developing enterprise software solutions as well as be fully experienced in a formal software development methodology such as the Rational Unified Process, which is used by the Health Department. The incumbent will be given use cases and analysis diagrams and be expected to develop detailed formal designs that integrate with existing software. The incumbent will then use these designs to develop the software necessary to support the designed functions

2. Provide a brief justification/explanation of this request: To develop the new Electronic Death Registry System as described in the grant received from the Social Security Administration, contract SS0-05-60071.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). n/a

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: Edward Andrus, IT Manager

6. Who should be contacted if there are questions about this position (provide name and phone number): Edward Andrus, (802) 865-7782

7. How many other positions are allocated to the requested class title in the department: 11

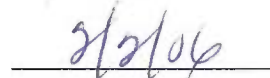
8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) No, the position will report to existing supervisors, and will not result in the shifting of duties

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



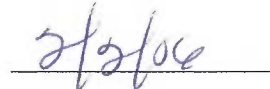
Supervisor's Signature (**required**)*



Date



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



Date

* Note: Attach additional information or comments if appropriate.

Jessica Porter
HD Operations Chief
740192 PG-30

Arthur (Art) Limacher
IT Manager II
740150 PG-32

Elizabeth (Liza) Lewis
Administrative Assistant B
740037 PG-19

Vacant
AHS/Associate CIO

Eileen Underwood
IT Manager I
740317 PG 28

New Co-Sig
IT Systems Developer III

Edward (Ed) Andrus
IT Manager I
740345 PG-28

John Royer
IT Specialist III
740277 PG-26

Darin Prail
Network Administrator III
740403 PG-26

Kimberly Jones
Systems Developer III
740422 PG26

Peter Marsh
System Developer III
740761 PG26

Craig Benson
Systems Developer III
740346 PG-26

Becky Jo Cyr
Systems Developer III
740063 PG-26

Dan Fortier
IT Specialist II
740076 PG-23

Raymond Vezina
(Ray)
Network Administrator II
740495 PG-23

Dan McConnell
Systems Developer II
741005 PG-23

Nancy Richard
Systems Developer II
740302 PG-23

Andrei Golubev
Systems Developer II
740528 PG-23

Linda Mackenzie
IT Specialist II
740153 PG-23

Stephen Woodward
Network Administrator II
740499 PG-23

Esmy Santos Jensen
Systems Developer II
740389 PG-23

Kevin Stapleton
Systems Developer II
740498 PG-23

Deanna Prail
Systems Developer I
740531 PG-20

Jacqueline Fontaine
(Jackie)
IT Specialist II
740500 PG-23

Faralee Pecor
Network Administrator II
740548 PG-23

Roger Gillim
Systems Developer II
740571 PG-23

Mathew Sontum
Systems Developer II
740390 PG-23

Sandra LeBlanc
Systems Developer II
740165 PG-23 (.5 FTE)

New Em. Preparedness
Systems Developer III
740459 PG-26

Anna Dinino
Systems Developer I
740520 PG-20

Karen Clark
Systems Developer II
740569 PG-23

New ELC
Systems Developer II

Vacant
Systems Developer II

Vacant
Systems Developer II

Pat Hickcox
Systems Developer II
740291 PG-23

Vacant
Systems Developer II
740165 PG-23 (.5 FTE)

Amy Jaquish
Systems Developer II
740497 PG-23

#2

#1

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** # 2

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: Incumbent will work as part of a database development team, but will be the primary developer of the database objects needed for the new Electronic Death Registry system (EDRS). The EDRS must integrate with the Department's enterprise database, which consists of several hundred tables, and currently supports the Vermont Immunization Registry and the Electronic Birth Registry System (EBRS). This incumbent must have proven experience with SQL Server 2000, as well as experience working within an enterprise database. The incumbent will also be required to develop effective database designs and relationships through a formal design process, communicate the design to team members, and then develop the necessary tables, stored procedures, triggers, and constraints as specified by the design. The incumbent must also be skilled at effectively communicating with other members of the development team. This resulting EDRS system will be a series of statewide, web-based applications, which will be deployed to 100's of users, including medical examiners, undertakers, and town clerks. Accuracy is critical since the resulting system will be the legal death certificate system for the State of Vermont. Not only must the incumbent have experience in developing enterprise database solutions, he/she must also be experienced in using formal database development methodology such as the Rational Unified Process, which is used by the Health Department. The incumbent will be given use case and analysis diagrams and be expected to develop detailed formal models and designs that integrate with the corresponding software designs.

2. Provide a brief justification/explanation of this request: To develop the new Electronic Death Registry System as described in the grant received from the Social Security Administration, contract SS0-05-60071.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). n/a

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: Edward Andrus, IT Manager I

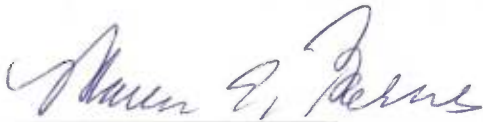
6. Who should be contacted if there are questions about this position (provide name and phone number):
Edward Andrus, (802) 865-7782

7. How many other positions are allocated to the requested class title in the department: 11


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, the position will report to existing supervisors, and will not result in the shifting of duties

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



Date

* Note: Attach additional information or comments if appropriate.

VDH Information, Technology & Services
Unit
01/2006

Jessica Porter
HD Operations Chief
740192 PG-30

Arthur (Art) Limacher
IT Manager II
740150 PG-32

Elizabeth (Liza) Lewis
Administrative Assistant B
740037 PG-19

Vacant
AHS Associate CIO

Eileen Underwood
IT Manager I
740317 PG-28

New Co-Sig
IT Systems Developer III

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IT Manager I
740345 PG-28

John Royer
IT Specialist III
740277 PG-26

Darin Prail
Network Administrator III
740403 PG-26

Kimberly Jones
Systems Developer III
740422 PG-26

Peter Marsh
System Developer III
740761 PG-26

Craig Benson
Systems Developer III
740346 PG-26

Becky Jo Cyr
Systems Developer III
740063 PG-26

Dan Fort
IT Specialist II
740015 PG-23

Raymond Vezina (Ray)
Network Administrator II
740495 PG-23

Dan McConnell
Systems Developer II
741005 PG-23

Nancy Richard
Systems Developer II
740302 PG-23

Andrei Goloubev
Systems Developer II
740528 PG-23

Linda M
IT Specialist II
740151 PG-23

Stephen Woodward
Network Administrator II
740499 PG-23

Esmey Santos Jensen
Systems Developer II
740389 PG-23

Kevin Stapleton
Systems Developer II
740498 PG-23

Deanna Prail
Systems Developer I
740531 PG-20

Jacqueline
IT Specialist II
740560 PG-23

Taralee Pecor
Network Administrator II
740546 PG-23

Roger Gillin
Systems Developer II
740571 PG-23

Mathew Sontum
Systems Developer II
740390 PG-23

Sandra LeBlanc
Systems Developer II
740165 PG-23 (.5 FTE)

New Em. Preparedness
Systems Developer III
740459 PG-26

Anna Dinino
Systems Developer I
740520 PG-20

Karen Clark
Systems Developer II
740569 PG-23

New ELC
Systems Developer II

Vacant
Systems Developer II

Vacant
Systems Developer II

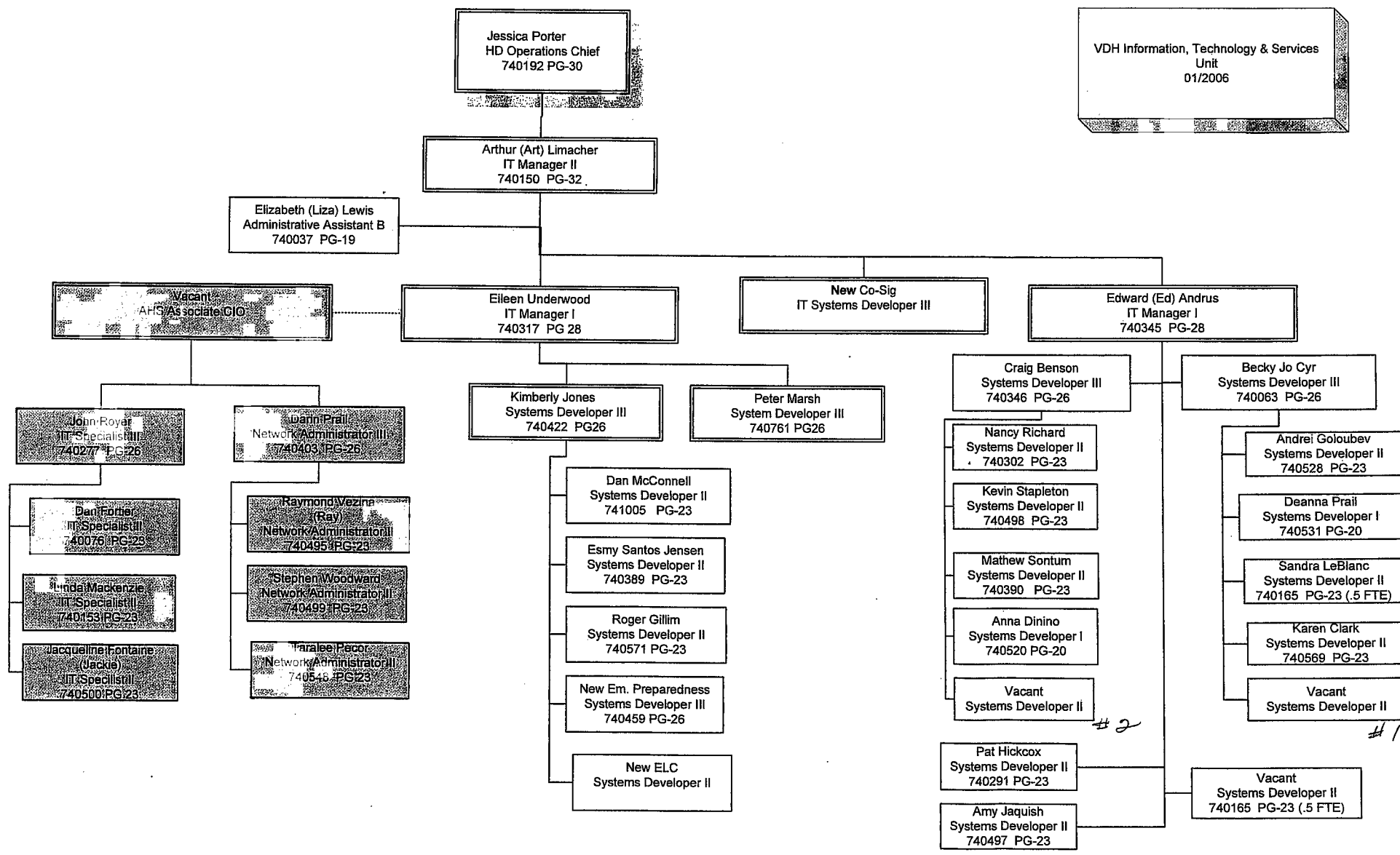
Pat Hickcox
Systems Developer II
740291 PG-23

Vacant
Systems Developer II
740165 PG-23 (.5 FTE)

Amy Jaquish
Systems Developer II
740497 PG-23

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Request for Classification Review Position Description Form A

For Department of Personnel Use Only

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

Incumbent Information:

Employee Name: Employee Number:
Position Number: Current Job/Class Title:
Agency/Department/Unit: Work Station: Zip Code:
Supervisor's Name, Title, and Phone Number:
How should the notification to the employee be sent: employee's work location or other address, please provide mailing address:

New Position/Vacant Position Information:

New Position Authorization: Request Job/Class Title:
Position Type: Permanent or Limited / Funding Source: Core, Partnership, or Sponsored
Vacant Position Number: Current Job/Class Title:
Agency/Department/Unit: Work Station: Zip Code:
Supervisor's Name, Title and Phone Number:

Type of Request:

- Management:** A management request to review the classification of an existing position, class, or create a new job class.
- Employee:** An employee's request to review the classification of his/her current position.

1. Job Duties

This is the **most critical** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review**. Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What** it is: The nature of the activity.
- **How** you do it: The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why** it is done: What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** *Audits tax returns and/or taxpayer records.* **(How)** *By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency.* **(Why)** *To determine actual tax liabilities.*

A) Recruitment and Training:

WHAT:

This is a new position being created with the use of Social Security Administration (SSA) funds. The position will serve as the Recruitment Field Officer to implement the EDRS application. EDRS is "Electronic Death Registration System" and development of an EDRS is being funded through a combination of SSA and bioterrorism funds. The new position will be a Public Health Specialist position since it will focus primarily on education, outreach, development of training materials, and support of external users of the EDRS application.

The new position's responsibilities will involve contacting external groups (recruitment), development of training materials, implementation of training with recruited groups, ongoing technical support, and other program support activities. For example, this position will build consensus and provide hands-on implementation support for users of EDRS. The staff member will be traveling around the state to make site visits, but will also be responsible for ongoing phone support after implementation. Also, the position will provide outreach to local jurisdictions, including monitoring for compliance with statutory reporting.

HOW:

- 1) Review the existing death certificate reporting processes, federal regulations, state statutes, and other professional organization guidelines.
- 2) Identify the training needs of the target audiences (physicians, funeral directors, OCME, etc.) for the use of EDRS in death reporting;
- 3) Create training materials and reference documents for users of the EDRS application, such as user's manual, FAQ sheets, case studies, newsletter, etc.
- 4) Implement training activities with users by conducting on-site, telephone, and other events.

WHY:

To implement the EDRS application with all physicians, hospitals, funeral directors, and other stakeholders in the state. To ensure that all users have the appropriate training and resources to report deaths in a timely and accurate manner that complies with all federal and state laws. To provide mortality data for the state's planning activities and to expeditiously end SSA benefits to the deceased. To reduce the potential for identity theft and fraud. To ensure implementation of national standards and requirements, such as the Intelligence Reform Law, and maintain the ability to expand EDRS functionality to meet future data collection and reporting needs.

B) Customer Service and Support:

WHAT:

Serve as the primary support person for users' questions and concerns (with additional assistance from the Vital Records Office staff and the IT Operations staff). Provide feedback on the EDRS application based on users' feedback.

- 1) Learn and understand all aspects of the EDRS application in collaboration with the ITS Development team and provide ongoing feedback through status meetings, Change Control Board meetings, and written documentation.
- 2) Provide ongoing telephone and email support for users on issues related to EDRS content, business processes, and supplemental training. (Technical problems will be the responsibility of the IT Development team and the IT Operations team. This position will refer such issues to those respective groups, and track the resolution of the issues.)
- 3) Collect feedback from users and deliver ideas for enhancements to the EDRS project Manager.
- 4) Report application defects to the IT Development team.

WHY:

The EDRS application and mortality reporting will involve approximately 500 to 800 users across the entire state by its completion. Although the current business processes are relatively clear and straightforward, it still requires ongoing support to answer questions, research issues, and resolve customer problems. This will still be true after implementation of EDRS and require human intervention on any issues that arise. This position alone will not be able to respond to all such problems, but in conjunction with Vital Records Office staff should be able to maintain an appropriate level of customer support. Timely responses and accurate information will be important for promoting EDRS and ensuring that users incorporate it appropriately into their current processes.

C) Program Administration

WHAT:

Provide administrative support to the EDRS Project Manager with meetings, communications, status reports, and presentations. Prepare documents related to EDRS usage and operations feedback. Coordinate activities with the Vital Records Office related to death certificates and mortality reporting.

HOW:

- 1) Meet weekly with the EDRS Project Manager.
- 2) Meet regularly with the Vital Statistics Information Manager, EDRS Project Manager, Vital Records Office staff, and the ITS Development team on planning and coordination of tasks.
- 3) Communicate with the IT Operations staff to plan implementation and address any user issues related to firewalls, connectivity, virus protection, etc.
- 4) Setup meetings for the EDRS Project Manager.
- 5) Distribute documents (presentations, reports, etc.) from the EDRS Project Manager to stakeholders.
- 6) Deliver status reports on EDRS usage and feedback for the EDRS Project Manager.
- 7) Assist the Vital Records staff, as needed.

WHY:

The current Vital Records Office handles death certificates (mortality data) reporting with paper processes. The current staff are not prepared (skills, experience, or resources) to make the transition from predominantly paper-reporting to electronic-reporting system. In order for the Vital Records office to make the transition to a more efficient, computerized collection and reporting center, it requires ongoing support, guidance and collaboration with the Recruitment Field Officer. Making this transition is essential to the mission of the Health Department since the Commissioner has made it a high priority for current data systems to be linked and existing paper processes be replaced with electronic reporting. Also, federal agencies, including CDC, are placing greater demands on Vital Records Offices to enact a wide variety of fraud/security protections, standardized data collection and editing formats, and national data-sharing systems. These activities require a specific skill set and level of knowledge that does not currently exist within the Vital Records Office. And finally, the implementation of an EDRS application and related business processes is a requirement of the Intelligence Reform Law and draft regulations. To achieve compliance will be a significant undertaking and requires the focus of this position.

2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change*.

State Agencies: Collaborate on the identification of user needs and implementation of the EDRS application. For example, the OCME's office.

Federal Agencies: Assist the EDRS Project Manager on data quality issues/concerns; ensure that federal requirements and regulations are implemented and enforced.

Town Officials: Provide training and support to any town/local officials that are allowed access to the EDRS application. For example, possibly town clerks.

Hospitals and Health Care Providers: Provide training and support to physicians and hospitals on the EDRS application.

Funeral Directors: Provide training and support to physicians and hospitals on the EDRS application.

3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle, or must know Visual Basic, indicate so.

Strong computer skills (esp. with spreadsheets, web tools, and email software) is required.

An understanding of public records laws, confidentiality regulations, business policies and procedures, and surveillance guidelines is preferred, but not required.

An ability to review and understand federal and state legislation, statutes, and "best practices" documents is required.

4. Do you supervise?

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

This position will not supervise.

5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

Work is generally assigned and reviewed by the EDRS Project Manager.

Work assignments are given out in weekly or bi-weekly meetings, but also with many ad-hoc meetings or phone discussions.

Drafts of work are sometimes reviewed by the EDRS Project Manager, but he/she is expected to complete much of their work without supervision or review.

The position does coordinate with other program support staff, such as the Vital Records Office.

6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

- 1) Identifying and understanding users' needs and concerns with the EDRS application and mortality reporting. It requires a comprehensive understanding and aptitude with the EDRS application and federal/state regulations.
- 2) Responding to customer service calls and communications in a timely and diplomatic manner. Many users of the EDRS application will not be 100% happy with the transition, especially since it will be a federal requirement. Also, many users may not have a high level of skill or comfort with computers. Therefore, this position will be faced with challenges in teaching and supporting the users.

7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*
- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*

This position will have access to confidential information and must maintain the high standards for protecting individuals' privacy.

8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?
Recruiting and Training sites/users for EDRS	24 hours / week
Providing phone/email support to sites/users of EDRS	10 hours / week
Preparing documents, attending meetings, and other support activities.	6 hours week

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?
N/A	

- c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?
N/A		

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

Type	How Much of the Time?
Sitting / typing at computer; meetings	25 hours / week
Travel for implementation	15 hours / week

Additional Information:

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

- 1) It is expected that this position will incur a significant amount of travel to physicians' sites, funeral directors' homes, etc. for implementation and training. Also, there will be the need to organize and setup regional trainings. Travel is an expectation of the position.
- 2) It is expected that this position will assist with aspects of compliance with the Intelligence Reform Law's forthcoming regulations. EDRS is part of those regulations, however, there are other activities that will be required. For example: entering 400,000+

death certificates into the SPHINX database. This position will be involved in the procedural discussions.

Employee's Signature (required): _____ Date: _____

Supervisor's Section:

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

1) Recruitment and Training: This is the primary responsibility. This position must be effective and efficient in contacting external groups (recruitment), developing the training materials, implementation of training with recruited groups, providing ongoing customer support, and other program support activities. For example, this position will build consensus and provide hands-on implementation support for users of EDRS. The staff member will be traveling around the state to make site visits, but will also be responsible for ongoing phone support after implementation.

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

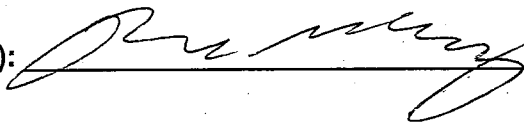
- 1) Strong computer skills (esp. with spreadsheets, web tools, and email software) is required.
- 2) An understanding of public records laws, confidentiality regulations, business policies and procedures, and surveillance guidelines is preferred, but not required.
- 3) An ability to review and understand federal and state legislation, statutes, and "best practices" documents is required.
- 4) Strong writing /communication skills.
- 5) Excellent customer service (diplomacy) skills, such as mediation and facilitation.

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

[Empty box for comment]

4. Suggested Title and/or Pay Grade:

Public Health Specialist (PG 22)

Supervisor's Signature (required):  Date: 10/29/05

Personnel Administrator's Section:

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes No If yes, please provide detailed information.

[Empty box for detailed information]

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Draft job specification is **required** for proposed new job classes. *already exists*

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

NO

Suggested Title and/or Pay Grade:

I support the classification request

Personnel Administrator's Signature (required): *[Signature]* Date: *10/28/05*

Appointing Authority's Section:

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

Suggested Title and/or Pay Grade:

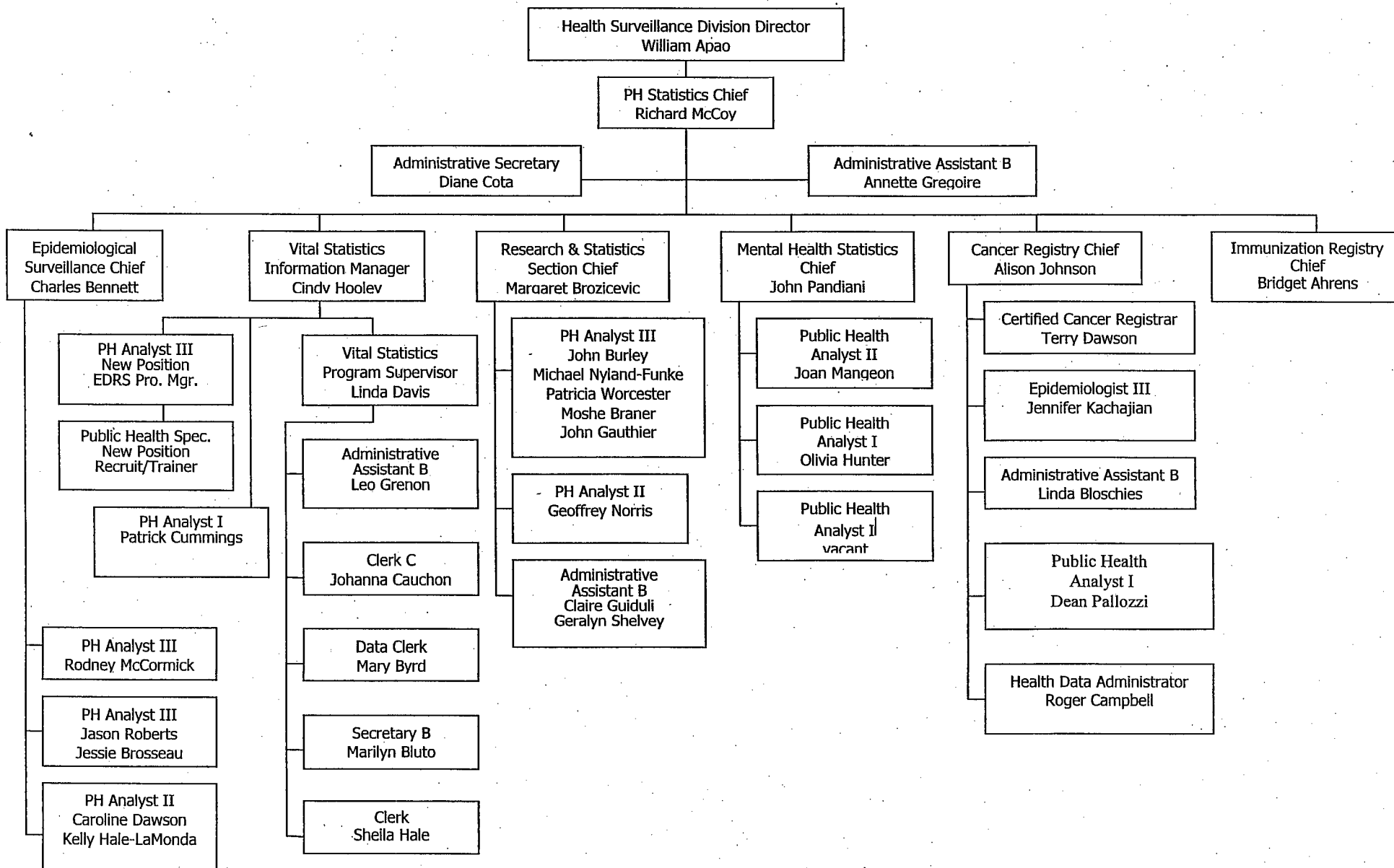
Support PL Specialist

[Signature]
Appointing Authority or Authorized Representative Signature (required)

10/28/05
Date

**Vermont Department of Health
Organizational Charts**

HEALTH SURVEILLANCE – PUBLIC HEALTH STATISTICS



Request for Classification Review Position Description Form A

For Department of Personnel Use Only

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

Incumbent Information:

Employee Name: Employee Number:

Position Number: Current Job/Class Title:

Agency/Department/Unit: Work Station: Zip Code:

Supervisor's Name, Title, and Phone Number:

How should the notification to the employee be sent: employee's work location or other address, please provide mailing address:

New Position/Vacant Position Information:

New Position Authorization: Request Job/Class Title:

Position Type: Permanent or Limited / Funding Source: Core, Partnership, or Sponsored

Vacant Position Number: Current Job/Class Title:

Agency/Department/Unit: Work Station: Zip Code:

Supervisor's Name, Title and Phone Number:

Type of Request:

Management: A management request to review the classification of an existing position, class, or create a new job class.

Employee: An employee's request to review the classification of his/her current position.

1. Job Duties

This is the **most critical** part of the form. Describe the activities and duties required in your job, **noting changes (new duties, duties no longer required, etc.) since the last review**. Place them in order of importance, beginning with the single most important activity or responsibility required in your job. The importance of the duties and expected end results should be clear, including the tolerance that may be permitted for error. Describe each job duty or activity as follows:

- **What** it is: The nature of the activity.
- **How** you do it: The steps you go through to perform the activity. Be specific so the reader can understand the steps.
- **Why** it is done: What you are attempting to accomplish and the end result of the activity.

For example a Tax Examiner might respond as follows: **(What)** *Audits tax returns and/or taxpayer records.* **(How)** *By developing investigation strategy; reviewing materials submitted; when appropriate interviewing people, other than the taxpayer, who have information about the taxpayer's business or residency.* **(Why)** *To determine actual tax liabilities.*

A) Data Systems Design, Implementation and Evaluation:

WHAT:

This is a new position being created with the use of Social Security Administration (SSA) funds. The position will serve as the EDRS Project Manager. EDRS is "Electronic Death Registration System" and development of an EDRS is being funded through a combination of SSA and bioterrorism funds. The new position will be a Public Health Analyst III position since it will focus primarily on designing a surveillance system (data collection), implementation planning, and evaluating data quality.

The new position's responsibilities will involve strategic planning, coordination with other program managers and system users, resource identification and allocation, and functionality testing and reporting. For example, the position will need to assess mortality data needs of VDH users (program managers and analysts), evaluate the business processes and technical systems currently used to collect the data, identify data quality concerns, and collaborate with ITS staff on the integration of an EDRS application with the current SPHINX database, the EBRS (births) reporting application, and the legacy (1032S) data systems.

HOW:

- 1) Identify the needs to be addressed by the development and implementation of an EDRS application;
- 2) Evaluate the existing death certificate reporting processes, in accordance with CDC guidelines, federal law (e.g., Intelligence Reform Law), state statutes (e.g., Public Records Law), and Departmental policies and best practices;
- 3) Review, and as necessary, develop strategic plans, use cases, external communications, and reports for the implementation and evaluation of the EDRS;
- 4) Test all aspects of the EDRS application in collaboration with the ITS development team and provide ongoing feedback through status meetings, Change Control Board meetings, and written documentation;
- 5) Implement training activities, review and modify user documentation, and respond to communications from external and internal users regarding the EDRS application's

performance and functions.

WHY:

To create an EDRS data system that will provide information to program managers and VDH partners (e.g., Social Security Administration) that is accurate, complete, and timely (within five days of the death). To facilitate the creation of EDRS business processes that will be user-friendly for all types of users and lead to efficiencies (e.g., less labor to receive and store data; automated edits to reduce corrections; etc.). To ensure implementation of national standards and requirements, such as the Intelligence Reform Law, and maintain the ability to expand EDRS functionality to meet future data collection and reporting needs.

B) Data Standards and Data Quality:

WHAT:

This position will be responsible to: identify deficiencies in the current death certificate reporting processes and implement changes for the EDRS processes; identify and report data quality errors after EDRS implementation; enforce data quality standards with the data reporting sources; and implement new business processes to improve data quality.

HOW:

- 1) Implement national standards (CDC/NCHS) for mortality reporting, error correction, and quality assurance controls;
- 2) Prepare and present data quality and submission reports to the Vital Statistics Information Manager, including recommendations for remediation;
- 3) Lead the strategic planning and implementation of standards and functionality for EDRS (mortality reporting), such as electronic transmission of confidential data, edit checks, and data storage. This requires the review and approval of use cases developed by the ITS staff and collaboration with ITS Operations to implement appropriate security measures;
- 4) Oversee the linkage of births and deaths within the SPHINX database by coordinating and reviewing the activities of the Vital Records Office and the ITS Development team;
- 5) Test the functional performance of the EDRS application and SPHINX data storage, and report errors to the ITS Development team.

WHY:

To guide internal development by ITS Development staff for the mortality reporting data system (EDRS) that will replace paper-driven processes. To create and implement the EDRS application so that it is compliant with federal initiatives, thereby improving national reporting and early identification of public health needs. To ensure timely, accurate, and complete mortality data for Vermont and federal agencies (such as SSA).

C) Data Analyses and Linkages:

WHAT:

Conduct analyses to monitor submitted mortality data and identify emerging trends, and to support the evaluation of programs and their outcomes.

HOW:

- 1) Advise on the use of the mortality dataset to enhance outcome-based analyses (e.g., vital records and other public health program data sets);
- 2) Participate in the planning and development of a data warehouse for deaths data;
- 3) Participate in the training of analysts for usage of the data warehouse;
- 4) Assist the Vital Statistics Information Manager in responding to data requests from internal and external requestors for mortality data.

WHY:

To ensure that VDH program managers can access EDRS data and that analysts can access reporting tools. To ensure that mortality data is understood clearly and applied wisely in the analyses and reporting by program staff. To inform Department and Agency reports on issues of mortality trends.

D) Program Management

WHAT:

Serve as supervisor to one position -- a Public Health Specialist position that will handle user recruitment, implementation, and training. Align goals, objectives and priorities of the Public Health Specialist's performance expectations with that of the EDRS project. Monitor the staff member's progress towards meeting goals, objectives, and expectations. Implement federal and state requirements for staff and work environment security.

HOW:

- 1) Meet weekly with staff member;
- 2) Complete annual performance evaluation;
- 3) Meet regularly with the Vital Statistics Information Manager, Vital Records Office staff, and the ITS Development team on planning and implementation to ensure assigned tasks and responsibilities are clearly understood.

WHY:

The current Vital Records Office handles death certificates (mortality data) reporting with paper processes. The current staff are not prepared (skills, experience, or resources) to make the transition from predominantly paper-reporting to electronic-reporting system. In order for the Vital Records Office to make the transition to a more efficient, computerized collection and reporting center, it requires ongoing support, guidance, and collaboration from the EDRS Project Manager. Making this transition is essential to the mission of the Health Department since the Commissioner has made it a high priority for current data systems to be linked and existing paper processes be replaced by electronic reporting. Also, federal agencies, including CDC, are placing greater demands on Vital Records Offices to enact a wide variety of fraud/security protections, standardized data collection and editing formats, and national data-sharing systems. These activities require a specific

skill set and level of knowledge that does not currently exist within the Vital Records Office. And finally, the implementation of an EDRS application and related business processes is a requirement of the Intelligence Reform Law and draft regulations. To achieve compliance will be a significant undertaking and requires the focus of this position.

2. Key Contacts

This question deals with the personal contacts and interactions that occur in this job. Provide brief typical examples indicating your primary contacts (**not** an exhaustive or all-inclusive list of contacts) other than those persons to whom you report or who report to you. If you work as part of a team, or if your primary contacts are with other agencies or groups outside State government describe those interactions, and what your role is. For example: you may *collaborate, monitor, guide, or facilitate change*.

State Agencies: Collaborate on the identification of user needs and implementation of the EDRS application.

Federal Agencies: Collaborate on the identification of public health data standards and implementation of "best practices" within the EDRS application; report on data quality issues/concerns; supervise the preparation and delivery of datasets to CDC.

Town Officials: Collaborate on the identification of user needs and implementation of the EDRS application; report on data quality issues/concerns.

Hospitals and Health Care Providers: Collaborate on the identification of user needs and implementation of the EDRS application; monitoring of data collection (completeness; timeliness); report on data quality issues/concerns; communicate changes in policies and guidelines; guide and facilitate on new training and policies.

Funeral Directors: Collaborate on the identification of user needs and implementation of the EDRS application; monitoring of data collection (completeness; timeliness); report on data quality issues/concerns; communicate changes in policies and guidelines; guide and facilitate on new training and policies.

General Public: Advise and assist on the response to public inquiries related to mortality data.

3. Are there licensing, registration, or certification requirements; or special or unusual skills necessary to perform this job?

Include any special licenses, registrations, certifications, skills; (such as counseling, engineering, computer programming, graphic design, strategic planning, keyboarding) including skills with specific equipment, tools, technology, etc. (such as mainframe computers, power tools, trucks, road equipment, specific software packages). Be specific, if you must be able to drive a commercial vehicle; or must know Visual Basic, indicate so.

Knowledge and ability to use specialized statistical software is required (SPSS, SAS, or Epi-Info). Advanced statistical skills in survey and research methods is preferred. Strong computer skills (esp. data base management software such as 1032 and Access, Excel, and GIS software) is required.

An understanding of public records laws, confidentiality regulations, business policies and procedures, and surveillance guidelines is preferred, but not required.

An ability to review and understand federal and state legislation, statutes, and "best practices" documents is required.

4. Do you supervise?

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

This position will supervise one FTE and be responsible for his/her activities and performance evaluation:

- 1) Public Health Specialist -- paygrade 22.

5. In what way does your supervisor provide you with work assignments and review your work?

This question deals with how you are supervised. Explain how you receive work assignments, how priorities are determined, and how your work is reviewed. There are a wide variety of ways a job can be supervised, so there may not be just one answer to this question. For example, some aspects of your work may be reviewed on a regular basis and in others you may operate within general guidelines with much independence in determining how you accomplish tasks.

Work is generally assigned and reviewed by the Vital Statistics Information Manager.

Work assignments are given out in weekly or bi-weekly meetings, but also with many ad-hoc meetings or phone discussions.

Drafts of work are sometimes reviewed by the Vital Statistics Information Manager, but he/she is expected to complete much of their work without supervision or review.

