

MEMORANDUM

To: Joint Fiscal Committee members

From: Sorsha Anderson, Staff Associate

Date: February 8, 2021

Subject: Grant Requests – JFO #3035

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

JFO #3035 - \$550,749 to the VT Agency of Human Services from the Center for Disease Control and Prevention to enhance and coordinate healthy aging efforts within the 'Healthy Brain Initiative' framework. Funds will be used to develop systemic public health approaches to improve the public health approach to Alzheimer's and related dementias and decrease preventable hospitalizations among Vermonters 65 and older with Alzheimer's and related dementias. Two (2) limited service positions: One (1) Public Health Program Administrator and one (1) Public Health Analyst II to administer the program.

[JFO received 2/4/2021]

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson: sanderson@leg.state.vt.us) if you have questions or would like this item held for legislative review. Unless we hear from you to the contrary by February 20, 2021, we will assume that you agree to consider as final the Governor's acceptance of this request.

PHONE: (802) 828-2295

FAX: (802) 828-2483



Department of Health Office of the Commissioner 108 Cherry Street – PO Box 70 Burlington, VT 05402-0070 healthvermont.gov [fax] 802-863-7280 [fax] 802-951-1275 [tdd] 800-464-4343 Agency of Human Services

MEMORANDUM

To:

Michael K. Smith, Secretary of Human Services

From:

Mark Levine, MD, Commissioner of Health

Re:

Request for Grant Acceptance of The Healthy Brain Initiative: Technical Assistance to Implement Public Health Actions related to Cognitive Health, Impairment, & Caregiving

Date:

1/12/2021

I am pleased to report that the Department of Health has received a grant for The Healthy Brain Initiative: Technical Assistance to Implement Public Health Actions related to Cognitive Health, Impairment, & Caregiving from the Department of Health and Human Services, Centers for Disease Control & Prevention for the project called The Vermont Alzheimer's and Healthy Aging Program - Core Capacity. This grant amount is \$200,000 per year and has a project period of three years, from 9/30/2020 to 9/29/2023.

The funds will be used to enhance and coordinate healthy aging efforts within the Healthy Brain Initiative (HBI) framework as a public health priority. The Department will use a coordinated, collaborative and data informed approach with its main collaborator, the Department of Disability, Aging and Independent Living, in addition to an expanded list of partners, stakeholders and contractors, to plan for and implement selected Healthy Brain Initiative Road Map strategies to achieve its' outcomes. Over time, the implemented strategies will contribute to a decrease in preventable hospitalizations among Vermonters age 65 years and older who are diagnosed with Alzheimer's and Related Dementias. The project will require two new limited service positions. Funding for all positions is included in the first year grant award and is expected to continue for the full three year project period.

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

Cc: Sarah Clark, AHS Chief Financial Officer





State of Vermont

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

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

	FINANCE &	STATE OF V MANAGEMENT		EW FORM	
Grant Summary:		The Vermont Alzho	imer's and Healthy	y Aging Program -	Core Capacity
Date: 1/27/2021 BudMan received					
Department:		Agency of Human	Services – Departm	ent of Health	
Legal Title of Gra	ant:	The Healthy Brain Health Actions rela			
Federal Catalog	ł:	93.334			
Grant/Donor Na	ne and Address:	Department of Hea Centers for Disease 2939 Brandywine F Atlanta, Georgia 3	Control & Prevent oad		
Grant Period:	From:	09/30/2020 To:	09/29/202	3	
Grant/Donation		\$200,000			
	SFY 21	SFY 22	SFY 23	Total	Comments
Grant Amount	\$150,749	\$200,000	\$200,000	\$550,749	
Position Informati	on	# Positions	Explanations/Co		ogram Admin PC
a controllation illati	Oli	2 1 new PH Analyst, PG 25 & 1 new PH Program Admin, PG 2 See attached grant summary			

Department of Finance & Management	Adam Ploitally signed by Adam Creshin Date: 28th 101 20 Greshin 11 20 13.03:17 -8500	(Initial)
Secretary of Administration	Kristin Mgraby speed by Speed Clouser Bears (No. 1872) Clouser Bears (No. 1872)	(Initial)
Sent to Joint Fiscal Office	Ariel Digitally signed by Ariel Murphy Murphy 172720-0500	Date

elysterate Court Brown

Candace Elmquist The Vermont Alzheimer's and Healthy Aging Program - Core Capacity Project Grant Summary:

The Department of Health has received a grant for The Healthy Brain Initiative: Technical Assistance to Implement Public Health Actions related to Cognitive Health, Impairment, & Caregiving from the Department of Health and Human Services, Centers for Disease Control & Prevention for the project called The Vermont Alzheimer's and Healthy Aging Program - Core Capacity. This grant amount is \$200,000 per year and has a project period of three years, from 9/30/2020 to 9/29/2023.

The funds will be used to enhance and coordinate healthy aging efforts within the Healthy Brain Initiative (HBI) framework as a public health priority. The Department will use a coordinated, collaborative and data informed approach with its main collaborator, the Department of Disability, Aging and Independent Living, in addition to an expanded list of partners, stakeholders and contractors, to plan for and implement selected Healthy Brain Initiative Road Map strategies to achieve its' outcomes. Over time, the implemented strategies will contribute to a decrease in preventable hospitalizations among Vermonters age 65 years and older who are diagnosed with Alzheimer's and Related Dementias. The project will require two new limited service positions. Funding for all positions is included in the first year grant award and is expected to continue for the full three year project period. A limited service position request is included.

