

**BUDGET NARRATIVE**

We attest that requested federal funding will not supplant any other funding sources. Below is a revised budget narrative proposal that addresses the budget questions received.

**A. Personnel**

Further reductions, based on instruction to decrease the overall budget to \$45 million, resulted in an overall decrease to personnel of \$991,352.

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>TOTAL</b>
<b>Original</b>	\$1,166,816	\$1,555,556	\$1,633,337	\$1,715,004	\$6,070,713
<b>Revised I</b>	\$1,119,701	\$1,555,556	\$1,633,337	\$1,715,004	\$6,023,598
<b>Revised II</b>	\$697,317	\$1,375,076	\$1,443,831	\$1,516,022	\$5,032,246
<b>Amendment 03</b>	\$596,740	\$1,191,635	\$1,250,747	\$1,312,792	\$4,351,914

Annual salary estimates are based on mid-salary range of current state employee compensation plans. Annual amounts are increased 5% in years 2-4 to account for estimated contractual increases. Please see the next page for an employment chart that provides a salary breakdown for the staff dedicated to SIM including the annual salary, the percentage of time budgeted for the program, the total months of salary budgeted, and total salary requested.

All requested positions dedicated to SIM will be new staff that are not currently employees of the state, except the Organizational and Development Specialist position for the Department of Public Health.

CDC funding for the current Organizational Development Specialist ended in December, 2014. Continued funding is available for this position through PHHS block grant until October 1, 2015. This opportunity became available this spring as part of the one-time supplemental PHHS block grant funds provided to the state. Given this, we propose to use SIM funds beginning 10/1/2015

and have adjusted the budget accordingly. Accordingly, the Organizational and Development Specialist position for the Department of Public Health was reduced from 10 months to 3 months during the first year, resulting in a \$47,115 decrease in the Personnel line item. As noted in our October 9<sup>th</sup> response to questions, this is not the case for contracted staff associated with the program evaluation and the community health worker (CHW) initiative.

In the case of the CHW initiative, we noted that Dr. Bruce Gould is an existing UConn Health state employee, supported by a mix of state funds and soft money. The dollars requested related to the CHW initiative does not currently exist in the scope of work for Dr. Gould. Dr. Gould will reduce his soft money supported percent effort for other projects in order to assume SIM funded responsibilities. The other positions (for a total FTE of .24) are to be named and are NOT current State employees (Project Administrator and Program Coordinator). The hiring process would follow the requirements as set forth by the State/UConn Health.

With regard to the program evaluation, Dr. Rob Aseltine is UConn Health state employee supported by a mix of state funds and soft money. He will reduce his soft money supported percent effort for other projects in order to assume SIM funded responsibilities. All other proposed UConn employees is included in the evaluation budget is a current state employee on “soft” money meaning they are not funded through the state appropriations process. These Center for Public Health and Health Policy (CPHHP) employees are funded by contract, grant or consulting fees, and are routinely assigned to new projects as appropriate. UConn does not anticipate hiring new employees, and if the current employees were not funded by the SIM grant, UConn would be seeking other projects or could potentially be forced to lay these employees off.

