

MEMORANDUM

To:

Joint Fiscal Committee Members

From:

Nathan Lavery, Fiscal Analyst

Date:

July 22, 2013

Subject:

Grant/Position Request

Enclosed please find one (1) item that the Joint Fiscal Office has received from the administration. This item includes the establishment of two (2) limited service positions.

JFO #2633 – Request to establish **two** (2) **limited service positions** in the Agency of Human Services and Human Service Board. The number of eligibility appeals associated with the Health Benefits Exchange is expected to increase and these positions will provide staffing to cover this increased caseload. Funding for these positions will come from JFO #2582, which was approved in October, 2012. The Department of Vermont Health Access did not request these positions as part of the original grant approval process because the need for these positions was not apparent at that time. [JFO received 07/22/13]

This item will be placed on the agenda for action at the Joint Fiscal Committee's July 23, 2013 meeting.

PHONE: (802) 828-2295

FAX: (802) 828-2483



JFO 2633

Agency of Administration

State of Vermont

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

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

MEMORANDUM

TO: Jeb Spaulding, Secretary of Administration

THRU: Jim Reardon, Commissioner of Finance and Management

FROM: Emily Byrne, Budget Analyst

RE: Expedited Request - Limited Service Position Request

DATE: 7/19/2013

of Byrall

Attached is a limited service position request from DVHA using funding from the Level Two Exchange grant for two additional positions. These positions, along with 5 additional attorneys will provide the capacity needed to cover an anticipated increase in eligibility appeals when the exchange comes on-line. These positions were not part of the original grant application because the appeals process was not fully understood at the time. These positions will expire when the grant ends on 12/31/2014. DHVA has updated the grant budget to include funding for these positions

Please let me know if you have additional questions.

I recommend approval.

RECEIVED

JUL 22 2013

JOINT FISCAL OFFICE





State of Vermont
Department of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston VT 05495-2807

[Phone] 802-879-5900 [Fax] 802-879-5651 Agency of Human Services

TO:

Martha Heath, Chair of Joint Fiscal Committee

THRU:

dvha.vermont.gov

Jeb Spaulding, Secretary Agency of Administration Doug Racine, Secretary Agency of Human Services

FROM:

Mark Larson, Commissioner

Department of Vermont Health Access

DATE:

July 18, 2013

SUBJECT:

Limited Service Position Request

The DVHA was awarded the State Planning and Establishment Grants for the Affordable Care Act's Exchange by the Center of Consumer Information and Insurance Oversight, U.S. Department of Health and Human Services in August of 2012. The grant was accepted by JFC later that month under JFC approval # 2582 which included approval of 20 limited Service positions to assist with building the Vermont Health Connect. Over the past year, our understanding of our staffing needs and processes has been explored and solidified. The State of Vermont expects a significant and temporary spike in the number of appeals filed during the initial year of the Exchange. Appeals positions are needed within the Agency of Human Services (Department for Children and Families), at the Human Services Board, and at the Attorney General's Office. With funding from the Level Two grant, the State plans to implement an informal review system, with new staffing in both DCF/ESD and DVHA as well as the Attorney General's office. Through business requirements and program development efforts, the State now also expects the number of individual eligibility appeals that result in Fair Hearing to increase significantly. The introduction of a 72 hour expedited Fair Hearing process (an ACA requirement) creates operational readiness hurdles that require additional staffing capacity. Our original request did not capture this staffing resource need as it was not fully realized at that time how the current appeals process would be impacted. Due to the expected increase in this area, we have identified the need for 7 additional positions to manage this process, 2 of which are captured in this request for Classified Limited Service Positions. The other 5 additional positions have been identified as Attorneys to work at the Attorney General's Office and the Human Services Board and will be requested through the appropriate process for Exempt positions.

We are asking for the expedited approval process for this agreement due to the aggressive timelines and required completion date for this specific project of 12/31/2014. All required and relevant documentation has been attached. If you require further documentation that what has been provided or if you have any questions, please feel free to contact me. Thank you for your attention in this matter.