The strategies that will be conducted by the Department align with the Healthy Brain Initiative (HBI) and aim to:

- increase stakeholder collaboration and collective action
- plan for and manage selected primary, secondary and tertiary prevention interventions
- promote best practices to protect brain health, address cognitive impairment and support caregivers through linking to state supports and programs
- create and share data briefs to inform programming and partners while working with the BRFSS Coordinator on fielding the Cognitive Decline and/or the Caregiver Module(s)
- conduct public education and integrated communications on the value of talking to a health professional and pursuing activities that reduce risk of dementia
- improve knowledge of caregivers on evidence-based screening, diagnosis, care and supports
- increase awareness of the importance of treating co-morbidities and educating patients on risk reduction

Over time, these strategies will contribute to a decrease in preventable hospitalizations among Vermonters age 65 years and older who are diagnosed with Alzheimer's and Related Dementias (ADRD). Instrumental to performing these strategies will be the addition of key positions - a program manager and an analyst/evaluator for data collection and dissemination. The Department will use annual workplans, an evaluation and performance measurement plan, partnership engagement, and planning meetings to create a coordinated and data-informed ADRD infrastructure with capacity and awareness of - and priority for - promoting brain health, reducing risk through various strategies including management of co-morbidities and chronic disease.

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

A COMMING	The second secon		-				
1. Agency:	Agency of Human Services						
2. Department:	Department of Health						
3. Program:	The Vermont Alzheim	er's and Healthy Aging Pro	gram - Core Capa	city			
4. Legal Title of Grant:	nt: The Healthy Brain Initiative: Technical Assistance to Implement Public Health Actions						
		ealth, Impairment, & Careg	iving				
5. Federal Catalog #:	5. Federal Catalog #: 93.334						
6. Grant/Donor Name and Department 2939 Brandy Atlanta, Geo	of Health & Human Serv wine Road	vices, Centers for Disease C	ontrol and Preven	ition			
	om: 9/30/2020	To: 9/29/	2023				
priority. 9. Impact on existing progr		pted: None		•			
10. BUDGET INFORMAT		則則然是一個主義 [1] [2][3]					
70	SFY 21	SFY 22	SFY 23	Comments			
Expenditures: Personal Services	Ø 147 740	# 107 000	# 107 000				
Operating Expenses	\$ 147,749 \$ 3,000	\$ 197,000 \$ 3,000	\$ 197,000 \$ 3,000				
Grants	\$0	\$ 5,000	\$ 3,000				
Tota			ΨΟ				
100	all \$150.749 l	\$ 200,000	\$ 200,000				
	al \$150,749	\$ 200,000	\$ 200,000				
	\$150,749 \$0	\$ 200,000 \$ 0	\$ 200,000 \$ 0				
Revenues: State Funds: Cash	\$ 0 \$ 0	\$ 0 \$ 0	\$ 0 \$ 0				
Revenues: State Funds:	\$0	\$0	\$0				
Revenues: State Funds: Cash	\$ 0 \$ 0	\$ 0 \$ 0 \$ 0	\$0 \$0 \$0				
Revenues: State Funds: Cash In-Kind	\$ 0 \$ 0 \$ 0 \$ 0 \$ 150,749	\$ 0 \$ 0 \$ 0 \$ 0	\$ 0 \$ 0 \$ 0 \$ 0				
Revenues: State Funds: Cash In-Kind Federal Funds:	\$ 0 \$ 0 \$ 0	\$ 0 \$ 0 \$ 0	\$0 \$0 \$0				
Revenues: State Funds: Cash In-Kind Federal Funds: (Direct Costs)	\$ 0 \$ 0 \$ 0 \$ 0 \$ 150,749 \$ 103,934	\$ 0 \$ 0 \$ 0 \$ 0 \$ 200,000 \$ 137,578	\$ 0 \$ 0 \$ 0 \$ 0 \$ 200,000 \$ 137,578				
Revenues: State Funds: Cash In-Kind Federal Funds: (Direct Costs) (Indirect Costs)	\$ 0 \$ 0 \$ 0 \$ 0 \$ 150,749 \$ 103,934 \$ 46,815	\$ 0 \$ 0 \$ 0 \$ 200,000 \$ 137,578 \$ 62,422	\$ 0 \$ 0 \$ 0 \$ 200,000 \$ 137,578 \$ 62,422				
Revenues: State Funds: Cash In-Kind Federal Funds: (Direct Costs) (Indirect Costs) Other Funds: Tota	\$ 0 \$ 0 \$ 0 \$ 0 \$ 150,749 \$ 103,934 \$ 46,815 \$ 0	\$ 0 \$ 0 \$ 0 \$ 0 \$ 200,000 \$ 137,578 \$ 62,422 \$ 0 \$ 200,000	\$ 0 \$ 0 \$ 0 \$ 200,000 \$ 137,578 \$ 62,422 \$ 0 \$ 200,000				
Revenues: State Funds: Cash In-Kind Federal Funds: (Direct Costs) (Indirect Costs) Other Funds: Tota Appropriation No:	\$ 0 \$ 0 \$ 0 \$ 0 \$ 150,749 \$ 103,934 \$ 46,815 \$ 0 \$ 150,749	\$ 0 \$ 0 \$ 0 \$ 200,000 \$ 137,578 \$ 62,422 \$ 0 \$ 200,000	\$ 0 \$ 0 \$ 0 \$ 200,000 \$ 137,578 \$ 62,422 \$ 0 \$ 200,000				
Revenues: State Funds: Cash In-Kind Federal Funds: (Direct Costs) (Indirect Costs) Other Funds: Tota Appropriation No:	\$ 0 \$ 0 \$ 0 \$ 0 \$ 150,749 \$ 103,934 \$ 46,815 \$ 0	\$ 0 \$ 0 \$ 0 \$ 0 \$ 200,000 \$ 137,578 \$ 62,422 \$ 0 \$ 200,000	\$ 0 \$ 0 \$ 0 \$ 200,000 \$ 137,578 \$ 62,422 \$ 0 \$ 200,000				