Position Title (Agency)	Annual Salary	Time %	Months				\$ Requested				TOTAL
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 1	Yr 2	Yr 3	Yr 4	
Epidemiologist 2 (DPH)	\$67,604	100%	4	12	12	12	\$22,535	\$70,984	\$74,533	\$78,260	\$246,312
Epidemiologist 3 (DPH)	\$85,368	100%	-	12	12	12	\$0	\$85,368	\$89,636	\$94,118	\$269,122
Primary Prevention Services Coordinator (DPH)	\$88,593	100%	6	12	12	12	\$44,297	\$93,023	\$97,674	\$102,557	\$337,551
Organization Development Specialist (DPH)	\$94,179	100%	4	12	12	12	\$31,393	\$94,179	\$98,417	\$102,846	326,863
Health Program Associate (DPH)	\$70,813	100%	8	12	12	12	\$47,209	\$74,353	\$78,071	\$81,974	\$281,609
Health Program Assistant 2 (DPH)	\$70,813	100%	-	12	12	12	\$0	\$62,925	\$66,072	\$69,375	\$198,372
Health Program Assistant 2 (DSS)	\$59,929	100%	8	12	12	12	\$39,953	\$62,925	\$66,072	\$69,375	\$238,325
Health Program Assistant 2 (DSS)	\$59,929	100%	8	12	12	12	\$49,941	\$62,925	\$66,072	\$69,375	\$238,325
Associate Accountant (DSS)	\$85,918	100%	8	12	12	12	\$71,598	\$90,214	\$94,725	\$99,461	\$341,679
Accountant (DSS)	\$51,862	100%	8	12	12	12	\$43,218	\$54,455	\$57,178	\$60,037	\$206,245
Grants and Contracts Specialist (PMO)	\$84,649	100%	8	12	12	12	\$56,433	\$88,881	\$93,326	\$97,992	\$336,632
Medical Administrative Manager (PMO)	\$111,052	100%	8	12	12	12	\$74,035	\$116,604	\$122,434	\$128,556	\$441,632
Health Program Associate D (PMO)	\$69,796	100%	8	12	12	12	\$46,531	\$73,286	\$76,950	\$80,798	\$277,565
Health Program Associate E (PMO)	\$69,796	100%	8	12	12	12	\$46,531	\$73,286	\$76,950	\$80,798	\$277,565
Nurse Consultant (OHA)	\$84,024	100%	8	12	12	12	\$56,016	\$88,225	\$92,636	\$97,268	\$334,145
<b>Total:</b>							<b>\$596,740</b>	<b>\$1,191,635</b>	<b>\$1,250,747</b>	<b>\$1,312,792</b>	<b>\$4,351,914</b>

**REVISED PERSONNEL COSTS TABLE**

<b>Position Title</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Total</b>
<i>Epidemiologist 3</i>	0	85,368	89,636	94,118	269,122
DPH – Starts in Year 2; maintains and annually updates a model-based town-level population estimation system; develops computer programs to calculate associated age-adjusted indicators					
<i>Epidemiologist 2</i>	22,535	70,984	74,533	78,260	246,312
DPH – Conducts BRFSS analyses of populations and sub-populations, behavioral risks, health status, and prevalence of obesity, diabetes, and tobacco use					
<i>Primary Prevention Services Coord.</i>	\$44,297	\$93,023	\$97,674	\$102,557	\$337,551
DPH-Starts in Year 1. Aligns and coordinates statewide activities addressing obesity, tobacco use, diabetes, and other priority chronic diseases; coordinates efforts among multiple DPH prevention programs					
<i>Organizational Development Spec.</i>	\$31,393	\$94,179	\$98,417	\$102,846	326,863
DPH – Starts in Year 1, Works with Population Health Council to ensure performance, accountability and quality of public health services by monitoring health improvement and health outcomes; performs strategic planning and goal/priority setting for population health improvement plan, provides foundational activities toward organizational effectiveness and meeting national standards for public health agencies that are foundational to population health <a href="#">improvement</a> .					
<i>Health Program Assistant 2</i>	0	62,925	66,072	69,375	198,372
DPH- Starts in Year 2. Facilitates targeted engagement of local health agencies and their partners in the community whose activities address the social determinants of health; reviews					

Position Title	Year 1	Year 2	Year 3	Year 4	Total
community health needs including local input in HEC/PSC development that starts in Year 2.					
<i>Health Program Associate</i>	47,209	74,354	78,071	81,975	281,609
DPH –Provides support to Physician 2 in developing the population health plan with a specific focus on researching and analyzing evidence based approaches to address identified priorities.					
<i>Health Program Assistant 2</i>	39,953	62,925	66,072	69,375	238,325
DSS –Provides support to population health planning by researching and formulating, under the direction of the Director of the Integrated Care Unit, Medicaid policy and reimbursement mechanisms to address identified priorities within the plan.					
<i>Health Program Assistant 2</i>	39,953	62,925	66,072	69,375	238,325
DSS – Supports activities relating to MQISSP, including coordination with the actuarial contractor, aligning attribution methodology, and developing provider requisites and RFPs					
<i>Associate Accountant</i>	57,279	90,214	94,725	99,461	341,679
DSS – Provides financial support to MQISSP, including budget development and analysis; financial modeling; and detailed development and review of shared savings calculations					
<i>Accountant (Trainee)</i>	34,575	54,455	57,178	60,037	206,245
DSS-Supports the financial reporting requirements of both MQISSP and potential waivers and state plan amendments; supports Associate Accountant to meet workload demands					
<i>Primary Care Transformation Mgr</i>	74,035	116,604	122,434	128,556	441,632
PMO - Manages staff /operations of primary care transformation; oversees AMH Glide Path implementation, learning collaborative and targeted technical assistance.					
<i>Grants/Contracts Specialist</i>	56,433	88,881	93,326	97,992	336,632
PMO - Administers procurements and provides contract administrative support for the PMO					