The position does coordinate with other program managers for feedback and comment on certain documents and activities.

6. Mental Effort

This section addresses the mental demands associated with this job. Describe the most mentally challenging part of your job or the most difficult typical problems you are expected to solve. Be sure to give a specific response and describe the situation(s) by example.

- For example, a purchasing clerk might respond: *In pricing purchase orders, I frequently must find the cost of materials not listed in the pricing guides. This involves locating vendors or other sources of pricing information for a great variety of materials.*
- Or, a systems developer might say: *Understanding the ways in which a database or program will be used, and what the users must accomplish and then developing a system to meet their needs, often with limited time and resources.*

1) Identifying and understanding users' data and reporting needs in order to improve responsiveness and efficiency of the EDRS application. This can include identifying and implementing changes to the SPHINX database, the EDRS application, the mortality data warehouse, or any of the business processes. It requires careful review of operations' documentation for current applications (including use cases, procedure manuals, "best practices" documents from CDC/NCHS).

2) Communicating with VDH program managers and Agency-level management on

matters related to data quality, data integrity, and privacy/confidentiality. This can include preparing recommendations for the Vital Statistics Information Manager and/or briefing on matters of Agency concern or interest, including legislative activity (state and federal).

3) Evaluating the death reporting business processes in accordance with accepted surveillance criteria (e.g., simplicity, flexibility, acceptability, etc.). This includes organizing and facilitating the planning and drafting of recommendations. Also, this includes collaborative activities with external organizations who need to link with the EDRS application and/or the database, such as DMV, SSA, Homeland Security, NAPHSIS, etc.

7. Accountability

This section evaluates the job's expected results. In weighing the importance of results, consideration should be given to responsibility for the safety and well-being of people, protection of confidential information and protection of resources.

What is needed here is information not already presented about the job's scope of responsibility. What is the job's most significant influence upon the organization, or in what way does the job contribute to the organization's mission?

Provide annualized dollar figures if it makes sense to do so, explaining what the amount(s) represent.

For example:

- A social worker might respond: *To promote permanence for children through coordination and delivery of services;*
- A financial officer might state: *Overseeing preparation and ongoing management of division budget: \$2M Operating/Personal Services, \$1.5M Federal Grants.*

To provide accurate, timely, and complete mortality data that will guide or inform managers on specific public health issues. This role is critically important since decisions are made for budgets, staffing, and prevention programs based on the data that is provided. Therefore, attention to detail and ability to understand complex public health questions is vital; otherwise, poor data is prepared and VDH programs will pursue poorly-informed strategies.

This position will be responsible for managing the SSA contract, which includes over \$600,000 in funds for two years. (An additional \$100,000 to \$200,000 in bioterrorism funds will also be the responsibility of this position.) This financial responsibility includes preparing monthly progress reports to SSA, invoicing the SSA (monthly), conducting conference calls with the SSA, and supervising any subcontracts for consultant services.

8. Working Conditions

The intent of this question is to describe any adverse conditions that are routine and expected in your job. It is not to identify special situations such as overcrowded conditions or understaffing.

- a) What significant mental stress are you exposed to? All jobs contain some amount of stress. If your job stands out as having a significant degree of mental or emotional pressure or tension associated with it, this should be described.

Type	How Much of the Time?
Planning and testing of EDRS application	20 hours / week
Interacting with federal and state organizations and	8 hours / week

staff to discuss, plan, or coordinate activities	
Review and evaluate data, reports, or other documents (guidelines; recommendations; workplans; etc.),	12 hours week

- b) What hazards, special conditions or discomfort are you exposed to? (Clarification of terms: **hazards** include such things as potential accidents, illness, chronic health conditions or other harm. Typical examples might involve exposure to dangerous persons, including potentially violent customers and clients, fumes, toxic waste, contaminated materials, vehicle accident, disease, cuts, falls, etc.; and **discomfort** includes exposure to such things as cold, dirt, dust, rain or snow, heat, etc.)

Type	How Much of the Time?
N/A	

- c) What weights do you lift; how much do they weigh and how much time per day/week do you spend lifting?

Type	How Heavy?	How Much of the Time?
N/A		

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

Type	How Much of the Time?
Sitting / typing at computer; meetings	40 hours / week

Additional Information:

Carefully review your job description responses so far. If there is anything that you feel is important in understanding your job that you haven't clearly described, use this space for that purpose. Perhaps your job has some unique aspects or characteristics that weren't brought out by your answers to the previous questions. In this space, add any additional comments that you feel will add to a clear understanding of the requirements of your job.

- 1) It is expected that this position may have to do some limited travel in-state to make presentations to physicians, funeral directors, and town clerks. These presentations would likely be to their professional organizations and/or decision-makers.
- 2) It is expected that this position will advise and assist with aspects of compliance with the Intelligence Reform Law's forthcoming regulations. EDRS is part of those regulations, however, there are other activities that will be required. For example: entering 400,000+ death certificates into the SPHINX database. This position will be involved in the procedural discussions and examining data quality issues.
- 3) This position will work with the Health Registry Manager on any issues related to de-duplication and matching.
- 4) This position will work with the ITS Development team on cross-mapping for legacy deaths' data into the SPHINX database (with the revised version of the death certificate).

He/she will take the lead in creating the cross-map and answering ITS's questions on comparability.

5) This position will work with the ITS Development team on identifying and creating the appropriate "views" for the data warehouse and variable definitions.

Employee's Signature (required): _____ Date: _____

Supervisor's Section:

Carefully review this completed job description, but **do not** alter or eliminate any portion of the original response. Please answer the questions listed below.

1. What do you consider the most important duties of this job and why?

1) Data Systems Design, Implementation and Evaluation: This is the primary responsibility. This position must be an effective strategic planner, both a micro- and macro-level thinker, and someone comfortable with nitty-gritty details. For example, the person must have the aptitude to understand federal guidelines, but also how to implement them at a micro-level (e.g., individual data variable and their specific edits). Also, this position must have the capacity to understand and communicate with ITS Development staff (programmers) and translate information into functional details that both programmers and VDH program managers comprehend.

2. What do you consider the most important knowledge, skills, and abilities of an employee in this job (not necessarily the qualifications of the present employee) and why?

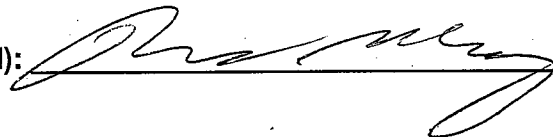
- 1) Ability to evaluate data systems, identify strengths and weaknesses of databases, and recommend strategies for improving data collection and data quality.
- 2) Ability to interpret and communicate to others the details of federal regulations and requirements (e.g., CDC/NCHS medical data edits) and ITS Development language (e.g., database and application programming).
- 3) Knowledge and ability to use specialized statistical software (SPSS, SAS, or Epi-Info), advanced statistical skills in survey and research methods, and strong computer skills (esp. data base management software such as 1032 and Access, Excel, and GIS software)
- 4) Strong understanding of public records laws, confidentiality regulations, business policies and procedures, and surveillance guidelines.
- 5) Excellent communication skills -- both verbal and written.

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

4. Suggested Title and/or Pay Grade:

Public Health Analyst III (PG 25)

Supervisor's Signature (required):



Date: 10/20/05

Personnel Administrator's Section:

Please complete any missing information on the front page of this form before submitting it for review.

Are there other changes to this position, for example: Change of supervisor, GUC, work station?

Yes No If yes, please provide detailed information.

New position

Attachments:

Organizational charts are **required** and must indicate where the position reports.

Draft job specification is **required** for proposed new job classes.

Will this change affect other positions within the organization? If so, describe how, (for example, have duties been shifted within the unit requiring review of other positions; or are there other issues relevant to the classification review process).

NO

Suggested Title and/or Pay Grade:

this position is a blend of mid level IT (must have knowledge base) and database program manager - not a P4 Analyst

Personnel Administrator's Signature (required): Thomas Ryan Date: 11/4/05

attached is a job spec for a similar position for different date

Appointing Authority's Section:

Please review this completed job description but **do not alter** or eliminate any of the entries. Add any clarifying information and/or additional comments (if necessary) in the space below.

Suggested Title and/or Pay Grade:

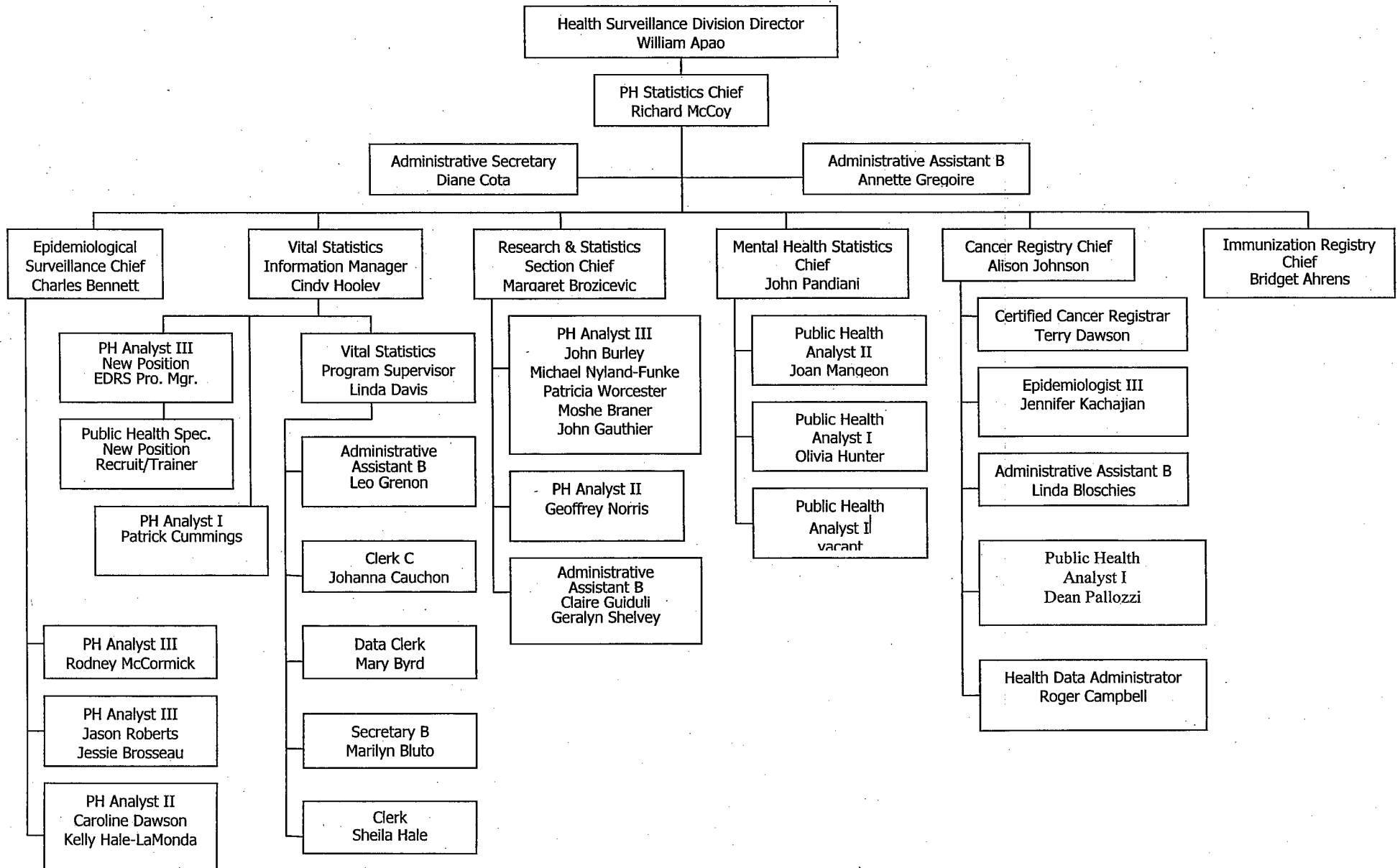
Perhaps ERDS Project Manager P.G. 22 or 23

Sherrin Moffett (ms)
Appointing Authority or Authorized Representative Signature (required)

11/4/05
Date

**Vermont Department of Health
Organizational Charts**

HEALTH SURVEILLANCE – PUBLIC HEALTH STATISTICS



AWARD/CONTRACT		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 350)	RATING	PAGE OF PAGES 1 28
2. CONTRACT (Proc. Inst. Ident.) NO. SS00-05-60071		3. EFFECTIVE DATE See Block 20	4. REQUISITION/PURCHASE REQUEST/PROJECT NO. 2530-05-1002	
5. ISSUED BY	CODE 00600	8. ADMINISTERED BY (If other than Item 5)		CODE OAG
Social Security Administration Office of Acquisition and Grants 1st Floor - Rear Entrance 7111 Security Boulevard Baltimore MD 21244-1811		Social Security Administration Office of Acquisition and Grants 1st Floor - Rear Entrance 7111 Security Boulevard Baltimore MD 21244-1811		

7. NAME AND ADDRESS OF CONTRACTOR (No., Street, City, Country, State and ZIP Code)	6. DELIVERY <input type="checkbox"/> FOB ORIGIN <input checked="" type="checkbox"/> OTHER (See below)
VERMONT DEPARTMENT OF HEALTH DIVISION OF HEALTH SURVEILLANCE VITAL RECORDS PROGRAM 108 CHERRY ST BURLINGTON VT 05402-0070	8. DISCOUNT FOR PROMPT PAYMENT Net 30
ATTN RICHARD MCCOY	10. SUBMIT INVOICES (4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN:

CODE 8026511862	FACILITY CODE	11 SHIP TO MARK FOR	CODE 0220	12. PAYMENT WILL BE MADE BY	CODE HDQTRS
Social Security Administration Rolling Road Commerce Center 2709 Rolling Road Baltimore MD 21244-2158		Social Security Administration Office of Finance Post Office Bx 47 Baltimore MD 21235-0047			

13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 USC 2304 (a) () <input checked="" type="checkbox"/> 41 USC 263 (a) ()	14. ACCOUNTING AND APPROPRIATION DATA 400K620/2005/252K/2858704/2530-05-1002/
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15A. ITEM	15B. SUPPLIES/SERVICES	15C. QTY	15D. UNIT	15E. UNIT PRICE	15F. AMOUNT
Continued					

15G. TOTAL AMOUNT OF CONTRACT \$610,832.00

(X)	SEC.	DESCRIPTION	PAGE(S)	(X)	SEC.	DESCRIPTION	PAGE(S)
PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES			
X	A	SOLICITATION/CONTRACT FORM	1	X	I	CONTRACT CLAUSES	24
X	B	SUPPLIES OR SERVICES AND PRICE/COST	3	PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
X	C	DESCRIPTION/SPECS./WORK STATEMENT	6	X	J	LIST OF ATTACHMENTS	28
	D	PACKAGING AND MARKING		PART IV - REPRESENTATIONS AND INSTRUCTIONS			
X	E	INSPECTION AND ACCEPTANCE	15		K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
X	F	DELIVERIES OR PERFORMANCE	16		L	INSTR., CONDS., AND NOTICES TO OFFERORS	
X	G	CONTRACT ADMINISTRATION DATA	19		M	EVALUATION FACTORS FOR AWARD	
X	H	SPECIAL CONTRACT REQUIREMENTS	22				

CONTRACTING OFFICER WILL COMPLETE ITEM 17 OR 18 AS APPLICABLE

17. <input checked="" type="checkbox"/> CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return 1 copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation sheets for the consideration stated herein. The rights and obligations of the parties to this contract shall be subject to and governed by the following documents: (a) this award/contract, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)	18. <input type="checkbox"/> AWARD (Contractor is not required to sign this document.) Your offer on Solicitation Number _____ including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as to the items listed above and on any continuation sheets. This award consummates the contract which consists of the following documents: (a) the Government's solicitation and your offer, and (b) this award/contract. No further contractual document is necessary.
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19A. NAME AND TITLE OF SIGNER (Type or print) Sharon G. Moffatt Deputy Commissioner	20A. NAME OF CONTRACTING OFFICER Loretta Hawley
19B. NAME OF CONTRACTOR	20B. UNITED STATES OF AMERICA
BY <i>Sharon G. Moffatt</i> (Signature of person authorized to sign)	9/29/05
19C. DATE SIGNED	20C. DATE SIGNED <i>Loretta Hawley</i> 9/29/05

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

SS00-05-60071

PAGE

2

OF

28

NAME OF OFFEROR OR CONTRACTOR

VERMONT DEPARTMENT OF HEALTH

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	<p>Tax ID Number: 036000274 Project: Electronic Death Registration (EDR) Process.</p> <p>FOB: Destination Period of Performance: 09/30/2005 to 09/29/2007</p> <p>Electronic Death Registration (EDR) Process Obligated Amount: \$610,832.00</p> <p>Total amount of award: \$610,832.00. The obligation for this award is shown in box 15G.</p>				610,832.00

SECTION B - SUPPLIES OR SERVICES AND PRICES/COSTS

B.1 Prices

The Contractor shall furnish all necessary personnel, materials, services, facilities and equipment, except as may be otherwise specified herein, and perform all tasks necessary for, or incidental to, the performance of the Electronic Death Registration (EDR) process, as described in the contract (see especially Section C). Line items 1 – 5 are firm-fixed price line items; line item 6, travel, is a cost-reimbursement line item.

The Government will make payment for the fixed price items after acceptance of task completion and/or deliverable item(s).

ITEM NO.	ITEM	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT
1	Project Management Plan (includes updates/changes)	1	Each	<u>\$6,347.35</u>	<u>\$6,347.35</u>
2.1	Report on How the Contractor Obtained Participant Buy-In	1	Each	<u>\$5,206.35</u>	<u>\$5,206.35</u>
2.2	Rollout Plan to Link <u>17%</u> to EDRS	1	Each	<u>\$23,208.10</u>	<u>\$23,208.10</u>
2.3	Proof of Certification of the Entity with each EDRS Participant Group	1	Each	<u>\$16,020.35</u>	<u>\$16,020.35</u>
2.4	Screen Prints that Demonstrate How Participant Groups Link to State EDRS	1	Each	<u>\$6,882.90</u>	<u>\$6,882.90</u>
3.1	Report on Consultation with SSA to Develop Requirements and Parameters of Transmission for Online Social Security Numbers and Transmission of Electronic Fact of Death Reports	1	Each	<u>\$42,648.50</u>	<u>\$42,648.50</u>
3.2	Functional Requirement Report of the State's System (including any Modifications to Existing Software) for Verification of the Social Security Number Online (including preliminary Report of state system)	1	Each	<u>\$298,058.50</u>	<u>\$298,058.50</u>
3.3	Report on Transmission of Social Security Number for Verification	1	Each	<u>\$9,091.80</u>	<u>\$9,091.80</u>

4.2	Functional Requirements Report that Details the System's Process to Transmit the Fact of Death Report within 24 Hours	1	Each	<u>\$172,370.00</u>	<u>\$172,370.00</u>
4.3	Report on Transmission of the Fact of Death Report within 24 Hours	1	Each	<u>\$14,402.00</u>	<u>\$14,402.00</u>
5	Monthly Progress Reports (and Teleconference Calls)				<u>\$6,707.45</u>
6	Travel Costs (Not to Exceed)				<u>\$9,888.50</u>
	Total				\$610,832.10

B.2 Travel for Government Employees

No funds provided under this contract shall be used for reimbursement of travel expenses incurred by employees of the Federal Government.

B.3 Travel Costs

The Contractor shall be reimbursed for travel costs in accordance with OMB Circular A-87, Cost Principles for State, Local, and Indian Tribal Governments. An excerpt from this Circular relative to travel costs follows:

Travel costs.

a. **General.** Travel costs are allowable for expenses for transportation, lodging, subsistence, and related items incurred by employees traveling on official business. Such costs may be charged on an actual cost basis, on a per diem or mileage basis in lieu of actual costs incurred, or on a combination of the two, provided the method used is applied to an entire trip, and results in charges consistent with those normally allowed in like circumstances in non-federally-sponsored activities. Notwithstanding the provisions of section 23, travel costs of officials covered by that section, when specifically related to Federal awards, are allowable with the prior approval of a grantor agency.

b. **Lodging and subsistence.** Costs incurred by employees and officers for travel, including costs of lodging, other subsistence, and incidental expenses, shall be considered reasonable and allowable only to the extent such costs do not exceed charges normally allowed by the governmental unit in its regular operations as a result of the governmental unit's policy. In the absence of a written governmental unit policy regarding travel costs, the rates and amounts established under subchapter I of Chapter 57 of Title 5, United States Code "Travel and Subsistence Expenses; Mileage Allowances," or by the Administrator of General Services, or the President (or his designee) pursuant to any provisions of such subchapter shall

be used as guidance for travel under Federal awards (41 U.S.C. 420, "Travel Expenses of Government Contractors").

c. **Commercial air travel.** Airfare costs in excess of the customary standard (coach or equivalent) airfare, are unallowable except when such accommodations would: require circuitous routing, require travel during unreasonable hours, excessively prolong travel, greatly increase the duration of the flight, result in increased cost that would offset transportation savings, or offer accommodations not reasonably adequate for the medical needs of the traveler. Where a governmental unit can reasonably demonstrate to the awarding agency either the nonavailability of customary standard airfare or Federal Government contract airfare for individual trips or, on an overall basis, that it is the governmental unit's practice to make routine use of such airfare, specific determinations of nonavailability will generally not be questioned by the Federal Government, unless a pattern of avoidance is detected. However, in order for airfare costs in excess of the customary standard commercial airfare to be allowable, e.g., use of first-class airfare, the governmental unit must justify and document on a case-by-case basis the applicable condition(s) set forth above.

B.4 Travel Items Unallowable Unless Otherwise Approved

The following travel items/costs shall be unallowable, unless authorized in writing by the Contracting Officer:

- (a) Travel to attend general professional meetings; and
- (b) Foreign travel

SECTION C - DESCRIPTION/SPECIFICATIONS/WORK STATEMENT

C.1 Background

Section 205(r) of the Social Security Act directs the Commissioner of Social Security to enter into contractual arrangements with the States to obtain death certificate data. Under the current contractual arrangements, the States must provide death certificate data within 90-120 days of receipt in the vital records office. The States require by contract that the Social Security Administration (SSA) independently verify these death reports before terminating a person's Social Security benefits.

SSA has determined that a 24 hour death report (i.e., a fact of death report within 5 days of the person's death and within 24 hours of receipt in the State vital record's office), will significantly reduce incorrect payments to beneficiaries and improve the accuracy of the death data we share with other Federal agencies. Successful development of an electronic death registration (EDR) process in each State will ensure that SSA will receive most of the state's/jurisdiction's death records, with verified Social Security Numbers (SSN's), through the Electronic Death Registration System (EDRS) so that SSA can terminate benefits to the deceased immediately.

To accomplish these goals, SSA supports the development of the EDR process nationally. However, it is important that each death registration system meets the needs of the various participants in the process and contains certain core characteristics in accordance with Electronic Death Registration Standards and Guidelines published by the National Association for Public Health Statistics and Information Systems (NAPHSIS) to ensure standardization and consistency (this document may be accessed at the following website: <http://www.naphsis.org>).

SSA's goal is to receive electronic death information statewide from 90% of the States within five years. Upon completion of this contract, the Contractor shall have obtained the necessary EDR funding sources, the legal authority to proceed with EDR, the ability to link death registration participants to an electronic death registration system (EDRS), and have an infrastructure that supports an EDRS.

C.2 Project Objective

This contract will support SSA's requirement to receive death data more timely and accurately to administer its programs more effectively. By providing funding assistance to the individual States to develop an EDRS, SSA expects significant program and administrative savings where an EDRS is implemented at least 90% within that State and where State's agree to eliminate their requirement for SSA to verify State death reports for all reports with a verified SSN.

C.3 Definitions

EDRS Participants: Includes the following entities: funeral homes; medical examiners; institutional supporting physician; coroners; local registrars.

Fact of Death Report: A Death Record that includes the name, SSN, DOD, DOB, sex code, death certificate number, and State source of death code, and a verification code as determined in SSA's record format.).

Verification Process/Verification of Social Security Number (SSN): This process refers to the verification of an SSN, online and in real time, with SSA. The process requires sending the SSN from the first requestor in death registration through the State to SSA, receiving SSA's response via the Contractor site (the State vital record's office), and returning the response to the original requestor; e.g., the funeral home.

C.4 Scope Of Work

Within 24 months of the effective date of the contract, the Contractor shall:

1. Submit a revised project management plan and a timeline for deliverables for the performance of all tasks in this contract;
2. Demonstrate linkage of 17% percent of all possible EDRS participants (approximately 150 total participants) to an EDRS.
3. Have the capability to transmit approximately 2,500 death records through the EDRS to SSA.
4. Demonstrate the ability to perform verification of SSN's online and in real time (see definition of Verification Process, above), and indicate which cases have verified SSNs when she/he transmits death data to SSA.
5. Demonstrate the successful transmission of EDRS death reports to SSA within 5 days of the person's death and within 24 hours of receipt in the State Vital Record's office during a specified 30-day period mutually agreed to by the Government and the Contractor.

C.5 Specific Work To Be Performed

Task 1: Project Management Plan (PMP)

The Contractor shall update the PMP originally submitted with their technical proposal, and submit it to the Project Officer (PO) no later than two months after award. The Contractor will submit to the PO subsequent revisions to the plan as necessary to reflect changes to the Contractor's understanding/operation, approach and philosophy to successfully complete all of the contract requirements, and a formal revision to the plan for any changes to the project management approach that affects the Contractor's work efforts.

The Project Management Plan, and each revision, shall, at a minimum:

- provide the Contractor's timeline (using actual dates) for the completion of the tasks and subtasks;
- present the issues and methodological concerns with the recommended approaches citing, as appropriate, the pertinent sections of the Electronic Death Registration Standards and Guidelines that the Contractor will follow in order to determine the best methods to use to accomplish the contract requirements;
- demonstrate the Contractor's continuous quality control process.

Task 2: Link Participants to EDRS

The Contractor shall electronically link 17% percent of all possible EDRS participants (approximately 150 total participants) to an EDRS.

2.1 Participant Buy-in Report

The Contractor shall submit a report explaining how it achieved participant buy-in to an EDRS, or how the Contractor expects to achieve additional participant buy-in in an already existing EDRS. For example, explain if you contacted participant groups such as local, county, or state funeral director's associations or if you contacted individual funeral homes. The report shall include information on the following, as applicable: initial contacts, meetings, site visits, survey results, and input to user screens. The Contractor shall submit this report no later than nine months after the award of the contract.

2.2 Rollout Plan

The Contractor shall submit a rollout plan to link 17% percent of all possible EDRS participants within 24 months.

This plan describes the phased implementation of the EDRS throughout the State, by participant group, throughout the contract period. The plan addresses, at minimum, issues like: initial contact and buy-in of participants, system testing and pilot projects, roll out and system implementation, and a training timetable.

The Contractor must submit this plan no later than six months after the award of the contract.

2.3 Proof of Certification

The Contractor shall submit proof of certification of the entity with each EDR participant group including how the entity was certified and the definition of their role in EDR (e.g., the name of the funeral home, medical examiner, hospital, etc.). The Contractor shall provide proof of certification and participation of individual EDRS participants, not certification and participation of groups or associations. The proof of certification and participation must be in

writing, but can be in a form of the Contractor's choice (e.g., letter, agreement, etc).

Proof of certification means assigning a PIN and Password (or digital certificate or other means of electronic authentication,) whichever the Contractor chooses. Also, the Contractor should have a license number for funeral homes and medical personnel and a means of terminating the certification when a person is no longer a valid user. A summary of the access and security procedures for access to the EDRS must be included, as well as a listing of all of the individuals who have been granted access to the EDRS. This information must show the individuals' names, their roles, and the names of the facilities with which they are associated. The Contractor shall include completed copies of the forms for all individuals to whom access has been granted. If these forms are in a non-electronic format, then they must be sent to SSA separately. As the certification proceeds, any additional users must be included in the Monthly Progress Reports. Non-electronic copies of the certification forms must be sent separately.

The Contractor shall submit this proof no later than 12 months after the award of the contract.

2.4 Screen Prints

The Contractor shall submit screen prints and accompanying documentation that demonstrate how participants link to an EDRS. The Contractor shall send SSA the facsimilies of the screens that each participant user would see, including the online verification request plus narrative that includes the business needs of the participants. The information included in this deliverable should encompass characteristics of the system, screen edits, new users, integration with hardware, support, security, system design, business rules, data model, tables, attributes, flow charts, or use cases.

The Contractor must submit these screen prints and documentation no later than 18 months after the award of the contract.

Task 3: Verification of Social Security Numbers (SSNs)

The Contractor shall demonstrate the capability with SSA to electronically verify SSNs with SSA (see definition of Verification Process). The Contractor shall flag the numbers that verify for SSA when they submit the fact of death report to SSA (see Task 4, below).

3.1 Consultation and Report for Transmission of Online SSNs and Transmission of Electronic Fact of Death Reports

The Contractor shall consult with SSA staff within 12 months of award to

develop the requirements (including resources, and technical support in the State and at SSA) and parameters for transmission of online SSNs. Additionally, the Contractor shall consult with SSA staff to establish the requirements (resource and technical support for both the State and for SSA) and parameters of the transmission of Fact of Death Reports.

The Contractor shall submit a report detailing the nature of the conference call (or calls, as needed), and the agreed upon action items. This report shall include, but is not limited to: the names of the attendees and their respective roles, the requirements discussed and agreed upon so that testing can occur, a testing schedule (validation, integration and production) with dates, and a date when the State plans to go into Production. The report shall document the steps accomplished and the milestones achieved prior to the consultation to facilitate the testing of the OVS and testing of the transmission of fact of death reports.

The consultation may involve travel to SSA and/or to the Contractor site to determine the elements required for the transmission of EDRS fact of death reports. These fact of death reports must be transmitted within 5 days of the person's death and within 24 hours of receipt in the State vital record's office.

The Contractor shall submit this report within 14 business days of the consultation.

3.2 Functional Requirement Report to Verify the SSNs Online

Within 18 months after the award of the contract, the Contractor shall submit a functional requirement report to SSA including any modifications to existing software that will be used in the verification process.

The Contractor shall submit a report which provides SSA with information regarding the development, testing, and integration of the OVS with the State's EDRS. This report shall cover the following major topics: State's EDRS development and status, system features, security, data flow (with flow charts), OVS specifications, and the OVS testing schedule. The Contractor shall include narrative describing how the Contractor considered issues such as: system design, overall system function, data quality and edits, process control, changes to key fields, security, audits and tracking, and system capacity, specific to the verification piece as it is incorporated into the EDRS. This report also incorporates the following elements: business process, data/information architecture, application (systems) architecture, and IT architecture.

Before the transmission, the Contractor shall sign an agreement with SSA outlining how the Contractor will adhere to SSA's formatting, security, privacy and connectivity requirements.

3.3 Transmission of the SSN Verification Report

The Contractor shall transmit SSNs to SSA for verification; receive the response at the Contractor site; and return the response to the original requestor, thus providing proof that the verification process is functioning. These transmissions shall occur for a 30 day period that is mutually agreed upon by the Government and the Contractor; the transmissions shall be completed and a report on the results shall be submitted to SSA within 24 months after award of the contract. This report summarizes the total number of SSN verification requests submitted, how many requests verified, and the number and types of requests which did not verify.

Task 4: Transmission of Fact of Death

The Contractor shall demonstrate with SSA the capability to transmit EDRS fact of death reports within 5 days of the person's death and within 24 hours of receipt in the State vital record's office. The Contractor shall submit fact of death information for a 30 day period which is mutually agreed upon by the Government and the Contractor; these transmissions shall be completed no later than 24 months after the award of the contract.

The Fact of Death Report is a Death Record that includes the name, SSN, DOD, date of birth, sex code, death certificate number, State source of death code, and an indication of the verification status of the SSN.

The Contractor shall provide ongoing consultation and direction of staff in the State site during the implementation of this task.

4.2 Functional Requirement Report Outlining the Systems Process to Transmit the Fact of Death within 24 hours

Within 18 months after contract award, the Contractor shall submit a functional requirement report to SSA that outlines the system's process in the Contractor site to deliver a fact of death report to SSA within 5 days of the person's death and within 24 hours of receipt in the State vital record's office. This report includes, at a minimum, a description of the current Fact of Death transmission process, any proposed changes to that process, the system functions, and a summary of changes to the DFSTATE format. The report shall address how the Contractor will provide technical expertise and adhere to SSA's formatting, security, privacy and connectivity requirements.

4.3 Report on Transmission of the Fact of Death Report within 24 hours

The Contractor shall transmit fact of death reports (via EDRS) to SSA within 5 days of the person's death and within 24 hours of receipt in the State vital record's office for a period of 30 days.

This report includes all of the items in the DFSTATE Format for every fact of

death report transmitted over the mutually agreed upon 30 day period. For purposes of confidentiality, only the last four digits of the decedants SSN are to be displayed on this report.

The Contractor shall submit a report on the results of this transmission to SSA within 24 months after contract award.

Task 5: Monthly Progress Reports

The Contractor shall submit progress reports on a monthly basis. These reports are to be prepared on a calendar month basis and shall be submitted to the Project Officer electronically within 15 days after the end of the reporting period, i.e., the previous calendar month. The Contractor shall submit the monthly report to the Contracting Officer and the Project Officer. The Contractor must include the following information in their reports:

- (a) Project Status--a brief description of the project status including:
 - (1) Milestone assessment: Describe the Contractor's progress toward meeting objectives and schedules, including work completed and ongoing;
 - (2) Products of current period;
 - (3) Monthly linkage progress
 - (4) Technical assessment, and
 - (5) Summary of travel, including trip reports.
 - (b) Problems--a brief statement identifying major or minor issues or problems encountered or anticipated, with their current or potential impact and recommended solutions and/or corrective actions undertaken,
 - (c) Items Requiring SSA Response--a brief statement identifying at least the following:
 - (1) Items requiring SSA approval;
 - (2) Decisions required by SSA; and
 - (3) Recommendations for solving issues or problems if they require approval or decision by SSA.
 - (d) Resources utilized by type of activity and specific personnel (i.e., individuals/labor categories; computer or other equipment usage, etc.).
 - (e) Work to be performed during next reporting period.
- 5.1 The Contractor shall participate in a teleconference call with SSA project staff to discuss monthly report and project status within 20 days of the end of the reporting period**

C.6 Contractor Staff

The Contractor shall be a participant in the death registration process and shall be responsible for the maintenance and accuracy of death certificate data in the State BVS. The Contractor shall have a current business relationship with the other participants (funeral directors, medical examiners, hospitals, local registrars) in death registration and have extensive knowledge of their roles in the death registration process. The Contractor shall have immediate access to State death certificate data following the certification and filing of the report in the State repository. This is necessary in order to transmit the data to Social Security within 24 hours of receipt. The Contractor shall have extensive knowledge of existing State statutes relating to the development of an electronic death registration process.

C.7 Notifications To Project Officer

The Contractor shall immediately advise the Project Officer electronically of any administrative operations and/or technical matter that may have an adverse or significant affect on the contract performance.

C.8 Government Property

The Government will not provide property or facilities to the Contractor.