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1) PERSONAL SERVICE INFORMATION 11. Will monies from this grant be used to fund one or more Personal Service Contracts? U Yes 🗵 No If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy. Appointing Authority Name: Mark Levine, MD Agreed by: (initial) 12. Limited Service **Position Information:** Title # Positions Public Health Program Administrator AC: General 1 Public Health Analyst II **Total Positions** ☐ Is presently available. ☐ Can be obtained with available funds. 12a. Equipment and space for these positions: 13. AUTHORIZATION AGENCY/DEPARTMENT I/we certify that no funds Signature: beyond basic application preparation and filing costs Title: Commissioner have been expended or committed in anticipation of Date: Signature: Joint Fiscal Committee E-SIGNED by Jenney Samuelson on 2021-01-21 15:34:49 GMT approval of this grant, unless previous notification was Title: **AHS Deputy Secretary** made on Form AA-1 PN (if applicable): 14. SECRETARY OF ADMINISTRATION Date: (Secretary or designee signature) Digitally signed by Kristin Clouser Kristin Clouser Approved: Date: 2021.01.29 15:48:19 -05'00' 15. ACTION BY GOVERNOR Check One Box: Accepted (Governor's signa Rejected 16. DOCUMENTATION REQUIRED Required GRANT Documentation ☐ Notice of Donation (if any) Request Memo Grant (Project) Timeline (if applicable) Dept. project approval (if applicable) Request for Extension (if applicable) Notice of Award Form AA-IPN attached (if applicable) ☐ Grant Agreement ✓ Grant Budget **End Form AA-1** (*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).

E-SIGNED by Tracy O'Connell on 2021-01-20 18:20:36 GMT

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 Date Received (Stamp) Notice of Action #_____ 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: Knowledge & Skills: ____ Mental Demands: ____ Accountability: ____ Working Conditions: ____ Total: ____ Willis Rating/Components: Position Information: Incumbent: Vacant or New Position Position Number: TBD Current Job/Class Title: Public Health Analyst II Agency/Department/Unit: AHS/Health/Health Surveillance GUC: Pay Group: Work Station: Burlington Zip Code: 05401 Position Type: Permanent \(\times \) Limited Service (end date) \(\text{9/30/2023} \) Funding Source: Core Sponsored Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.) 100% Federal Grants Supervisor's Name, Title and Phone Number: Maria Roemhildt, PH Analyst III, 802-951-4067 Check the type of request (new or vacant position) and complete the appropriate section. \boxtimes New Position(s): REQUIRED: Allocation requested: Existing Class Code 027200 Existing Job/Class Title: Public Health Analyst II

b.

Position authorized by:

Request for Classification Action
Position Description Form C
Page 2

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is.
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Date

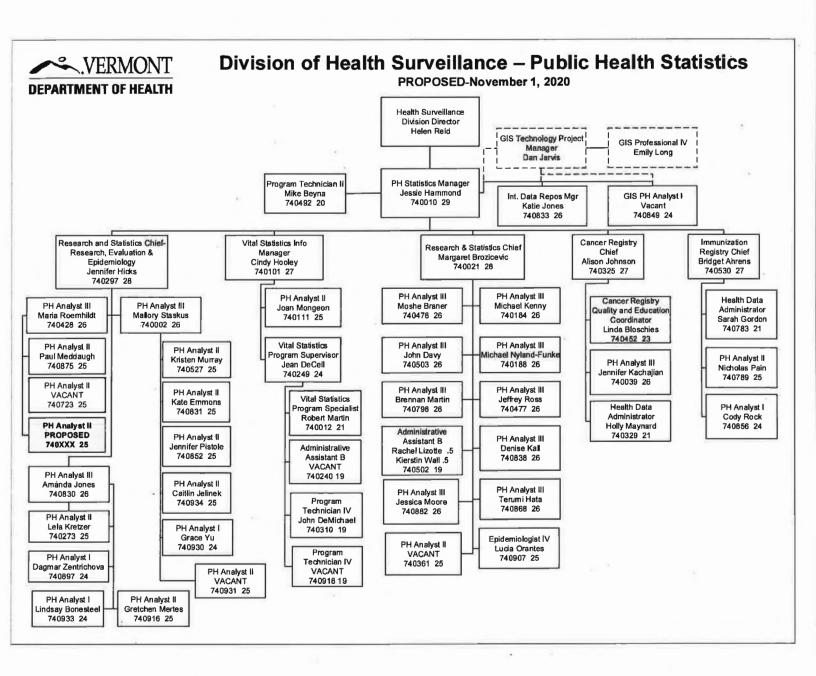
selected Healthy Brain Initiative Road Map strategies to achieve eight outcomes. The VT Alzheimer's and Healthy Aging Program's strategies represent four of the essential public health services: Educate/Empower, Monitor/Evaluation, Policy/Partnerships and Workforce Competency. The Public Health Analyst II position is central to the Monitor/Evaluation Public Health Service and will provide critical data, guidance and briefs for the new BOLD program.