Position Title	Year 1	Year 2	Year 3	Year 4	Total
<i>Health Program Associate</i>	46,531	73,286	76,950	80,798	277,565
<i>Health Program Associate</i>	46,531	73,286	76,950	80,798	277,565
PMO- Each position will be responsible for the respective implementation, facilitation, and tracking of the following primary care transformation initiatives: (1) AMH Glide Path and Learning Collaborative and (2) CCIP Targeted Technical Assistance and Learning Collaboratives.					
<i>Nurse Consultant</i>	56,016	88,225	92,636	97,268	334,145
OHA- Handles disputes/complaints related to under-service from providers and consumers. The title of “Nurse Consultant” is a classified position title in the State of CT. It is not a contractual arrangement for consultation services, but a new state employee hire. Follow this <a href="#">link</a> to see a description of the classified position: Class Code 5904, Nurse Consultant (Healthcare Advocate), Pay Plan HC-28, Step 6.					

**B. Fringe Benefits**

Further reductions in the personnel line items, based on instruction to decrease the overall budget to \$45 million, resulted in a corresponding decrease in fringe benefits of \$766,017.

	Year 1	Year 2	Year 3	Year 4	TOTAL
<b>Original</b>	\$914,038	\$1,221,125	\$1,282,185	\$1,346,294	\$4,763,642
<b>Revised I</b>	\$865,193	\$1,201,978	\$1,262,079	\$1,325,183	\$4,654,433
<b>Revised II</b>	\$538,816	\$1,062,522	\$1,115,648	\$1,171,430	\$3,888,416
<b>Amendment 03</b>	\$461,100	\$920,777	\$966,452	\$1,014,394	\$3,362,724

**REVISED FRINGE BENEFIT RATE PROPOSAL**

Upon further review into our fringe benefit rate proposal, inconsistencies among the underlying assumptions for different agencies' estimates were identified. The application of a new consistent methodology has resulted in the total fringe benefit amount to decrease by \$72,803. The FICA, Medicare, Unemployment, and Retirement components of the fringe benefit formula are based on the Connecticut State Comptroller's FY 2014-2015 [fringe benefit rate calculations](#) that went into effect July 1, 2014. The life and medical insurance are estimates based on the average state employee health and group life insurance costs during FY 2014.

<b>Fringe Benefit Formula</b>	
<b>Component</b>	<b>% Salary</b>
FICA	6.20%
Medicare	1.45%
Unemployment	0.15%
Retirement	50.50%
Life (estimate)	0.21%
Medical (estimate)	18.76%
<b>TOTAL</b>	<b>77.27%</b>

One of the major contributors to Connecticut's high fringe benefit rate is the retirement component rate. This rate consists of employer contributions for retirement (including normal costs and unfunded liability), retiree health insurance costs, and retirement administration costs. Connecticut's large unfunded pension liability and its contribution to retiree health insurance costs are the drivers behind this high rate. In previous years, the pension ARC calculation included adjustments which artificially reduced the State's contribution to the fund and were significant contributors to the system's underfunding. During the current administration, these adjustments were eliminated and more conservative actuarial assumptions were adopted. These adjustments are reflected in the new proposed budget.

**C. Travel**

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>TOTAL</b>
<b>Original</b>	\$18,555	\$15,913	\$18,921	\$16,008	\$69,397
<b>Revised</b>	\$15,627	\$13,174	\$16,254	\$13,174	\$58,229

No further reductions were made in the “Travel” category to reach the proposal amount of \$45 million.

**REVISED TRAVEL BUDGET PROPOSAL**

Revised travel estimates are based on U.S. Average Domestic Itinerary Fares for the first quarter of 2014, as reported by the U.S. Department of Transportation, Bureau of Transportation Statistics; the 2014 lodging/MIE per diem rates from the US General Services Administration (GSA); and the 2014 GSA mileage reimbursement guidelines. In addition, Consumer Advisory Board (CAB) co-chair travel expenses have been eliminated. These changes are reflected in the new proposed budget.