SECTION D - PACKAGING AND MARKING

RESERVED

SECTION E - INSPECTION AND ACCEPTANCE

E.1 Clauses Incorporated By Reference

The following Federal Acquisition Regulation (FAR) (48 CFR Chapter 1) pertinent to this section is hereby incorporated by reference:

52.246-4 Inspection of Services - Fixed-Price. AUG 1996

E.2 Inspection and Acceptance

(a) The Contracting Officer or the duly authorized representative will perform inspection and acceptance of materials and services to be provided.

(b) For the purpose of this section, the Project Officer named in Section G, is the authorized representative of the Contracting Officer.

(c) Inspection and acceptance will be performed at SSA Headquarters, Baltimore, Maryland.

(d) With respect to items delivered under this contract, the Project Officer will notify the Contractor of either the Government's acceptance or disapproval of the deliverable within 20 days of the Project Officer's receipt of the deliverable. The Project Officer will make these notifications electronically (i.e., via email). The Project Officer's disapproval or request for revision of the items submitted will be within the general scope of work stated in this contract.

SECTION F - DELIVERIES OR PERFORMANCE

F.1 Clauses Incorporated By Reference

The following Federal Acquisition Regulation (FAR) (48 CFR Chapter 1) pertinent to this section is hereby incorporated by reference:

52.242-15 Stop-Work Order. AUG 1989

F.2 Period of Performance

The period of performance of this contract shall be twenty-four months from the date of award.

F.3 Delivery Schedule

One copy of each deliverable shall be sent electronically to the Project Officer and the Contracting Officer. All deliverables must be in a format compatible with Microsoft Word or Microsoft Excel, unless otherwise authorized by the Project Officer.

The delivery/performance items shall be accomplished in accordance with the following schedule:

Item No.	Deliverable Item	Due – From Date of Award
1	Project Management Plan (PMP) Updates/Changes to PMP	2 Months Submit updates/changes to Project Officer within 5 days after determining need for change
2.1	Report on How Contractor Obtained Participant Buy-In	9 months
2.2	Rollout Plan to Have 17% of Participants	6 months
2.3	Proof of Certification of the Entity with Each Electronic Death Registration System (EDRS) Participant Group	12 months
2.4	Screen Prints that Demonstrate How the Participant Groups Link to the EDRS	18 months
3.1	Report on Consultation with SSA to Develop Requirements and Parameters for Transmission for Online Social Security Numbers (SSNs) and Transmission of Electronic Fact of Death Reports	Within 14 business days following consultation
3.2	Functional Requirement Report (Including any Modifications to Existing Software) to Verify the SSNs	18 months

	online	
3.3	Report on the Transmission of the SSN for Verification	24 months
4.2	Functional Requirement Report that outlines the System's Process to Transmit the Fact of Death Within 24 Hours	18 months
4.3	Report on Transmission of the Fact of Death Report Within 24 Hours	24 months
5	Monthly Progress Reports	15 days after end of reporting period
5.1	Monthly Teleconference Calls	20 days after end of reporting period

(Note: Unless otherwise indicated, all due dates are shown in terms of from the date of contract award, e.g., two months is the equivalent of two months from the date of award.)

F.4 Project Officer Review of Reports

The Contractor shall provide the Government Project Officer with the reports as stated in Section F.3, Delivery Schedule. SSA will within 20 days of receipt of report, review each report and provide the Contractor with comments. The Contractor shall revise the report, if necessary, and deliver the final version within 15 days of the Contractor's receipt of SSA's comments. The Contractor is not to invoice for a deliverable until the Contractor receives notification from the Project Officer that the deliverable has been accepted.

The clauses found at F.5 and F.6 are applicable only if the award contains the FAR clause 52.219-9, Small Business Subcontracting Plan.

F.5 Subcontracting Report for Individual Contracts, SF-294

This report (see Section J for the form) is to be submitted to the contracting officer semi-annually. This report is due by the 25th day of the month following the close of the reporting period (January 25 for the period July 1 through December 31 and July 25 for the period January 1 through June 30).

F.6 Summary Subcontract Report, SF 295

This report (see Section J for the form) is to be submitted annually by October 30 (30 days after the close of the fiscal year on September 30) to the following address:

Social Security Administration
Office of Small and Disadvantaged Business Utilization
6401 Security Blvd.
Baltimore, MD 21235

SECTION G - CONTRACT ADMINISTRATION DATA

G.1 Designation of Government Contract Specialist

Daniel Walker, Contract Specialist, Division of Operations Contracts, has been assigned to administer the contractual aspects of this contract. However, changes in the Scope of Work, contract cost, price, quantity, quality or delivery schedule shall be made only by the Contracting Officer by a properly executed modification. All correspondence that in any way concerns the terms or conditions of this contract shall be submitted directly to the Contract Specialist at the following address:

Name: Daniel Walker, Contract Specialist
 Address: Social Security Administration
 Office of Acquisition and Grants
 G-C-7 East High Rise Bldg
 Baltimore, Maryland 21235

Phone: 410-965-4188
 Fax: 410/966-0870
 email: daniel.walker@ssa.gov

G.2 Contract Administration

The Contractor's representative responsible for handling contract administration is:

Name: Richard McCoy
 Address: 108 Cherry St.
 Burlington, VT. 05402-0070

Phone: 802-651-1862
 Fax: 802-865-7701
 email: rmccoy@vdh.state.vt.us

G.3 Designation of Government Project Officer

(a) The individual named below is hereby designated as the Government project officer. If an alternate project officer is also listed below, that person will serve in the project officer's stead when the project officer is unavailable. The project officer is responsible for the technical administration of this contract, [in accordance with the provisions of the clause found at Section G.4, below, entitled "Technical Direction."]

Project Officer

Name: Preston C. Crutchfield
Social Insurance Specialist
 Address: 6401 Security Blvd.
RRCC #96
Baltimore, Md. 21235

Phone: 410-965-4279
 Fax: 410-597-0146
 email: preston.c.crutchfield@ssa.gov

Alternate Project Officer

Name: Joanne B. Harris
Team Leader
 Address: 6401 Security Blvd.
RRCC #39
Baltimore, Md. 21235

Phone: 410-965-7970
 Fax: 410-597-0146
 email: joanne.b.harris@ssa.gov

(b) The project officer, or his/her authorized representative, shall be responsible for coordinating with the Contractor the technical aspects of the contract. The project officer is not authorized to make any changes which affect the contract amount, terms or conditions. The contracting officer is the only person with the authority to act as agent of the Government under this contract. Only the contracting officer has authority to: (1) direct or negotiate any changes in the Statement of Work; (2) modify or extend the period of performance; (3) change the delivery schedule; (4) authorize reimbursement to the Contractor any costs incurred during the performance of this contract; or (5) otherwise change any terms and conditions of this contract.

G.4 Technical Direction

Performance of the work under this contract shall be subject to the technical direction of the project officer. The term "technical direction" is defined to include, without limitation, the following:

- (a) Directions to the Contractor which redirect the contract effort, shift work emphasis between work areas or tasks, require the pursuit of certain lines of inquiry, fill in details or otherwise serve to accomplish contractual statements of work.
- (b) Provision of information to the Contractor which assists in the interpretation of [drawings], specifications or technical portions of the work description.
- (c) Review and, where required by contract, approval of [technical reports, drawings], specifications or technical information to be delivered by the Contractor to the Government under the contract.

Technical direction must be within the general scope of work stated in the contract. The project officer does not have the authority to, and may not, issue any technical direction which: (1) constitutes the assignment of any additional work outside the general scope of the contract; (2) constitutes a change as defined in the contract clause entitled,

"Changes;" (3) in any manner causes an increase or decrease in the total contract cost, or time required for the contract performance or (4) changes any of the expressed terms, conditions or specifications of the contract.

All technical directions shall be issued in writing by the project officer or shall be confirmed by him/her in writing within 5 working days after issuance.

The Contractor shall proceed promptly with the performance of technical directions duly issued by the project officer in the manner prescribed by this article and within his/her authority under the provisions of this article.

If, in the opinion of the Contractor, any instruction or direction issued by the project officer is within one of the categories as defined in (1) through (4) above, the Contractor shall not proceed, but shall notify the contracting officer, in writing, within 5 working days after receipt of any such instruction or direction and shall request the contracting officer to modify the contract accordingly. Upon receiving such notification from the Contractor, the contracting officer shall issue an appropriate contract modification or advise the Contractor, in writing, that, in his/her opinion, the technical direction is within the scope of this article and does not constitute a change under the "Changes" clause of the contract. The Contractor shall thereupon proceed immediately with the direction given. A failure of the parties to agree upon the nature of the instruction or direction, or upon the contract action to be taken with respect thereto, shall be subject to the provisions of the contract clause entitled, "Disputes."

G.5 Contact Point for Payment Related Inquiries

Payment related inquiries may be directed to:

Administrative Payment Operations Unit 3
(410) 965-0607

G.6 Invoice Submission

A. Taxpayer Identification Number (TIN)

To assist the Government in making timely payments pursuant to the requirements of the prompt payment clause applicable to this contract (FAR 52.232-25, Prompt Payment; FAR 52.232-26, Prompt Payment for Fixed-Price Architect-Engineer Contracts; or FAR 52.232-27, Prompt Payment for Construction Contracts), it is requested that you include your TIN on each invoice submitted under this contract.

B. Designated Billing Office

Mailed Invoices

The designated billing office address for mailed invoices is as follows:

Social Security Administration
Office of Finance
P.O. Box 47
Baltimore, MD 21235-0047

The Contractor shall submit an original and one copy of its invoice to that address.

Hand-Carried Invoices

If the Contractor desires to hand-carry invoices, an original and one copy of its invoice shall be delivered to the following address:

Social Security Administration
Office of Finance
Supervisor, Administrative Payment Operations Branch
Room 2-B-4 East Low Rise
6401 Security Boulevard
Baltimore, Maryland 21235

G.7 Submission of Invoices to Project Officer and Contracting Officer

Concurrent with submission of invoices to the Office of Finance, the Contractor shall submit one copy of all invoices directly to the Project Officer at the address listed in Section G.3, above.

Concurrent with submission of invoices to the Office of Finance, the Contractor shall submit one copy of all invoices containing requests for the reimbursement of travel costs to Contracting Officer at the address listed in G.1, above.

For the purposes of computing any interest relative to the Prompt Payment of Contractors (see clause 52.232-25 incorporated by reference into Section I), the Office of Finance is the designated billing office in this contract.

SECTION H - SPECIAL CONTRACT REQUIREMENTS

H.1 Protection of Confidential Information

- (a) The contract shall restrict access to all confidential information obtained from SSA in the performance of the contract to those employees and officials who need it to perform the contract. Employees and officials who need access to confidential information for performance of the contract will be determined in conference between SSA's Contracting Officer and the responsible contract official.
- (b) The contract shall process all confidential information obtained from SSA in the performance of the contract under the immediate supervision and control of authorized personnel in a manner that will protect the confidentiality of the records and in such a way that unauthorized persons cannot retrieve any such records.
- (c) The contract shall inform all personnel with access to confidential information obtained from SSA in the performance of the contract of the confidential nature of the information and the safeguards required to protect the information from improper disclosure.
- (d) For knowingly disclosing information in violation of the Privacy Act, the contract and contract employees may be subject to the criminal penalties as set forth in 5 U.S.C. Section 552(i)(1) to the same extent as employees of the Social Security Administration. For knowingly disclosing confidential information as described in section 1106 of the Social Security Act (42 U.S.C. 1306), the contract and contract employees may be subject to the criminal penalties as set forth in that provision.
- (e) The Contractor shall assure that each Contractor employee with access to confidential information knows the prescribed rules of conduct, and that each Contractor employee is aware that he/she may be subject to criminal penalties for violations of the Privacy Act and/or the Social Security Act.
- (f) All confidential information obtained from SSA in the performance of the contract shall, at all times, be stored in an area that is physically safe from unauthorized access.
- (g) Performance of this contract may involve access to tax return information as defined in 26 U.S.C. Section 6103(b) of the Internal Revenue Code (IRC). All such information shall be confidential and may not be disclosed without the written permission of the Social Security Administration Contracting Officer. For willfully disclosing confidential tax return information in violation of the IRC, the Contractor and Contractor employees may be subject to the criminal penalties set forth in 26 U.S.C. Section 7213.
- (h) The Government reserves the right to conduct on-site visits to review the Contractor's documentation and in-house procedures for protection of confidential information.

H.2 Dissemination Of Information

Data and information either provided to the Contractor, or to any subContractor or generated by activities under the proposed contract shall be privileged. The Contractor, and any subContractors, shall be restricted from duplicating, using or disclosing such data or information, in whole or in part, outside the Social Security Administration for any purpose other than the fulfillment of the requirements set forth in this contract. This restriction does not limit the Contractor's right to use such data or information if it is obtained from a nonrestricted source. Any questions about "privileged information" shall be referred to the Government project officer.

H.3 Termination of Benefits

SSA will have the ability and the authority to immediately and automatically terminate benefits for any beneficiary whose death record is submitted to SSA through the Contractor's EDRS, provided that death record contains a verified SSN. By entering into this contract with SSA, the Contractor acknowledges SSA's right to terminate these benefits.

SECTION I - CONTRACT CLAUSES

I.1 Clauses Incorporated By Reference

The following Federal Acquisition Regulation (FAR) (48 CFR Chapter 1) pertinent to this section are hereby incorporated by reference:

52.202-1	Definitions.	JULY 2004
52.203-3	Gratuities.	APR 1984
52.203-5	Covenant Against Contingent Fees.	APR 1984
52.203-6	Restrictions on SubContractor Sales to the Government.	JUL 1995
52.203-7	Anti-Kickback Procedures.	JUL 1995
52.203-8	Cancellation, Rescission, and Recovery of Funds for Illegal or Improper Activity.	JAN 1997
52.203-10	Price or Fee Adjustment for Illegal or Improper Activity.	JAN 1997
52.203-12	Limitation on Payments to Influence Certain Federal Transactions.	JUNE 2003
52.204-4	Printed or Copied Double-Sided on Recycled Paper.	AUG 2000
52.209-6	Protecting the Government's Interest When Subcontracting with Contractors Debarred, Suspended, or Proposed for Debarment.	JAN 2005
52.215-2	Audit and Records - Negotiation (JUN 1999) Alternate II	APR 1998
52.215-8	Order of Precedence - Uniform Contract Format.	OCT 1997
52.215-15	Pension Adjustments and Asset Reversions.	OCT 2004
52.215-18	Reversion or Adjustment of Plans for Postretirement Benefits (PRB) Other Than Pensions.	JULY 2005
52.215-21	Requirements for Cost or Pricing Data or Information Other Than Cost or Pricing Data – Modifications Alternate IV	OCT 1997
52.219-8	Utilization of Small Business Concerns.	MAY 2004
52.219-9	Small Business Subcontracting Plan (JAN 2002) Alternate II	JULY 2005
52.219-16	Liquidated Damages - Subcontracting Plan.	JAN 1999
52.222-3	Convict Labor.	JUN 2003
52.222-21	Prohibition of Segregated Facilities.	FEB 1999
52.222-22	Previous Contracts Compliance Reports	FEB 1999
52.222-26	Equal Opportunity.	APR 2002
52.222-35	Equal Opportunity for Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans.	DEC 2001
52.222-36	Affirmative Action for Workers with Disabilities.	JUN 1998

52.222-37	Employment Reports on Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans.	DEC 2001
52.223-6	Drug-Free Workplace.	MAY 2001
52.223-14	Toxic Chemical Release Reporting.	AUG 2003
52.224-1	Privacy Act Notification.	APR 1984
52.224-2	Privacy Act.	APR 1984
52.225-13	Restrictions on Certain Foreign Purchases.	MAR 2005
52.227-1	Authorization and Consent.	JUL 1995
52.227-2	Notice and Assistance Regarding Patent and Copyright Assistance.	AUG 1996
52.227-14	Rights in Data - General.	JUN 1987
52.227-16	Additional Data Requirements.	JUN 1987
52.229-3	Federal, State, and Local Taxes.	APR 2003
52.232-1	Payments.	APR 1984
52.232-8	Discounts for Prompt Payment.	FEB 2002
52.232-11	Extras.	APR 1984
52.232-18	Availability of Funds.	APR 1984
52.232-23	Assignment of Claims.	JAN 1986
52.232-25	Prompt payment.	OCT 2003
52.232.34	Payment by Electronic Funds Transfer – Other than Central Contractor Registration.	MAY 1999
52.233-1	Disputes.	JUL 2002
52.233-3	Protest after Award.	AUG 1996
52.242-13	Bankruptcy.	JUL 1995
52.243-1	Changes Fixed-Price. (AUG 1987) Alternate III	APR 1984
52.244-6	Subcontracts for Commercial Items.	DEC 2004
52.246-25	Limitation of Liability - Services.	FEB 1997
52.248-1	Value Engineering.	FEB 2000
52.249-2	Termination for Convenience of the Government (Fixed-Price). (MAY 2004) Alternate II	SEPT 1996
52.249-8	Default (Fixed-Price Supply and Service).	APR 1984
52.253-1	Computer Generated Forms.	JAN 1991

52.212-4(t) Central Contractor Registration (CCR)

This paragraph is deleted in its entirety. Contractors shall follow the requirements in Clause 52.204-7, Central Contractor Registration (Oct 2003) DEVIATION, in full text below:

52.204-7 Central Contractor Registration (Oct 2003) DEVIATION

SSA is in the process of establishing the necessary interface between its financial system and the CCR database. During this transition period, the agency is going to temporarily deviate from the requirement to use the CCR database as its source of information for

EFT payments. Therefore, this contract includes the clause at 52.232-34, Payment by Electronic Funds Transfer-Other than Central Contractor Registration (May 1999) in lieu of the clause at FAR 52.232-33, Payment by Electronic Funds Transfer-Central Contractor Registration (Oct 2003). This is the only deviation from the requirements of this clause, 52.204-7. The contractor shall comply with all other requirements for CCR registration in the clause.

This clause, 52.204-7, Central Contractor Registration (Oct 2003) is revised to reflect this deviation. The revised sections are shaded.

(a) *Definitions.* As used in this clause—

Central Contractor Registration (CCR) database means the primary Government repository for contractor information required for the conduct of business with the Government.

Data Universal Numbering System (DUNS) number means the 9-digit number assigned by Dun and Bradstreet, Inc. (D&B) to identify unique business entities.

Data Universal Numbering System +4 (DUNS+4) number means the DUNS number assigned by (D&B) plus a 4-character suffix that may be assigned by a business concern. (D&B has no affiliation with this 4-character suffix.) This 4-character suffix may be assigned at the discretion of the business concern to establish additional CCR records for identifying alternative Electronic Funds Transfer (EFT) accounts (see FAR 32.11) for the same parent concern.

Registered in the CCR database means that—

(1) The Contractor has entered all mandatory information, including the DUNS number or the DUNS+4 number, into the CCR database; and

(2) The Government has validated all mandatory data fields and has marked the record “Active”.

(b) (1) By submission of an offer, the offeror acknowledges the requirement that a prospective awardee shall be registered in the CCR database prior to award, during performance and through final payment of any contract, basic agreement, basic ordering agreement, or blanket purchasing agreement resulting from this solicitation.

(2) The offeror shall enter, in the block with its name and address on the cover page of its offer, the annotation “DUNS” or “DUNS +4” followed by the DUNS or DUNS + 4 number that identifies the offeror’s name and address exactly as stated in the offer. The DUNS number will be used by the Contracting Officer to verify that the offeror is registered in the CCR database.

(c) If the offeror does not have a DUNS number, it should contact Dun and Bradstreet

directly to obtain one.

(1) An offeror may obtain a DUNS number—

(i) If located within the United States, by calling Dun and Bradstreet at 1-866-705-5711 or via the Internet at <http://www.dnb.com>; or

(ii) If located outside the United States, by contacting the local Dun and Bradstreet office.

(2) The offeror should be prepared to provide the following information:

(i) Company legal business.

(ii) Tradestyle, doing business, or other name by which your entity is commonly recognized.

(iii) Company Physical Street Address, City, State, and Zip Code.

(iv) Company Mailing Address, City, State and Zip Code (if separate from physical).

(v) Company Telephone Number.

(vi) Date the company was started.

(vii) Number of employees at your location.

(viii) Chief executive officer/key manager.

(ix) Line of business (industry).

(x) Company Headquarters name and address (reporting relationship within your entity).

(d) If the Offeror does not become registered in the CCR database in the time prescribed by the Contracting Officer, the Contracting Officer will proceed to award to the next otherwise successful registered Offeror.

(e) Processing time, which normally takes 48 hours, should be taken into consideration when registering. Offerors who are not registered should consider applying for registration immediately upon receipt of this solicitation.

(f) The Contractor is responsible for the accuracy and completeness of the data within the CCR database, and for any liability resulting from the Government's reliance on inaccurate or incomplete data. To remain registered in the CCR database after the initial registration, the Contractor is required to review and update on an annual basis from the date of initial registration or subsequent updates its information in the CCR database to ensure it is current, accurate and complete. Updating information in the CCR does not alter the terms and conditions of this contract and is not a substitute for a properly executed contractual document.

(g)(1) If a Contractor has legally changed its business name, "doing business as" name or division name, (whichever is shown on the contract), or has transferred the assets used in performing the contract, the contractor shall, after all of the requirements in FAR Subpart 42.12 are met and a novation or change-of-name agreement has been properly executed, change its name, and update its information in the CCR database.

(2) The Contractor shall not change the name or address for EFT payments or manual payments, as appropriate, in the CCR record to reflect an assignee for the purpose of assignment of claims (see FAR 32.8, Assignment of Claims). Assignees shall be separately registered in the CCR database. For the purposes of this contract, the contractor shall also follow the procedures in FAR Subpart 32.8 regarding Assignment of Claims and the procedures in the clause at FAR 52.232-34(g) for providing the EFT information for the assignment.

(h) Offerors and Contractors may obtain information on registration and annual confirmation requirements via the internet at <http://www.ccr.gov> or by calling 1-888-227-2423, or 269-961-5757.

The Contractor's Section K from the original proposal submitted is hereby incorporated by reference.

SECTION J - LIST OF ATTACHMENTS

ATTACHMENT 1 -- SF 294 - Subcontracting Report for Individual Contracts
(Use Acrobat Reader 5 to open electronic version)

ATTACHMENT 2 -- SF 295 - Summary Subcontracting Report
(Use Acrobat Reader 5 to open electronic version)

Department of Health
Office of the Commissioner
108 Cherry Street - PO Box 70
Burlington, VT 05402-0070
healthvermont.gov

[phone] 802-863-7281
[fax] 802-951-1275
[Tdd] 800-464-4343

Agency of Human Services

FEB 08 2006

To: Steve Gold, Deputy Secretary of Administration
From: Sharon Moffatt, RN MSN, Deputy Health Commissioner
Re: Changes and additional justification for Electronic Death Registry
Grant

Date: February 6, 2006
.....

Thank you for bringing the issues related to our position requests immediately to my attention. As I indicated these original submissions did not represent the quality of work for the Department of Health.

Please find the following attached to the "Position Acceptance Form" that you recently returned

- A corrected Position Request Form
- Corrected Requests for Review for the 2 IT positions requested and the Requests for the PH Specialist and PH Analyst positions.
- An expanded justification summary for the EDRS, the four limited service positions, and references to specific grant sections if more information is needed for your review

I hope this addresses your concerns and the concerns of the governor and provides a thorough justification for approval.

STATE OF VERMONT
POSITION ACCEPTANCE FORM

GRANT SUMMARY: A contract with the Social Security Administration to establish and implement an electronic death registry system in Vermont.

DATE: December 27, 2005

DEPARTMENT: Health

GRANT AMOUNT: \$610,832

GRANT PERIOD: 9/30/05 – 9/29/07

GRANT/DONOR: Social Security Administration

POSITIONS REQUESTED (LIMITED SERVICE):

2 FTE Information Systems Developers
1 FTE Public Health Analyst II
1 FTE Public Health Specialist

LONG-TERM COSTS TO STATE: None

COMMENTS: This contract should increase the accuracy and efficiency of maintaining and analyzing death records by replacing the existing paper-based system.

DEPT. OF FINANCE & MANAGEMENT: (INITIAL)
SECRETARY OF ADMINISTRATION: (INITIAL)
SENT TO JOINT FISCAL OFFICE: (DATE)

M 1/19/06 2/7/06
By 1/20/06 2/8/06

AWARD/CONTRACT		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 350)		RATING	PAGE OF PAGES 1 28
2. CONTRACT (Proc. Inst. Ident.) NO. SS00-05-60071			3. EFFECTIVE DATE See Block 20	4. REQUISITION/PURCHASE REQUEST/PROJECT NO. 2530-05-1002	
5. ISSUED BY Social Security Administration Office of Acquisition and Grants 1st Floor - Rear Entrance 7111 Security Boulevard Baltimore MD 21244-1811		CODE 00600	6. ADMINISTERED BY (If other than Item 5) Social Security Administration Office of Acquisition and Grants 1st Floor - Rear Entrance 7111 Security Boulevard Baltimore MD 21244-1811		CODE OAG

7. NAME AND ADDRESS OF CONTRACTOR (No, Street, City, Country, State and ZIP Code) VERMONT DEPARTMENT OF HEALTH DIVISION OF HEALTH SURVEILLANCE VITAL RECORDS PROGRAM 106 CHERRY ST BURLINGTON VT 05402-0070 ATTN RICHARD MCCOY		8. DELIVERY <input type="checkbox"/> FOB ORIGIN <input checked="" type="checkbox"/> OTHER (See below)	
CODE 9026511862 FACILITY CODE		9. DISCOUNT FOR PROMPT PAYMENT Net 30	
11. SHIP TO/MARK FOR Social Security Administration Rolling Road Commerce Center 2709 Rolling Road Baltimore MD 21244-2158		10. SUBMIT INVOICES (4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN: ITEM	
CODE 0220		12. PAYMENT WILL BE MADE BY Social Security Administration Office of Finance Post Office Box 47 Baltimore MD 21235-0047	

13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 USC 2304 (a) () <input type="checkbox"/> 41 USC 263 (a) ()		14. ACCOUNTING AND APPROPRIATION DATA 400K620/2005/252K/2858704/2530-05-1002/	
15A. ITEM	15B. SUPPLIES/SERVICES	15C. QTY	15D. UNIT
Continued		15E. UNIT PRICE	15F. AMOUNT
15G. TOTAL AMOUNT OF CONTRACT			\$610,832.00

(X)	SEC.	DESCRIPTION	PAGE(S)	(X)	SEC.	DESCRIPTION	PAGE(S)
PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES			
X	A	SOLICITATION/CONTRACT FORM	1	X	I	CONTRACT CLAUSES	24
X	B	SUPPLIES OR SERVICES AND PRICE/COST	3	PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
X	C	DESCRIPTION/SPECS./WORK STATEMENT	6	X	J	LIST OF ATTACHMENTS	28
	D	PACKAGING AND MARKING		PART IV - REPRESENTATIONS AND INSTRUCTIONS			
X	E	INSPECTION AND ACCEPTANCE	15		K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
X	F	DELIVERIES OR PERFORMANCE	16		L	INSTR., CONDS., AND NOTICES TO OFFERORS	
X	G	CONTRACT ADMINISTRATION DATA	18		M	EVALUATION FACTORS FOR AWARD	
X	H	SPECIAL CONTRACT REQUIREMENTS	22				

CONTRACTING OFFICER WILL COMPLETE ITEM 17 OR 18 AS APPLICABLE

17. <input checked="" type="checkbox"/> CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return 1 copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation sheets for the consideration stated herein. The rights and obligations of the parties to this contract shall be subject to and governed by the following documents: (a) this award/contract, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)		18. <input type="checkbox"/> AWARD (Contractor is not required to sign this document.) Your offer on Solicitation Number _____ including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as to the items listed above and on any continuation sheets. This award consummates the contract which consists of the following documents: (a) the Government's solicitation and your offer, and (b) this award/contract. No further contractual document is necessary.	
19A. NAME AND TITLE OF SIGNER (Type or print) Sharon G. Moffatt Deputy Commissioner		20A. NAME OF CONTRACTING OFFICER Loxetta Hawley	
19B. NAME OF CONTRACTOR		20B. UNITED STATES OF AMERICA	
BY <i>Sharon G. Moffatt</i> (Signature of person authorized to sign)		19C. DATE SIGNED 9/29/05	20C. DATE SIGNED 9/29/05

VERMONT DEPARTMENT OF HEALTH
MEMORANDUM

To: Kevin O'Connell
From: Kate Dawson, Grants Specialist
Re: SSA EDRS Grant Approval and Positions Request
Date: 11/18/05

The Department of Health has received a contract from the Social Security Administration, providing \$610,832 over two years to support the development of an Electronic Death Reporting System. The Project will focus on significantly speeding up the availability of information on deaths in Vermont. This will assist epidemiologic, public health, forensic investigations as well as family-related and administrative uses of these data. These funds will support four new positions – a Public Health Analyst III, a Public Health Specialist, an Information Technology Liaison Officer and a Database Administrator.

Enclosed you will find all of the documents associated with this request: the Requests for Classification Action, each with a pertinent organization chart, the Position Request Form, the Request for Grant Acceptance (the AA-1) and attached summary, a copy of the contract document, and a copy of our contract proposal.

When AHS has completed its review and signature of the AA-1, please forward these documents to Molly Paulger at the Department of Human Resources. Would you please let me know when that happens? And please contact me at 657-4286 with any questions.

Cc: Molly O. Paulger, Department of Human Resources

Electronic Death Registration System
10/19/05

The Department of Health has received a contract from the Social Security Administration providing \$610,832, over two years to develop and implement the Electronic Death Registration System (EDRS).

The Department proposes to undertake the EDRS project. The Project will focus on significantly speeding up the availability of information on deaths in Vermont. This will assist epidemiologic, public health, forensic investigations as well as family-related and administrative uses of these data.

Funds would be used primarily to underwrite the cost of project personnel. Funds would also be used to cover costs for travel to regional meetings and to Washington DC to meet with SSA, and for software.

Project personnel would include an EDRS Project Manager, responsible for oversight of the requirements process, review and feedback on design requirements, reporting, facilitation of workgroups and coordination with other program areas; a Recruitment and Development Field Officer to build consensus and provide hands-on-implementation support for users of the system; an Information Technology Liaison Officer responsible for coordination of all aspects of the project; a Database Administrator responsible for development of the SPHINX database tables, data warehouse and integration testing; a Information Technology Project Leader responsible for managing the information technology aspect of the project; and a Recruitment and Development Program Manager responsible for planning and directing efforts to recruit and implement the system with users.

The Health Department is hereby requesting acceptance of \$152,708 in new Federal funds during State Fiscal Year 06 and the establishment of these 4 limited service positions. The completed "Request to Approve the Establishment of Positions" form is attached.

The remainder of Federal Funding will be included in future budget requests.

VERMONT STATE RESPONSE

Solicitation No. SSA-RFP-05-1050 for the development of an Electronic Death Registration System

Submitted to

**Social Security Administration
Office of Acquisition and Grants
1710 Gwynn Oak Avenue
Baltimore, MD 21207**

This proposal includes data that shall not be disclosed outside the Government and shall not be duplicated, used, or disclosed-in whole or in part-for any purpose other than to evaluate this proposal. If, however, a contract is awarded to this offeror as a result of-or in connection with-the submission of this data, the Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting contract. This restriction does not limit the Government's right to use information contained in this data if it is obtained from another source without restriction. There is no data subject to this restriction.

Response submitted by

**Richard McCoy
Vital Records Program
Division of Health Surveillance
Vermont Department of Health
P. O. Box 70
108 Cherry Street
Burlington, Vermont 05402-0070
Telephone: 802-651-1862
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DUNS # 80-937-6155**

VOLUME I

TECHNICAL PROPOSAL

1.1 INTRODUCTION AND BACKGROUND

- Statement of the Problem
- Background
- Death Registration
- Information Technology Environment

1.2 SCOPE OF WORK

1.3 TECHNICAL APPROACH

- Description of Solution
- Proposed Schedule

1.4 PROJECT MANAGEMENT PLAN

- Tasks
- Deliverables
- Linkages
- Potential Problems
- Travel

1.5 PROJECT PARTICIPANTS and Other Issues

- Potential Participants
- Other Requirements
- Description of Legal Authority, Funding Sources, and Infrastructure
- Staff Utilization and Qualifications
- Subcontracting Arrangements

ATTACHMENTS:

- A. Staff utilization and qualifications
- B. Letter providing evidence of additional funding and infrastructure support
- C. Death certificate review, summary 2002
- D. Relationship of the proposed project schedule, the project management plan, and the SSA deliverables
- E. Resumes of staff members who will work on project

1.1 INTRODUCTION AND BACKGROUND

Statement of the Problem

The Social Security Administration (SSA) wants timelier reporting of deaths, in particular the Social Security Number (SSN) of the decedent and a verification of death. Significant cost savings could be obtained if the SSA electronically received verified reports of death from state vital records offices within five days of the date of death.

This problem could be resolved in Vermont by the development of a state-wide capability to electronically register and issue death certificates and transmit basic information contained in them. With this goal in mind we have begun to work with the parties involved in death registration and to develop the infrastructure to make it a reality.

Background

The Vermont Vital Records Program and the Vermont Center for Health Statistics are located within the Division of Health Surveillance of the Vermont Department of Health (VDH) in Burlington, Vermont. Together they are responsible for the registration, processing, and analysis of all vital events (births, deaths, fetal deaths, marriages, divorces, civil unions, dissolutions, and induced terminations of pregnancy) in Vermont under its state statutes. These are mandated functions.

The Vital Records Program works in conjunction with the 237 Vermont Town and 9 Vermont City Clerks to register over 5,000 deaths and issue approximately 2,000 certified copies each year. The Program receives from 30 to 40 telephone calls per week from customers. These calls are handled by an automated telephone system or answered by live operators. By statute, the Vital Records Program is responsible for the civil registration of vital events, including the receipt, certification, amendment, issuance, and archiving of these documents. Additionally, the Division of Public Records, which handles all archived records for the State of Vermont, including older death certificates, receives several dozen requests per week for certified copies of death certificates.

The Center for Health Statistics within the VDH works with the Vital Records Program to process vital records, and has statewide responsibility for public health reporting and the analysis of vital statistics data. The information received and recorded provides the foundation for all of the epidemiological studies and statistical analyses of Vermont's births and deaths that are done by the VDH and other state and national governmental agencies. Information is also provided for private researchers upon review of their request and study requirements. Vermont participates with other states and with federal agencies in the national vital statistics system through the National Center for Health Statistics (NCHS) at CDC.

Death Registration

In Vermont, statewide vital registration began in 1857, when the General Assembly passed a bill requiring that towns report to the Secretary of State all births, marriages, and deaths occurring in their jurisdiction. Prior to that time, some towns kept such records in order to resolve questions concerning the distribution and inheritance of property. Vital records, particularly death records, gradually became recognized as an important tool in studying the location and spread of epidemics. In 1896, the Legislature transferred responsibility for the vital statistics system to the newly formed Board of Health, the forerunner of the VDH. The VDH has retained this responsibility to the present day.

Until recently, the Vermont vital records system included six types of vital events: births, deaths, marriages, divorces, fetal deaths, and abortions. In 2000, with the passage of Act 91, the establishment and dissolution of civil unions and reciprocal beneficiaries' relationships were added to the list.

