



STATE OF VERMONT
LEGISLATIVE JOINT FISCAL OFFICE

MEMORANDUM

TO: Joint Fiscal Committee Members

FROM: Maria Belliveau, Associate Fiscal Officer

Handwritten initials "MB" in black ink, written in a stylized, cursive font.

DATE: October 14, 2015

SUBJECT: JFO #2788 – Request from the Department of health for One New Limited Service Position to Work on Opioid Treatment

The Department of Health has submitted a request to authorize the establishment of one new limited service position, Substance Abuse Program Manager, to provide grant management to the new Medication Assisted Treatment/Prescription Drug and Opioid Addiction (PDOA) grant. Funds for the position were originally approved in 2013. This position is somewhat similar to the previous request made to the Joint Fiscal Committee, JFO #2787, which requested one new limited service Substance Abuse Program Manager to work on prevention efforts.

Please review the enclosed materials and notify the Joint Fiscal Office (Maria Belliveau at (802) 828-5971; mbelliveau@leg.state.vt.us) if you have questions or would like this item held for legislative review. Unless you respond to the contrary by October 28, 2015 it will be assumed that you agree to consider as final the Governor's acceptance of this grant.



JFO # 2788

RECEIVED
SEP 09 2015

State of Vermont
Department of Health
108 Cherry Street, PO Box 70
Burlington, VT 05402

[phone] 802-863-7200
[fax] 802-865-7754

BY: CS

MEMORANDUM

RECEIVED
OCT 12 2015
JOINT FISCAL OFFICE

To: Sarah Clark, AHS CFO
From: Paul Daley, Financial Director *Paul Daley*
Re: Limited Service Position Request for the Medication Assisted Treatment (MAT) – Prescription Drug & Opioid Addiction (PDOA) Grant
Date: 8/31/15

.....
The Health Department is requesting approval of a new limited service position to be funded from the Medication Assisted Treatment – Prescription Drug & Opioid Addiction initiative, a grant we've just received. The funding source for this grant was originally approved in 2013 through JFO #2606. One limited service position was authorized.

The project period of this grant is 8/1/15 thru 7/31/18. The purpose of this grant is to enhance/expand treatment service systems to increase capacity and provide accessible, effective, comprehensive, coordinated care, and evidence-based medication assisted treatment (MAT) and recovery support services to individuals with opioid use disorders seeking or receiving MAT. Funding for the Substance Abuse Program Manager is authorized in the current year's grant budget, with funding expected to continue through the balance of the project period.

Please find enclosed a Position Request Form, an RFR with Organization Chart, and a copy of the grant award document.

After review by your office and approval from the Secretary's Office, please forward to Molly Paulger at DHR.

We appreciate your support in moving this request forward. Please let me know if you have questions or need additional information. Thank you.

SEP 22 2015

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

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: AHS / Health Date: 8/31/15

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

Request is for:

- Positions funded and attached to a new grant.
 Positions funded and attached to an existing grant approved by JFO # 2606 (1/17/13)

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

Department of Health & Human Services, Substance Abuse & Mental Health Services Administration (SAMHSA); Medication Assisted Treatment (MAT) / Prescription Drug & Opioid Addiction (PDOA) grant; grant # 1H79T1026146-01.

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Substance Abuse Program Manager	1	ADAP	8/1/15 - 7/31/18

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

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

This position will provide grant management to the new Medication Assisted Treatment (MAT) / Prescription Drug & Opioid Addiction (PDOA) funding as described in the budget justification submitted as part of the federal application and approved by the granting Agency.

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

Harry Chen SC DA 9/2/2015
 Signature of Agency or Department Head Date

Moley Paul 9.21.15
 Approved/Denied by Department of Human Resources Date

Rick 1/5 Bundy 10/8/15
 Approved/Denied by Finance and Management Date

[Signature] 10/8/15
 Approved/Denied by Secretary of Administration Date

Comments:



Notice of Award

Issue Date: 07/29/2015

MAT-PDOA
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Grant Number: 1H79TI026146-01
FAIN: TI026146

Program Director:
Barbara A Cimaglio

Project Title: VT MAT-PDOA

Grantee Address	Business Address
VERMONT STATE DEPARTMENT OF HEALTH Financial Director 108 Cherry Street, P.O. Box 70 Burlington, VT 054020070	Vermont Department of Health Financial Administrator II 108 Cherry Street, P.O. Box 70 Burlington, VT 054020070

Budget Period: 08/01/2015 – 07/31/2016
Project Period: 08/01/2015 – 07/31/2018

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$999,991 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VERMONT STATE DEPARTMENT OF HEALTH in support of the above referenced project. This award is pursuant to the authority of Section 509 of the Public Health Serviced Act, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,

Eileen Bermudez
Grants Management Officer
Division of Grants Management

See additional information below

SECTION I – AWARD DATA – 1H79TI026146-01

Award Calculation (U.S. Dollars)