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). Not supervisory **Personnel Administrator's Section:** 4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes ☐ No⊠ The name and title of the person who completed this form: Maria Roemhildt, Public Health Analyst III Who should be contacted if there are questions about this position (provide name and phone number): Maria Roemhildt 802-951-4067 7. How many other positions are allocated to the requested class title in the department: 14 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). Triskia Brooks 12/4/2020 Personnel Administrator's Signature (required)* Date **APPROVED** By Julie Arel at 1:23 pm, Nov 30, 2020

Supervisor's Signature (required)*

Tracy Dolan	11/30/2020	
Appointing Authority or Authorized Representative Signature (required)*	Date	

^{*} Note: Attach additional information or comments if appropriate.



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 Date Received (Stamp) Notice of Action # 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: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____ Working Conditions: _____ Total: _____ Willis Rating/Components: Position Information: Incumbent: Vacant or New Position Position Number: TBD Current Job/Class Title: PH Program Administrator AC: General Agency/Department/Unit: AHS/VDH/HPDP GUC: Pay Group: Work Station; Burlington Zip Code: 05401 Position Type: Permanent \(\times \) Limited Service (end date) \(\frac{9}{30}/23 \) Funding Source: Core Sponsored Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.) 100% Federal Grant Supervisor's Name, Title and Phone Number: Rhonda Williams, Chronic Disease Prevention Chief Check the type of request (new or vacant position) and complete the appropriate section. \boxtimes New Position(s): REQUIRED: Allocation requested: Existing Class Code 444900 Existing Job/Class Title: PH Program Administrator AC: General

b.

Position authorized by:

		Request for Classification Action Position Description Form
		☐ Joint Fiscal Office – JFO # Approval Date: ☐
8		
		Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
		Other (explain) Provide statutory citation if appropriate.
	Va	cant Position:
	a.	Position Number:
	b.	Date position became vacant:
		Current Job/Class Code: Current Job/Class Title:
	Ċ.	
	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:
		equests:
		e anticipated job duties and expectations; include all major job duties: The position requirements will
		of a Pay Grade 24, Public Health Programs Administrator AC: General (Program Manager), and will position's educational attainment and professional experience criteria.
		section of data and minority and professional exponence officinal
Comm	uni	cations, Written and Verbal: The Program Administrator will be a strong communicator in order to
		roject coordination, grant and reporting management, and relationship building.
Budge	ting	and Fiscal Management: The Program Administrator will be responsible for the planning, budgeting
		ing of the program to the CDC and for annual funding reapplications. The position is responsible for
		hat the program reflects best and promising practices and evidence-based strategies per budgetary
allowa	nce	s. The position will manage a \$200,000 federal Centers for Disease Control grant (CDC grant DP20-
	_	ddress brain health and Alzheimer's and related disorders per the federal Brain Health Initiative. As ager, the position will monitor spending through grants and contracts, report to the federal agencies
		d and oversees the program development and management of the activities required.
····		
Perfori	mar	ce Measurement and Evaluation: The position will perform planning and project management to
increa	se p	articipation and coordination in Vermont's response to Alzheimer's as a public health priority. The
		ill help build and maintain relationships with DAIL and organizations serving older Vermonters. The
		nanager will work with partners to develop and monitor state and program level goals and objectives,
		ies evidence-based strategies to be implemented. The manager will be a part of the evaluation team
o ensi	ure 1	the grant's evaluation requirements and activities are completed successfully.

Strategic Partnership: The manager position will oversee partnership collaboration, project coordination and timelines, workplan management, and training/education initiatives. The position will support the Health Department's involvement and participation in the Governor's Commission on Alzheimer's and Related Disorders and will support the notetaking for the Hub and Spoke ADRD model for early screening, detection

and coordinated care workgroup. The position will build relationships with community partners and other state agencies to advance our healthy aging and dementia risk prevention work. The position will work with clinical and community organizations, linking them to VDH and other state resources to assist them with brain health education, training resources and state partnerships. These partnerships include DAIL, Traumatic Brain Injury Program, Offices of Local Health, Department of Vermont Center on Aging, Area Agencies on Aging, University of Vermont Medical Center, etc. Through these relationships, the position will identify opportunities, challenges, barriers and helps communities and clinical partners take steps to address Alzheimer's as a public health priority.

Uses data to make decisions regarding funding and future programming: The BOLD Program Manager will review data with the analyst, inform data briefs and assist with dissemination on a topic of concer to many organizations, clinicians and the ppublic. With the PI the position ensures the epidemiology and evaluFridayation staff are adequately monitoring and evaluating all of the initiatives she is responsible for to ensure that funding available is used to make the most impact possible.

Grant writing: The position will be a strong grant manager and writer helping to manage this grant and assist with other related applications for healthy aging and Alzheimer's as they become available. They will be a diligent grant manager, communication hub for the program, managing all grant reporting and re-applications, managing the budget, and overseeing contracts (communications and evaluation).