Although a physician is responsible for filing the death certificate, the job may be, and often is, delegated to the funeral director. Most of the information needed to complete the death certificate is obtained from the family of the deceased. A physician, however, must complete the cause of death information and sign the death certificate. Although not currently implemented, Vermont statute allows electronic signatures and electronic filing of vital records (Vermont Statutes: Title 9 Commerce and Trade: Part 2 Negotiable Instruments And Documents Of Title: Chapter 20. Uniform Electronic Transactions Act, effective 1 Jan 2004). The funeral director files the completed certificate with the town clerk who keeps a certified copy and sends the original to the VDH. Like most jurisdictions, a burial permit is required for the disposition, removal, transportation outside the state, and cremation of remains. Currently, about 90% of burial permits are issued by the clerk of the town in which the death occurred, usually several weeks before the death certificate is received by the VDH from the town clerk. The VDH has already held preliminary meetings with the Vermont Funeral Directors Association concerning its desire to implement an electronic death registration system (EDRS, and has received a generally favorable response.

With the advent of Intelligence Reform, it is anticipated that the VDH will be designated as the central registrar with responsibility for registering all deaths. Either VDH or the towns may issue burial permits, but VDH will centrally record and store all records and issuances in its central database at its main office in Burlington. The town clerks would continue to be able to issue official copies of death certificates to families, funeral directors, and other parties with a direct interest in a death, as needed, and in compliance with the Intelligence Reform Law. Issuance of certified copies by the town clerks would be done in conjunction with, and under the supervision of, the state Vital Records Program, and only from VDH's central database.

Vermont's Office of Chief Medical Examiner (OCME) is located within the VDH. The OCME is responsible for the investigation of sudden, unexpected, unattended, or injury-related deaths (18 V.S.A. § 5205), which represent about 20% of all Vermont deaths, and for reviewing all requests for cremation (18 V.S.A. § 508), which is the method of disposing the body in about one third of all deaths. The Chief Medical Examiner has the authority to appoint regional

medical examiners and assistant medical examiners (AME) to assist in the investigation of deaths. The assistant medical examiners consist of approximately 60 local volunteers, located throughout the state, who receive training from the OCME in how to investigate deaths. Their backgrounds are varied, but typically they are advanced emergency medical technicians, paramedics, nurses, or physicians. An AME is usually the first representative of the OCME to be contacted when a death occurs and is responsible for gathering initial information about the death, visiting deaths scenes, interacting with other people and agencies (e.g., family members, police and fire departments, and hospitals), and deciding—in consultation with the OCME—whether additional investigation of the death is needed. In 2004, AMEs and the OCME investigated approximately 1,000 deaths. Beginning in November 2001, the Office of the Chief Medical Examiner began examining the accuracy and completeness of the cause of death and other information on all Vermont death certificates. Attachment C contains a summary of the review of 4,146 death certificates filed during 2002. The OCME's findings have provided valuable insights into how Vermont may improve the completeness and accuracy of its death certificate information.

In addition to receiving copies of vital records from Vermont town clerks, the VDH also receives copies of certificates of all Vermont resident births and deaths that occur in other states and in Canada. This allows the Department to do statistical analyses of vital events involving Vermont residents even if the birth or death occurred outside of the state. VDH staff enters all vital records received into a computerized database; cause-of-death coding is handled by the NCHS and sent back to VDH. At the present time, the average length of time from a death that occurs in Vermont to the entry of information about the death into the database is 38 days. The length of time for out-of-state deaths of Vermont residents is 112 days. (These numbers are based on 2002 – 2004.)

The signed paper certificates received by the Vital Records Program are imaged and microfilmed for reference and preservation purposes and are retained to satisfy statutory requirements. The VDH keeps the most recent five years of paper records in its vault in Burlington. After five years, records are transferred to the Vermont Division of Public Records in Middlesex, Vermont. Therefore, certified copies of births, deaths and other vital events that have occurred within the past five years are available from VDH; older records are available from Public Records. The VDH and the Division of Public Records both charge \$9.50 per certified copy. Copies of death certificates are also available for \$7.00 per certified copy from the clerk of the Vermont town in which the death occurred, or in which the decedent resided.

Vermont death certificates are “public records,” meaning that they are open to anyone who requests access. Vermont is one of only fourteen states that still have a public records’ statute, which allows anyone to access and obtain certified copies of any birth or death certificate. Researchers, genealogists, and the media commonly request death certificates. There is no requirement for tracking or verifying the identity of the requestor in Vermont. It is, however, likely that the Intelligence Reform Law will result in the closure of Vermont’s vital records and those of the other remaining open records states and in stricter controls for access. Therefore, any EDRS will need to be evaluated and implemented with the new restrictions in mind.

Vermont's EDRS must be designed to maintain the confidentiality and security of its death certificate data. It must incorporate HIPAA-compliant security features such as access control, encryption, secure data transmission, and non-repudiation mechanisms, to prevent users from obtaining information about deaths except as is necessary for legitimate vital records business purposes.

The identity and business processes of users must also be protected from other users. A funeral director should not be able to learn about its competitor's business, such as its clients or business volume. Funeral directors and hospitals must only have access to those records which pertain to the individuals whom they have served. It is anticipated that electronic death registration (EDR) will make it unnecessary for funeral directors to fill out any individual forms to notify the SSA of a death.

Information Technology Environment

The VDH operates within a Microsoft (MS) SQL server environment, supporting internal program users and partner users (e.g., physicians using the Vermont Immunization Registry). The VDH currently maintains death certificate data in an aging S1032 database on which queries are conducted and from which reports are generated. VDH's Office of Information Technology Services (ITS) is, however, moving the VDH to a new database environment called SPHINX (Shared Public Health INformation eXchange). SPHINX is based on the National Electronic Disease Surveillance System model, developed by the U.S. Centers for Disease Control and Prevention (CDC), in which public health information for a particular entity (e.g., a person or an organization) from all of its programs is associated with that entity rather than with a particular program as an individual record in the program's database. This model allows for more robust and timely service to customers, as well as ensuring that up-to-date and complete information is available regarding a person, when a customer or VDH program accesses the information.

For example, SPHINX is populated with birth data from VDH's Electronic Birth Registration System (EBRS). The VDH Immunization Registry then accesses that data by calling up a specific child when he or she visits a physician's office. The child's record is updated based on that visit with immunization data, as well as any changes to address, contact information, or other personal information. Thus, SPHINX will become the central repository of all public health information on Vermont clients and will be constantly updated in real-time.

Currently, the EBRS application and the Immunization Registry are the only two VDH data systems using the SPHINX database. Future data systems will, however, need to be integrated into SPHINX, either through in-house development of applications that interface with it, or through the adaptation of commercial, off-the-shelf (COTS) solutions. Currently, VDH is assessing the feasibility of adapting third-party applications for real-time, two-way communication with SPHINX using HL7 messaging. As this assessment is ongoing and its outcome unknown, VDH is moving ahead with plans to develop a request for proposals (RFP) for the purchase and modification of an existing, commercial EDRS application. The RFP would require that the vendor work with the ITS development staff to integrate its EDRS application with the SPHINX.

1.2 SCOPE OF WORK

The major goals of this project are 1) to adapt available commercial software to implement an EDRS in Vermont; 2) to use the Internet to enable immediate fact of death reporting by physicians, medical examiners, and funeral directors to the VDH; and 3) to allow subsequent transmission to the U.S. Social Security Administration (SSA) within 24 hours of acceptance by the State of Vermont. A secondary goal is to improve the quality of information on the cause and circumstance of each death so as to improve the quality of vital statistics.

The system will rely primarily on Internet technology, and will include identification tools to ensure HIPAA compliance for the proper authentication of electronic signatures, as appropriate. Major components will include filing (including real time verification of the Social Security number), registration, issuance, archiving, amending, reporting (including data transmission to SSA), analysis, financial management, and administration. Significant tasks will include consensus building among partners, training of all users, and exploration of methods for improving the quality of the information on death certificates. We will explore the possibility of integrating or interfacing software used by funeral homes and the OCME with the Vermont EDRS and of providing hand-held computer software to overcome the lack of equipment or Internet connectivity in some rural areas.

The VDH will complete the following items as outlined under C.4 Scope of Work in the RFP within 24 months of the effective date of the contract:

1. Submission of a revised project management plan and timeline for deliverables for the performance of all the tasks outlined in this proposal.
2. Demonstration of linkage of 17% (150) of all possible participants* (approximately 860) to the Vermont EDRS.
3. Capability to transmit 50% of all death records (approximately 2,500 annually) through the Vermont EDRS to SSA.
4. Demonstration of the ability to perform verification of SSN's online and in real-time (sending the SSN from the first requestor in death registration through the VDH to SSA, receiving SSA's response via the VDH, and returning an electronic response to the original requestor), and indicate which cases have verified SSNs when death data are transmitted to SSA.
5. Demonstration of the successful transmission of Vermont EDRS death reports to SSA within 5 days of the person's death and within 24 hours of the receipt in the Vermont Vital Records Program during a 30-day period mutually agreed to by the U.S. Government and the VDH.

*EDRS participants are defined as authorized individual participants in the death registration process. Thus, each funeral director, physician, and medical examiner who registers or certifies at least one death each year is a participant. In 2003, there were 791 participants: 132 funeral directors (63 funeral homes), 725 physicians, and 3 medical examiners. As mentioned above in section 1.1, it is anticipated that the role of town clerks in the registration of deaths will change significantly with

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intelligence reform, and they have, therefore, been eliminated as traditional participants from these estimates. However, they will have access to the application in order to search for and print certified copies.

1.3 TECHNICAL APPROACH

Description of Solution

The State of Vermont expects to select a vendor for EDRS software and software modification through a competitive bidding process and hopes that a contract for an EDRS application, which could then be integrated with the VDH SPHINX database, will be in place by January 1, 2006. It is anticipated that the following major characteristics will be specified as system requirements to the vendors:

- The system must comply with current EDRS industry standards, including those endorsed by the NAPHSIS Re-engineering Committee and the statistical requirements proposed by NAHDO.
- The vendor must customize, install, pilot test, troubleshoot, and implement an Electronic Death Registration System in the VDH. The system must include a true Internet system with a browser which is tightly integrated into the system. The system must permit any of the major participants to submit records in either a manual (data entry from paper by Vital Records staff) or automated (data transmission from external user) mode, as use of the automated system will not be mandatory initially.
- The vendor must provide training sessions and training guides and materials for system operators, technical users, and end users to enable day-to-day operation of the electronic vital records registration system.
- The vendor must provide complete documentation for the entire system. This must include database backup and disaster recovery documentation (describing log files, roll-back procedures, re-indexing, etc.), operations documentation, database administration documentation, technical user documentation, end user documentation, system documentation, and security administration documentation. Verification of decedent information with SSA must occur at the first point of collection. There must be a mechanism for on-line verification of SSNs in real time. The state also requires that its own employees be able to easily modify data items and screen content as reporting requirements change.
- The vendor must also provide onsite and telephone maintenance and enhancement support for supplied software for one year following installation of the software, and the license be renewable on an annual basis for at least five additional years.
- Ownership of the EDRS software code and its unlimited use must revert to the VDH in the case of the vendor going out-of-business for any reason, or choosing to no longer support the EDRS software.

Proposed Schedule

An overview of the proposed schedule* (showing some tasks as completed) is as follows:

- | | |
|---|----------------------|
| 1) VDH establishes information technology environment and standards | 2001 |
| 2) Vermont Uniform Electronic Transactions Act | Effective Jan 2004 |
| 3) Two vendors (CNSI & QS) conduct technical assessments for VT EDRS integration | Completed Dec 2004 |
| 4) Form internal VDH working group to oversee development of EDRS | July 2005 |
| 5) Conduct initial requirements analysis for EDRS | Aug 2005 |
| 6) Establish external Advisory Committee with representatives of partner organizations to advise the VDH on development of EDRS | Sep 2005 |
| 7) Announce RFP for EDRS to vendors | Oct 2005 |
| 8) VDH to review responses to RFP and sign contract with vendor | Dec 2005 – Jan 2006 |
| 9) Conduct detailed requirements analysis, design system for VT, and develop consensus among partners on EDRS (see 1.4 below) | Feb 2006 – Aug 2006 |
| 10) Development of system, including software modification, as needed | Aug 2006 – Feb 2007 |
| 11) Pilot testing of EDRS | Mar 2007 – May 2007 |
| 12) Statewide Deployment | July 2007 – Oct 2007 |
| 13) Refinement of EDRS and additional enhancements | Oct 2007 – Dec 2007 |

*Attachment D shows the relationship of the proposed schedule, the project management plan, and the SSA deliverables.

By the end of 2010, we project that 100% of EDRS participants will be using this system.

1.4 PROJECT MANAGEMENT PLAN

Tasks

The project management plan has two major components:

- definition of system requirements
- configuration and deployment of the system

Defining system requirements would have the following anticipated tasks and timeframes:

Task	Timeframe
Develop work plan and assess capabilities of present death registration system and VDH information technology	Months 1-2
Conduct workshops, focus groups, and observational sessions with funeral directors, medical examiner staff, and physicians, to explain capabilities of the vendor software selected, to incorporate user suggestions and behaviors, and to build consensus among users	Months 2-6
Conduct workshops with state Vital Records Program and other VDH personnel to explain system capabilities and to address their concerns regarding business issues and data quality	Month 2-4
Conduct meetings with Vermont Secretary of State and town clerks to explain the system and address their concerns	Months 2-6
Hold review session of all recommendations and adaptations anticipated	Month 6-7
Develop preliminary roll out plan for participants	Month 6-7

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Configuring and deploying the system would begin after the initial six months of defining system requirements and would have the following anticipated tasks and timeframes:

Task	Timeframe
Conduct gap analysis between EDRS expectations and vendor product; develop data model; specify security and backup requirements; revise initial work plan.	Months 7-8
Design screens, extracts, and reports; draft and review validation and business rules; modify accounting and security design	Month 9
Configure servers, build basic screens, code business rules, code reports, develop integration and messaging protocols with SPHINX (this may take longer, depending on amount of customization required)	Month 11
Consult with SSA staff to develop the requirements for transmission of SSNs online	Months 11-12
Modify accounting modules, extracts, and external interfaces; convert records; and draft training materials	Month 12
Test integration with users and SSA; test messaging with SPHINX	Month 13
Conduct user acceptance testing and refine SSA-related functions	Month 14
Conduct pilot test with Office of the Chief Medical Examiner	Month 15
Conduct pilot test with funeral directors and SSA	Month 15
Conduct pilot test with physicians	Month 16
Conduct pilot test with town clerks	Month 17
Train users and provide technical assistance with equipment, Internet connections, and other IT issues	Months 18-22

The system is expected to be fully implemented during month 23. Month 24 would be devoted to final problem analysis and resolution.

Deliverables

With respect to the deliverables listed in the RFP, the VDH proposes the following as a preliminary plan:

Deliverable Item	Due—from date of award
1.1 Project management plan Updates or changes to PMP	End of month 2 5 days after determining need for change
2.1 Report on how the contractor obtained participant buy-in	End of month 9
2.2 Report on rollout plan to have specified percentage of participants from each group linked to the EDRS	End of month 6
2.3 Proof of certification of the entity with each EDRS participant group	End of month 12
2.4 Screen prints that demonstrate how participant groups link to the EDRS	End of month 18
3.1 Report on consultation with SSA to develop requirements and parameters for online transmission of SSNs and FOD	End of month 12 (14 business days after consultation)
3.2 Functional requirement report of the system (including any modifications to existing software) for the online verification of the SSN	End of month 18
3.3 Report on transmission of SSN for verification	End of month 24
4.2 Functional requirements report that outlines the system's process to transmit the fact of death report within 24 hours of receipt	End of month 18
4.3 Report on transmission of the fact of death report within 24 hours of receipt	End of month 24
5.1 Monthly progress reports	15 days after end of reporting period
5.2 Monthly teleconference calls	20 days after end of reporting period

Linkages

The following chart illustrates the linkages that will be achieved within the two years:

Category of Participants	Total number	% to be linked	Total number to be linked
Funeral Directors (Homes)	132 (63)	50	66
Medical Examiner	3	100	3
Physicians (hospitals)	725 (14)	10	81
Total	860	17%	150

In 2004, nineteen physicians certified 25% of the 4,994 deaths that occurred in Vermont; 81 physicians certified 50% of all the deaths. VDH plans to focus its linkage efforts for physicians on these physicians who certify a large percentage of all deaths. The deaths certified by these physicians and the Vermont OCME represent approximately 70 % of all deaths that occur in the state.

We estimate that 50% of all death records (2,500 of the approximately 5,000 annual deaths) will be transmitted electronically using the EDRS at the end of this contract. (The other 50% will be data entered from paper by the Vital Records staff.)

Potential Problems

The VDH cannot initially require all of its partners to participate in the EDRS. Vermont is the most rural state and some funeral homes, hospitals, physician's offices, and town clerks may have to remain in "paper mode" for some time due to a lack of computer equipment or connection to the Internet. However, there are signs that this obstacle is quickly diminishing:

- All town clerks currently have an Internet connection, including e-mail and web-browsing services, due to recent initiatives by the Vermont Secretary of State's office. The limitation is that some of these offices are still using dial-up service.
- Almost all physicians' offices have computers and Internet connection, and the few that lack such services are quickly upgrading or being provided with the technology. For example, the Immunization Registry program at the VDH recently provided computers to several physicians' offices that lacked them in order to facilitate their online entry and transmission of information on childhood immunizations.
- Almost all funeral homes in Vermont have a computer and currently use software to collect and store client information. In Vermont, there appear to be only two or three software packages in use by its funeral homes.

At present, the greatest delay in receipt of death certificates by the Vital Records Program is the period from receipt of the completed death certificate by a town clerk to receipt of the certificate by the state Vital Records Program. This delay accounts for most of the average interval of 38 days between a death and the receipt of the certificate for the death in the Vital Records Program.

With the implementation of the Intelligence Reform Law, the role of the town clerks in death registration will change significantly, and a major reduction in these delays is expected.

The frustration for and with physicians in completing the medical portion of the death certificate is well documented in Vermont (see Attachment C) and nationally. Physicians find that this task is often unpleasant, often performed under duress (e.g., certifying the cause of death on a deceased patient whose medical history and circumstances of death are not well known by the physician), and one for which they are inadequately prepared by training and experience. Funeral directors report frustration with identifying the most appropriate physician to medically certify a given death and with the delay introduced by many physicians in completing the certificate. The OCME reports frustration with the poor quality of the information on the cause of death that many physicians provide (see Attachment C). Physicians have also been the most difficult participant group to enlist in the EDRS process in other states.

The VDH anticipates similar difficulty with enlisting physicians in its EDRS but plans to implement "lessons learned" by several other states. One full-time position will be devoted to staff who will work with the manager or administrator of physician offices, hospitals, medical clinics, and other practice locations to facilitate the timely and accurate medical certification of death, using the EDRS, whenever possible. The Office of the Chief Medical Examiner will also provide support to this effort by developing and disseminating training materials for physicians and contacting physicians who are not timely, complete, or accurate in their certifications. The VDH will also explore a role for Vermont's assistant medical examiners in this effort (see Death Registration in section 1.1 for more information about the assistant medical examiners). Finally, the Vermont Medical Practice Board (VMPB), the entity within Vermont that licenses physicians, is located within the VDH. Its close organizational relationship with the Vermont Center for Health Statistics will be useful in communicating with physicians concerning the EDRS and in keeping the EDRS list of authenticated physicians (i.e., those authorized to medically certify a death in Vermont) current. The Center for Health Statistics already has an ongoing relationship with the VMPB for obtaining up-to-date lists of physicians licensed in Vermont.

When any paper death certificate that began as an electronic registration reaches the Vital Records Program, the VDH will proceed through the approval process to verify that no information has been changed from the original electronic version and that the prior on-line verification of Social Security number was valid. Problem records will be corrected and re-submitted. It is expected that as the use of technology and the Internet becomes more pervasive, these problems will resolve themselves. We expect that in the first twelve months of statewide operation that Vital Records Program staff will be involved with a rigorous series of trainings and outreach activities.

Travel

Travel or meeting room arrangements will be required for the following purposes:

- a) There will be consensus building meetings state wide held with all partners as well as the Advisory Committee. This will result in travel, hotel, and meeting space expenses.

- b) We estimate that two sessions for two staff members will be required to consult with SSA to develop the requirements and parameters for data transmission.
- c) We anticipate extensive in-state travel to monitor pilot projects, to provide training to all system users, and to provide consultation to resolve specific issues. Costs will be incurred for travel, lodging, meals, meeting space, and incidentals.

1.5 PROJECT PARTICIPANTS AND OTHER ISSUES

Potential Participants

In addition to the Vermont Vital Records Program and other groups within the VDH, potential users of the system include the OCME and its regional and assistant medical examiners, funeral homes (approximately 63), funeral directors (over 132), and physicians (over seven hundred). Some of these users have very sophisticated computer systems, while others have none, or only a simple personal computer with dial-up access to the Internet.

Other Requirements

Compliance with Electronic Death Registration Standards and Guidelines, Version 1.1, dated 07/05/2001

In developing the VT-EDRS, the VDH will adhere to the *Electronic Death Registration Standards and Guidelines, Version 2.0*, dated November 3, 2004, which can be found on the National Association for Public Health Statistics and Information systems (NAPHSIS) website. The *Guidelines* propose options and alternatives in a number of places. THE VDH plans to incorporate the proposed features of that document into its final system design. During the course of the project, staff and contractors will review the standards and options available to create a detailed design that will yield an EDRS software package and system in compliance with this document. Additionally, we will review and apply the use cases for EDRS applications that were developed by NAPHSIS and issued in 2003 and 2004. Any EDRS application implemented in Vermont will first need to incorporate the technical features from those use cases.

Meeting SSA's Fact-of-Death Requirement

This function may run on the back end of the system or from the EDRS—probably daily after standard business hours. This would occur within five days of the date of death. If the function operates from the back end, it could include all records added to the database, including those dropped to paper or filed as paper documents. However, these might take longer than five days to add to the system. The items that SSA requires in the fact-of-death reports would be developed in consultation with SSA within the first award year. A test of the “fact of death” reporting function would require that a “fact of death” test document be transmitted from a remote site (a funeral director’s office or the Office of the Chief Medical Examiner) within five days of a death and then transmitted from the VDH to SSA within 24 hours of receipt by the VDH. This test will be carried out for up to 30 days during a period that is mutually agreeable to SSA and the VDH.

SSN Verification

The VDH and funeral directors will verify the accuracy of SSNs using the online verification system utilizing the National Association for Public Health Statistics and Information Systems (NAPHSIS) software developed under contract with SSA or its equivalent. With this software, funeral directors will be able to securely submit a SSN to SSA for verification using the “Online Verification Manager” (OVM). The OVM will compare the SSN, decedent’s name, and date of

birth to current information in SSA files and return a message stating whether it matches or, if it does not, the nature of the mismatch.

The EDRS will use the flag to provide feedback to the funeral director about the status of the SSN, particularly if the number is incorrect, so that he or she can obtain the correct number from the informant. Verification information will appear on the death report sent to SSA.

Capability for Electronic Linkage Systems

The VDH currently operates, or has under development, a number of online systems for the submission of data and files. Among them are the Immunization Registry and the Electronic Birth Registration System (EBRS). Both of these applications were developed in-house and operate off the SPHINX database, which is built on the NEDSS model. A primary concern of VDH's ITS leadership is whether a third-party EDRS application can be fully integrated with the VDH SPHINX database to allow for real-time messages (in both directions), thereby fully incorporating EDRS into the VDH public health information systems. This concern is currently being explored, and any RFP will make such integration a requirement. If it is determined that full integration cannot be achieved, VDH may not award a contract to a vendor for an EDRS and instead may choose to develop an EDRS application in-house.

As the VDH continues to re-engineer its data collection systems and incorporate all applications into SPHINX, the Department's goal is to provide an on-line birth registration system, an on-line issuance system for birth and death records, and on-line registration for all other vital events (marriage, civil union, divorce, dissolution, and abortion). All of these systems will be required to report relevant statistics to all system users. Funds collected will be monitored and audited by the state's auditor office.

Description of Legal Authority, Funding Sources, and Infrastructure

Title 18 of the Vermont Statutes gives the Department of Health the responsibility for "prescribing" and "distributing" the format for certificates of birth, death, marriage, and other vital events. Additionally, the vital records supervisor is named as the responsible party for the purpose of "promoting uniformity of procedures in reaching a complete, accurate, and timely registration of vital records." Also, the "death certificate shall be made on forms furnished by the Health Department and shall be recorded by the town clerk." Further, the Vermont Legislature passed into law in 2004 allowance for electronic signatures, which grants the Vital Records Program the ability to move away from paper forms with signatures (Vermont Statutes: Title 9 Commerce and Trade: Part 2 Negotiable Instruments And Documents Of Title: Chapter 20. Uniform Electronic Transactions Act, effective 1 January 2004).

The attached letter verifies our intention to allocate approximately \$188,000 in budgeted funds for the re-engineering of the Vital Records system. These funds will come from two sources. The first source is the VDH program to prepare for, and respond to acts of bioterrorism and will contribute to software purchase, software modification, and records conversion. The bioterrorism program is interested in much more timely reporting of the fact of deaths in Vermont, as well as their cause. The second source is the state's general fund, which supports the current Vital Records Office and staff.

The VDH has already spent over \$500,000 on equipment, software, and other information system technology to provide an infrastructure to support this and other VDH projects. The ITS office at the VDH will provide all servers and the network and communications infrastructure needed to support this application.

Staff Utilization and Qualifications

Attachment E contains the resumes or CVs of the major VDH staff members designated to participate, as well as position descriptions for those additional individuals we expect to hire to assist us in this process. The actual creation of the requirements documents will be the responsibility of the vendor selected through the RFP process with review by VDH staff. The project should adhere to the Rational Unified Process development methodologies.

The staffing plan includes:

- 1) The Director of the Vermont Center for Health Statistics will serve as Project Director and will also chair the VDH Working Group and the Advisory Committee. He will be responsible for resolving issues and concerns with representatives of SSA.
- 2) The EDRS Project Manager will serve as the overall project lead with responsibility for oversight of the vendor contract, review and feedback on design requirements, reporting, facilitation of workgroups, and coordination with other program areas (e.g., Medical Board).
- 3) An Information Technology Project Leader will assist with the management and development of the project, coordinate and test the integration with SPHINX, assure knowledge transfer of the programming components from the contractors, and continue the ongoing maintenance and enhancement of the system.
- 4) An Information Technology Liaison Officer will be responsible for coordination of all aspects of the project, trouble-shooting and testing system capabilities, and analyzing work processes of all participants to insure that effective and efficient work processes are developed.
- 5) A Database Administrator will be responsible for development of SPHINX database tables, data warehouse, and integration testing.
- 6) A Recruitment and Development Program Manager will plan and direct efforts to recruit and implement the system with users. This position will also be responsible for data quality checks and business process controls.
- 7) A field representative / officer under the direction of the Recruitment and Development Program Manager will build consensus and provide hands-on-implementation support for the users of the system. Considerable effort will be made to use web technology to assist users. The staff member will develop materials, make site visits, coordinate all communication with potential participants, and provide information on participant concerns. He/she will provide outreach to local jurisdictions as well as monitoring them for compliance issues.

- 8) The remaining employees, sub-contractors, and consultants will serve on a team to resolve specific issues as they arise, to monitor the progress of the project, and to assist in decision making. They will be involved in reviewing the rollout plans and providing feedback on problems. They will also assist with field projects.

Subcontracting Arrangements

The VDH will be contracting for a vendor to perform the following tasks:

- 1) Develop detailed design for Vermont's EDRS. Review use cases from NAPHSIS and the NCHS Death Edit Specifications for the U.S. Standard Certificate of Death for inclusion in this project. Components of the detailed design will include:
 - a) Authenticate EDRS User
 - b) Enter death certificate demographics, cause-of-death, and approval
 - c) Record inquiry
 - d) Drop to paper functions
 - e) Burial-transit permits
 - f) Sexton acceptance of disposition
 - g) Print copy of death certificate
 - h) Acceptance of new death certificates
 - i) Extract records for super-MICAR
 - j) Import records coded by super-MICAR
 - k) ENCD Interface
 - l) Issue death certificate
 - m) Accomplish SSA, and any other fact of death reporting interfaces
 - n) Administer users
 - o) Archive EDRS annual records
 - p) Maintain EDRS reference tables
 - q) Death certificate data entry
 - r) Death queries
 - s) Amendments
 - t) Order certified copies
- 2) Provide project management for the EDRS Design phase. This will include coordination with staff and stakeholders. Create and monitor the project plan and project schedule for the detailed design phase and later phases of the project.
- 3) Develop a project organization chart and a communications plan, both of which will include an internal working group and an external advisory committee.
- 4) Develop a staffing and training plan (including knowledge transfer).
- 5) Conduct periodic project status reviews as specified.

- 6) Develop a project management plan for the Social Security Administration. This will include:
 - a) Timeline for completion of tasks and subtasks
 - b) Issues and methodological concerns with recommended approaches
 - c) Demonstration of continuous quality control process

- 7) Exploring the feasibility of integrating or interfacing software used by funeral homes and the OCME with the Vermont EDRS and of providing hand-held computer software to overcome the lack of equipment or Internet connectivity in some rural areas.

Attachment A

Staff utilization and qualifications

1. Rich McCoy, Director, Vermont Center for Health Statistics, will serve as Project Director.
2. The position of EDRS Project Manager will be a Public Health Analyst III position, to be **hired under this contract** funding to serve as Project Manager.
3. Cindy Hooley, Vital Statistics Information Manager, to be **partially funded under this contract**, will serve as Recruitment and Development Program Manager.
4. Linda Davis, Vital Records Supervisor, will serve as content expert to guide the development of any requirements documentation.
5. Ed Andrus, Director, IT Manager, to be **partially funded under this contract**, will serve as Information Technology Project Leader.
6. The position of Information Technology Liaison Officer will be an Information Systems Developer II position, to be **hired under this contract** funding to oversee integration of EDRS with other VDH information systems.
7. The position of Database Administrator will be an Information Systems Developer II position, to be **hired under this contract** funding to conduct the SPHINX integration activities.
8. The position of Recruitment Field Representative / Officer will be a Public Health Specialist position, to be **hired under this contract** funding to facilitate recruitment and implementation activities, and conduct participant and train-the-trainer sessions.
9. Steven Shapiro, M.D., Chief Medical Examiner for the State of Vermont, will serve as consultant to improve physician linkages and training and provide liaison with participants groups, as needed.
10. Susan Schoenfeld, Deputy State Epidemiologist, will serve as consultant to identify internal VDH program requirements for rapid reporting of cause of death and access to data.
11. Sharon McDonnell, M.D., M.P.H., Assistant Professor of Community and Family Medicine, Dartmouth Medical School and Consultant to the Vermont Department of Health, will serve as consultant to improve physician linkages and provide liaison with participants groups, as needed.
12. R. Gibson Parrish, M.D., will serve as consultant on requirements and design of EDRS and provide liaison with participants groups, as needed.

Attachment B

Letter providing evidence of additional funding and infrastructure support

July 1, 2005

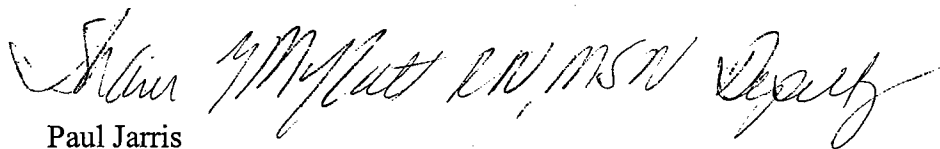
To Whom it May Concern:

This is to confirm to you that the Division of Surveillance of the Vermont Department of Health has available approximately \$188,000 in budgeted funds for the re-engineering of the Vital Records system. These funds will be devoted to software purchase, software modification and records conversion, and staff support. The Department has already spent over \$500,000 on equipment, software, and other information system technology to provide an infrastructure to support this and other Department projects. The VDH Information Technology Department will provide all servers and the network and communications infrastructure needed to support this application.

The VDH believes that this contract, if awarded, will enable us to implement a system quickly that will provide SSA the death verification information that it needs to reduce payment of unnecessary benefits to individuals who die in Vermont. The contract funds will provide a means of including more participants in our EDRS and at a faster pace than we could hope to accomplish without them. In addition, this contract will allow us to ensure that this project is effectively managed in accordance with proven systems development methodologies.

We look forward to a positive response from you and to a successful cooperative effort.

Sincerely,

A handwritten signature in cursive script, appearing to read "Paul Jarris", written in black ink.

Paul Jarris
Commissioner
Vermont Department of Health

Attachment C

Death certificate review, summary 2002

Beginning in November 2001, the Office of Chief Medical Examiner (OCME) began examining all Vermont death certificates in regard to actual content, specifically the cause of death statement. During 2002, 4,146 death certificates were reviewed.

Methods: Death certificates were reviewed and separated into three groups: Group A, an adequate cause of death statement; Group B, poorly written but interpretable (For example, the cause of death was listed as "CVA," which was interpreted as a cerebral infarct most likely due to atherosclerotic cardiovascular disease. Other etiologies are also possible, including a thromboembolic event from atrial fibrillation caused by valvular heart disease, a hypertensive bleed, or a hemorrhagic metastatic cancer, to name a few.); and Group C, uninterpretable, i.e., the cause of death statement gave no indication of why the person died (for example, cardiorespiratory arrest). Also included in this group were cases in which an injury was indicated in the cause of death, but the death was never reported to the OCME, as required by law.

Results: Sixty-one percent (2,522) of deaths had an adequate, etiologically specific cause of death, Group A.

Thirty-four percent (1,406) of deaths fell into Group B. For the vast majority of this group, no action was taken. If a physician had three or more death certificates that fell into this category in a single week, action taken usually included a phone call for educational purposes followed by informational literature.

Five percent (218) deaths fell into Group C. Of these, all received follow-up investigation by telephone that required information be obtained from one or more of the following: Certifying physician, attending physician, family member of deceased or the nursing or staff administrator in charge of the institution where the patient died. Many deaths required requesting, obtaining and reviewing of medical, ambulance, and, in some instances, police records.

Of the 218 deaths in Group C, 83 were unreported traumatic deaths of which 73 were falls (39 in nursing homes, 19 at home and 5 in the community). The remaining 10 unreported traumatic deaths included 7 motor vehicle fatalities, 1 accidental drug overdose and 2 suicidal gunshot wounds. There were 104 natural deaths that did not have a competent cause of death, and had their death certificates amended following investigation. The remaining 31 deaths were not amended for one of the following reasons: 1) after discussion with the physician who filled out the death certificate, the reported trauma did not contribute to death; 2) no contact could be made with attending physician after several attempts; 3) illegible writing, which when interpreted was adequate; 4) attending physicians refusing to change their practices.

The most common reason physicians gave when confronted about death certification problems were lack of training/education on filling out death certificates. Other common excuses included cross covering for other doctor's patients, not having medical records available to them when

filling out the forms, feeling pressure to complete the forms quickly rather than accurately, no incentives for completing death certificates, and a general lack of understanding about the usefulness of death certificates.

Study limitations: The data were gathered, interpreted and reported by a single, non-blinded individual. Cooperation for investigations was variable among doctors and institutions, which often limited investigation.