Salaries and Wages	\$51,133
Fringe Benefits	\$20,453
Personnel Costs (Subtotal)	\$71,586
Supplies	\$834
Consortium/Contractual Cost	\$885,664
Travel Costs	\$3,557
Direct Cost	\$961,641
Indirect Cost	\$38,350
Approved Budget	\$999,991
Federal Share	\$999,991
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$999,991

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$999,991
2	\$1,000,000
3	\$1,000,000

*Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number: 93.243
 EIN: 1036000264D4
 Document Number: 15TI26146A
 Fiscal Year: 2015

IC	CAN	Amount
TI	C96N548	\$999,991

IC	CAN	2015	2016	2017
TI	C96N548	\$999,991	\$1,000,000	\$1,000,000

TI Administrative Data:

PCC: PDOA / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79TI026146-01

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General,

Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW,
Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1H79TI026146-01

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:
Additional Costs

SECTION IV – TI Special Terms and Conditions – 1H79TI026146-01

REMARKS:

This award reflects approval of the budget submitted on May 8, 2015 as part of the application.

\$597,390 allocated as "Other" for subawards has been moved to the "Contractual" budget category.

*Notes - All SAMHSA official notifications will be electronically mailed to your organization's Business Official address identified in the HHS Checklist, Part C.

SPECIAL TERMS OF AWARD:

DOMA:

On June 26, 2013, in United States v. Windsor, the Supreme Court held that section 3 of the Defense of Marriage Act (DOMA), which prohibited federal recognition of same-sex spouses/marriages, was unconstitutional. As a result of that decision, SAMHSA is no longer prohibited from recognizing same sex marriages. Consistent with HHS policy and the purposes of SAMHSA programs, same-sex spouses/marriages are to be recognized in the MAT-PDOA program. This means that, as a recipient of SAMHSA funding MAT-PDOA you are required to treat as valid the marriages of same-sex couples whose marriage was legal when entered into. This applies regardless of whether the couple now lives in a jurisdiction that recognizes same-sex marriage or a jurisdiction that does not recognize same-sex marriage. Any same-sex marriage legally entered into in one of the 50 states, the District of Columbia, a U.S. territory or a foreign country will be recognized. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under state law as something other than a marriage.

Electronic Health Records (EHR):

All SAMHSA grantees receiving additional funds based on responses regarding Electronic Health Records during the application process must ensure compliance with RFA requirements on EHRs throughout each year of the grant. Failure to comply will result in loss of funds.

Disparity Impact Statement (DIS):

By November 30, 2015, you must:

Submit an electronic copy of a disparity impact statement to the Government Project Officer (GPO) and Grants Management Specialist (GMS) as identified under Contacts on this notice of award. The disparity impact statement should be consistent with information in your application regarding access, *service use and outcomes for the program and include three components as described below. Questions about the disparity impact statement should be directed to your GPO. Examples of disparity impact statements can be found on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/disparity-impact-statement>.

*Service use is inclusive of treatment services, prevention services as well as outreach, engagement, training and/or technical assistance activities.

The disparity impact statement, in response to the Special Condition of Award, consists of three components:

1. Proposed number of individuals to be [choose either: served, reached or trained] by subpopulations in the grant implementation area should be provided in a table that covers the entire grant period. The disparate population(s) should be identified in a narrative that includes a description of the population and rationale for how the determination was made.
2. A quality improvement plan for how you will use your program (GPRA) data on access, use and outcomes to monitor and manage program outcomes by race, ethnicity and LGBT status, when possible. The quality improvement plan should include strategies for how processes and/or programmatic adjustments will support efforts to reduce disparities for the identified sub-populations.
3. The quality improvement plan should include methods for the development and implementation of policies and procedures to ensure adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to:
 - a. Diverse cultural health beliefs and practices;
 - b. Preferred languages; and
 - c. Health literacy and other communication needs of all sub-populations within the proposed geographic region.

SPECIAL CONDITIONS OF AWARD:

Revised Budget:

You must submit by October 30, 2015 the following:

1. Although the project director's salary is in-kind to the grant, it must still be listed in the budget justification so that we may confirm compliance with FY 2015 Consolidated Appropriations Act, 2015 (Public Law 113-76) signed into law on January 17, 2015, which restricts the amount of direct salary to Executive Level II of the Federal Executive Pay scale. The Executive Level II salary is **\$183,300 annually**.
<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-049.html>

2. A copy of the current Indirect Cost (IDC) Rate Agreement for all contractors (Dartmouth College). Please submit a copy of the IDC applicable to each subaward after the grants are awarded.