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: Dept of Vermont Health Access	Date: 7/18/2013
Name and Phone (of the person completing this request): Kate Jones	, 802-879-8256
Request is for: □Positions funded and attached to a new grant. □Positions funded and attached to an existing grant approved by	JFO #_ ²⁵⁸²
 Name of Granting Agency, Title of Grant, Grant Funding Detail (atta Center of Consumer Information and Insurance Oversight, U.S. De Agreement to Support Establishment of State Operated Health Insu 	ent of Health and Human Sonitors, Cooperative
2. List below titles, number of positions in each title, program area, and based on grant award and should match information provided on the R final approval:	d limited service end date (information should be FR) position(s) will be established only after JFC
Title* of Position(s) Requested # of Positions Division/Program	Grant Funding Period/Anticipated End Date
Administrative Assistant B 1 Human Services Health Care Program Specialist 1 AHS/DCF/ESD	
*Final determination of title and pay grade to be made by the Department of Human Reso Request for Classification Review.	ources Classification Division upon submission and review of
3. Justification for this request as an essential grant program need:	
Failure to enact the establishment of an exchange to fulfill the feder Act, signed into law in March of 2010.	al mandates included in the Affordable Care
I certify that this information is correct and that necessary funding, spac available (required by 32 VSA Sec. 5(b).	e and equipment for the above position(s) are
1/4	2.17.13
Signature/of Agency or Department Head	Date
they fant &	7.19.13
Approved Denied by Department of Human Resources	Date
I for land	7/19/13
Approved/Denies by Finance and Management	Date
Approved/Denied by Secretary of Administration	7/20/13
The state of the s	Date

Comments:

Request for Classification Action New or Vacant Positions EXISTING Job Class/Title ONLY

Position Description Form C/Notice of Action

Notice of Action #		. *		Date Received (Stamp)
Action Taken:				
5.5 a a				
Current Class Code	Nav			
Current Pay Grade				
Current Mgt Level B/U				
New Mgt Level B/U				· '
Classification Analyst				Effective Date:
Comments:		Date_		Ellective Date:
				Date Processed:
Willis Rating/Components:	Knowledge & Skill	s: M	ental Demands:	Accountability:
	Working Condition	is: To	otal:	,
Incumbent: Vacant or New	Position			
Position Number: Cu	urrent Job/Class Titl	e:		
Agency/Department/Unit:	uman Services Boa	rd GUC: [MANAGAN NANAN MANAGAN	
Pay Group: Work S				
Position Type: Permane	nt 🛛 Limited Serv	ice (end date) 6/30/14 12/	31/14 88
Funding Source: Core breakdown (% General Fund	🛛 Sponsored 🔲 i	Partnership.	For Partnership	positions provide the funding
Supervisor's Name, Title and	d Phone Number: [Dan Jerman,	Chief Hearing C	Officer, 802-4361171
Check the type of request (new or vacant pos	ition) and co	mplete the ap	propriate section.
New Position(s):			*	
a. REQUIRED: A Administrative	Ilocation requested: Assistant B	Existing Cla	ass Code 05020	Existing Job/Class Title:

b.

Position authorized by:

Request for Classification Action Position Description Form C Page 2

*		
		Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
		Other (explain) Provide statutory citation if appropriate.
		Cities (explain) 1 Tovido diatatory diatator il appropriate.
L	Va	cant 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 Al	l Re	equests:
i Oi Ai		
		anticipated job duties and expectations; include all major job duties: The Administrative Assistant
		ide support to the Human Services Board for the increase in appeals surrounding Health Insurance
eligibil	ity r	esulting from the implementation of Vermont Health Connect, Vermont's marketplace for individuals,
familie	s, a	nd small business to compare and purchase qualified private health insurance plans, determine
		or public health insurance plans, and access federal tax credits. The incumbent will be responsible
for adı	mini	strative assistance supporting two (2) Human Services Board Attorneys.
2 Pro	wide	e a brief justification/explanation of this request: This position will support operational readiness
		Vermont Health Connect and is being created with the use of Grant funds from CCIIO and passed
through	ıh D	HVA to assist the state in meeting the Federal Affordable Care Act (ACA) criteria and VT Act 48
regula	tion	s. This involves the implementation of the Vermont Health Insurance Exchange, Vermont Health
		that allows citizens to shop for and enroll in health insurance plans. DVHA is focusing on the ACA
criteria	a to	establish relationships with carriers to provide health insurance for beneficiaries meeting certain
financ	ial a	and other characteristics. Vermont's approach to establishing an Exchange is to build a market
		m that will fulfill the ACA requirements as well or better than other states, while designing an
		capability to help transition its health care system to a single-payer plan. Vermont Health Connect
		h the foundation and, eventually, the likely core of a system in which a single point of eligibility and
purcha	ase	from a single payer or payers operating under identical programmatic rules. Therefore, the approach
in Ver	mor	it is to build a robust Exchange with greater functionality than that required by the ACA and to
encou	rage	e participation of as many individuals and employers as soon as possible. This position is critical to
ensure	e Ve	ermont Health Connect is operational ready and can successfully meet the needs of Vermonters.