Conclusions: In 2002, sixty-one percent of Vermonters had an adequate (etiologically specific) cause of death statement. However, adequate does not necessarily mean accurate and complete. Thirty-four percent of Vermonters had inadequate cause of death statements, which are still not complete. Five percent of Vermonters had significant errors in their cause of death statements.

Discussion: The information gathered from death certification provides the basis for state and national mortality statistics and are the principle means for measuring health at the local level. Death certificates are a major means for identifying public health problems and measuring the effects of programs established to alleviate these problems. Death certificate data are used to allocate medical and health care services, provide a method for identifying disease etiology and for evaluating diagnostic and therapeutic techniques. They are the basis for identifying the leading causes of death and years of potential life lost to diseases or injuries and serve as an indicator to areas in which medical research can have the greatest impact for promoting health and preventing disease. In short, death certificates are used to assess the general health of the population.

In Vermont, there are significant inadequacies in the information gathered through death certificates. A cursory review of the patient's medical history and a more etiologically specific cause of death statement could eliminate alternative, and often inaccurate, interpretations. Physicians are the primary entity responsible for generating cause of death information therefore; it is only through continued education efforts that data accuracy will be improved.

Attachment D

Relationship of the proposed project schedule, the project management plan, and the SSA deliverables

Year & Month	Month following award	Proposed Schedule (Section 1.3)	Tasks (Section 1.4)				Deliverables (Section 1.4)		
2005 July	-2	Form internal VDH working group to oversee development of EDRS							
August	-1	Conduct initial requirements analysis for EDRS							
Sept	0	Establish external Advisory Committee with representatives of partner organizations to advise the VDH on development of EDRS							
Oct	1	Announce RFP for EDRS to vendors	Develop work plan and assess capabilities of						

Year & Month	Month following award	Proposed Schedule (Section 1.3)	Tasks (Section 1.4)				Deliverables (Section 1.4)		
Nov	2		present death registration system and VDH information technology	Conduct workshops, focus groups, and observational sessions with funeral directors, medical examiner staff, and physicians, to explain capabilities of the vendor software selected, to incorporate user suggestions and behaviors, and to build consensus among users	Conduct workshops with state Vital Records Program and other VDH personnel to explain system capabilities and to address their concerns regarding business issues and data quality	Conduct meetings with Vermont Secretary of State and town clerks to explain the system and address their concerns	1.1 Project management plan Updates or changes to PMP		
2005 Dec	3	VDH to review responses to RFP and sign contract with vendor							
2006 Jan	4								
Feb	5	Conduct detailed requirements analysis, design system for VT, and develop consensus among							
Mar	6		Hold review session of all recommendations and adaptations anticipated		Develop preliminary roll out plan for participants		2.2 Report on rollout plan to have specified percentage of participants from each		

Year & Month	Month following award	Proposed Schedule (Section 1.3)	Tasks (Section 1.4)				Deliverables (Section 1.4)		
		partners on EDRS					group linked to the EDRS		
Apr	7								
May	8				Conduct gap analysis between EDRS expectations and vendor product; develop data model; specify security and backup requirements; revise initial work plan.				
2006 June	9		Design screens, extracts, and reports; draft and review validation and business rules; modify accounting and security design					2.1 Report on how the contractor obtained participant buy-in	
July	10								
Aug	11	Development of system, including software	Configure servers, build basic screens, code business	Consult with SSA staff to develop the requirements					

Year & Month	Month following award	Proposed Schedule (Section 1.3)	Tasks (Section 1.4)				Deliverables (Section 1.4)		
		modification, as needed	rules, code reports, develop integration and messaging protocols with SPHINX	for transmission of SSNs online					
2006 Sep	12		Modify accounting modules, extracts, and external interfaces; convert records; and draft training materials				2.3 Proof of certification of the entity with each EDRS participant group	3.1 Report on consultation with SSA to develop requirements and parameters for online transmission of SSNs and FOD	
Oct	13		Test integration with users and SSA; test messaging with SPHINX						
Nov	14		Conduct user acceptance testing and refine SSA-related functions						
Dec	15		Conduct pilot test with Office of the Chief	Conduct pilot test with funeral					

Year & Month	Month following award	Proposed Schedule (Section 1.3)	Tasks (Section 1.4)				Deliverables (Section 1.4)		
			Medical Examiner	directors and SSA					
2007 Jan	16		Conduct pilot test with physicians						
2007 Feb	17		Conduct pilot test with town clerks						
Mar	18	Pilot testing of EDRS	Train users and provide technical assistance with equipment, Internet connections, and other IT issues				2.4 Screen prints that demonstrate how participant groups link to the EDRS	3.2 Functional requirement report of the system (including any modifications to existing software) for the online verification of the SSN	4.2 Functional requirements report that outlines the system's process to transmit the fact of death report within 24 hours of receipt
Apr	19								
May	20								
June	21	Statewide Deployment							
July	22								
Aug	23								
Sep	24							3.3 Report on transmission of SSN for verification	4.3 Report on transmission of the fact of death report within 24

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Year & Month	Month following award	Proposed Schedule (Section 1.3)	Tasks (Section 1.4)				Deliverables (Section 1.4)		
									hours of receipt
Oct	25	Refinement of EDRS and additional enhancements							
Nov	26								
2007 Dec	27								

Attachment E

Resumes, CVs, or position descriptions of the staff members and consultants who will work on project are included in this section. Position descriptions are provided by the Department of Personnel, based on classifications determined by a Classification Analyst. The position description included major job duties and required experience. These position descriptions will be used for recruitment of the proposed new positions under this contract.

PUBLIC HEALTH STATISTICS CHIEF

Richard McCoy

Job Code: 045600

Pay Plan: CLS Salary Administration Plan

Pay Grade: 28

Occupational Category: Info. Technology & Statistics

Effective Date: 10/22/1999

Class Definition:

Administrative, consultative and technical work involving direction of the Public Health Statistics section of the Department of Health. Duties include oversight of the maintenance of vital records and of the collection and analysis of statistical information relating to public health. Supervision is exercised over a professional, technical and clerical staff. Work is performed under the general direction of the Health Surveillance Division Director.

Examples of Work:

Plans, develops and implements procedures for the collection, maintenance, and analysis of a broad array of statistical information pertaining to public health issues. Monitors the timely and accurate collection of vital records and ensures that local officials are training in proper reporting procedures. Oversees the collection of statistical information relating to public health issues throughout Vermont, including procedural feasibility and collection instruments. Develops and implements appropriate methodology and techniques for the analysis of collected data. Guides users of generated data and analyses in interpretation and possible uses. Oversees the development and dissemination of a variety of reports incorporating analyses of statistical data. Responds to requests from federal and state agencies for statistical information. Provides direct consultation to officials within the Department of Health, the Agency of Human Services, and other state agencies concerning the policy implications of statistical trends and analyses. Acts as primary state liaison with the National Center for Health Statistics. As necessary, may personally carry out research and statistical analyses.

Performs related duties as required.

Environmental Factors:

Duties are performed primarily in a standard office setting, but with occasional travel for which private means of transportation must be available. Significant interaction may be anticipated with federal, state and local officials, with public and private service providers, and with the general public. Some work outside of normal office hours may be required.

Minimum Qualifications:

Knowledge, Skills and Abilities

Considerable knowledge of the principles and practices of public health.

Considerable knowledge of the role of statistics in public health programs.

Considerable knowledge of the principles and techniques of statistical measurement, research and analysis.

Knowledge of the principles and practices of public administration.

Ability to develop appropriate techniques for the collection and analysis of statistical data.

Ability to advise others on the interpretation, implications, and possible uses of statistical analyses.

Ability to communicate effectively, both orally and in writing.

Ability to establish and maintain effective working relationships.

Supervisory ability.

Education and Experience

Education: Master's degree in public health, public administration, or a human services field, including or supplemented by at least six graduate level credits in statistics.

Experience: Four years at a professional level involving statistical analysis in a health-related program, including two years of supervisory experience.

Special Requirements

n/a

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PUBLIC HEALTH ANALYST III

To Be Hired as the **EDRS Project Manager**

Job Code: 027100

Pay Plan: CLS Salary Administration Plan

Pay Grade: 25

Occupational Category: Info. Technology & Statistics

Effective Date: 07/28/2002

Class Definition:

Research, statistical and program evaluation work at a professional level for the Department of Health involving complex epidemiological and biostatistical analyses. Duties include selection of advanced statistical and epidemiological methodology and database development. Work is performed at both the systems and policy levels, under the general supervision of an administrative superior.

Examples of Work:

Assesses health data needs and data gaps, evaluates the quality of existing data, integrates existing data to ensure its usefulness for decision-making and develops and maintains interagency liaisons to establish effective statistical systems. Identifies and develops studies needed to monitor health status and major health problems, and evaluates the effectiveness of critical policies and programs. Assists communities in assessing health needs and planning health improvements. Analyzes the nature of diseases, examine disease patterns, risk factors, treatment modalities, and other factors affecting communities or population groups. Assesses impacts of factors on public health and recommends intervention strategies and priorities. Monitors effectiveness of intervention in terms of health status outcomes and cost of service. Selects statistical and epidemiological methods for analysis of data. Develops and implements program evaluation criteria, techniques, and data needs. Prepares clear and concise reports, report cards, policy briefs, and other assessment documents. Prepares educational information on diseases, risk factors, and supporting data. Provides consultation to health care providers on interpretation of data. Translates data into information to guide policy and program decisions. Coordinates among users and

providers of data to develop disease specific surveillance systems and monitors their effectiveness. Represents the department on critical strategic and policy issues related to health data systems. Develops and delivers training for other staff. Leads project teams. Balances the technical needs of projects against the costs, time available, staffing capacity, political issues, and relative priority. Performs related duties as required.

Environmental Factors:

Duties are performed primarily in a standard office setting. Meetings with data users and providers may require some travel, for which private means of transportation must be available. Some work outside of normal office hours may be required.

Minimum Qualifications:

Knowledge, Skills and Abilities

Considerable knowledge of the principles and practices of epidemiology.

Considerable knowledge of biostatistical principles, techniques, and methodologies.

Considerable knowledge of data system design and planning.

Considerable knowledge of information technology health informatics.

Considerable knowledge of research principles and methods.

Strong analytical skills for working with complex databases.

Ability to design effective survey instruments.

Ability to develop complex databases incorporating a large number of datasets.

Ability to establish and maintain effective working relationships.

Ability to communicate effectively both orally and in writing.

Demonstrated ability to develop consensus on issues amongst professional colleagues and lead teams.

Education and Experience

Education: Ph.D. in Biostatistics, Epidemiology or Public Health,
including 6 credits in statistics at the graduate level, and
Experience: None.

OR

Education: Master's degree in Biostatistics, Epidemiology, Public
Health or a Social Sciences discipline, including 6 credits in statistics
at the graduate level, and

Education: 2 years of professional level work in health-related
research, statistics or program evaluation where the activities include
gathering, analyzing and interpreting statistical data.

Special Requirements

n/a

Back

Vital Statistics Information Manager

Cindy Hooley

Job Code: 018800

Pay Plan: CLS Salary Administration Plan

Pay Grade: 26

Occupational Category: Info. Technology & Statistics

Effective Date: 05/29/2005

Class Definition:

Strategically plan and implement Vital Statistics's™ data systems that will provide information to program managers and the Vermont Department of Health partners that is accurate, complete, and timely. These systems must meet federal/state laws and standards for confidentiality and electronic verification, while maintaining and expanding the Department's™ collection of vital public health data. This position is responsible for guiding internal development by Information Technology staff and external development by ITS vendors for the implementation and integration of new Vital Statistics applications and databases. This position is also responsible for implementing user-friendly applications for program managers to access Vital Statistics's™ data and reports. In addition, the position will serve as the expert on identity theft/fraud prevention and data sharing and release. Duties are performed under the direction of the Public Health Statistics Director. Supervision is exercised over the Vital Records/Statistics Supervisor, including the Vital Records Office.

Examples of Work:

Assesses health data needs and data gaps, evaluates the quality of existing data, integrates existing data to ensure its usefulness for decision-making and develops and maintains interagency liaisons to establish effective statistical systems. Provides accurate, timely, and complete data to guide and inform program managers on specific public health issues. Evaluates existing Vital Statistics's™ data systems in accordance with accepted surveillance criteria. Facilitates and organizes discussions on strategic planning for public health data collection. Coordinates collaborative activities with external

organizations that need to link with Vital Statistics's™ data systems (SSA, DMV, etc.). Reviews federal and state regulation, pending legislation, and national standards related to public health information systems. Plans and implements Vital Statistics's™ data systems that are reliable, comprehensive, and user-friendly. Documents user requirements and facilitates changes to databases containing Vital Statistics data. Balances the technical needs of projects against the costs, time available, staffing capacity, political issues, and relative priority. Translates data into information to guide policy and program decisions. Prepares clear and concise reports, report cards, policy briefs, and other assessment documents. Performs related duties as required.

Environmental Factors:

Duties are performed primarily in a standard office setting. Meetings with data users and providers may require some travel, for which private means of transportation must be available. Some work outside of normal office hours may be required.

Minimum Qualifications:

Knowledge, Skills and Abilities

- Thorough knowledge of assigned programs and projects.
- Considerable knowledge of Health Department data resources.
- Ability to manage complex projects and supervise analytical staff.
- Considerable knowledge of data system design and planning.
- Ability to work with and analyze complex databases.
- Ability to identify data requirements and develop effective techniques for collection and storage.
- Ability to interpret state and federal regulations and implement plans for compliance.
- Thorough knowledge of public records laws, confidentiality regulations, and health surveillance guidelines.
- Knowledge and ability to use specialized statistical software.
- Considerable knowledge of the principles and practices of program evaluation.
- Ability to communicate effectively, both orally and in writing.
- Ability to promote projects and their objectives on a local and state level.
- Ability to work effectively with data users, vendors, and members of the public.
- Ability to establish and maintain effective working relationships.

Education and Experience

Education: Master's degree in Statistics, Epidemiology, Public Health, Public Administration, or a Social Sciences discipline, and
Education: 3 years of professional level work in health-related research, statistics or program evaluation where the activities include data collection planning, systems implementation, and data quality management.

OR

Education: Bachelor's degree in Statistics, Epidemiology, Public Health, or a health-related or social sciences discipline, including 12 college credits in statistics, research or computer sciences, and
Experience: 5 years of professional level work in health-related research, statistics or program evaluation where the activities include data collection planning, systems implementation, and data quality management.

Special Requirements

n/a

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VITAL STATISTICS PROGRAM SUPERVISOR

Linda Davis

Job Code: 046700

Pay Plan: CLS Salary Administration Plan

Pay Grade: 23

Occupational Category: Info. Technology & Statistics

Effective Date: 02/27/2002

Class Definition:

Administrative, technical and supervisory work for the Department of Health involving administration of the Vital Statistics Section, ranging from initial data entry through production of statistical records and summaries. Duties are performed under the direction of the Public Health Statistics Director. Supervision is exercised over both clerical office staff and field representatives.

Examples of Work:

Incorporates National Vital Statistics standards and procedures into state operations. Recommends and implements approved state vital records policy and procedures. Supervises vital records staff. Directs execution of and may draft vital records statutes. Insures that data quality of vital records is maintained. Prepares annual bulletin for publication.

Consults with statisticians and data users on uses and limitations of vital statistics data. Assures that federal vital statistics cooperative program contractual requirements are met. Establishes record management techniques for vital records. Coordinates the periodic revision of vital records. Assists in the selection of subordinate staff. Provides training and evaluates performance. Performs related

duties as required.

Environmental Factors:

Duties are generally performed under normal office conditions.

Interaction with federal, state, and local officials, private and public service providers, and the general public is present. Modest travel may be required for which private means of transportation is necessary.

Minimum Qualifications:

Knowledge, Skills and Abilities

Knowledge of data quality issues in statistical data bases.

Knowledge of basic data analysis techniques.

Awareness of supervisory principles and techniques.

Ability to gather, analyze and interpret vital statistics.

Ability to interpret and apply regulations and procedures of significant complexity.

Ability to work independently.

Ability to communicate clearly both orally and in writing.

Ability to establish and maintain effective working relationships.

Education and Experience

Education: Bachelor's degree.

Experience: Two years at or above a senior clerical or junior administrative level in public health statistics, vital or medical records,

as a research assistant in data base management, or in an administrative role requiring the regular gathering, organization, and analysis of data.

Note: Experience may be substituted for the Bachelor's degree on a six months for semester basis.

Special Requirements

n/a

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INFORMATION TECHNOLOGY MANAGER I

Ed Andrus

Job Code: 058400

Pay Plan: CLS Salary Administration Plan

Pay Grade: 28

Occupational Category: Management

Effective Date: 04/29/1998

Class Definition:

Management of information technology program activities and functions at a professional level for a department or agency of Vermont State Government. Work involves developing budgets, determining long range plans and short term objectives, and allocating resources and directing program activities and objectives to achieve general policy directives and overall organizational goals. Work is performed under the general direction of an agency or department manager.

Examples of Work:

Manages the planning and oversight of multiple projects. Develops plans for the maintenance of major systems, database management software, applications, networks, and telecommunications. Develops qualitative and quantitative outcomes of assigned projects. Develops measures for determining compliance with the strategic plan. Develops work specifications based on plans and objectives. Identifies and supports desired program outcomes. Develops information technology solutions to organizational problems. Develops and maintains infrastructures supporting hardware and software planning and evaluation and planning activities. Develops requests for proposals for departmental review and approval, enters into contracts with vendors, and monitors vendor performance. Obtains funding and approval for activities. Sets rates for system usage and terms for chargeback. Reviews the performance of personnel and equipment. Supervises assigned staff, including hiring or recommendation to hire, performance evaluation, and corrective action. Collaborates with senior management to develop system strategies and standards. Performs related duties as required.

Environmental Factors:

Work is performed in a standard office setting. Some travel may be required for which private means of transportation should be available. Work outside of regular work schedule may be anticipated.

Minimum Qualifications:

Knowledge, Skills and Abilities

Thorough knowledge of the operations, programming techniques and capabilities of a computer platform, software, networks, telecommunications, and its peripheral equipment.

Thorough knowledge of systems analysis, system design, data base, and client service architecture.

Knowledge of budgeting and planning procedures as they relate to information technology activities.

Knowledge of supervisory principles and practices.

Ability to evaluate program situations in terms of information processing applications and enhancements, and cost effectiveness issues.

Ability to translate user requirements into a successful information processing application.

Ability to communicate effectively, both orally and in writing.

Ability to establish and maintain effective working relationships.

Education and Experience

Bachelor's degree in Computer Science AND four years experience in programming, data base administration or systems analysis, or installing, configuring, and supporting computer networks, or providing support to staff in the operation, maintenance, and installation of computer systems, INCLUDING two years supervising information technology functions; OR

Associate's degree in computer science or college-level coursework that includes 15 computer science credits AND six years experience as defined above; OR

Eight years experience as defined above.

Special Requirements

n/a

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SYSTEMS DEVELOPER II

To be Hired as the **Information Technology Liaison Officer**

To be Hired as the **Database Administrator**

Job Code: 058000

Pay Plan: CLS Salary Administration Plan

Pay Grade: 23

Occupational Category: Info. Technology & Statistics

Effective Date: 04/29/1998

Class Definition:

Professional programming database administration, and systems analysis work for a department or agency of Vermont State Government. This class is distinguished from the Level I as the class incumbents are expected to exercise a higher degree of decision making, dealing with projects of more complexity, and functioning with less direction and assistance. Analysis of user requirements, procedures, and problems associated with automating processing, data analysis, and reporting or improving existing computer system is required. Work is performed under the supervision of an administrative or professional supervisor.

Examples of Work:

Analyzes the performance of hardware and software interfaces and identifies alternatives for optimizing the usage of computer resources. Applies generally accepted programming standards and techniques to assure efficient program logic and data manipulation. Participates in designing, coding, testing, debugging, configuring, and documenting operating systems and software applications. Installs software and user utilities for modifications and upgrades of operating systems and workstation environments. Confers with personnel of organizational units involved to analyze current operational procedures, identify problems, and learn specific input and output requirement such as forms of data input, how data is to be summarized, and formats for reports. Writes detailed description of user needs, program functions, and steps required to develop or modify computer program. Studies existing information processing

systems to evaluate effectiveness and develops new systems to improve production or workflow as required. Responsible for the supervisory and technical work maintaining and updating department or agency computer databases. Establishes data base administration procedures, sets standards, educates system staff on effective programming techniques, and discusses with other System Developers the appropriate design and development applications. Supervision of subordinate System Developer positions may be required. Performs related duties as required.

Environmental Factors:

Work is performed in a standard office setting and there is significant interaction with users and members of project teams requiring some tact and diplomacy to balance competing views. Work outside of regular work schedule can be anticipated.

Minimum Qualifications:

Knowledge, Skills and Abilities

Considerable knowledge of computer and telecommunications operations, work simplification techniques, and flow-of-work procedures.

Considerable knowledge of the operation, characteristics and capabilities of computer equipment and of the application of such equipment to information processing needs.

Ability to prepare system documentation and user manuals to meet user needs.

Ability to prepare system designs, work flow plans, report format, input, and output documents adequate to meet user needs.

Ability to program, test, and debug programs.

Ability to communicate effectively, both orally and in writing.

Ability to establish and maintain effective working relationships.

Education and Experience

Bachelor's degree in computer science; OR

Associate's degree in computer science or college-level coursework that includes 15 computer science credits AND two years experience in computer programming, data base administration, or systems

analysis; OR

Four years experience in programming, data base administration, or systems analysis.

Special Requirements

n/a

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PUBLIC HEALTH SPECIALIST

To be Hired as the **Recruitment Field Representative**
Job Code: 441200

Pay Plan: CLS Salary Administration Plan

Pay Grade: 22

Occupational Category: Healthcare & Med. Practitioners

Effective Date: 02/11/2001

Class Definition:

Planning and administrative work for a variety of health department programs. Examples of programs include Tobacco Control, Injury Prevention, Asthma Prevention, Clean Indoor Air, Sudden Infant Death Syndrome, Fetal Alcohol Prevention, Primary Care and others. Responsible for the development, administration, quality control, and evaluation of the assigned program. Duties involve data and policy analysis, goal setting, implementation, monitoring and evaluation, technical assistance, health education, and quality assurance in coordination with other Department, Agency of Human Services and community programs. Work is performed under the general supervision of a higher level administrator.

Examples of Work:

Develops and implements the assigned program. Conducts studies and special surveys to determine service needs and priorities. Sets objectives for the program and monitors progress in meeting the objectives. Participates in the development, and revision of databases for program planning and operations. Oversees grants management including plan development, delivery design, contract negotiation and reporting. Assures coordination of program with other departmental, agency and community programs. Serves as a source of expert information for the program and related activities. Develops, disseminates and interprets program standards. Develops and participates in the establishment and operation of quality assurance procedures, including the monitoring of results. Assists with or develops protocols, manuals, databases, and records. Designs or assists with the development and presentation of training materials and educational programs. Represents the Department and Division

at local, regional, and national meetings and conferences. Performs related duties as necessary.

Environmental Factors:

Duties are performed in both a standard office and field settings. Private means of transportation must be available for required travel. Stress may be anticipated in dealing with emotional situations involving application of programs, especially in dealing with families and in the allocation of program resources.

Minimum Qualifications:

Knowledge, Skills and Abilities

Thorough knowledge of the principles and practices of public health nursing, nutrition or other health care specialty particularly related to the program specialty. Considerable knowledge of the principles and practices of public health. Considerable knowledge of quality assurance techniques and methods of implementation. Considerable knowledge of program evaluation procedures, including goal setting, measurement criteria, and analysis of results. Working knowledge of educational principles and training procedures. Working knowledge of research principles and procedures. Ability to communicate with clarity and persuasion.

Education and Experience

Education: Bachelor's degree.

Experience: Three years in a health care, public health, or human service organization including one at an administrative, consultative or planning level.

Note: A Master's degree in Public Health, Public Administration or a health field may be substituted for one year of the general work experience on a semester for six months basis.

Special Requirements

n/a

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CURRICULUM VITAE

NAME: Steven L. Shapiro, M.D.

WORK ADDRESS: 111 Colchester Avenue
Burlington, Vermont 05401
(802) 863-7320
sshapir@vdh.state.vt.us

BIRTH DATE: April 23, 1965 - Brooklyn, NY

CURRENT POSITION: Deputy Chief Medical Examiner
State of Vermont Office of Chief Medical Examiner
October 2001-Present

FACULTY APPOINTMENTS: Adjunct Professor
Department of Biology
University of Vermont College of Arts and Sciences
Burlington, Vermont
September 2003- Present

Clinical Assistant Professor
Department of Pathology
University of Vermont College of Medicine
Burlington, Vermont
October 2001-Present

HOSPITAL PRIVILEGES: Fletcher Allen Health Care
Burlington, VT
March 2003-February 2004 (Voluntarily resigned)

EDUCATION: B.A., Biology, 1987
Minor: Chemistry
University of Vermont College of Arts & Sciences
Burlington, Vermont

M.D., 1993
University of Vermont College of Medicine
Burlington, Vermont

RESIDENCY: Anatomic and Clinical Pathology, 1993 – 1997
Oregon Health Sciences University

Department of Pathology
Portland, Oregon
Chief Resident 1996-1997

FELLOWSHIPS:

Combined Surgical and Forensic Pathology, 1997-1998
Oregon Health Sciences University, Dept. of Pathology
and
Office of the Chief Medical Examiner, State of Oregon
Portland, OR

Forensic Pathology, 1998-1999
City of New York Office of Chief Medical Examiner
520 First Avenue
New York, New York

BOARD CERTIFICATIONS:

Anatomic Pathology, 5/27/98
Clinical Pathology, 5/27/98
Forensic Pathology, 9/11/99

MEDICAL LICENSURE:

Oregon #MD18894, 7/94-12/99 (Inactive)
New York #208725-1, 10/97-3/03 (Inactive)
Vermont #042-9875, 7/99-11/06

PROFESSIONAL HISTORY:

- *City Medical Examiner, Bronx County, Office of Chief Medical Examiner, New York, New York, 7/99-10/01; 943 New York forensic cases, including 143 homicide investigations; Chief Medical Examiner, Charles Hirsch, M.D.*
- *Member, World Trade Center Attack response team 9/11/01-10/12/01.*
- *Clinical Assistant Professor, New York University, New York, New York; 6/99-10/01.*
- *Clinical Instructor, New York University, New York, New York; 7/98-6/99.*
- *Forensic Pathology Fellow, Office of Chief Medical Examiner, City of New York, New York, New York, 7/98-6/99; Chief Medical Examiner, Charles Hirsch, M.D.*

Locum tenens:

- *Medical Examiner, State of Vermont, Office of Chief Medical Examiner, Burlington, VT, 11/00-10/01 Chief Medical Examiner, Paul Morrow, M.D.*
- *Medical Examiner, State of New Hampshire, Office of Chief Medical Examiner, Concord, NH, 11/00 Chief Medical Examiner, Thomas Andrew, M.D.*

- *Forensic and Surgical Pathology Fellow*, Office of State Medical Examiner and Oregon Health Sciences University, Portland, Oregon, 7/97-6/98; Chief Medical Examiner, Larry V. Lewman, M.D.
- *Chief Resident*, Department of Pathology, Oregon Health Sciences University, Portland, Oregon, 7/96-6/97; Chair, Donald C. Houghton, M.D.
- *Assistant to the State Medical Examiner*, Portland, Oregon, 7/93-6/97; performed approximately 2 autopsies per week; Larry V. Lewman, M.D., Chief Medical Examiner.
- *DNA sample collection*, Oregon Health Sciences University, Molecular Diagnostics Laboratory, Bradley Popovich, Ph.D., Director.

CURRENT VERMONT INITIATIVES:

- Total Vermont forensic examinations as of May 2005: 731.
- State-wide death certificate review - a systematic review of all deaths in Vermont with appropriate follow-up investigations (537 follow-up investigations 11/01-10/04)
- Cremation review - a systematic update of state cremation authorization policy with training of all persons authorized to issue cremation permits and a daily review of all issued permits (inception 11/03)
- Electronic Death Registration System Working Group Participant, Ongoing project by Vermont Department of Health to create a statewide web based death reporting system.
- Development of an on-line web based tutorial for Vermont death certification and death investigation procedures and policies - an educational project in conjunction with the University of Vermont College of Medicine to be used by practicing physicians, residents and medical students
- Creation and maintenance of database of Vermont infant deaths (less than one year of age) from 1992 to present
- Keep your sleeping baby safe, Information pamphlet; Collaborative effort with Vermont Department of Health, Division of Health Improvement.
- Creation and maintenance of database of Vermont bicycle related fatalities from 1978 to present
- Local Medical Examiner training yearly and quarterly training and continuing education for new and established local investigators
- Member, Child Fatality Review committee interdisciplinary review of all child deaths in Vermont
- Member, Review Team on Elder Abuse Preliminary discussion on issues regarding identification and investigation on deaths of elderly persons
- Retrospective review of teen suicides in Vermont 1994-2004, current-ongoing collaborator W. Kurz, M.D.
- Mentor, Forensic Nursing Rotation - Elective rotation for senior nursing students 2/year.
- Consultant on Neuropathology for UVM Department of Neurology Research Division.
- Member, SUDI task force - Evaluation and redesign of how Vermont Department of Health responds to sudden unexpected infant deaths, April 2005 ongoing.

INVITED ORAL PRESENTATIONS:

Conference on Elder Abuse, Building Bridges Between Agencies, Elder Abuse Conference, California Attorney General, Long Beach, CA. June 6, 2005.

Forensic Pathology A-Z, with help from Edward Gorey. Vermont Statewide Emergency Services Conference. Burlington, VT. April 2, 2005.

Physician Responsibilities following the Death of a Patient. University of Vermont College of Medicine, Death and Dying Lecture Series. Burlington, VT. March 10, 2005.

Advanced Death Investigator training. Vermont Police Academy, Pittsford, VT. February, 3 2005.

Death investigator training class. Vermont Police Academy, Pittsford, VT. January 2005.

Death investigation in Vermont. Springfield Hospital Grand Rounds, Springfield, VT. October 2004.

Death investigator training class. Vermont Police Academy, Pittsford, VT. September 2004.

Death Investigation in Vermont. Northeastern Vermont Regional Hospital, St. Johnsbury, VT. June 2004.

Funeral Directors and the OCME. Vermont Funeral Directors Association annual meeting, Montpelier, VT. April 2004.

Proper Certification of Death, Medical Grand Rounds, Gifford Medical Center, Randolph, VT. January 2004.

Death Surveillance in Vermont, Vermont Health Care Association Meeting, Stowe, VT. November 2002.

Special Topics in Death Investigation: Sudden Infant Deaths Vermont Department of Health, Burlington, VT. April 2002

Special Topics in Death Investigation: The Medical Examiner's Perspective on the World Trade Center Response Vermont Department of Health, Burlington, VT. April 2002

Death Investigation in Vermont: Current Projects, Vermont Department of Health Grand Rounds, Burlington, VT. February 2002

Death Surveillance in a time of Bioterrorism, Department of Medicine Grand Rounds, Fletcher Allen Health Care, Burlington, VT. December 2001

Physician assisted suicide: Oregon's Death with Dignity law. National Association of Medical Examiner's Annual meeting, Albuquerque, NM, November 1998.

DNA Evidence, Interdisciplinary Grand Rounds, Pacific Northwest Kaiser Permanente, Portland, Oregon, November 1995.

Diffuse axonal injury following sudden collapse, National Association of Medical Examiner's Annual meeting, Traverse City, MI, November 1996.

Dedifferentiated Chondrosarcoma, Oregon Pathology Association, Portland, Oregon, October 1995.

TEACHING EXPERIENCE:

Curriculum Development:

Co-director

Seminars in Forensic Science, Department of Biology, University of Vermont, Burlington, VT 2003-2004.

Course Director *Human Pathophysiology, Medical Technology Program, Oregon Health Sciences University, Portland, Oregon, 1997.*

Lectures:

- *Death Investigation*, Sharp Force Injuries, District Attorney, City of New York, Bronx County. Continuing legal education series.
 - Spring 2001
- *Investigation of Death*, Tutorial Lecture Series, Office of Chief Medical Examiners, New York, New York
 - Monthly, July 1998- October 2001
- *Water Deaths*, John Jay College of Criminal Justice, New York, New York
 - March 2000
- *Fire Deaths*, John Jay College of Criminal Justice, New York, New York
 - March 2000
- *Forensic Toxicology*, Oregon State Police Death Investigation Course, Portland, Oregon
 - Spring 1998
- *Central Nervous System Pathophysiology*, Medical Technology Program, Oregon Health Sciences University, Portland, Oregon
 - Fall 1994, 6 hours
 - Fall 1995, 6 hours
 - Spring 1997, 4 hours
 - Spring 1998, 4 hours
- *Central Nervous System Trauma*, General Pathology second year medical school class, Oregon Health Sciences University, Portland, Oregon
 - Fall 1995, 2 hours
 - Fall 1996, 2 hours
 - Fall 1997, 2 hours
- *Pathology of the Nervous and Musculature Systems*, General Pathophysiology Course, Oregon School of Dentistry, Portland, Oregon
 - Spring 1996, 3 hours
 - Spring 1997, 3 hours
 - Spring 1998, 3 hours
- *Forensic Toxicology Workshop*, Northwest Medical Laboratory Symposium, Portland, Oregon
 - Fall 1997, 3 hours

Other teaching activities:

- Medical student month long teaching rotations - averaging 5-10 students/year.
- Pathology Resident Physicians month long teaching rotations - averaging 4-6 physicians/year.
- Graduate/Undergraduate Student Interns semester long rotations - averaging 3-5 students/year.
- Local Medical Examiner Training –
 - Yearly training conference for new investigators
 - Annual regional training sessions for current investigators (4 statewide/year)

- Day long clinical rotations (20-30 year)
- Daily interactions with the following:
 - Students (undergraduate, medical, physician assistants, emergency medical technology, medical technology and nursing)
 - Physicians (residents, fellows and attendings)
 - Police, Fire and Emergency personnel
 - Attorneys, Judges and other court-related personnel

PUBLICATIONS:

- Pritt, N. Hardin, J. Richmond, **S. Shapiro**. *Death Certification Errors at an Academic Institution*, submitted 3/05.
- Barnwell S, D'Agostino A, **Shapiro S**, Nesbit G and Kellogg G (1997): Foreign bodies in small arteries after use of FasTracker-18 infusion microcatheters. *Neuroradiology* 18:1886-9.
- **Shapiro S** and Schimdt W (1994): Breast Sarcomas. *College of American Pathologists Performance Improvement Program Cycle A*.
- **Shapiro S**, McMenomey S and Kessler S (1996): Pigmented villonodular synovitis of the temporal mandibular joint. *Arch Otolaryngol Head Neck Surg* 122:194-196.