2. Provide a brief justification/explanation of this request: Alzhiemers Disease and Related Dementias (ADRD) are the most under-recognized public health challenges of this century. This funding provides Vermont the personnel, surveillance, evaluation and coordination capacity to build its data and publication capacity, develop workforce competency using the CLAS standards and ADRD training, increase screening and diagnosis, and elevate the understanding of and engagement in brain health as central to healthy aging.

The purpose of the grant funding the Alzheimer's and Healthy Aging Program will be to use a coordinated, collaborative and data informed approach with its main collaborator, the Department of Disability, Aging and Independent Living, and an expanded list of partners, stakeholders and contractors to plan and implement selected Healthy Brain Initiative Road Map strategies to achieve eight outcomes. The VT Alzheimer's and Healthy Aging Program's strategies represent four of the essential public health services: Educate/Empower, Monitor/Evaluation, Policy/Partnerships and Workforce Competency. The Public Health Programs Administrator AC: General position is central to the planning, administration, policy development, and implementation work for the new Alzheimer's program.

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). Not supervisory

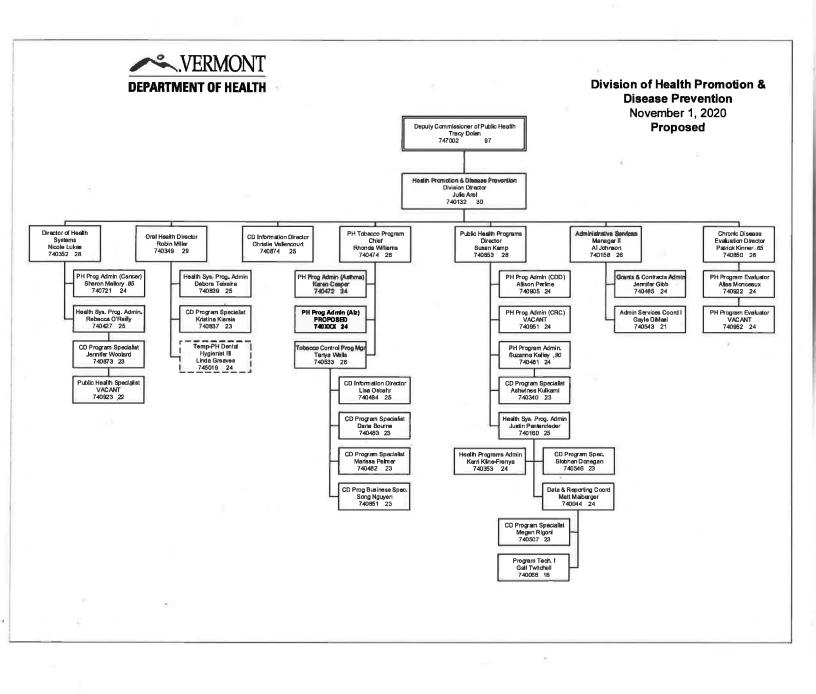
Personnel Administrator's Section:

4. If the	e requested class title i	s part of a job series o	r career ladder, wi	ill the position be	recruited at different
levels?	Yes	-			+

- 5. The name and title of the person who completed this form: Rhonda Williams, Chronic Disease Prevention Chief
- 6. Who should be contacted if there are questions about this position (provide name and phone number): Rhonda Williams (802) 863-7592

7. How many other positions are allocated to the requested class title in the de	partment: 9
8. Will this change (new position added/change to vacant position) affect other organization? (For example, will this have an impact on the supervisor's manageduties be shifted within the unit requiring review of other positions; or are there classification process.)	gement level designation; will
Attachments:	
oxtimes Organizational charts are required and must indicate where the posi	tion reports.
Class specification (optional).	
For new positions, include copies of the language authorizing the pothat would help us better understand the program, the need for the position.	
Other supporting documentation such as memos regarding departmentation regarding the need to reallocate a vacancy (if appropriate).	ent reorganization, or further
Trishia Brooks	12/4/2020
Personnel Administrator's Signature (required)*	Date
APPROVED By Julie Arel at 1:24 pm, Nov 30, 2020	
Supervisor's Signature (required)*	Date
Tracy Dolan	11/30/2020
Appointing Authority or Authorized Representative Signature (required)*	Date

^{*} Note: Attach additional information or comments if appropriate.