STANDARD TERMS OF AWARD:

Refer to the following SAMHSA website for Standard Terms of Award:
<http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions> (New)

Key staff are listed below:

Barbara Cimaglio, Project Director @ 5% Level of Effort
Mark McGovern, Project Evaluator @ 15% Level of Effort

All changes in key staff including level of effort must be sent electronically to the GPO including a biographical sketch and other documentation and information as stated above who will make a recommendation for approval or disapproval to the assigned Grants Management Specialist. Only the GMO, SAMHSA may approve Key Staff Changes.

REPORTING REQUIREMENTS:

Submission of a Programmatic (semi-annual) Report is due no later than the dates as follows:

1st Report - March 1, 2016
2nd Report - September 1, 2016

Please submit your Programmatic (semi-annual) Report to DGMPProgressReports@samhsa.hhs.gov and copy your Program Official. (HARD COPIES SUBMISSION IS NOT REQUIRED)

Failure to comply with the above stated terms and conditions may result in suspension, classification as High Risk status, termination of this award or denial of funding in the future.

All responses to special terms and conditions of award and post award requests may be electronically mailed to the Grants Management Specialist and to the Program Official as identified on your Notice of Award.

It is essential that the Grant Number be included in the SUBJECT line of the email.

CONTACTS:

Sherrye McManus, Program Official
Phone: (240) 276-2576 Email: Sherrye.McManus@samhsa.hhs.gov

Odessa Crocker, Grants Specialist
Phone: (240) 276-1078 Email: Odessa.Crocker@samhsa.hhs.gov

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 _____	Effective Date: _____
Comments: _____		Date Processed: _____
Willis Rating/Components:	Knowledge & Skills: _____	Mental Demands: _____
	Working Conditions: _____	Accountability: _____
	Total: _____	

Position Information:

Incumbent: **Vacant or New Position**

Position Number: Current Job/Class Title: Substance Abuse Program Manager

Agency/Department/Unit: AHS/VDH/ADAP GUC: 74604

Pay Group: 74A Work Station: Burlington Zip Code: 05401

Position Type: Permanent Limited Service (end date) 7/31/2018

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

Supervisor's Name, Title and Phone Number: Anthony Folland, ADAP Manager of Clinical Services, 802-652-4141

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

New Position(s):

a. **REQUIRED:** Allocation requested: Existing Class Code 526301 Existing Job/Class Title: Substance Abuse Program Manager

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: 1. Serve as program manager for Vermont Department of Health (VDH), Division of Alcohol and Drug Abuse Programs (ADAP) for the Medication Assisted Treatment (MAT)- Prescription Drug and Opioid Addiction (PDOA) initiative: a 3 year Substance Abuse and Mental Health Services Administration (SAMHSA) initiative to provide funding to states to enhance/expand their treatment service systems to increase capacity and provide accessible, effective, comprehensive, coordinated care, and evidence-based medication assisted treatment (MAT) and recovery support services to individuals with opioid use disorders seeking or receiving MAT. This program seeks to: 1) increase the number of individuals receiving MAT services with pharmacotherapies approved by the FDA for the treatment of opioid use disorders; 2) increase the number of individuals receiving integrated care; and 3) decrease illicit drug use at 6-months follow-up.
2. This position will manage and provide leadership to ensure a comprehensive, systematic, and accountable approach to improving the health of the public through successful coordination of the MAT-PDOA initiative.
3. This position will provide project management leadership, technical expertise, and demonstrate knowledge of project management practices, principles, and skills.
4. This position will work with stakeholders to address behavioral health disparities among racial, ethnic, sexual and ethnic minority populations served.
5. This position will manage the program budget, develop and oversee all contracts and grants, ensure deliverables are met, and organize, refines and submits all grant reports required by SAMHSA.
6. This position will design, implement, and manage the process for grant and program review.
7. This position is accountable for representing the Department in all public speaking engagements including formal presentations to state agencies, legislators, law enforcement, media, professional associations, educational institutions and patient advocacy groups.

2. Provide a brief justification/explanation of this request: The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs has received a \$3 million/3 year federal grant award from the Substance Abuse and Mental Health Services Administration. This position was requested as part of the application. The year 1 notice of grant award is attached.

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: Emily Trutor, Director ADAP Operations

6. Who should be contacted if there are questions about this position (provide name and phone number): Anthony Folland 802-652-4141

7. How many other positions are allocated to the requested class title in the department: 5

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

Attachments:

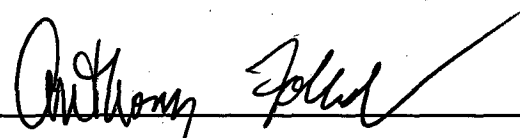
- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position,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



Personnel Administrator's Signature (required)*

8/28/15

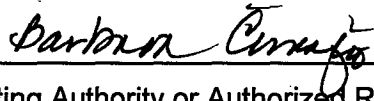
Date



Supervisor's Signature (required)*

8/24/15

Date





8-24-15

Date

Appointing Authority or Authorized Representative Signature (required)*

* Note: Attach additional information or comments if appropriate.