Abstracts:

- **Shapiro S** and D'Agostino A (1996): *Diffuse axonal injury following sudden collapse*, National Association of Medical Examiner's Annual meeting, Traverse City, MI, November 1996.
- **Shapiro S** and Nelson C (1998): *Abused children die of natural causes also*. American Academy of Forensic Sciences Annual meeting, San Francisco, CA, February 1998.
- **Shapiro S** and Lewman L (1998): *Physician assisted suicide: Oregon's Death with Dignity law*. National Association of Medical Examiner's Annual meeting, Albuquerque, NM, November 1998.
- **Contributor:** Hypothermia-Related Deaths-United States, 2003. Morbidity and Mortality Weekly Report (MMWR) March 5, 2004/Vol.53/No.8.
- Pritt, N. Hardin, J. Richmond, **S. Shapiro**. *Error Rate in Death Certification-- A blinded retrospective review of Fletcher Allen Health Care generated Death Certificates -- Presented ASCP 10/04*

PROFESSIONAL SERVICES AND MEMBERSHIPS:

- Member, National Association of Medical Examiners, 1996-present.
- Member, Northeastern Association of Forensic Scientists, 1999-2000.
- Member, Oregon Pathology Association, 1993-1998.
- Member, Oregon Medical Association, 1993-1998.
- Oregon Resident Delegate, College of American Pathologists Resident Forum, 10/95-10/97.
- Staff Assistant, ASCP/CAP Spring meeting, Orlando, FL, April 1995

Susan Elizabeth Schoenfeld

ADDRESS:

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47 Central Avenue
So. Burlington, Vermont 05403
(802)-863-6299

Business
Epidemiology Division
Vermont Department of Health
P.O. Box 70
Burlington, Vermont 05402
(802)-863-7247

EDUCATION:

- 1997- present University at Albany School of Public Health
Albany, New York
Enrolled in Doctor of Public Health program
anticipated completion: May, 2007
- 1989 University of Massachusetts Amherst, Massachusetts
Master of Science in Public Health
- 1982 University of Vermont Burlington, Vermont
Associate degree in Nursing
- 1975 University of Vermont Burlington, Vermont
Bachelor of Science in Education

PROFESSIONAL EXPERIENCE

- 2004- present Deputy State Epidemiologist
Health Surveillance Division
Vermont Department of Health
Burlington, Vermont
- 1992- 2004 Epidemiology Field Unit Chief
Health Surveillance Division
Vermont Department of Health
Burlington, Vermont
- 1989-1992 Public Health Nurse Epidemiologist
Epidemiology Division
Vermont Department of Health
Burlington, Vermont
- 1988-1989 Research Assistant
Breast Cancer Screening Project
University of Massachusetts

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1982-1986 Registered Nurse
Medical Center Hospital of Vermont
Burlington, Vermont
"float" staff nurse 1982-1983
per diem 1983-1986

CERTIFICATION

Registered Nurse, State of Vermont

PROFESSIONAL MEMBERSHIPS

American Public Health Association
Council of State and Territorial Epidemiologists

BIOTERRORISM PREPAREDNESS RESPONSE: PROFESSIONAL ROLES

Vermont State Terrorism Task Force; member, January 1999 - 2002

Medical Advisory Committee to Vermont State Terrorism Task Force; chair, 2000- 2004

CDC Bioterrorism Preparedness and Response Cooperative Agreement, Focus Area B
Surveillance and Epidemiology Capacity grant; Coordinator, August 2000 - present

TEACHING EXPERIENCE

Clinical Associate Professor, Department of Medicine, University of Vermont 2000-present.

Epidemiology and Public Health/Genetics-Ethics-Epidemiology.
University of Vermont College of Medicine.
Preceptor for this winter term course for third-year medical students.
1994 - present.

ABSTRACTS

Schoenfeld S, Sisco-Cheng B, Oetjen J, Gibson M, et al. Building capacity to investigate gastrointestinal disease outbreaks in a rural state: Joint training and drills for sanitarians, public health nurses, epidemiologists and laboratorians. National Environmental Health Association conference, Providence RI, June 2005

Tassler P, Thornton G, Schoenfeld S, Lohff C, Drawbaugh C, Limacher A, Underwood E. Policy implications of implementing the NEDSS Base System in Vermont. Public Health Information Network conference, Atlanta GA, May 2005

Gupta A, Crowe C, Fontana J, Stout A, Montgomery S, Bolstorff B, McGuill M, Matyas B, Montbomery S, Puglesy N, Johnson B, Schoenfeld S, Angulo F. Cows, Bugs, and Drugs: An investigation of sporadic illnesses due to multidrug resistant *Salmonella* Newport in Massachusetts and Vermont. EIS conference, Atlanta Georgia. 2001.

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Friedman CR, Brady RC, Celotti MJ, Schoenfeld SE, Johnson RH, Galbraith PD, Carney JK, Robbins K, Slutsker L. An outbreak of multidrug-resistant *Salmonella* serotype Typhimurium definitive type 103 (DT104) infections in humans and cattle in Vermont. In: Program and abstracts of the International Conference on Emerging Infectious Diseases, Atlanta, March 8-11, 1998. Washington, D.C: American Society of Microbiology; 1998:68. abstract.

Carney JK, Schoenfeld SE, Cameron RA, Nyland-Funke MJ, Wicke BW, Galbraith PD. Pertussis outbreak in a Vermont high school. In: Programs and abstracts of the International Conference on Emerging Infectious Diseases, Atlanta, March 8-11, 1998.

Acker, M, Schoenfeld S, Smith G, Markman J, et al. An Outbreak of *Yersinia enterocolitica* O:8 Infections associated with Pasteurized Milk. EIS conference, Atlanta Georgia. 1996.

Lindenmayer A, Schoenfeld S, Carney, J, Wilcke B, O'Grady R. MRSA: Outbreak in a high school wrestling team with extension into the community. Northeast Epidemiology Meeting, Farmington Connecticut October 1994.

Lindenmayer JM, Schoenfeld S, Horan J, Carney J. Methicillin-resistant *Staphylococcus aureus* in the Young and the Wrestless. EIS Conference, Atlanta Georgia 1993.

Schoenfeld, SE, Chen TL, Simpson S. Assessment of Teachers' needs and concerns regarding incorporating AIDS education into school curriculums. APHA, Chicago Ill. October 1989.

THESIS

HIV/AIDS education in Vermont grades 7-12: an assessment of teachers' preparation, practices, concerns and perceived support. Master's thesis, University of Massachusetts (Amherst). July 1989.

PUBLICATIONS

Ackers ML, Schoenfeld SE, Markman JL, Smith MG, et al. An Outbreak of *Yersinia enterocolitica* O:8 infections associated with pasteurized milk. JID 181:1834-1837, May 2000.

Herwaldt BL, Ackers ML, and the Cyclospora Working Group. An Outbreak in 1996 of cyclosporiasis associated with imported raspberries. NEJM 336:1548-1556 May 29, 1997.

Lindenmayer JM, Schoenfeld SE, O'Grady R, Carney JK. Methicillin-Resistant *Staphylococcus aureus* in a High School Wrestling Team and the Surrounding Community. Arch Int Med April 1998

CDC. Pertussis Outbreak: Vermont, 1996. MMWR, September 5, 1997.
Reported by S. Schoenfeld, JK Carney, E Hansen, R Cameron, MJ Celotti (Vermont Department of Health); Childhood Vaccine Preventable Diseases Br, Epidemiology Surveillance Div, National Immunization Program, (CDC).

CDC. Hantavirus Pulmonary Syndrome- Vermont, 2000. MMWR July 20, 2001. Reported by W. Craig MD, Plainfield Health Center, Plainfield; K Cook, MD, J Carney, MD, S Schoenfeld, MSPH, B Wilcke, PhD, Vermont Dept of Health. T Algeo, Wildlife Svcs Program, Animal and Plant Health Inspection Svc, US Dept of Agriculture. Special Pathogens Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases, CDC.

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CDC. Outbreak of Norovirus Gastroenteritis at a Swimming Club, Vermont 2004. MMWR September 3, 2004. Reported by L Zanardi Blevins, D Itani, A Burns, C Lohff, S Schoenfeld, W Knight, N Thayer, J Oetjen, N Pugsley, Vermont Dept of Health. C Otto, Nat Ctr of Environ Health; M Beach, Div Parasitic Diseases, M-A Widdowson, J Bresee, R Glass, S Monroe, L Brown, S Adams, NCId, M Amundson, L Podewils, EIS, CDC.

SHARON MCDONNELL B.S.N. M.D. M.P.H

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Education

- 1978 Bachelors of Science in Nursing, University of Florida, Gainesville, Florida
Graduated with High Honors, Phi Kappa Phi, Magna cum Laude.
- 1985 Doctor of Medicine, University of California at San Diego.
- 1993 Masters of Public health, Johns Hopkins University, International Health. Baltimore MD

Postgraduate Training

- 1994-1996 Preventive Medicine Residency Program, Centers for Disease Control and Prevention US
Public Health Service, Atlanta GA. Chief Resident 1995-1996.
- 1993-1995 Epidemic Intelligence Service (EIS) Officer, US Public Health Service, Centers for
Disease Control and Prevention, Atlanta GA.
- 1985-1987 University of Utah, Department of Family Practice, Salt Lake City, Utah.
- 1978-1979 Psychiatric Nurse Practitioner Training program, Newport News, Virginia Riverside
Hospital.

Academic Appointments

- 2003-current Assistant Professor Community and Family Medicine. Dartmouth Medical
School. Hanover NH
- 2002-current Adjunct Associate Professor Community and Family Medicine. University of Vermont
Medical School. Burlington VT
- 1995-2000 Adjunct Assistant Professor Emory University, School of Public Health, Atlanta GA

Professional Experience

2001-Current Medical Epidemiologist and public health specialist working with the following agencies
and organizations:

- Adjunct Associate Professor Dartmouth Medical School, Department of Family and
Community Medicine and Masters of Public Health Program.**
- Course director for "Health Promotion and Disease Prevention" at Dartmouth Medical School,
Clinical Evaluative Sciences, Masters of Public Health Program.
 - Course director for "Applied epidemiology and public health".
 - Responsible for organizing the public health components for the Leadership Preventive
Medicine Residency Program to assist public health training and field supervision.
 - Consultant with Dartmouth Public Health Program and Preventive Medicine Residency for
curriculum development, field site development, and program integration.

Medical Epidemiologist Vermont Department of Health.

- Responsible for developing training materials and programs to increase the public health skills of medical students, Preventive Medicine Residents, and state and local public health workers.
- Duties range from grant-writing, program development, outbreak investigation, bioterrorism detection and response, and health program evaluation

University of North Carolina School of Public Health

- Lead course developer for a distance based course "Health information systems" a required course for the School of Public Health in the MPH and MS epidemiology program.
- Consultant for epidemiology and public health topics for the North Carolina Center for Public Health Preparedness in distance training development.

United States Prevention Services Task Force (USPSTF)

- Expert reviewer for the updated Clinical Preventive Services Guidelines.

Centers for Disease Control and Prevention

- Liaison between national, academic and state and local health public health programs -- Northeast regional advisor for the implementation and revision of the Public Health Performance Standards (PHPS) program with CDC
- Develop and field test training materials on epidemiology and public health

Adjunct Associate Professor Community and Family Medicine. University of Vermont School of Medicine Department of Family Medicine.

- Developing curriculum and course materials to support the transition of the UVM medical school to the "Vermont Integrated Medical curriculum"
- Co-instructor for the Epidemiology, Ethics, and Genetics course taught to medical students.
- Co-instructor in the course on clinical skills and end of life
- Assisted in developing field sites and supervisory mechanisms for the first year students course in leadership and community health

Research activities

- Rallying Points grant (Robert Woods Johnson supported project) for a survey to assess end of life experiences among Vermonters. Collaborative project with the Vermont Project for Quality Health Care (VPQHC), Vermont Medical Society, Vermont Attorney Generals Office and the Vermont Department of health. The study design is retrospective using a phone survey of individuals that experienced the death of a family member within the past 8-10 weeks. Survey instruments are part of a national collaboration with Brown University and other research centers.

09/97- 3/01 **Chief, Data for Decision-making and Public Health Training Branch. Division of International Health. Centers for Disease Control and Prevention. Atlanta GA.**

The Branch Chief in international health serves as CDC's focal point for two technical areas:

1. International epidemiology and public health training for national and sub-national health staff in over 35 countries. Responsible for oversight of the CDC training programs known as applied or field epidemiology training programs, Public Health Schools without Walls, and Data for Decision-Making. <http://www.cdc.gov/epo/dih/index.htm> Activities included research, planning, implementation, and evaluation. With a development team

we created guidelines, curriculum, and training materials relating to public health, epidemiology, surveillance, integrated disease surveillance, and AIDS. (<http://www.cdc.gov/idsr/>). We specialized in the design of interactive objective-based training materials and simulated learning activities (case studies and field trainings).

2. International information systems planning, implementation and evaluation. We created tools for assessment, planning and integration of health information systems. This included long-term involvement with the implementation and evaluation of infectious disease, injury, and mortality information systems.

In the position of Branch Chief I was responsible for:

1. Management, supervision, and fundraising—This included overseeing program policy, planning, implementation, and evaluation; negotiating projects with international partners, US government agencies and within CDC; fundraising for priority division projects and initiatives; managing a \$25 million USD budget for the fiscal year 2000; communicating activities, research, and policy reports, both orally and in writing to stakeholders (programs, donors, peers, and governments).
2. Coordination: CDC Liaison with International agencies such as USAID, US Government agencies, International Governments, WHO, UNICEF, UN foundation, Gates foundation, Carter Center, and numerous domestic and international Universities

6/95- 08/97 Medical Epidemiologist. Division of Nutrition, Maternal Child Health Branch, National Center for Chronic Disease Prevention and Health Promotion.

Responsible for conducting research, planning policies and developing programs for the prevention and control of iron disorders.

Lead scientist in the design and implementation of a national program for the prevention, control and research of iron overload diseases (hemochromatosis). Responsibilities included liaison with national agencies including the congress, FDA, NIH, American Association of Blood Banks (AABB), and other divisions and CIO's in CDC.

Research work included investigating the major risk factors of iron deficiency anemia in Vietnam through a national survey conducted in September 1995 Consultant to UNICEF and the Government of Vietnam to describe iron deficiency, micronutrient disorders and parasite prevalence in a national survey and to develop a plan of action. and July- Aug 1997

Consultant in international Maternal Child Health and Nutrition.

- CDC consultant to Rockefeller foundation July 1997 on Nutrition and Maternal child health. Provided technical assistance to MOH and new school of public health faculty on teaching methods, curriculum development, course content, and course materials, Hanoi Vietnam.
- Consultant to Government of Bolivia to evaluate Data for Decision Making Program and to assist in development of the second phase of the program. November- December 1995.
- Consultant to USAID/JHU for development of international health programs for Child

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Survival. Technical consultant in public health programs, general nutrition, health systems evaluation and design to U.S. government agencies (USAID), universities, NGO's (CARE), and UN agencies 1995, 1996 and 1997.

- Accompanied WHO/CDC Polio Eradication team to SEARO and Bangladesh to evaluate and recommend means to increase efficiency and integration of existing program.
- Instructor in public health, nutrition, MCH, and health systems design and analysis for CDC and Emory.

7/93 to 6/95 Medical epidemiologist (Staff, Preventive Medicine Resident (PMR), and Epidemic Intelligence Service Officer). Centers for Disease Control and Prevention stationed Florida Department of Health and Rehabilitative Services.

Conducted a large population-based survey of recovery efforts and the effectiveness of mental health programs designed to address the worst hit areas of south Florida from Hurricane Andrew. Published in two separate papers within the journal Disasters

Instructor in applied epidemiology CDC and Emory University, 1995.

9/91-6/92 Acting Chief Training and Health Materials Development (TMD) Unit, AIDS Division, World Health Organization, Geneva Switzerland.

Responsible for developing and field testing health resources and educational materials on HIV/AIDS. Our team developed priorities for materials development ensured oversight and coordination of technical staff and consultants. We planned training courses and educational programs for HIV/AIDS prevention and treatment in collaboration with UNDP, UNICEF, Numerous governments and non-governmental agencies.

1/91-9/91 Acting Coordinator Afghanistan Program Relief Program of the Division of Emergency relief operations. World Health Organization, Geneva Switzerland.

Responsible as the overall team Coordinator to develop program plans, budgets and means to allocate resources. Supervised members of the relief team, acted as liaison with UN agencies, NGO's and regional offices of WHO. Responsible for the technical and administrative supervision of staff in Pakistan, Iran, Afghanistan and Geneva.

The goal of the program was health sector rehabilitation and standardization. I spent nearly six months traveling between representatives of the Government of Afghanistan (Kabul) and the Afghan Interim Government (Peshawar Pakistan) to negotiate and oversee the development the "Master plan for Rehabilitation and Reconstruction of the Health System in Afghanistan".

3/89-12/90 Medical Officer, Health and Training Coordinator, Afghanistan.
World Health Organization, Geneva Switzerland Division of Emergency Relief and Disaster Preparedness.

Responsible for the management of cross-border assistance programs for Afghanistan as part of the United Nations Assistance program for Afghanistan (UNOCA). As director of the field office and later as coordinator in Geneva we designed and implemented direct WHO projects on public health and epidemiology training programs and Health information systems coordination. Our tasks also included coordination with groups that supplied essential drugs to clinics.

9/88-3/89 Medical Consultant. Peshawar Pakistan. Women's Higher Education, and Maternal Child Health. International Rescue Committee (IRC)- Reconstruction Program for Afghanistan,

Responsible for design, implementation, and supervision of data collection for three Afghan provinces. Designed and evaluated training programs for community needs assessment, female midlevel health worker training program, traditional birth attendant (TBA) training and supervisory program.

4/88-3/89 Research and Development Specialist. Coordination of Medical Committees- Peshawar Pakistan.

Elected Medical Facilitator/Coordinator for Medical Subcommittee. Co-developed computerized database system (Rbase) for analyzing medical and other (agriculture, social, and political) information from Afghanistan. Performed evaluation and survey of health workers and facilities in rural Afghanistan.

7/87-6/88 Medical Coordinator and trainer.
International Medical Corps. Peshawar Pakistan.

6/83-6/85 Research Assistant, Nurse Practitioner. University of California (UCSD) Dept. of Neurology.

1979-1981 Registered Nurse. US Public Health Service Indian Health Service. Whiteriver Arizona, White Mountain Apache reservation.

Professional Licensure

- Licensed Doctor Medicine and Surgery, Utah. License # 0860110012.
- Licensed Doctor Medicine and Surgery, Vermont License # 042-0010624
- Licensed Doctor of Medicine, New Hampshire pending.
- Board Certified public health and general preventive medicine
- Registered Nurse Arizona, California, Virginia (Inactive status)

Professional associations

Elected to International health Section governing council of the American Public Health Association of 2004-2007

Selected to International Nominating and Awards Committee of the American Public Health Association 2002-2005

Member Vermont Public Health Association

Member Vermont Medical Society

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American College of Preventive Medicine
Association of Teachers of Preventive Medicine
American Academy of Family Practice
Eligible for New Hampshire medical License

Awards

CDC Award for Contributions in International Health 1999, 2000, 2001
CDC Unit Commendation Award in international health for work in African Integrated Surveillance Systems 2000
Award for best scientific presentation for paper March 1997 at Prevention 97 conference.
Stebbins Scholar Johns Hopkins University for academic and professional achievement
Sigma Theta Tau Nursing Honors Society.

Invited Reviewer for the following journals:

American Journal of Public health, Transfusion, Health policy and planning, Bulletin of WHO, Annuals of internal medicine, Clinical Chemistry, Disaster, Clinical Preventive Medicine Guidelines (USPSTF)

Publications

McDonnell SM, Sunderland N, Bellows B, White M, Noji E. The Role of the Epidemiologist in Armed Conflict. Emerging Themes in Epidemiology. 2004, 1:4. Date of issue 10.1186/1742-7622-1-4.
<http://www.ete-online.com/home>.

Perry HN, **McDonnell SM**, Nsubuga P, Alemu W, Otten MW, Lusamba-dikassa P, et al. A matrix of skills and activities to support an integrated disease surveillance system. in press 2004 International Journal of Epi.

Hover AR, **McDonnell SM**, Burke WM, Changing the clinical management of hereditary hemochromatosis: translating new screening and early case detection information into clinical practice. Arch Intern Med. 2004;164:957-61.

McDonnell SM, Parrish RG. Hereditary hemochromatosis and its elusive natural history. Arch Intern Med. 2003;163:2421-23.

McDonnell SM, Sunderland N, Bellows B, White M, Noji E. The role of the applied epidemiologist in the prevention and mitigation of conflict. In Public Health and conflict prevention. Editor Kuritsky J. Emory University Press April 2003. Presentation APHA November 2002.

American College of Medical Genetics. Genetics in Clinical Practice: A team Approach. Joseph V. Henderson, MD - Interactive Media Laboratory at Dartmouth Medical School 2002 .
http://www.acmg.net/Pages/ACMG_Activities/cd-rom-1/intro.asp. CDROM training material.

McDonnell SM Case Discussant Hemochromatosis

McDonnell SM, Alexander ME, Patel M, White Mark. The Applied epidemiology training handbook. In press and available Jan 2003. Centers for Disease Control and Prevention, Epidemiology program office, Division of International Health.

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White M, **McDonnell SM**, Werker D, Cardenas V, Thacker SB. Partnerships in International Applied Epidemiology Training and Service, 1975-2001. *American Journal of Epidemiology* 2001 Vol. 154, No. 11: 993-999.

Nsubuga P, **McDonnell SM**, Otten M, Perkins BA, Sutter R, Quick L, Cochi S. Impact of AFP surveillance on infectious disease surveillance in Africa. *BMC Public Health* 2002, 2:27.
<http://www.biomedcentral.com/bmcpublichealth/>

Technical Guidelines for integrated disease surveillance and response in the African Region of WHO.

CDC July 2001 EPO/DIH or http://www.cdc.gov/epo/dih/Eng_IDSR_Manual_01.pdf

Barton JC, Preston B, **McDonnell SM**, Rothenberg BE. Severity of Iron overload in hemochromatosis: effects of volunteer blood donation before diagnosis. *Transfusion*. 41(1):123-9, 2001

Burke W., Khoury M, **McDonnell SM**, Baron R, Imperatore, G. Contribution of different HFE Genotype to iron overload disease: A pooled analysis. *Genetics in Medicine*. 2001

White M, **McDonnell SM**. Surveillance in low and Middle income settings. *Principles and Practice of Health Surveillance*. Chapter 13. Oxford University Press. 2000.

Parrish RG, **McDonnell SM**. Sources of Health- Related information. *Principles and Practice of Health Surveillance*. Chapter 3. Oxford University Press. 2000.

Cogswell ME, **McDonnell, SM**, Burke W, Khoury M, Franks A. Chapter 53: Iron overload, public health, and genetics: evaluating the evidence for hemochromatosis screening. In *Hemochromatosis*. Editors Barton JC, Edwards CE. Cambridge University Press. 2000. United Kingdom.

Barton JC, **McDonnell SM**, Adams PC, Brissot P, Edwards CQ, Powell LE, et al. Management of Hemochromatosis In *Hemochromatosis*. Editors Barton JC, Edwards CE. Cambridge University Press. 2000. United Kingdom.

McDonnell SM, Hover A, Gloe D, Ou, C, Cogswell ME, Grummer-Strawn L. Population-based screening for hemochromatosis using phenotypic and DNA testing among HMO employees, Springfield MO. *Am. J. Med.* 1999;107:30-7

McDonnell SM, Preston B, Barton JC, Edwards CQ, Adams PC, Yip R. Retrospective survey of the natural history of iron overload disease in patients with hemochromatosis. *Am. J. Med* 1999;106:619-24

McDonnell SM, Grindon AJ, Barton JC, Edwards CQ, Adams PC. Phlebotomy among patients with hemochromatosis. *Transfusion* 1999;39:651-6.

Burke W, Cogswell ME, **McDonnell SM**, Franks A. Public health strategies to prevent the complications of hemochromatosis. In: *Public health genetics*. Oxford University Press. 1999.

Mendlein J, Cogswell ME, **McDonnell SM**, Franks AL, Black M. Iron Overload, public health, and genetics. *Supplement Ann Int Med*. Editors. 1998;129:921-96.

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Burke W, Thomson E, Khoury M, **McDonnell SM**, Press N, Adams PC et al. Hemochromatosis: Gene Discovery and its implications for population-based screening. JAMA 1998;280:172-8.

Burke W, Press N, **McDonnell SM**, Hemochromatosis: genetics helps to define a multifactorial disease. Clinical Genetics 1998;54:1-9.

Cogswell ME, Burke W, **McDonnell SM**, Franks A. Screening for hemochromatosis. A public health perspective. Am J Prev Med 1998;16:134-40.

McDonnell SM, Phatak P, Felitti V, McLaren GM. Screening for hemochromatosis in primary care settings. Ann Int Med. 1998;129:962-70.

Powell LE, George K, **McDonnell SM**, Kowdley K. Diagnosis of hemochromatosis. Ann Intern Med. 1998;129:925-31.

Barton JC, **McDonnell SM**, Adams PC, Brissot P, Edwards CQ, Powell LE, et al. Management of Hemochromatosis. Ann Intern Med. 1998;129:932-39.

Yang Quanhe, **McDonnell SM**, Khoury M., Cono J, Parrish RG. Hereditary Hemochromatosis mortality in the United States, 1979-1992: an under-reported common genetic disorder. Ann. Intern. Med. 1998;129:946-53.

McDonnell SM, Witte D, , McIntyre R, Cogswell ME. Provider and public education strategies for hemochromatosis. Ann Intern Med. 1998 129:987-992.

Cogswell ME, **McDonnell SM**, Khoury M, Franks A, Burke W, Brittenham G. Iron overload, public health and genetics: Evidence for population-based testing for hemochromatosis. Ann Intern Med 1998;129:971-79.

Gunter E, **McDonnell SM**. Serum iron measures. Letter to the editor. Clin Chem. 1998 44:361-2.

McDonnell S, Vossberg K, Hopkins RS, Mittan B. "YPLL as a guide to County health planning". Public Health Reports. 1998;113:55-61.

CDC Guidelines for the Prevention and Management of Iron Deficiency. MMWR supp. 1998;47:1-28.

McDonnell, SM, Witte D. Hereditary hemochromatosis: preventing chronic effects of this under diagnosed disorder. Postgrad med 1997;102:83-94.

Hajjeh R, **McDonnell S**, Reef S, Licitra C, Hankins M, Toth B, et al. An Outbreak of Lymphocutaneous Sporotrichosis among Nursery Workers Associated with Topiary Production. J. Inf. Dis 1997;176:499-504.

McDonnell S, Cogswell Mary E. Commentary on the College of American Pathology Guidelines on Hemochromatosis. Abstracts of Clinical Care Guidelines 1997;9(2):6-7

McDonnell S, Grummer-Strawn L, Trowbridge F. Screening and Early detection of hemochromatosis. Letter to the editor American Family Physician. Am Fam Phys. 1997;55(2):440.

Vermont Response -- Technical Volume
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McDonnell S, Kirkland KB, Hlady, et al. Failure of Cooking to prevent shellfish-associated viral gastroenteritis. Arch Int. Med. 1997;157:111-116.

CDC. Evidence for Iron overload disorders among Hispanics. MMWR Vol 45. No 45. Nov 15, 1996.

CDC. National Health and Nutrition Assessment, Vietnam. Jan 1996.

McDonnell S. Iron Overload and Hereditary Hemochromatosis: The start of a national program. Bulletin Greene County Medical Society. Sept. 1996. pp 19-20. Greene Co Medical Society. Springfield MO.

CDC. Multi state outbreak of viral gastroenteritis associated with consumption of oysters--Apalachicola Bay, Florida, December 1994-January 1995. MMWR 1995;44:37-9.

McDonnell, S, Troiano, R, Barker N., Hlady WG, Noji E., Hopkins, RS. "Evaluation of long-term community recovery from Hurricane Andrew: Use of assistance by population sub-groups". Disasters. Vol 19, No 4. December, 1995

McDonnell, S., Troiano, R., Hlady, G., Hopkins, R, Barker, N., Noji, E., Stroup, N. Long-Term Effects of Hurricane Andrew: Revisiting mental health indicators. Disasters. Vol 19. No 3. Sept, 1995.

McDonnell S, Hlady WG--Letter to the editor JAMA re December 21, 1994 article "Coping with Calamity: How well does health care disaster planning work?" JAMA June 21, 1995

McDonnell S, Brennan M., Burnham G., Tarantola D. A Model for the Assessment and Planning of Home-based Care for Persons with AIDS. Journal Health Policy and Planning. Vol 9 No. 4 December 1994. London School of Tropical Hygiene.

AIDS Home Care Handbook. WHO/GPA/IDS/HCS 93.2. December 1993. Primary author.

Living With Aids in the Community. WHO/GPA. Released December 1992 for World AIDS day. Geneva Switzerland.

AIDS: An African Doctors Handbook. WHO/GPA publication. Geneva Switzerland 1992. Contributing author for chapter on counseling.

HIV/AIDS: A manual for Counseling Training. WHO/GPA publication 1992. Editor and contributing author for multiple sections.

"Health Manpower Assessment- Afghanistan" World Health Organization Geneva Switzerland. January 1990.

Coordination of Medical Committees. A Practical Guide to Common Illnesses In Afghanistan. Coauthor and editor. Peshawar Pakistan. Published in English, Farsi and Pashtu. Sept 1988.

Rothrock, J; Johnson P; **McDonnell-Rothrock S.** Fulminant Polyneuritis after Overdose of Disulfuram and Ethanol. Neurology 1984; 34:357-9

Curriculum Vitae

Roy Gibson Parrish II, M.D.

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Peacham, Vermont 05862
Telephone & Fax: (802) 592-3357
Email: gib.parrish@gmail.com

Professional Experience and Research

- 2002–Present Retired from Centers for Disease Control and Prevention
 Consultant and Lecturer in Population Health
 Co-editor and author of Oxford University Press textbook on health
 statistics
- 1998–2002 Senior Public Health Scientist
 Division of Public Health Surveillance and Informatics
 Epidemiology Program Office
 Centers for Disease Control and Prevention
- 1999 Acting Director
 Division of Public Health Surveillance and Informatics
 Epidemiology Program Office
 Centers for Disease Control and Prevention
- 1997–1998 Associate Director for Information Systems and Surveillance
 Division of Environmental Hazards and Health Effects
 National Center for Environmental Health
 Centers for Disease Control and Prevention
- 1993–1997 Chief
 Surveillance and Programs Branch
 Division of Environmental Hazards and Health Effects
 National Center for Environmental Health
 Centers for Disease Control and Prevention
- 1987–1993 Chief
 Surveillance and Information Systems Section
 Division of Environmental Hazards and Health Effects
 Center for Environmental Health and Injury Control
 Centers for Disease Control
- 1985–1986 Medical Epidemiologist
 Division of Environmental Hazards and Health Effects

Professional Experience and Research

- Center for Environmental Health and Injury Control
Centers for Disease Control and Prevention
- 1983–1985 Medical Officer
Hazard Evaluation System and Information Service
California State Department of Health Services
Berkeley, California
- 1982–1985 Medical Epidemiologist
Hazard Evaluation and Technical Assistance Branch
National Institute for Occupational Safety and Health
Cincinnati, Ohio & Berkeley, California
- 1982–1984 Epidemic Intelligence Service Officer
Centers for Disease Control
Atlanta, Georgia
- 1981–1982 Research: Regulation of Gene Expression by Steroid Hormones
Stanley McKnight's Laboratory
Department of Pharmacology
University of Washington
Seattle, Washington
- 1973–1974 Research: Neuropharmacology of Antipsychotic Drugs
Paul Greengard's Laboratory
Department of Pharmacology
Yale University
New Haven, Connecticut

Education

- 1983–1985 Residency in Preventive Medicine
Centers for Disease Control
Atlanta, Georgia
- 1978–1982 Residency in Pathology and Laboratory Medicine
Departments of Pathology and Laboratory Medicine
University of Washington
Seattle, Washington
- 1974–1978 Doctor of Medicine, 1978
School of Medicine
University of California
Los Angeles, California

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1978 Medical School Elective
Special Studies Branch
Center for Disease Control
Atlanta, Georgia

1969–1973 Bachelor of Arts, 1973
Yale University
New Haven, Connecticut

Certification and Licensure

Medical Licenses, California, Vermont, and Washington State (inactive)

Board Certified in Pathology, November 1984

Board Certified in Laboratory Medicine, November 1984

Awards

2000 Unit Commendation, USPHS

2000 Unit Commendation, USPHS

1996 Outstanding Service Medal, USPHS

1994 Outstanding Service Award, National Association of Medical Examiners

1994 Unit Commendation, USPHS, for study of deaths in Houston and their relationship to methadone use

1992 Unit Commendation, USPHS

1992 Unit Commendation, USPHS

1992 PHS Citation, USPHS

1990 Commendation Medal, USPHS

1987 PHS Citation, USPHS

1987 Achievement Medal, USPHS

Committees and Workshops

1996–1997 CDC Representative, HHS Data Council Committee on Health Data Standards

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- 1996–1997 Vice–Chair and member, Health Information and Surveillance Systems Board, Centers for Disease Control and Prevention
- 1994–1996 Participant, Steering Committee to Re–engineer Death Registration in the United States, National Center for Health Statistics
- 1993–1995 Member, Steering Committee for Public Health Information and Surveillance System Development, Centers for Disease Control and Prevention
- 1993 Chairperson, Session on Hospital/Medical Records, Workshop on the Future Role of Microcomputers in Epidemiology, Centers for Disease Control
- 1993 Member, Planning Group on National Public Health Surveillance, Centers for Disease Control and Prevention
- 1991 Discussant, Invited Session on Public Health Surveillance Data, Annual meeting of American Statistical Association, Atlanta, Georgia
- 1991 Participant, NCHS Workshop on Health Status Indicators for Year 2000, Crystal City, Virginia
- 1991 Moderator, Second NCHS Workshop on Improving Cause of Death Statistics, Virginia Beach, Virginia
- 1990 Member, Subcommittee on Electronic Systems for Public Health Surveillance, CDC Surveillance Coordination Group
- 1990 Member, CDC Complexity Model Advisory Panel, Clinical Laboratory Improvement Act, 1988
- 1989–1990 Member, PHS Task Force on Drug Abuse Data, Office of the Assistant Secretary for Health
- 1987–1998 Chair, CDC Medical Examiner/Coroner Workgroups
- 1986 Chair, Work Group on Dioxin–exposed Persons: Recommendations for a National Registry, Follow–up Studies, and Health Surveillance, Center for Environmental Health, Centers for Disease Control
- 1985–1997 Member, CDC Surveillance Coordination Group, Centers for Disease Control

Presentations on the Use of Mortality Data Obtained from Medical Examiners and Coroners

Annual meeting of National Association of Medical Examiners, Baltimore, Maryland, September 1997.

Training Course for EIS Officers, Centers for Disease Control, July 1993.

Annual meeting of Council of State and Territorial Epidemiologists, Minneapolis, Minnesota, June 1993.

Annual meeting of Association of Vital Records and Health Statistics, San Antonio, Texas, May 1993.

Annual meeting of American Academy of Forensic Sciences, Boston, Massachusetts, February 1993.

Fall Surveillance Course for EIS Officers, Centers for Disease Control, November 1992.

Course on Public Health Surveillance, University of Washington School of Public Health, Seattle, Washington, October 1992.

Seminar, Division of Injury Control, Centers for Disease Control, Atlanta, Georgia, April 1992.

Annual meeting of American Academy of Forensic Sciences, New Orleans, Louisiana, February 1992.

Making Information Work Conference, National Governors' Association, Washington, DC, January 1992.

National Electronic Injury Seminar, California Department of Health Services, November 1991.

Annual meeting of American Public Health Association, Atlanta, Georgia, November 1991.