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 <u>must</u> be obtained <u>prior to</u> 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 <u>must</u> be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Agency of Human Servi	ices / Departme	ent of Health	Date:	
Name and Phone (of the person comple	eting this req	uest): Paul Daley 863-7	284	
Request is for: Positions funded and attached to Positions funded and attached to			JFO#	
1. Name of Granting Agency, Title of Gr	rant, Grant F	unding Detail (attac	h grant documents):	
Department of Health and Human Services, C Implement Public Health Actions related to Co	Centers for Dise ognitive Health,	ease Control and Preventi , Impairment, & Caregiving	on; The Heallhy Brain Iniliative: Technica g.	Assistance to
2. List below titles, number of positions based on grant award and should match final approval:				
Title* of Position(s) Requested # or	f Positions	Division/Program	Grant Funding Period/Anticipate	d End Date
Public Health Program Administrator AC: General	1	HPDP	9/30/2020 9/29/2023	
Public Health Analyst II	1	HPDP	9/30/2020 9/29/2023	
*Final determination of title and pay grade to be m Request for Classification Review. Justification for this request as an est This funding will enhance and coordinate heat developing systematic public health approach funding will contribute to a decrease in preven Alzheimer's and Related Dementias. 	sential grant Ilhy aging effort es to improve t	t program need: Is within the Healthy Brair he public health approach	n Initiative (HBI) framework as a public hea n to Alzheimer's disease and related deme	alth priority. In ntias, this
I certify that this information is correct ar available (required by 32 VSA Sec_5(b).		ssary funding, space	e and equipment for the above po	sition(s) are
21/6			1/12/11	
Signature of Agency or Department Hea	id.ee	_	Date	
Aimee Pope Pope Date: 2021.01.27				
Approved/Denied by Department of Hun	nan Resourc	ces	Date	
Adam Greshin		gned by Adam Gresh 1.01.29 13:06:01 -05'		
Approved/Denied by Finance and Mana Kristin Clouser	gement Digitally sig	ned by Kristin Clouser 01.29 15:48:55 -05'00	Date	
Approved/Denied by Secretary of Admin			2/3/2	
Approved/Denied by Governor (required Comments:	d as amended	d by 2019 Leg. Session	n) Date	

Vermont Department of Health-BOLD Public Health Program to Address Alzheimer's The Vermont Alzheimer's and Healthy Aging Program Budget Justification & Narrative Project Period October 1, 2020 — September 30, 2021

A. Salaries and Wages

\$83,230

Position Title and Name	Annual Salary	Time	Months	Amount Requested
Public Health Programs Administrator AC – General / Alzheimer's and Healthy Aging Program Manager	\$56,104	80%	12 months	\$44,883
PH Analyst II	\$59,370	50%	12 months	\$29,685
Chronic Disease Prevention Chief	\$86,618	10%	12 months	\$8,662
Total Personnel				\$83,230

Position Descriptions:

Program Manager, 80% FTE, will be hired in the first and second quarters of the grant once approved by the Joint Fiscal Office of Agency of Human Services and by the Secretary of Administration per hiring freeze protocol. The position requirements will be those of a Pay Grade 24, Program Manager, including for educational attainment and professional experience. The Program Manager hired will be a strong communicator, have project coordination and grant management experience, and ideally will possess a background in chronic disease management and risk reduction promotion. The Program Manager will be responsible for the planning, budgeting, and reporting of the program to the CDC and for annual funding reapplications. The position is responsible for ensuring that the program reflects best and promising practices and evidence-based strategies per budgetary allowances. The Program Manager will oversee partnership collaboration, project coordination and timelines, workplan management, training/education initiatives, and all associated contracts and grants. The PI will be the hiring manager and supervisor, using the SuccessFactors recruitment and hiring platform and will provide onboarding and training supports provided to new staff.

Public Health Analyst II, 50% FTE, will be hired in the first quarter of the grant. The position requirements will be those of a Pay Grade 25, Analyst II, including relevant experience and education attainment. The Analyst II hired will be able to meet or exceed the analytic skill set and have relevant evaluation training and experience. The Analyst will be responsible for Road Map M-3: Use data gleaned through available surveillance strategies and other sources, including BRFSS, to inform the public health program and policy response to brain health, cognitive impairment, and caregiving. Utilizing research, statistical analysis, and data processing to support the program and complete activities, not limited to:

- Field BRFSS Modules and questions to advance understanding of ADRD in Vermont
- o Implement data monitoring and dissemination activities
- o Create Data Briefs
- o Develop an Alzheimer's Infographic Series
- o Partner with CDC-funded programs to assess potential for collecting and disseminating data to expand understanding of rural and minority health populations impacted by Alzheimer's and related dementias. The Lead Chronic Disease Analyst has been with the Health Department for nearly 7 years, is the analyst for the Tobacco Control Program, serves on Data Visualization and Data Standards teams, and will be the hiring manager and supervisor of the analyst. If there is relevant experience, the analyst will also grow into the role of evaluator in Y1, assisted the HPDP Evaluation team and the Evaluation Contractor. Otherwise, the position % may be split between surveillance and HPDP evaluation.

Chief, Chronic Disease Prevention, Rhonda Williams, Master of Environmental Studies, will dedicate 10% FTE to the Vermont Alzheimer's and Healthy Aging Program. Rhonda is the director and PI of the CDC-funded Asthma and Tobacco Control programs and has been coordinating the Health Department's Alzheimer's, Healthy Aging and Brain Health efforts for the last three years.

Rhonda facilitates the Tobacco Medicaid Initiative and serves on the 3-4-50 Initiative and State Health Improvement Plan teams. Rhonda is a certified dementia specialist and reports to the Director of the Health Promotion and Disease Prevention Division.