Date

3. If the position will be supervisory, please list the position (this information should be identified on the supervisory.]		
Personnel Administrator's Section:		
4. If the requested class title is part of a job series levels? Yes ☐ No⊠	or career ladder, will th	e position be recruited at different
5. The name and title of the person who completed	d this form;	
6. Who should be contacted if there are questions	about this position (pro	vide name and phone number):
7. How many other positions are allocated to the re-	equested class title in th	ne department:
8. Will this change (new position added/change to organization? (For example, will this have an impaduties be shifted within the unit requiring review of classification process.) N/A	ict on the supervisor's n	nanagement level designation; will
Attachments:		
☐ Organizational charts are required and	must indicate where the	e position reports
☐ Class specification (optional).		, position, oponio.
For new positions, include copies of the that would help us better understand the pro	language authorizing the	ne position, or any other information
Other supporting documentation such a explanation regarding the need to reallocate	s memos regarding dep	partment reorganization, or further
MoP		7. R.13
Personnel Administrator's Signature (required	d)*	Date
Mendlem	•	7-15-13
Supervisor's Signature (required)*	sidelinated directable of the directable on the directable of the	Date
Capation Congestion (respectively		24.0
3		
Doughs A. Cain		7/18/13

Appointing Authority of Authorized Representative Signature (required)*

^{*} 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 # TACON SITE ON TOXISON HE (Action Taken: Sid Teas(C) doL them(C) Current Job Class Code. New Job Title do Lignife (real between Se REQUIRED Necuesied (existing) Justiciaes Code Current Class Code New Class Code Current Pay Grade Control to so to to Short Pay Grade Control segments rent on the event end Current Mgt Level B/U OT Cat. EEO Cat. FLSA New Mgt Level B/U OT Cat. EEO Cat. Classification Analyst Date **Effective Date:** Comments: ார் நடித்துரை ஆக்கு **a hn Date Processed:** Willis Rating/Components: Knowledge & Skills: Mental Demands: Working Conditions: dividues supregilla Position Information: Incumbent: Vacant or New Position Position Number: Current Job/Class Title: Agency/Department/Unit: Department Children & Family Services GUC: Pay Group: Work Station: Essex Zip Code: Position Type: Permanent Limited Service (end date) 6/30/14 12/31/14 EB 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: Cindy Chaffee, ESD Regional Manager, 802-479-4299 Check the type of request (new or vacant position) and complete the appropriate section. 冈 New Position(s): REQUIRED: Allocation requested: Existing Class Code 469300 Existing Job/Class Title: DCF a. Health Care Program Specialist

b.

Position authorized by:

Request for Classification Action Position Description Form C Page 2

		aye
	Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)	
	Other (explain) Provide statutory citation if appropriate.	
☐ Va	ecant 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 Ti	tle:
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 Re	equests:	
Specialist v	anticipated job duties and expectations; include all major job duties: This Health Care Program will provide additional capacity for the anticipated increase in Appeals due to the implementation lealth Connect. The Health Care Program Specialist will provide informal review and resoltuion appeals.	
needed wit Board, and implement General's c expects the introduction hurdles that	a brief justification/explanation of this request: The State of Vermont expects a significant and spike in the number of appeals filed during the initial year of the Exchange. Appeals positions at hin the Agency of Human Services (Department for Children and Families), at the Human Service at the Attorney General's Office. With funding from the Level Two grant, the State plans to an informal review system, with new staffing in both DCF/ESD and DVHA as well as the Attorne office. Through business requirements and program development efforts, the State now also a number of individual eligibility appeals that result in Fair Hearing to increase significantly. The nof a 72 hour expedited Fair Hearing process (an ACA requirement) creates operational readine to require additional staffing capacity. This position is critical to ensure Vermont Health Connect is ready and can successfully meet the needs of Vermonters.	es y
3. If the pos position (this supervisory	sition will be supervisory, please list the names and titles of all classified employees reporting to s information should be identified on the organizational chart as well). This position will not be	this
Personnel A	Administrator's Section:	
4. If the req levels? Yes	uested class title is part of a job series or career ladder, will the position be recruited at different \square No \boxtimes	
5. The name	e and title of the person who completed this form:	

6. Who should be contacted if there are questions about this position (provide	e name and phone number):
7. How many other positions are allocated to the requested class title in the d	epartment:
8. Will this change (new position added/change to vacant position) affect othe organization? (For example, will this have an impact on the supervisor's manaduties be shifted within the unit requiring review of other positions; or are there classification process.) N/A	agement level designation: will
Attachments:	
☑ Organizational charts are required and must indicate where the pos	sition reports.
For new positions, include copies of the language authorizing the p that would help us better understand the program, the need for the pos	osition, or any other information
Other supporting documentation such as memos regarding departrest explanation regarding the need to reallocate a vacancy (if appropriate).	ment reorganization, or further
Moo	7.18.13
Personnel Administrator's Signature (required)*	
reisonner Administrator's Signature (required)	Date
Indy Charges by Jamela (h) halley Supervisor's Signature (required)*	7/18/3 Date
Langeland Sally for Sichard Geddings Appointing Authority or Authorized Representative Signature (required)*	<u> 7 //5//3</u> / Date

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