Annual meeting of Council of State and Territorial Epidemiologists, San Diego, California, May 1991.

Annual meeting of Association of Vital Records and Health Statistics, San Francisco, May 1991.

Course on Public Health Surveillance, University of Washington School of Public Health, Seattle, Washington, November 1990.

Fourth National Environmental Health Conference, San Antonio, Texas, June 1989.

Other Presentations

"Impact of weather on health" at the Workshop on the Social and Economic Impacts of Weather, Boulder, Colorado, April 1997.

Publications

Friedman DJ, Hunter EL, Parrish RG. Summing up: toward a twenty-first century vision for health statistics. In: Friedman DJ, Hunter EL, Parrish RG (eds.). Health statistics: shaping policy and practice to improve the population's health. New York: Oxford University Press, 2005:500-516.

Friedman DJ, Parrish RG, Moiduddin A, Ketchel AE. Health statistics and knowledge creation. In: Friedman DJ, Hunter EL, Parrish RG (eds.). Health statistics: shaping policy and practice to improve the population's health. New York: Oxford University Press, 2005:243-277.

Greenberg MS, Parrish RG. Standards and their use in health statistics. In: Friedman DJ, Hunter EL, Parrish RG (eds.). Health statistics: shaping policy and practice to improve the population's health. New York: Oxford University Press, 2005:183-213.

Bailey WP, Martin AB, Corley EH, Friedman DJ, Parrish RG. Health statistics from nonhealth sources. In: Friedman DJ, Hunter EL, Parrish RG (eds.). Health statistics: shaping policy and practice to improve the population's health. New York: Oxford University Press, 2005:161-82.

Hunter EL, Friedman DJ, Parrish RG. The health statistics enterprise. In: Friedman DJ, Hunter EL, Parrish RG (eds.). Health statistics: shaping policy and practice to improve the population's health. New York: Oxford University Press, 2005:53-79.

Parrish RG, Friedman DJ, Hunter EL. Defining health statistics and their scope. In: Friedman DJ, Hunter EL, Parrish RG (eds.). Health statistics: shaping policy and practice to improve the population's health. New York: Oxford University Press, 2005:3-23.

Friedman DJ, Hunter EL, Parrish RG, editors. Health statistics: shaping policy and practice to improve the population's health. New York: Oxford University Press, 2005.

Parrish RG, McDonnell SM. Hereditary hemochromatosis and its elusive natural history. Arch Intern Med. 2003 Nov 10;163(20):2421-3; author reply 2427.

Parrish RG, McDonnell SM. Sources of health-related information. In: Teutsch SM, Churchill RE (eds.). Principles and practice of Public Health Surveillance, Second Edition. New York: Oxford University Press, 2000:30-75.

Koo D, Parrish RG. The changing health-care information infrastructure in the United States: opportunities for a new approach to public health surveillance. In: Teutsch SM, Churchill RE (eds.). Principles and practice of Public Health Surveillance, Second Edition. New York: Oxford University Press, 2000:76-94.

Combs DL, Quenemoen LE, Parrish RG, Davis JH. Assessing disaster-attributed mortality: development and application of a definition and classification matrix. International Journal of Epidemiology 1999;28:1124-1129.

Yang Q, McDonnell SM, Khoury MJ, Cono J, Parrish RG. Hemochromatosis-associated mortality in the United States from 1979 to 1992: an analysis of multiple-cause mortality data. *Ann Intern Med* 1998;129:946-953.

Devine O, Parrish RG. Monitoring the health of a population. In: Stroup DF, Teutsch SM, editors. *Statistics in Public Health*. New York: Oxford University Press, 1998:59-91.

Yoon SS, Macdonald SC, Parrish RG. Deaths from unintentional carbon monoxide poisoning and potential prevention with carbon monoxide detectors. *JAMA* 1998 Mar 4;279(9):685-687.

Hanzlick R, Parrish RG. Epidemiologic aspects of forensic pathology. *Clinics in Laboratory Medicine* 1998;18(1):23-37.

Mannino DM, Etzel RA, Parrish RG. Pulmonary fibrosis deaths in the United States, 1979-1991: an analysis of multiple-cause mortality data. *Am J Respir Crit Care Med* 1996;153:1548-1552.

Combs DL, Parrish RG, McNabb SJ, Davis JH. Deaths related to Hurricane Andrew in Florida and Louisiana, 1992. *Int J Epidemiol* 1996 Jun;25(3):537-544.

Thacker SB, Stroup DF, Parrish RG, Anderson HA. Surveillance in environmental public health: issues, systems, and sources. *Am J Public Health* 1996;86(5):633-638.

Nolte KB, Simpson GL, Parrish RG. Emerging infectious agents and the forensic pathologist: the New Mexico model. *Arch Pathol Lab Med* 1996;120:125-128. (This article has also been published as a book chapter: Nolte KB, Simpson GL, Parrish RG: Emerging Infectious Agents and the Forensic Pathologist: The New Mexico Model. In: *Pathology of Emerging Infections 2*, Nelson AM, Horsburgh CR, Editors, ASM Press, Washington, DC, 1998.)

Barrett DH, Luk AJ, Parrish RG, Jones TS. An investigation of medical examiner cases in which methadone was detected, Harris County, Texas, 1987-1992. *J Forensic Sci* 1996;41(3):442-448.

Hanzlick R, Parrish RG. The role of medical examiners and coroners in public health surveillance and epidemiologic research. *Ann Rev Public Health* 1996;17:383-409.

Kung H-C, Parrish RG, Spitler J. The abstractability and consistency of medical examiner/coroner reports: results from the 1993 National Mortality Followback Survey pilot. *J Forensic Sci* 1996;41(1):86-93.

Moolenaar RL, Etzel RA, Parrish RG. Unintentional deaths from carbon monoxide poisoning in New Mexico, 1980 to 1988-A comparison of medical examiner and national mortality data. *West J Med* 1995; 163:431-434.

Parrish G. Assessing and improving the quality of data from medical examiners and coroners. In: *Proceedings of the International Collaborative Effort on Injury Statistics, Volume 1*. Bethesda, MD: National Center for Health Statistics, 1995 (DHHS Publication No. (PHS) 95-1252).

Hanzlick R, Parrish G. Coroners and public health [Letter]. *Lancet* 1995;345:194–195.

Good SE, Parrish RG, Ing RT. Children's deaths at day-care facilities. *Pediatrics* 1994;94(6):Supplement 1039–1041.

Sacks JJ, Mercy JA, Ryan GW, Parrish RG. Guns in the home, homicide, and suicide [Letter]. *JAMA* 1994;272:847–848.

Eberhart-Phillips JE, Saunders TM, Robinson AL, Hatch DL, Parrish RG. Profile of mortality from the 1989 Loma Prieta earthquake using coroner and medical examiner reports. *Disasters* 1994;18(2):160–170.

Dijkhuis H, Zwerling C, Parrish G, Bennett, Kemper HCG. Medical examiner data in injury surveillance: a comparison with death certificates. *Am J Epidemiology* 1994;139(6):637–643.

Hanzlick RL, Parrish RG. Death investigation report forms (DIRFs): Generic forms for investigators (IDIRFs) and certifiers (CDIRFs). *J Forensic Sci* 1994;39(3):629–636.

Hanzlick RL, Parrish RG, Combs DL. Standard language in death investigation laws. *J Forensic Sci* 1994;39(3):637–643.

Hanzlick R, Parrish G, Ing RT. Sudden infant death syndrome: will establishing risk factors spuriously reduce incidence [Letter] *JAMA* 1993;270(22):2684–5.

Hanzlick RL, Parrish RG, Ing R. Features of commercial computer software systems for medical examiners and coroners. *Am J Forensic Med and Path* 1993;14(4):334–39.

Hanzlick R, Parrish RG. Deaths among the homeless in Fulton County, Georgia, 1988–90. *Public Health Reports* 1993;108(4):488–91.

Nelson DE, Sacks JJ, Sosin DM, McFeeley P, Smith SM. Sensitivity of multiple-cause mortality data for surveillance of deaths associated with head or neck injuries. *MMWR* 1993;42(SS-5):29–35.

Hanzlick R, Parrish RG, Ing R. Classifying Unspecified and/or Unexplained causes of death [Letter]. *APHA* 1993;83(10):1492–1493.

Hanzlick R, Combs D, Parrish RG, Ing RT. Death investigation in the United States, 1990: A survey of statutes, systems, and educational requirements. *Journal of Forensic Sciences* 1993;38(3):628–632.

Pollock DA, O'Neil JM, Parrish RG, Combs DL, Annett JL. Temporal and geographic trends in the autopsy frequency of blunt and penetrating trauma deaths in the United States. *JAMA* 1993;269(12):1525–1531.

Vermont Response -- Technical Volume
SSA-RFP-05-1050

Hanzlick R, Parrish RG. The failure of death certificates to record the performance of autopsies [Letter]. *JAMA* 1993;269(1):47.

Hanzlick R, Parrish RG. Factors influencing the testing for driving under the influence [Letter]. *JAMA* 1992;268(2):200.

Philen RM, Combs DL, Miller L, Sanderson LM, Parrish RG, Ing R. Hurricane Hugo-related deaths: South Carolina and Puerto Rico, 1989. *Disasters* 1992;16(1):53-59.

Agocs MM, Etzel RA, Parrish RG, et al. Mercury exposure from interior latex paint. *NEJM* 1990;323:1096-1101.

Philen RM, Kilbourne EM, McKinley TW, and Parrish RG. Mass sociogenic illness by proxy: parentally reported epidemic in an elementary school. *Lancet* 1989;ii:1372-1376.

Parrish RG. Death in the night: Mysterious syndrome in Asian refugees. In: Bernstein E, editor. 1989 Medical and Health Annual. Chicago: Encyclopedia Britannica, 1988:286-290.

Thacker SB, Parrish RG, Trowbridge FL, et al. A method for evaluating systems of epidemiological surveillance. *Wld hlth statist. quart.* 1988;41:11-18.

Parrish RG, Ing R. Medical examiner and coroner jurisdictions in the United States - 1988. Colorado Springs: American Academy of Forensic Sciences, 1988.

Parrish RG, Falk, H, and Melius, JM. Industrial Disasters: Classification, Investigation, and Prevention. In: Harrington M, editor. *Recent Advances in Occupational Health*. London: Churchill Livingstone, 1987:155-168. (Harrington M, ed. *Recent Advances in Occupational Health*;vol 3).

Parrish G, Tucker M, Downes D. Surveillance for sudden unexplained death syndrome [Letter]. *JAMA* 1986;255:2893.

Parrish G, Glass R, Kimbrough R. Acute Arsine Poisoning. *Arch. Env. Health* 1979; 34(4): 224-229.

Clement-Cormier YC, Parrish RG, Petzold GL, Keabian JW, and Greengard P. Characterization of a Dopamine-Sensitive Adenylate Cyclase in the Rat Caudate Nucleus, *Journal of Neurochemistry* 1975; 14: 143-149.

CDC Publications

Combs DL, Parrish RG, Ing R. *Death Investigation in the United States and Canada, 1995*. Atlanta: Centers for Disease Control, 1995.

Parrish, G. Assessing and improving the quality of data from medical examiners and coroners. From *Proceedings of the International Collaborative Effort on Injury Statistics, Volume 1*.

Vermont Response -- Technical Volume
SSA-RFP-05-1050

Hyattsville, Maryland: National Center for Health Statistics, Centers for Disease Control and Prevention, 1995.

Combs DL, Parrish RG, Ing R. Death Investigation in the United States and Canada, 1992. Atlanta: Centers for Disease Control, 1992.

Centers for Disease Control. Cyanide poisoning associated with over-the-counter medication – Washington State, 1991. MMWR 1991;40:161–168.

Combs DL, Parrish RG, Ing R. Death Investigation in the United States and Canada, 1990. Atlanta: Centers for Disease Control, 1990.

Centers for Disease Control. Earthquake-associated deaths – California. MMWR 1989;38:767–770.

Centers for Disease Control. Death Investigation – United States, 1987. MMWR 1989;38:1–4.

Klaucke DN, Beuhler JW, Thacker SB, Parrish RG, et al. Guidelines for evaluating surveillance systems. MMWR 1988;37(No. S-5):1–18.

Centers for Disease Control. Autopsy Frequency – United States, 1980–1985. MMWR 1988;37:191–194.

Centers for Disease Control. Deaths among the Homeless – Atlanta, Georgia. MMWR 1987;36:297–299.

Parrish RG, Tucker M, Ing R, Encarnacion C, Eberhardt M. Sudden unexplained death syndrome in Southeast Asian refugees: A review of CDC surveillance. In: CDC Surveillance Summaries, February 1987. MMWR 1987;36(No. 1SS):43SS–53SS.

Apol AG, Parrish RG, Helgeson S. Health Hazard Evaluation: Raygo–Wagner, Portland, Oregon. Cincinnati, Ohio: National Institute for Occupational Safety and Health, 1984. (DHHS [NIOSH, HETA] Publication no. 83–113–1470).

Parrish RG, Wallingford K. Health Hazard Evaluation: Dana Corporation, Fort Wayne, Indiana. Cincinnati, Ohio: National Institute for Occupational Safety and Health, 1984. (DHHS [NIOSH, HETA] Publication no. 83–107).

Parrish RG, Hartle R. Health Hazard Evaluation: General Electric Company, Evandale, Ohio. Cincinnati, Ohio: National Institute for Occupational Safety and Health, 1984. (DHHS [NIOSH, HETA] Publication no. 83–044).

Parrish RG, Hartle R. Health Hazard Evaluation: Keystone Color Works Incorporated, York, Pennsylvania. Cincinnati, Ohio: National Institute for Occupational Safety and Health, 1984. (DHHS [NIOSH, HETA] Publication no. 82–326–1420).

Vermont Response -- Technical Volume
SSA-RFP-05-1050

Parrish RG, Chrostek W, Hartle R. Health Hazard Evaluation: R&S Manufacturing Company, Columbia, Pennsylvania. Cincinnati, Ohio: National Institute for Occupational Safety and Health, 1983. (DHHS [NIOSH, HETA] Publication no. 82-355-1375).

References

Personal and Professional References Furnished on Request.

September 1, 2005

Mr. Walker:

Please find accompanying this cover letter a revised price proposal for Solicitation No. SSA-RFP-05-1050 and the contracting plan form.

For your reference, the revised price proposal includes the following changes:

- Recalculation of the loaded hourly wages for all positions;
- Removal of costs for third-party EDRS application and modifications;
- Revision of total proposal price to \$610,832.10.

This letter will serve as an official statement of intent to develop the EDRS application in-house. This is a change from the proposal, in which we described the option to purchase an existing application and modify it to serve Vermont's needs. If the SSA funds the proposed IT positions described within our technical proposal, we plan to build the EDRS with those resources and integrate it with our SPHINX database and births registration system.

Also, in our conference call you asked a question, *"For those that would still be paper records arriving at your Vital Records Office, what percentage of those death certificates would your staff receive within 10 days of death?"*

The simple answer is very, very few, but an exact percentage is difficult to provide. For example, instead of looking at average time, we looked at median days. The median number of days for a death certificate to be entered into our records after the date of death is 29 days. There are couple reasons for this:

- If a certificate has not been signed by the town clerk on the bottom of the form, or the year signed is incorrect, Vital Records writes back to the town clerk asking for corrected copy. The death certificate isn't entered until that corrected version is received. That process of request and receipt of a corrected version can add 7-10 days to the process.
- If Vital Records can't read a doctor's signature, the staff has to follow up with the funeral director, or nursing home, etc. to find out who it was, thereby adding several days to the process;
- If cause of death is not legible, Vital Records needs to follow up with physician, oftentimes delaying data entry of the form by a week.

These are each good examples for why an EDRS application will be extremely valuable for the State to develop and implement. It is not uncommon for us to receive some of the death certificates within 10 days, but they are not entered until these types of discrepancies are addressed. Since it fluctuates greatly, I cannot provide a reliable percentage in answer to the question. My "best guess" would be 10%, but that has significant variation, depending on who the physician and town clerk may be.

Please feel free to contact me if you have any additional questions.

Sincerely,

Richard McCoy
Public Health Statistics Chief
Vermont Department of Health

SECTION J

ATTACHMENT 1

**SMALL BUSINESS SUBCONTRACTING PLAN
(MODEL PLAN OUTLINE)**

SMALL BUSINESS SUBCONTRACTING PLAN OUTLINE *

Identification Data

Contractor: **Vermont Department of Health**

Address: **108 Cherry St., Burlington, Vermont 05402**

Solicitation or Contract Number: **SSA-RFP-05-1050**

Item/Service: **Electronic Death Registration System**

Total Amount of Contract (Including Options): **\$610,832.10**

Period of Contract Performance (DAY, MONTH & YEAR): **9/1/05**

Federal Acquisition Regulation (FAR), paragraph 19.708(b) prescribes the use of the clause at FAR 52.219-9, entitled "Small Business Subcontracting Plan (OCT 2001)". The following is a suggested model for use when formulating such a subcontracting plan. While this model plan has been designed to be consistent with FAR 52.219-9, other subcontracting plan formats may be acceptable. However, failure to include the essential information as exemplified in this model may be cause for either a delay in the acceptance of, or the rejection of, a bid or offer where the clause is applicable. Further, the use of this model is not intended to waive other requirements that may be applicable under FAR 52.219-9. "SUBCONTRACT" as used in this clause, means any agreement (other than one involving an employer-employee relationship) entered into by a Federal Government prime contractor or subcontractor calling for supplies or services required for performance of the contract or subcontract.

SMALL BUSINESS SUBCONTRACTING PLAN OUTLINE
(continued)

1. Type of Plan (Check One)

XX Individual plan (All elements developed specifically for this contract and applicable for the full term of this contract).

The Vermont Department of Health does not have a subcontracting plan. Our parent organization – the Agency of Human Services – does not have a subcontracting plan either.

For that reason, we're identifying this contract as an "individual plan" meaning that any terms would only relate to this contract.

Additionally, we have revised our proposal and removed the subcontracting portion (e.g., purchase of third-party software). Therefore, this contract will not have any subcontracting aspect (SSA funds to be spent on subcontracting are \$0) and there will not be an individual plan for subcontracting.

2. Goals

A. Total dollars (small and large business) planned to be subcontracted \$ 0.

B. Total dollars and percentage of planned subcontracting to small business concerns is \$ and 0% (percentage of A above).

C. Total dollars and percentage of planned subcontracting to small disadvantaged business concerns is \$ 0 and 0% (percentage of A above).

D. Total dollars and percentage of planned subcontracting to women-owned small business concerns is \$ 0 and 0% (percentage of A above).

SMALL BUSINESS SUBCONTRACTING PLAN OUTLINE
(continued)

2. Goals (cont'd)

E. Total dollars and percentage of planned subcontracting to HUBzone business concerns is \$ 0 and 0 % (percentage of A above).

F. Total dollars and percentage of planned subcontracting to veteran-owned small businesses is \$ 0 and 0 %

G. Total dollars and percentages of planned subcontracting to Service-Disabled veteran-owned small businesses is \$ 0 and 0 %

H. Provide a description of all the products and/or services to be subcontracted under this contract, and indicate the types of businesses supplying them (i.e., OTHER THAN SMALL BUSINESSES (OTHER), SMALL BUSINESS (SB), SMALL DISADVANTAGED BUSINESS (SDB), WOMEN-OWNED BUSINESS (WOB), HUBZONE (HZ), VETERAN-OWNED SMALL BUSINESS (VOSB), and SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERNS (SDVOSB):

(check all that **apply**)

Product/Service

Other SB SDB WOB HZ VOSB SDVOSB

None

I. Provide a description of the method used to develop the subcontracting goals for small, small disadvantaged, women-owned HUBZone, veteran-owned, service-disabled veteran-owned small business concerns (i.e., explain the method and state the quantitative basis (in dollars) used to establish the percentage goals; how the areas to be subcontracted to small, small disadvantaged, women-owned, HUBZone, veteran-owned, and service-disabled veteran-owned small businesses, were determined; and how the capabilities of small, small disadvantaged, women-owned, HUBZone, veteran-owned, and service-disabled veteran-owned small businesses were determined (include any source lists used in the determination process)):

None

I. Indirect costs (check one) have been ___ has not been ___ included in the dollar and percentage subcontracting goals stated above.

Does Not Apply

J. If indirect costs have been included, explain the method used to determine the proportionate share of such costs to be allocated as subcontracts to small, small disadvantaged, women-owned, HUBzone, veteran-owned, and service-disabled veteran-owned small business concerns.

Does Not Apply

SMALL BUSINESS SUBCONTRACTING PLAN OUTLINE
(continued)

3. Program Administrator

Does Not Apply (since there is no subcontracting planned).

4. Equitable opportunity

Does Not Apply (since there is no subcontracting planned).

5. Flow-Down Clause

Does Not Apply (since there is no subcontracting planned).

6. Reporting and Cooperation

Does Not Apply (since there is no subcontracting planned).

VOLUME II

BUSINESS MANAGEMENT AND PRICE PROPOSAL

2-1 INTRODUCTION AND CERTIFICATIONS

2-2 SERVICES AND PRICES

2-3 REPRESENTATIONS AND ADDITIONAL INFORMATION

2-1 INTRODUCTIONS AND CERTIFICATIONS

This document is the response by The Vermont Department of Health to the Social Security Administration's (SSA) Request for Proposal (RFP), SSA-RFP-05-1050 offered for the creation of Electronic Death Registration Systems (EDRS) in any of the 50 states. The submission deadline is 2:00 EST, July 14, 2005.

A. Name, address, and telephone and facsimile numbers of the offeror

Name: Vermont Department of Health
Vital Records Program
Division of Health Surveillance

Address: P O Box 70
108 Cherry St.
Burlington, VT 05402-0070

Telephone: (802) 651-1862
FAX: (802) 865-7701

Email: rmccoy@vdh.state.vt.us

B. Statement of acceptance of terms, conditions and provisions

The Vermont Department of Health accepts and agrees to all terms, conditions, and provisions included in the solicitation. The Department further agrees to furnish any and all items upon which prices are offered at the price set opposite each item.

Signature

Date

SIGNED VERSION PREVIOUSLY MAILED

Paul Jarris, Commissioner
Vermont Department of Health

The State of Vermont agrees to allow the Social Security Administration to immediately terminate benefits for any verified death record it transmits to the SSA.

ANTICIPATED TOTAL COST AND AVAILABLE FUNDING

SSA Contract Proposal FY 05/06 and 06/07	\$ 610,832.10
Contributed Cost from State (Contractor)	\$ 188,029.70
TOTAL	\$ 798,861.80

C. Name, title, and contact information of person authorized to negotiate on the offeror's behalf with the Social Security Administration

Name: Richard McCoy
Vermont Department of Health

Address: P.O. Box 70
108 Cherry St.
Burlington, VT 05402-0070

Telephone: (802) 651-1862
FAX: (802) 865-7701

Email: rmccoy@vdh.state.vt.us

D. Name, title, and contact information of person authorized to sign the proposal.

Name: Paul Jarris
Vermont Department of Health

Address: P.O. Box 70
108 Cherry St.
Burlington, VT 05402-0070

Telephone: (802) 863-7200
FAX: (802) 865-7754

Email: webkeeper@vdh.state.vt.us

E. Invoices

Unless SSA specifies otherwise, the Vermont Department of Health (VDH) will submit an invoice specifying resources utilized (individuals/labor categories; computer or other equipment usage, etc) as provided by the contract and deliverables monthly to the SSA Office of Finance. VDH will mail one original and one copy of each invoice to:

Social Security Administration
Office of Finance
PO Box 47
Baltimore, MD 21235-0047

Concurrent with submission of invoices to the above address, VDH will submit one copy of all invoices directly to the SSA Project Officer.

Concurrent with submission of invoices to the Office of Finance, VDH will submit one copy of all invoices containing requests for reimbursement of travel costs to the Contract Specialist listed below:

Daniel Walker, Contract Specialist
Social Security Administration
Office of Acquisition and Grants
G-C-7 East High Rise Bldg
Baltimore, MD 21235

Ph: (410) 965-4188
Fax: (410) 966-0870
Email: daniel.walker@ssa.gov

F. Commitments relative to the work indicated in this proposal.

The Vermont Department of Health does not have any other commitments related to registration of death that will interfere with the work outlined in this proposal.

G. Royalties and Patents

There are no intentions to apply for patents or royalties for the work products produced or achieved as part of the Vermont Electronic Death Registration System.

2-2 SERVICES AND PRICES

The State of Vermont, Department of Health will provide all necessary personnel, materials, services, facilities and equipment for this project, except those that may be otherwise specified herein, and shall perform all tasks necessary for, or incidental to, the performance of the Electronic Death Registration (EDR) process, as described in the contract. All items are firm/fixed price, except for Item 5, Travel.

For the contract term, the State of Vermont, Department of Health will provide partial funding for the purchase of software, its modification and licensing to accomplish these requirements. The State of Vermont will be using a portion of its federal bioterrorism funds to contribute towards the purchase. The remainder of the funding for purchase of software, its modification and licensing to accomplish these requirements will come from the SSA contract. The State of Vermont will also provide a portion of the staff support needed for the implementation of EDR, paid for by the state's general funds and federal bioterrorism funds.

The State of Vermont, Department of Health, will be reimbursed for travel costs, meeting room and equipment rentals for employees to travel throughout the state to meet with participant workgroups to solicit responses to the re-engineering of this process and later train extensively users of the system. Contractor travel will also be provided to monitor pilot sites and to attend meetings necessary to modify the system to meet SSA requirements.

Funds will also be used to develop a means of on-line training and curriculum guides for all interested participants. In addition, funds will be used to provide for efficient collection and uploading of data from participant locations and to provide training and computer access.

The balance of the contract funds will be used for the wages of staff as they devote their time to accomplishing each of the stated objectives singly or in teams/groups. The portion of the staffing plan to be covered by SSA contract funds includes:

- **EDRS Project Manager:** Will serve as the overall project lead with responsibility for oversight of the requirements process, review and feedback on design requirements, reporting, facilitation of workgroups, and coordination with other program areas (e.g., Medical Examiner's Office). [100% of position]
- **Recruitment and Development Field Officer:** Will build consensus and provide hands-on-implementation support for the users of the system. Considerable effort will be made to use web technology to assist users. The staff member will develop materials, make site visits, coordinate all communication with potential participants, and provide information on participant concerns. He/she will provide outreach to local jurisdictions as well as monitoring them for compliance issues. [100% of position]
- **Information Technology Liaison Officer:** Will be responsible for coordination of all aspects of the project, trouble-shooting and testing system capabilities, programming of interface/module, and analyzing work processes of all participants to

insure that effective and efficient work processes are developed. [100% of position]

- **Database Administrator:** Will be responsible for development of SPHINX database tables, data warehouse, and integration testing. [100% of position]
- **Information Technology Project Leader:** Will be responsible for managing the information technology aspect of the project, such as coordination and testing of SPHINX, participation in requirements processes, and ensuring the ongoing maintenance and enhancement of the system. [29% of position]
- **Recruitment and Development Program Manager:** Will be responsible for planning and directing efforts to recruit and implement the system with users. This position manages the Recruitment Field Officer. Also, this position is responsible for data quality checks and business process controls. [15% of position]

Direct Labor Costs

The annual salaries of those who will contribute to the project are shown below. Specific resumes of these individuals are found in Attachment E of the Technical Volume. The rates for their pay grades may be verified at <http://www.vermontpersonnel.org/>. The salaries for these individuals fall within their pay ranges based upon their experience and length of state service. In calculating the loaded hourly wage, fringes were considered 35% of the hourly wage and overhead was set at 40%.

Staff Name: TBD (new position)
Position: Information Systems Developer II
(Information Technology Liaison Officer)
Grade: PG23
Loaded Hourly Wage: \$18.33 (hourly) \$32.08 (loaded)

Staff Name: TBD (new position)
Position: Information Systems Developer II
(Database Administrator)
Grade: PG23
Loaded Hourly Wage: \$18.33 (hourly) \$32.08 (loaded)

Staff Name: TBD (new position)
Position: Public Health Analyst III
(EDRS Project Manager)
Grade: PG25
Loaded Hourly Wage: \$20.62 (hourly) \$36.09 (loaded)

Staff Name: TBD (new position)
Position: Public Health Specialist
 (Recruitment Field Representative)
Grade: PG22
Loaded Hourly Wage: \$17.31 (hourly) \$30.29 (loaded)

Staff Name: Ed Andrus
Position: IT Manager I
 (Information Technology Project Leader)
Grade: PG28
Loaded Hourly Wage: \$24.72 (hourly) \$43.26 (loaded)

Staff Name: Cindy Hooley
Position: Vital Statistics Information Manager
 (Recruitment and Development Program Manager)
Grade: PG26
Loaded Hourly Wage: \$21.90 (hourly) \$38.33 (loaded)

All other personnel proposed within the Technical Volume (see Attachment A of the Technical Volume) are being funded by the State's general fund and federal bioterrorism funds.

Task Details

The following tasks will be covered by the SSA contract funds. Costs are broken out by Staff position using the Loaded Hourly Wage multiplied by estimated number of hours. All costs are based on the full period of the contract (twenty-four months).

Project Management Plan \$ 6,347.35

EDRS Project Manager	100 hours	\$ 3,609.00
Recruitment / Dev. Program Manager	15 hours	\$ 574.95
Information Technology Project Leader	15 hours	\$ 648.90
Recruitment Field Representative	50 hours	\$ 1,514.50

Report on How We Obtained Participant By-In \$ 5,206.65

EDRS Project Manager	60 hours	\$ 2,165.40
Recruitment / Dev. Program Manager	15 hours	\$ 574.95
Information Technology Project Leader	15 hours	\$ 648.90
Recruitment Field Representative	60 hours	\$ 1,817.40

Proof of Certification with each EDRS Participant Group **\$ 16,020.35**

EDRS Project Manager	95 hours	\$ 3,428.55
Recruitment / Dev. Program Manager	80 hours	\$ 3,066.40
Information Technology Project Leader	20 hours	\$ 865.20
Information Technology Liaison Officer	100 hours	\$ 3,208.00
Recruitment Field Representative	180 hours	\$ 5,452.20

Monthly Reports on Linkage Progress (24) **\$ 6,707.45**

EDRS Project Manager	80 hours	\$ 2,887.20
Recruitment / Dev. Program Manager	15 hours	\$ 574.95
Information Technology Project Leader	5 hours	\$ 216.30
Recruitment Field Representative	100 hours	\$ 3,029.00

Rollout Plan to Link 17% of Participants **\$ 23,208.10**

EDRS Project Manager	90 hours	\$ 3,248.10
Recruitment / Dev. Program Manager	60 hours	\$ 2,299.80
Information Technology Project Leader	40 hours	\$ 1,730.40
Information Technology Liaison Officer	60 hours	\$ 1,924.80
Database Administrator	40 hours	\$ 1,283.20
Recruitment Field Representative	420 hours	\$ 12,721.80

Screen Prints to Demonstrate How Participant Groups Link to VT EDRS **\$ 6,882.90**

EDRS Project Manager	25 hours	\$ 902.25
Recruitment / Dev. Program Manager	5 hours	\$ 191.65
Information Technology Project Leader	30 hours	\$ 1,297.80
Information Technology Liaison Officer	100 hours	\$ 3,208.00
Database Administrator	40 hours	\$ 1,283.20

Report on Consultation with SSA to Develop Requirements and Parameters of Transmission for Online Social Security Numbers **\$ 10,099.70**

EDRS Project Manager	40 hours	\$ 1,443.60
Recruitment / Dev. Program Manager	10 hours	\$ 383.30
Information Technology Project Leader	80 hours	\$ 3,460.80
Information Technology Liaison Officer	150 hours	\$ 4,812.00

Preliminary Report of the State's System for Verification by SSA of the Social Security Numbers On-Line **\$ 8,111.00**

EDRS Project Manager	40 hours	\$ 1,443.60
Recruitment / Dev. Program Manager	20 hours	\$ 766.60
Information Technology Project Leader	40 hours	\$ 1,730.40
Information Technology Liaison Officer	100 hours	\$ 3,208.00
Database Administrator	30 hours	\$ 962.40

Functional Requirement Report of the State's System for the Verification of the SS Number on-line **\$289,947.50**

EDRS Project Manager	1750 hours	\$ 63,157.50
Recruitment / Dev. Program Manager	250 hours	\$ 9,582.50
Information Technology Project Leader	500 hours	\$ 21,630.00
Information Technology Liaison Officer	1500 hours	\$ 48,120.00
Database Administrator	2000 hours	\$ 64,160.00
Recruitment Field Representative	2750 hours	\$ 83,297.50

Report on the Transmission of Social Security Number For Verification **\$ 9,091.80**

EDRS Project Manager	20 hours	\$ 721.80
Information Technology Project Leader	60 hours	\$ 2,595.60
Information Technology Liaison Officer	100 hours	\$ 3,208.00
Database Administrator	80 hours	\$ 2,566.40

Report on Consultation with SSA to Develop Requirements and Parameters for the Electronic Fact of Death Reports **\$ 18,458.20**

EDRS Project Manager	60 hours	\$ 2,165.40
Information Technology Project Leader	80 hours	\$ 3,460.80
Information Technology Liaison Officer	200 hours	\$ 6,416.00
Database Administrator	200 hours	\$ 6,416.00

Preliminary System Plan for Transmitting the Fact of Death Report to SSA within 24 Hours **\$ 14,090.60**

EDRS Project Manager	60 hours	\$ 2,165.40
Recruitment / Dev. Program Manager	40 hours	\$ 1,533.20
Information Technology Project Leader	40 hours	\$ 1,730.40
Information Technology Liaison Officer	150 hours	\$ 4,812.00
Database Administrator	120 hours	\$ 3,849.60

Functional Requirements Report that Outlines the System's Process to Transmit the Fact of Death Report within 24 hours **\$172,370.00**

EDRS Project Manager	1200 hours	\$ 43,308.00
Recruitment / Dev. Program Manager	100 hours	\$ 3,833.00
Information Technology Project Leader	250 hours	\$ 10,815.00
Information Technology Liaison Officer	1500 hours	\$ 48,120.00
Database Administrator	1500 hours	\$ 48,120.00
Recruitment Field Representative	600 hours	\$ 18,174.00

Report on Transmission of the Fact of Death Report within 24 hours **\$ 14,402.00**

EDRS Project Manager	40 hours	\$ 1,443.60
Information Technology Project Leader	40 hours	\$ 1,730.40
Information Technology Liaison Officer	200 hours	\$ 6,416.00
Database Administrator	150 hours	\$ 4,812.00

Travel Costs **not to exceed \$ 9,888.50**

	Travel	Hotel	Per Diem	Total
<u>Concensus Building</u>	(Mileage)			
Regional Meeting #1	100 @ 405	0	0	\$40.50
Regional Meeting #2	200 @ .405	0	0	\$81.00
Regional Meeting #3	200 @ .405	0	0	\$81.00
Regional Meeting #4	200 @ .405	0	0	\$81.00

Training

2000 @

Physicians	.405	0	0	\$810.00
-- 10 regional trainings				
Funeral Directors	2000 @	0	0	\$810.00
-- 10 regional trainings	.405			
Meet with SSA in Washington D.C.- 2 trips during contract	Airfare R/T \$350 per ticket	150 x2 trips	50 x 2 trips	\$1,100.00
Recruitment / Setup --150 participants @ an average of 100 miles per site = 15,000 miles	15000 miles @ .405	0	0	\$6,075.00
20 Problem Solving Trips to Pilot Sites	2000 miles @ .405	0	0	\$810.00

Travel

The Staff will be required to attend consensus building sessions in each of four regions during the initial stages of the project. Other members of our advisory committee will also attend so that concerns of all participants are addressed. These sessions will be held separately for the funeral directors, coroners, physicians, hospitals, and local registrars. It is anticipated that we will need a full day in each region to accomplish this task. Field visits to sites with particular concerns and problems are also anticipated.