В.	Fringe Benefits		\$37,453
Fring	e benefits are calculated by an established	d rate of 45%	
Fring	e benefits at 45% of Total Salaries		\$37,453
<u>C.</u>	Consultant Costs		\$0
None			
D.	Equipment		\$3,000
Two	computers and monitors for Program Man	ager and Analyst/Evaluator.	
E.	Supplies		\$0
None			
	v .		
F	Travel		\$0

In State Travel

	# of Trips	# of People	Cost of Airfare	Total Miles	Cost per Mile	Amount Requested
In-state mileage for meetings, conferences		1-4	NA		.575	\$0
	Total in-sta Requested				7:17 - 17(6)	\$0

<u>Justification for In-State Travel</u>
NA during COVID-19 pandemic response

Out of State Travel

	# of Trips	# of People	Cost of Airfare	Total Miles	Cost per Mile	Amount Requested
CDC BOLD Program Meeting Atlanta	1	2				
	Per Diem o	rLodging	# of People	# of Units	Unit Cost	Amount Requested
	Lodging		2	2 nights	\$150/day	\$0
	Per Diem		2	3 days	\$ 32/day	\$ 0
	Airfare		2	1	\$750	\$0
	Miscelland (shuttle, tipetc.)	eous ps, parking	2	1	\$125	\$ 0
	Total out-					\$0

Justification for Out-of-State Travel:

NA during COVID-19 response out-of-state travel is not allowed.

G	Other		\$n
•	CHICI		70

H. Contractual Costs \$13,895

Contractor	Amount	
Hark Health Communications	\$ 3,000	
Training Contractor TBD	\$0	
HPDP Evaluation Contractor	\$9,500	
ICF Macro (BRFSS)	\$1,395	
Total	\$13,895	

Name of Contractor: HPDP Health Communications Contract (Hark) \$3,000

Method of Selection: Competitive Bid Process

Period of Performance: 1/1/21 - 9/30/22

Scope of Work: The contractor will use public health best practices to reach targeted populations in need of ADRD and risk reduction messaging. The contractor will promote existing creative from state and national sources through cost effective and accessible communication channels, such as digital, social, and local media, to increase awareness and engagement around risk behaviors for dementia and decrease the burden of Alzheimer's and related dementias. The messaging will focus on increasing awareness of signs and symptoms, caregiver resources, what to ask your provider and ways to modify lifestyle that can positively impact brain health and aging well. Health's Division of Health Promotion and Disease Prevention's Chronic Disease Information Director manages the contract and will work closely with the Alzheimer's and Healthy Aging Program Manager and PI to help amplify this brain health messaging through other, relevant program campaigns with similar target audiences. Specifically, Vermonters over age 55, women, those who smoke and other modifiable risk behaviors, and people of color. The contractor works with other CDC-funded programs and can assist with in this effort.

<u>Method of Accountability</u>: Workplans, budgets and activities will be overseen by Program Manager, to be hired, and the Chronic Disease Information Director.

<u>Itemized Budget and Justification</u>: Through this contract, the TCP will implement effective health communication interventions and message delivery to Vermonters specified above. Detailed budget justification will be provided once contractor is selected and its contract is approved.

Name of Contractor: HPDP Evaluation Contract, PDA \$9,500

Method of Selection: Competitive Bid Process

Period of Performance: 11/1/2020 -9/30/2022

Scope of Work: HPDP's evaluation contractor will perform several key evaluation functions in Y1. One function will be to create and facilitate a 6-month process to update the Vermont Action Plan on Alzheimer's and Healthy Aging 2021 – 2023. The state's current action plan was through 2019 and for purposes of excelling with this grant funding, the evaluator will play a key role in expanding stakeholder input and engagement in updating the plan. The second function will be to work with the PI, PM and importantly the CDC to submit an updated evaluation and performance management plan due within 6 months. This updated plan will serve as the foundation for evaluation and performance monitoring, which will transition to the Analyst/Evaluator position in the last two quarters of Y1. These two functions will establish and

\$1,395

monitor measures of success for increasing awareness and knowledge of brain health, inform and guide the program and assess three-year impact of collaborative effort to achieve the program's outcomes. Depending on budget allowance, the evaluator may provide technical assistance in collaboration with the Analyst III to the Analyst II/Evaluator position.

<u>Method of Accountability</u>: Workplans, budgets and activities will be overseen by Patrick Kinner, HPDP Evaluation Lead, and Rhonda Williams, PI.

<u>Itemized Budget and Justification</u>: Rigorous and ongoing evaluation is essential to guide program planning, development, and improvement, and to assess effectiveness and progress towards outcomes. The contractor will a) create a plan and facilitate the process for stakeholder engagement and input into creating the new state Action Plan on Alzheimer's and Healthy Aging and b) update the evaluation and performance management plan per CDC and program feedback that will guide the program for the duration of the project period. Detailed budget justification will be provided once contractor is selected and its contract is approved.

Name of Contractor: ICF Macro

(Organization)

Method of Selection: Non-competitive

Period of Performance: 10/1/20 - 9/30/23

<u>Scope of Work</u>: contribute toward funding BRFSS state questions or modules that increase understanding of the awareness, knowledge and/or impact of Alzheimer's and related dementias in Vermont, monitor progress on state plans and inform advancing the program's logic model outcomes. Vermont is receiving support from the Alzheimer's Association to field the Caregiver Module in 2021, if approved by the Health Department's BRFSS Committee (pending).

<u>Method of Accountability</u>: Workplans, budgets and activities will be overseen by BRFSS Coordinator, Mallory Staskus, and the Alzheimer's Program Manager.

<u>Itemized Budget and Justification</u>: Detailed budget justification will be provided once contract is approved.