During the Pilot testing phase there will be repeated trips required to those facilities chosen to do the test to install equipment, provide training, answer questions and monitor progress.

After the Pilot testing phase, there will be extensive travel needed to conduct recruitment and setup with the target 150 participants (sites). This travel is expected to be extensive and will require on-site implementation.

We have also budgeted for a member of our team to make two trips to SSA for one day to discuss and address implementation issues, particularly with any software messaging problems.

Total Contract Request

The total of all Staff expenses, Travel, Software, and Vendor Subcontracts, less the State's financial contribution, is:

TOTAL BUDGET \$610,832.10

State's Financial Contribution

The State of Vermont is contributing to the cost of developing and implementing an EDRS application using a combination of Federal bioterrorism dollars and State general funds. The estimated contributions are:

Federal Bioterrorism Funds (carry-forward funds)	\$ 50,000.00
Federal Bioterrorism Funds (staff time)	\$ 62,081.10*
State General Funds (staff time)	\$ 75,948.60**

TOTAL STATE CONTRIBUTION \$188,029.70

*This estimate includes: .25 FTE of Chief Medical Examiner (Steve Shapiro); .25 FTE of Deputy State Epidemiologist (Susan Schoenfeld); and .25 FTE of Sharon McDonnell and Gib Parrish. Total expense is estimated at \$62,081.10

**This estimate includes: .25 FTE of Vital Records Supervisor (Linda Davis); .25 FTE of Public Health Statistics Chief (Richard McCoy); .25 FTE of Vital Statistics Information Manager (Cindy Hooley); and, .25 FTE of Research and Statistics Analyst (Patrick Cummings). Total expense is estimated at \$75,948.60

Online Verification Software

It is understood that the National Association of Public Health Statistic and Information Systems (NAPHSIS) or SSA will provide the SSN verification software at no additional cost to states developing an EDRS. We will modify the software as necessary to accomplish tasks of online verification of SSNs within our system.

2-3 Representations and Additional Information

The following is Section K in its entirety:

SECTION K - REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS OF OFFERORS OR QUOTERS

K.1 Authorized Signature

To be completed by the offeror: (The representations and certifications must be executed by an individual authorized to bind the offeror.) The offeror makes the following representations and certifications as part of its proposal (check or complete all appropriate boxes or blanks on the following pages).

Vermont Department of Health
(Name of Offeror)

SSA-RFP-05-1050
(RFP No.)

SIGNED VERSION PREVIOUSLY MAILED

(Signature of
Authorized Individual)

(Date)

Paul Jarris
(Typed Name of Authorized Individual)

Note: The penalty for making false statements in offers is prescribed in 18 U.S.C. 1001.

K.2 52.203-11 Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions. APR 1991

(a) The definitions and prohibitions contained in the clause, at FAR 52.203-12, Limitation on Payments to Influence Certain Federal Transactions, included in this solicitation, are hereby incorporated by reference in paragraph (b) of this certification.

(b) The offeror, by signing its offer, hereby certifies to the best of his or her knowledge and belief that on or after December 23, 1989-

(1) No Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on his or her behalf in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement;

(2) If any funds other than Federal appropriated funds (including profit or fee received under a covered Federal transaction) have been paid, or will be paid, to any person for influencing or attempting to influence an officer or employee of any agency, a Member

of Congress, an officer or employee of Congress, or an employee of a Member of Congress on his or her behalf in connection with this solicitation, the offeror shall complete and submit, with its offer, OMB standard form LLL, Disclosure of Lobbying Activities, to the Contracting Officer; and

(3) He or she will include the language of this certification in all subcontract awards at any tier and require that all recipients of subcontract awards in excess of \$100,000 shall certify and disclose accordingly.

(c) Submission of this certification and disclosure is a prerequisite for making or entering into this contract imposed by section 1352, title 31, United States Code. Any person who makes an expenditure prohibited under this provision or who fails to file or amend the disclosure form to be filed or amended by this provision, shall be subject to a civil penalty of not less than \$10,000, and not more than \$100,000, for each such failure.

K.3 52.203-2 Certificate of Independent Price Determination. (APR 1985)

(a) The offeror certifies that -

(1) The prices in this offer have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other offeror or competitor relating to -

(i) Those prices;

(ii) The intention to submit an offer; or

(iii) The methods or factors used to calculate the prices offered.

(2) The prices in this offer have not been and will not be knowingly disclosed by the offeror, directly or indirectly, to any other offeror or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law; and

(3) No attempt has been made or will be made by the offeror to induce any other concern to submit or not to submit an offer for the purpose of restricting competition.

(b) Each signature on the offer is considered to be a certification by the signatory that the signatory -

(1) Is the person in the offeror's organization responsible for determining the prices being offered in this bid or proposal, and that the signatory has not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) of this provision; or

(2)(i) Has been authorized, in writing, to act as agent for the following principals in certifying that those principals have not participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) of this provision [insert full name of

person(s) in the offeror's organization responsible for determining the prices offered in this bid or proposal, and the title of his or her position in the offeror's organization];

(ii) As an authorized agent, does certify that the principals named in subdivision (b)(2)(i) of this provision have not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) of this provision; and

(iii) As an agent, has not personally participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) of this provision.

(c) If the offeror deletes or modifies subparagraph (a)(2) of this provision, the offeror must furnish with its offer a signed statement setting forth in detail the circumstances of the disclosure.

K.4 52.204-3 Taxpayer Identification. (OCT 1998)

(a) Definitions.

“Common parent,” as used in this provision, means that corporate entity that owns or controls an affiliated group of corporations that files its Federal income tax returns on a consolidated basis, and of which the offeror is a member.

“Taxpayer Identification Number (TIN),” as used in this provision, means the number required by the Internal Revenue Service (IRS) to be used by the offeror in reporting income tax and other returns. The TIN may be either a Social Security Number or an Employer Identification Number.

(b) All offerors must submit the information required in paragraphs (d) through (f) of this provision to comply with debt collection requirements of 31 U.S.C. 7701(c) and 3325(d), reporting requirements of 26 U.S.C. 6041, 6041A, and 6050M, and implementing regulations issued by the IRS. If the resulting contract is subject to the payment reporting requirements described in Federal Acquisition Regulation (FAR) 4.904, the failure or refusal by the offeror to furnish the information may result in a 31 percent reduction of payments otherwise due under the contract.

(c) The TIN may be used by the Government to collect and report on any delinquent amounts arising out of the offeror's relationship with the Government (31 U.S.C. 7701(c)(3)). If the resulting contract is subject to the payment reporting requirements described in FAR 4.904, the TIN provided hereunder may be matched with IRS records to verify the accuracy of the offeror's TIN.

(d) Taxpayer Identification Number (TIN).

TIN: 03-6000274_____.

TIN has been applied for.

TIN is not required because: _____

Offeror is a nonresident alien, foreign corporation, or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;

Offeror is an agency or instrumentality of a foreign government;

Offeror is an agency or instrumentality of the Federal Government.

(e) Type of organization.

Sole proprietorship;

Partnership;

Corporate entity (not tax-exempt);

Corporate entity (tax-exempt);

Government entity (Federal, State, or local);

Foreign government;

International organization per 26 CFR 1.6049-4;

Other _____.

(f) Common parent.

Offeror is not owned or controlled by a common parent as defined in paragraph (a) of this provision.

Name and TIN of common parent:

Name _____

TIN _____

K.5 52.204-5 Women-Owned Business (Other Than Small Business). (MAY 1999)

(a) Definition. "Women-owned business concern," as used in this provision, means a concern that is at least 51 percent owned by one or more women; or in the case of any publicly owned business, at least 51 percent of its stock is owned by one or more women; and whose management and daily business operations are controlled by one or more women.

(b) Representation. [Complete only if the offeror is a women-owned business concern and has not represented itself as a small business concern in paragraph (b)(1) of FAR 52.219-1, Small Business Program Representations, of this solicitation.] The offeror represents that it [] is a women-owned business concern.

K.6 52.204-7 Central Contractor Registration (Oct 2003) - DEVIATION

SSA is in the process of establishing the necessary interface between its financial system and the CCR database. During this transition period, the agency is going to temporarily deviate from the requirement to use the CCR database as its source of information for EFT payments. Therefore, this contract includes the clause at 52.232-34, Payment by Electronic Funds Transfer-Other than Central Contractor Registration (May 1999) in lieu of the clause at FAR 52.232-33, Payment by Electronic Funds Transfer-Central Contractor Registration (Oct 2003). This is the only deviation from the requirements of this clause, 52.204-7. The contractor shall comply with all other requirements for CCR registration in the clause.

This clause, 52.204-7, Central Contractor Registration (Oct 2003) is revised to reflect this deviation. The revised sections are shaded.

(a) Definitions. As used in this clause—

Central Contractor Registration (CCR) database means the primary Government repository for contractor information required for the conduct of business with the Government.

Data Universal Numbering System (DUNS) number means the 9-digit number assigned by Dun and Bradstreet, Inc. (D&B) to identify unique business entities.

Data Universal Numbering System +4 (DUNS+4) number means the DUNS number assigned by (D&B) plus a 4-character suffix that may be assigned by a business concern. (D&B has no affiliation with this 4-character suffix.) This 4-character suffix may be assigned at the discretion of the business concern to establish additional CCR records for identifying alternative Electronic Funds Transfer (EFT) accounts (see FAR 32.11) for the same parent concern.

Registered in the CCR database means that—

(1) The Contractor has entered all mandatory information, including the DUNS number or the DUNS+4 number, into the CCR database; and

(2) The Government has validated all mandatory data fields and has marked the record “Active.”

(b) (1) By submission of an offer, the offeror acknowledges the requirement that a prospective awardee shall be registered in the CCR database prior to award, during performance and through final payment of any contract, basic agreement, basic ordering agreement, or blanket purchasing agreement resulting from this solicitation.

(2) The offeror shall enter, in the block with its name and address on the cover page of its offer, the annotation "DUNS" or "DUNS +4" followed by the DUNS or DUNS + 4 number that identifies the offeror's name and address exactly as stated in the offer. The DUNS number will be used by the Contracting Officer to verify that the offeror is registered in the CCR database.

(c) If the offeror does not have a DUNS number, it should contact Dun and Bradstreet directly to obtain one.

(1) An offeror may obtain a DUNS number—

(i) If located within the United States, by calling Dun and Bradstreet at 1-866-705-5711 or via the Internet at <http://www.dnb.com>; or

(ii) If located outside the United States, by contacting the local Dun and Bradstreet office.

(2) The offeror should be prepared to provide the following information:

(i) Company legal business.

(ii) Trade style, doing business, or other name by which your entity is commonly recognized.

(iii) Company Physical Street Address, City, State, and Zip Code.

(iv) Company Mailing Address, City, State, and Zip Code (if separate from physical).

(v) Company Telephone Number.

(vi) Date the company was started.

(vii) Number of employees at your location.

(viii) Chief executive officer/key manager.

(ix) Line of business (industry).

(x) Company Headquarters name and address (reporting relationship within your entity).

(d) If the Offeror does not become registered in the CCR database in the time prescribed by the Contracting Officer, the Contracting Officer will proceed to award to the next otherwise successful registered Offeror.

(e) Processing time, which normally takes 48 hours, should be taken into consideration when registering. Offerors who are not registered should consider applying for registration immediately upon receipt of this solicitation.

(f) The Contractor is responsible for the accuracy and completeness of the data within the CCR database, and for any liability resulting from the Government's reliance on inaccurate or incomplete data. To remain registered in the CCR database after the initial registration, the Contractor is required to review and update on an annual basis from the date of initial registration or subsequent updates its information in the CCR database to ensure it is current,

accurate and complete. Updating information in the CCR does not alter the terms and conditions of this contract and is not a substitute for a properly executed contractual document.

(g) (1) If a Contractor has legally changed its business name, "doing business as" name or division name, (whichever is shown on the contract), or has transferred the assets used in performing the contract, the contractor shall, after all of the requirements in FAR Subpart 42.14 are met and a notation or change-of-name agreement has been properly executed, change its name, and update its information in the CCR database.

(2) The Contractor shall not change the name or address for EFT payments or manual payments, as appropriate, in the CCR record to reflect an assignee for the purpose of assignment of claims (see FAR 32.8, Assignment of Claims). Assignees shall be separately registered in the CCR database. For the purposes of this contract, the contractor shall also follow the procedures in FAR Subpart 32.8 regarding Assignment of Claims and the procedures in the clause at FAR 52.232-34(g) for providing the EFT information for the assignment.

(h) Offerors and Contractors may obtain information on registration and annual confirmation requirements via the internet at <http://www.ccr.gov> or by calling 1-888-227-2423, or 269-961-5757.

K.7 52.209-5 Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters. (DEC 2001)

(a)(1) The Offeror certifies, to the best of its knowledge and belief, that -

(i) The Offeror and/or any of its Principals -

(A) Are [] are not [X] presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency;

(B) Have [] have not [X] within a three-year period preceding this offer, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local) contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and

(C) Are [] are not [X] presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, commission of any of the offenses enumerated in paragraph (a)(1)(i)(B) of this provision.

(ii) The Offeror has [] has not [X], within a three-year period preceding this offer, had one or more contracts terminated for default by any Federal agency.

(2) "Principals," for the purposes of this certification, means officers; directors; owners; partners; and, persons having primary management or supervisory responsibilities within a

business entity (e.g., general manager; plant manager; head of a subsidiary, division, or business segment, and similar positions).

This Certification Concerns a Matter Within the Jurisdiction of an Agency of the United States and the Making of a False, Fictitious, or Fraudulent Certification May Render the Maker Subject to Prosecution Under Section 1001, Title 18, United States Code.

(b) The Offeror shall provide immediate written notice to the Contracting Officer if, at any time prior to contract award, the Offeror learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

(c) A certification that any of the items in paragraph (a) of this provision exists will not necessarily result in withholding of an award under this solicitation. However, the certification will be considered in connection with a determination of the Offeror's responsibility. Failure of the Offeror to furnish a certification or provide such additional information as requested by the Contracting Officer may render the Offeror nonresponsive.

(d) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by paragraph (a) of this provision. The knowledge and information of an Offeror is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

(e) The certification in paragraph (a) of this provision is a material representation of fact upon which reliance was placed when making award. If it is later determined that the Offeror knowingly rendered an erroneous certification, in addition to other remedies available to the Government, the Contracting Officer may terminate the contract resulting from this solicitation for default.

K.8 52.215-6 Place of Performance. (OCT 1997)

(a) The offeror or respondent, in the performance of any contract resulting from this solicitation, intends, (X) does not intend [check applicable block] to use one or more plants or facilities located at a different address from the address of the offeror or respondent as indicated in this proposal or response to request for information. (b) If the offeror or respondent checks "intends" in paragraph (a) of this provision, it shall insert in the following spaces the required information:

Place of Performance (Street Address, City, State, County, Zip Code)	Name and Address of Owner and Operator of the Plant or Facility if Other than Offeror or Respondent

K.9 52.219-1 Small Business Program Representations. (MAY 2004)

- (a) (1) The North American Industry Classification System (NAICS) code for this acquisition is: 514210.
(2) The small business size standard is \$21 million.

(3) The small business size standard for a concern which submits an offer in its own name, other than on a construction or service contract, but which proposes to furnish a product which it did not itself manufacture, is 500 employees.

(b) Representations.

(1) The offeror represents as part of its offer that it is, is not a small business concern.

(2) *[Complete only if the offeror represented itself as a small business concern in paragraph (b)(1) of this provision.]* The offeror represents, for general statistical purposes, that it is, is not, a small disadvantaged business concern as defined in 13 CFR 124.1002.

(3) *[Complete only if the offeror represented itself as a small business concern in paragraph (b)(1) of this provision.]* The offeror represents as part of its offer that it is, is not a women-owned small business concern.

(4) *[Complete only if the offeror represented itself as a small business concern in paragraph (b)(1) of this provision.]* The offeror represents as part of its offer that it is, is not a veteran-owned small business concern.

(5) *[Complete only if the offeror represented itself as a veteran-owned small business concern in paragraph (b)(4) of this provision.]* The offeror represents as part of its offer that it is, is not a service-disabled veteran-owned small business concern.

(6) *[Complete only if the offeror represented itself as a small business concern in paragraph (b)(1) of this provision.]* The offeror represents, as part of its offer, that-

(i) It is, is not a HUBZone small business concern listed, on the date of this representation, on the List of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration, and no material change in ownership and control, principal office, or HUBZone employee percentage has occurred since it was certified by the Small Business Administration in accordance with 13 CFR part 126; and

(ii) It is, is not a joint venture that complies with the requirements of 13 CFR part 126, and the representation in paragraph (b)(6)(i) of this provision is accurate for the HUBZone small business concern or concerns that are participating in the joint venture. *[The offeror shall enter the name or names of the HUBZone small business concern or concerns that are participating in the joint venture: _____.]* Each HUBZone small business concern participating in the joint venture shall submit a separate signed copy of the HUBZone representation.

(c) Definitions. As used in this provision-

"Service-disabled veteran-owned small business concern"-

(1) Means a small business concern-

(i) Not less than 51 percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more service-disabled veterans; and

(ii) The management and daily business operations of which are controlled by one or more service-disabled veterans or, in the case of a service-disabled veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran.

(2) Service-disabled veteran means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service-connected, as defined in 38 U.S.C. 101(16).

"Small business concern" means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding on Government contracts, and qualified as a small business under the criteria in 13 CFR part 121 and the size standard in paragraph (a) of this provision.

"Veteran-owned small business concern" means a small business concern-

- (1) Not less than 51 percent of which is owned by one or more veterans (as defined at 38 U.S.C. 101(2)) or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans; and
- (2) The management and daily business operations of which are controlled by one or more veterans.

"Women-owned small business concern" means a small business concern-

- (1) That is at least 51 percent owned by one or more women; or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more women; and
- (2) Whose management and daily business operations are controlled by one or more women.

(d) Notice.

- (1) If this solicitation is for supplies and has been set aside, in whole or in part, for small business concerns, then the clause in this solicitation providing notice of the set-aside contains restrictions on the source of the end items to be furnished.
- (2) Under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a small, HUBZone small, small disadvantaged, or women-owned small business concern in order to obtain a contract to be awarded under the preference programs established pursuant to section 8(a), 8(d), 9, or 15 of the Small Business Act or any other provision of Federal law that specifically references section 8(d) for a definition of program eligibility, shall-

- (i) Be punished by imposition of fine, imprisonment, or both;
- (ii) Be subject to administrative remedies, including suspension and debarment; and
- (iii) Be ineligible for participation in programs conducted under the authority of the Act.

K.10 52.222-22 Previous Contracts and Compliance Reports. (FEB 1999)

The offeror represents that -

- (a) It [X] has, [] has not participated in a previous contract or subcontract subject the Equal Opportunity clause of this solicitation;
- (b) It [X] has, [] has not filed all required compliance reports; and

(c) Representations indicating submission of required compliance reports, signed by proposed subcontractors, will be obtained before subcontract awards.

K.11 52.222-25 Affirmative Action Compliance. (APR 1984)

The offeror represents that -

(a) It has developed and has on file, has not developed and does not have on file, at each establishment, affirmative action programs required by the rules and regulations of the Secretary of Labor (41 CFR 60-1 and 60-2); or

(b) It has not previously had contracts subject to the written affirmative action programs requirement of the rules and regulations of the Secretary of Labor.

K.12 52.222-38 Compliance with Veterans' Employment Reporting Requirements. (DEC 2001)

By submission of its offer, the offeror represents that, if it is subject to the reporting requirements of 38 U.S.C. 4212(d) (i.e., if it has any contract containing Federal Acquisition Regulation clause 52.222-37, Employment Reports on Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans), it has submitted the most recent VETS-100 Report required by that clause.

K.13 52.223-13 Certification of Toxic Chemical Release Reporting. (AUG 2003)

(a) Executive Order 13148, of April 21, 2000, Greening the Government through Leadership in Environmental Management, requires submission of this certification as a prerequisite for contract award.

(b) By signing this offer, the offeror certifies that-

(1) As the owner or operator of facilities that will be used in the performance of this contract that are subject to the filing and reporting requirements described in section 313 of the Emergency Planning and Community Right-to-Know Act of 1986 (EPCRA) (42 U.S.C. 11023) and section 6607 of the Pollution Prevention Act of 1990 (PPA) (42 U.S.C. 13106), the offeror will file and continue to file for such facilities for the life of the contract the Toxic Chemical Release Inventory Form (Form R) as described in sections 313(a) and (g) of EPCRA and section 6607 of PPA; or

(2) None of its owned or operated facilities to be used in the performance of this contract is subject to the Form R filing and reporting requirements because each such facility is exempt for at least one of the following reasons: [*Check each block that is applicable.*]

(i) The facility does not manufacture, process, or otherwise use any toxic chemicals listed in 40 CFR 372.65;

(ii) The facility does not have 10 or more full-time employees as specified in section 313(b)(1)(A) of EPCRA, 42 U.S.C. 11023(b)(1)(A);

(iii) The facility does not meet the reporting thresholds of toxic chemicals established under section 313(f) of EPCRA, 42 U.S.C. 11023(f) (including the alternate thresholds at 40 CFR 372.27, provided an appropriate certification form has been filed with EPA);

(iv) The facility does not fall within the following Standard Industrial Classification (SIC) codes or their corresponding North American Industry Classification System sectors:

(A) Major group code 10 (except 1011, 1081, and 1094).

(B) Major group code 12 (except 1241).

(C) Major group codes 20 through 39.

(D) Industry code 4911, 4931, or 4939 (limited to facilities that combust coal and/or oil for the purpose of generating power for distribution in commerce).

(E) Industry code 4953 (limited to facilities regulated under the Resource Conservation and Recovery Act, Subtitle C (42 U.S.C. 6921, *et seq.*), or 5169, or 5171, or 7389 (limited to facilities primarily engaged in solvent recovery services on a contract or fee basis); or

(v) The facility is not located in the United States or its outlying areas.

2-2 SERVICES AND PRICES

The State of Vermont, Department of Health will provide all necessary personnel, materials, services, facilities and equipment for this project, except those that may be otherwise specified herein, and shall perform all tasks necessary for, or incidental to, the performance of the Electronic Death Registration (EDR) process, as described in the contract. All items are firm/fixed price, except for Item 5, Travel.

For the contract term, the State of Vermont, Department of Health will provide partial funding for the purchase of software, its modification and licensing to accomplish these requirements. The State of Vermont will be using a portion of its federal bioterrorism funds to contribute towards the purchase. The remainder of the funding for purchase of software, its modification and licensing to accomplish these requirements will come from the SSA contract. The State of Vermont will also provide a portion of the staff support needed for the implementation of EDR, paid for by the state's general funds and federal bioterrorism funds.

The State of Vermont, Department of Health, will be reimbursed for travel costs, meeting room and equipment rentals for employees to travel throughout the state to meet with participant workgroups to solicit responses to the re-engineering of this process and later train extensively users of the system. Contractor travel will also be provided to monitor pilot sites and to attend meetings necessary to modify the system to meet SSA requirements.

Funds will also be used to develop a means of on-line training and curriculum guides for all interested participants. In addition, funds will be used to provide for efficient collection and uploading of data from participant locations and to provide training and computer access.

The balance of the contract funds will be used for the wages of staff as they devote their time to accomplishing each of the stated objectives singly or in teams/groups. The portion of the staffing plan to be covered by SSA contract funds includes:

- **EDRS Project Manager:** Will serve as the overall project lead with responsibility for oversight of the requirements process, review and feedback on design requirements, reporting, facilitation of workgroups, and coordination with other program areas (e.g., Medical Examiner's Office). [100% of position]
(See Position #4 below)
- **Recruitment and Development Field Officer:** Will build consensus and provide hands-on-implementation support for the users of the system. Considerable effort will be made to use web technology to assist users. The staff member will develop materials, make site visits, coordinate all communication with potential participants, and provide information on participant concerns. He/she will provide outreach to local jurisdictions as well as monitoring them for compliance issues. [100% of position]
(See Position #3 below)

- **Information Technology Liaison Officer:** Will be responsible for coordination of all aspects of the project, trouble-shooting and testing system capabilities, programming of interface/module, and analyzing work processes of all participants to insure that effective and efficient work processes are developed. [100% of position]
(See Position #1 below)
- **Database Administrator:** Will be responsible for development of SPHINX database tables, data warehouse, and integration testing. [100% of position]
(See Position #2 below)
- **Information Technology Project Leader:** Will be responsible for managing the information technology aspect of the project, such as coordination and testing of SPHINX, participation in requirements processes, and ensuring the ongoing maintenance and enhancement of the system. [29% of position]
(Not a new position – currently supported through other funding)
- **Recruitment and Development Program Manager:** Will be responsible for planning and directing efforts to recruit and implement the system with users. This position manages the Recruitment Field Officer. Also, this position is responsible for data quality checks and business process controls. [15% of position]
(Not a new position – currently supported through other funding)

Direct Labor Costs

The annual salaries of those who will contribute to the project are shown below. Specific resumes of these individuals are found in Attachment E of the Technical Volume. The rates for their pay grades may be verified at <http://www.vermontpersonnel.org/>. The salaries for these individuals fall within their pay ranges based upon their experience and length of state service. In calculating the loaded hourly wage, fringes were considered 35% of the hourly wage and overhead was set at 40%.

Staff Name:	TBD (new position)	See Request
Position: 1	Information Systems Developer II (Information Technology Liaison Officer)	for Classification
Grade:	PG23	Review for New
Loaded Hourly Wage:	\$18.33 (hourly) \$32.08 (loaded)	Position #1

Staff Name: TBD (new position) **See Request**
Position: 2 Information Systems Developer II **for Classification**
(Database Administrator) **Review for New**
Grade: PG23 **Position #2**
Loaded Hourly Wage: \$18.33 (hourly) \$32.08 (loaded)

Staff Name: TBD (new position) **See Request**
Position: 4 Public Health Analyst III **for Classification**
(EDRS Project Manager) **Review for New**
Grade: PG25 **Position #4**
Loaded Hourly Wage: \$20.62 (hourly) \$36.09 (loaded)

Staff Name: TBD (new position) **See Request**
Position: 3 Public Health Specialist **for Classification**
(Recruitment Field Representative) **Review for New**
Grade: PG22 **Position #3**
Loaded Hourly Wage: \$17.31 (hourly) \$30.29 (loaded)

Staff Name: Ed Andrus **Existing Position**
Position: IT Manager I
(Information Technology Project Leader)
Grade: PG28
Loaded Hourly Wage: \$24.72 (hourly) \$43.26 (loaded)

Staff Name: Cindy Hooley **Existing Position**
Position: Vital Statistics Information Manager
(Recruitment and Development Program Manager)
Grade: PG26
Loaded Hourly Wage: \$21.90 (hourly) \$38.33 (loaded)

All other personnel proposed within the Technical Volume (see Attachment A of the Technical Volume) are being funded by the State's general fund and federal bioterrorism funds.

Task Details

The following tasks will be covered by the SSA contract funds. Costs are broken out by Staff position using the Loaded Hourly Wage multiplied by estimated number of hours. All costs are based on the full period of the contract (twenty-four months).

Project Management Plan **\$ 6,347.35**

EDRS Project Manager	100 hours	\$ 3,609.00
Recruitment / Dev. Program Manager	15 hours	\$ 574.95
Information Technology Project Leader	15 hours	\$ 648.90
Recruitment Field Representative	50 hours	\$ 1,514.50

Report on How We Obtained Participant By-In **\$ 5,206.65**

EDRS Project Manager	60 hours	\$ 2,165.40
Recruitment / Dev. Program Manager	15 hours	\$ 574.95
Information Technology Project Leader	15 hours	\$ 648.90
Recruitment Field Representative	60 hours	\$ 1,817.40

Proof of Certification with each EDRS Participant Group **\$ 16,020.35**

EDRS Project Manager	95 hours	\$ 3,428.55
Recruitment / Dev. Program Manager	80 hours	\$ 3,066.40
Information Technology Project Leader	20 hours	\$ 865.20
Information Technology Liaison Officer	100 hours	\$ 3,208.00
Recruitment Field Representative	180 hours	\$ 5,452.20

Monthly Reports on Linkage Progress (24) **\$ 6,707.45**

EDRS Project Manager	80 hours	\$ 2,887.20
Recruitment / Dev. Program Manager	15 hours	\$ 574.95
Information Technology Project Leader	5 hours	\$ 216.30
Recruitment Field Representative	100 hours	\$ 3,029.00

Rollout Plan to Link 17% of Participants **\$ 23,208.10**

EDRS Project Manager	90 hours	\$ 3,248.10
Recruitment / Dev. Program Manager	60 hours	\$ 2,299.80
Information Technology Project Leader	40 hours	\$ 1,730.40
Information Technology Liaison Officer	60 hours	\$ 1,924.80
Database Administrator	40 hours	\$ 1,283.20
Recruitment Field Representative	420 hours	\$ 12,721.80

Screen Prints to Demonstrate How Participant Groups Link to VT EDRS **\$ 6,882.90**

EDRS Project Manager	25 hours	\$ 902.25
Recruitment / Dev. Program Manager	5 hours	\$ 191.65
Information Technology Project Leader	30 hours	\$ 1,297.80
Information Technology Liaison Officer	100 hours	\$ 3,208.00
Database Administrator	40 hours	\$ 1,283.20

Report on Consultation with SSA to Develop Requirements and Parameters of Transmission for Online Social Security Numbers **\$ 10,099.70**

EDRS Project Manager	40 hours	\$ 1,443.60
Recruitment / Dev. Program Manager	10 hours	\$ 383.30
Information Technology Project Leader	80 hours	\$ 3,460.80
Information Technology Liaison Officer	150 hours	\$ 4,812.00

Preliminary Report of the State's System for Verification by SSA of the Social Security Numbers On-Line **\$ 8,111.00**

EDRS Project Manager	40 hours	\$ 1,443.60
Recruitment / Dev. Program Manager	20 hours	\$ 766.60
Information Technology Project Leader	40 hours	\$ 1,730.40
Information Technology Liaison Officer	100 hours	\$ 3,208.00
Database Administrator	30 hours	\$ 962.40

Functional Requirement Report of the State's System for the Verification of the SS Number on-line **\$289,947.50**

EDRS Project Manager	1750 hours	\$ 63,157.50
Recruitment / Dev. Program Manager	250 hours	\$ 9,582.50
Information Technology Project Leader	500 hours	\$ 21,630.00
Information Technology Liaison Officer	1500 hours	\$ 48,120.00
Database Administrator	2000 hours	\$ 64,160.00
Recruitment Field Representative	2750 hours	\$ 83,297.50

**Report on the Transmission of Social Security Number
For Verification** **\$ 9,091.80**

EDRS Project Manager	20 hours	\$ 721.80
Information Technology Project Leader	60 hours	\$ 2,595.60
Information Technology Liaison Officer	100 hours	\$ 3,208.00
Database Administrator	80 hours	\$ 2,566.40

**Report on Consultation with SSA to Develop Requirements
and Parameters for the Electronic Fact of Death Reports** **\$ 18,458.20**

EDRS Project Manager	60 hours	\$ 2,165.40
Information Technology Project Leader	80 hours	\$ 3,460.80
Information Technology Liaison Officer	200 hours	\$ 6,416.00
Database Administrator	200 hours	\$ 6,416.00

**Preliminary System Plan for Transmitting the Fact of Death
Report to SSA within 24 Hours** **\$ 14,090.60**

EDRS Project Manager	60 hours	\$ 2,165.40
Recruitment / Dev. Program Manager	40 hours	\$ 1,533.20
Information Technology Project Leader	40 hours	\$ 1,730.40
Information Technology Liaison Officer	150 hours	\$ 4,812.00
Database Administrator	120 hours	\$ 3,849.60

**Functional Requirements Report that Outlines the System's
Process to Transmit the Fact of Death Report within 24 hours** **\$172,370.00**

EDRS Project Manager	1200 hours	\$ 43,308.00
Recruitment / Dev. Program Manager	100 hours	\$ 3,833.00
Information Technology Project Leader	250 hours	\$ 10,815.00
Information Technology Liaison Officer	1500 hours	\$ 48,120.00
Database Administrator	1500 hours	\$ 48,120.00
Recruitment Field Representative	600 hours	\$ 18,174.00

**Report on Transmission of the Fact of Death Report
within 24 hours**

\$ 14,402.00

EDRS Project Manager	40 hours	\$ 1,443.60
Information Technology Project Leader	40 hours	\$ 1,730.40
Information Technology Liaison Officer	200 hours	\$ 6,416.00
Database Administrator	150 hours	\$ 4,812.00

Travel Costs

not to exceed \$ 9,888.50

	Travel	Hotel	Per Diem	Total
<u>Concensus Building</u>	(Mileage)			
Regional Meeting #1	100 @ 405	0	0	\$40.50
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Regional Meeting #3	200 @ .405	0	0	\$81.00
Regional Meeting #4	200 @ .405	0	0	\$81.00
 <u>Training</u>				
Physicians	2000 @	0	0	\$810.00
-- 10 regional trainings	.405			
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Meet with SSA in Washington D.C.- 2 trips during contract	Airfare R/T \$350 per ticket	150 x2 trips	50 x 2 trips	\$1,100.00
Recruitment / Setup --150 participants @ an average of 100 miles per site = 15,000 miles	15000 miles @ .405	0	0	\$6,075.00
20 Problem Solving Trips to Pilot Sites	2000 miles @ .405	0	0	\$810.00

Travel

The Staff will be required to attend consensus building sessions in each of four regions during the initial stages of the project. Other members of our advisory committee will also attend so that concerns of all participants are addressed. These sessions will be held separately for the funeral directors, coroners, physicians, hospitals, and local registrars. It is anticipated that we will need a full day in each region to accomplish this task. Field visits to sites with particular concerns and problems are also anticipated.

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We have also budgeted for a member of our team to make two trips to SSA for one day to discuss and address implementation issues, particularly with any software messaging problems.

2-2 SERVICES AND PRICES

The State of Vermont, Department of Health will provide all necessary personnel, materials, services, facilities and equipment for this project, except those that may be otherwise specified herein, and shall perform all tasks necessary for, or incidental to, the performance of the Electronic Death Registration (EDR) process, as described in the contract. All items are firm/fixed price, except for Item 5, Travel.

For the contract term, the State of Vermont, Department of Health will provide partial funding for the purchase of software, its modification and licensing to accomplish these requirements. The State of Vermont will be using a portion of its federal bioterrorism funds to contribute towards the purchase. The remainder of the funding for purchase of software, its modification and licensing to accomplish these requirements will come from the SSA contract. The State of Vermont will also provide a portion of the staff support needed for the implementation of EDR, paid for by the state's general funds and federal bioterrorism funds.

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Travel

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