I. Total Direct Costs

Direct Costs	Amount
Salaries	\$83,230
Fringe	\$37,453
Consultants Equipment	\$0
Equipment	\$3,000
Supplies	\$0
Travel	\$0
Other	\$0
Contractual	\$13,895
Total	\$137,578
Indirect @75%	\$62,422
Total Budget	\$200,000

J. Indirect Costs

\$62,422

The Vermont Department of Health uses a Cost Allocation Plan rather than an indirect rate. The Vermont Department of Health is a department of the Vermont Agency of Human Services, a public assistance agency, which uses a Cost Allocation Plan in lieu of an indirect rate agreement as authorized by OMB Circular A-87, Attachment D. This Cost Allocation Plan was approved by the US Department of Health and Human Services effective October 1, 1987. A copy of the most recent approval letter is attached. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program.

Because these are actual costs, unlike an Indirect Cost Rate, these costs will vary from quarter to quarter and cannot be fixed as a rate. Based on costs allocated to similar programs during recent quarters, we would currently estimate these allocated costs at 75% of the direct salary line item.

K. Total Cost

\$200,000

Notice of Award

Award# 6 NU58DP006919-01-01 FAIN# NU58DP006919

Federal Award Date: 12/22/2020

Recipient Information

1. Recipient Name

Vermont Department of Health 280 State Dr Environmental Health Waterbury, VT 05671-9501 [No Phone Record]-DUP2

- 2. Congressional District of Recipient
- 3. Payment System Identifier (ID) 1036000274E7
- 4. Employer Identification Number (EIN) 036000264
- 5. Data Universal Numbering System (DUNS) 809376155
- 6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Ms. Rhonda K Williams
Principal Investigator
rhonda.williams@vermont.gov
802-863-7592

8. Authorized Official

Ms. Karen Kelly Grants Program Specialist karen.kelly@state.vt.us 802-657-4258

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Emmanuella Lamothe omy9@cdc.gov 404.498.5772

10.Program Official Contact Information

Laura Whaten
Public Health Advisor
leg6@cdc.gov
770-488-5184

Federal Award Information

11. Award Number

6 NU58DP006919-01-01

12. Unique Federal Award Identification Number (FAIN)

NU58DP006919

13. Statutory Authority

301(a), 311(b)(c), and 317(k)(2) PHS Act, 42 USC 241(a) and 247b(k)(2); Pub.L.115-406 "BOLD Infrastructure

14. Federal Award Project Title

The Vermont Alzheimer's and Healthy Aging Program - Core Capacity

15. Assistance Listing Number

93.334

16. Assistance Listing Program Title

The Healthy Brain Initiative: Technical Assistance to Implement Public Health Actions related to Cognitive Health, Cognitive Impairment, and Caregiving at the S

17. Award Action Type

Budget Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19.	Budget Period Start Date	09/30/2020	- End Date	09/29/2021
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20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	(\$62,422.00)
20b. Indirect Cost Amount	\$62,422.00
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$200,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$200,000.00

26. Project Period Start Date 09/30/2020 - End Date 09/29/2023

27.	Total	Amount of	the Fede	eral Award	including	Approved
	Cost	Sharing or	Matchine	this Proje	ct Period	

\$200,000.00

28. Authorized Treatment of Program Income

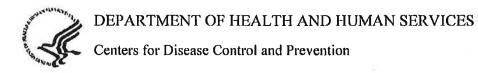
ADDITIONAL COSTS

29. Grants Management Officer - Signature

Karen Zion1

Grants Management Officer

30. Remarks



Notice of Award

Award# 6 NU58DP006919-01-01

FAIN# NU58DP006919

Federal Award Date: 12/22/2020

Recipient Information

Recipient Name

Vermont Department of Health

280 State Dr

Environmental Health

Waterbury, VT 05671-9501

[No Phone Record]-DUP2

Congressional District of Recipient

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Payment Account Number and Type

1036000274E7

Employer Identification Number (EIN) Data

036000264

Universal Numbering System (DUNS)

809376155

Recipient's Unique Entity Identifier

Not Available

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

(Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Age	ency Only
II. Total project costs including grant funds and all ot	her financial participation
a. Salaries and Wages	\$83,230.00
b. Fringe Benefits	\$37,453.00
c. TotalPersonnelCosts	\$120,683.00
d. Equipment	\$3,000.00
e. Supplies	\$0.00

c. TotalPersonnelCosts	\$120,683.00
d. Equipment	\$3,000.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$13,895.00
j. TOTAL DIRECT COSTS	\$137,578.00
k. INDIRECT COSTS	\$62,422.00
1. TOTAL APPROVED BUDGET	\$200,000.00

n. Non-Federal Share

m. Federal Share

33. Approved Budget

\$200,000.00 \$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-939ZRJC	20NU58DP006919	DP	41.51	\$0,00	75-20-0948

AWARD ATTACHMENTS

Vermont Department of Health

6 NU58DP006919-01-01

1. Budget Revision Terms and Conditions

ADDITIONAL TERMS AND CONDITIONS OF AWARD

Revised Budget: The purpose of this amended Notice of Award is to approve the **revised budget** submitted by your organization dated November 20, 2020. Funds have been distributed as indicated in the approved budget of this Notice of Award.

Please be advised that the recipient must exercise proper stewardship over federal funds by ensuring that all costs charged to the cooperative agreement are allowable, allocable, necessary and reasonable.

All of the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

GMS Contact:

Emmanuella Lamothe, Grants Management Specialist Centers for Disease Control and Prevention Branch 5 Supporting Chronic Diseases and Injury Prevention

Telephone: 404-498-5772 Email: elamothe@cdc.gov