<b>In-State Travel</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Total</b>
<i>Mileage Reimbursement</i>	1,792	2,419	2,419	2,419	9,049

It is anticipated that all the DPH positions and the one DSS position listed on the grant will be asked to attend coordinating or informational meetings and presentations to further SIM project goals and to participate in discussions that support development of the population health plan. It is further anticipated that most meetings will be held in the Hartford area, however coordination with health system stakeholders may occur in a central location of the state. Standard estimates for in-state travel are included based on experience with grant and statewide coordinating activities.

*Year 1: 8 staff \* 40 miles per month \* 10 months \* \$0.56/mile = \$1,792*

*Year 2-4: 9 staff \* 40 miles per month \* 12 months \* \$0.56/mile = \$2,419/year*

Mileage reimbursement amounts were revised so as not to exceed GSA guidelines as of January 1, 2014 of \$0.56/mile, and Year 1 calculation was revised to reflect only 10 months, resulting in a total decrease of \$728 for this line item.

<b>Out of State Travel</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Total</b>
<i>National Meeting (DPH)</i>	3,080	0	3,080	0	6,160

The Physician Consultant/Project Manager will travel to a national meeting twice during the application period to stay current with the evidence base and innovations in addressing health equity. The Epidemiologist Consultant/Analyst will also attend two national meetings during the application period for best practices in data and analytics related to population health management. Specific meetings in the out-years have not yet been identified, but potential opportunities include the American Public Health Association Annual Meeting, the Council of State and Territorial Epidemiologists Annual or Regional Meeting, the Association of State and Territorial Officials Annual Meeting, or the Keeneland Conference for Public Health Services and Systems Research Annual Meeting.

*Calculation:*

*Year 1: 2 staff \* ((\$380 round trip airfare) + (4 days\*\$219/lodging + \$71 MIE)).*

*Year 3: 2 staff \* ((\$380 round trip airfare) + (4 days\*\$219/lodging + \$71 MIE)).*

Lodging and MIE estimates are based on the GSA guidelines for Washington D.C. Revised round trip airfare estimates are based on U.S. Average Domestic Itinerary Fares for the first quarter of 2014, as reported by the U.S. Department of Transportation, Bureau of Transportation

Out of State Travel	Year 1	Year 2	Year 3	Year 4	Total
Statistics (total increase of \$120 in Years 1 and 3).					
<i>BRFSS Conference (DPH)</i>	2,715	2,715	2,715	2,715	10,860
<p>The Epidemiologist 2 will attend a 5 day Behavioral Risk Factor Surveillance System (BRFSS) conference annually to stay current with modeling, analysis and interpretation of results.</p> <p><i>Calculation:</i></p> <p><i>Years 1-4: 1 staff *4 years* (\$380 round trip airfare + (5 days*\$156/lodging + \$66 MIE) + \$1,100 registration + \$50 baggage fees + \$75 transportation).</i></p> <p>Lodging and MIE estimates are based on the GSA guidelines for Denver, CO. Revised round trip airfare estimates are based on U.S. Average Domestic Itinerary Fares for the first quarter of 2014, as reported by the U.S. Department of Transportation, Bureau of Transportation Statistics (total decrease of \$170 per year).</p>					
<i>SIM Conferences (PMO)</i>	8,040	8,040	8,040	8,040	32,160
<p>Costs support travel for the Director of Health Innovation, Primary Care Transformation Manager, and 2 Health Program Associates to attend SIM workshops and conferences as specified in the funding announcement on page 30. As those conferences have not yet been scheduled or formally announced, estimates are based on the 2014 GSA lodging and MIE guidelines for Washington, DC and revised round trip airfare estimates are based on U.S. Average Domestic Itinerary Fares for the first quarter of 2014, as reported by the U.S. Department of Transportation, Bureau of Transportation Statistics (total increase of \$720 per year).</p> <p><i>Calculation: 3 trips/year * 4 staff * (\$219/lodging +\$71 MIE+\$380 round trip airfare).</i></p>					

**D. Equipment**

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>TOTAL</b>
<b>Original</b>	\$0	\$0	\$0	\$0	\$0
<b>Revised</b>	\$15,400	\$0	\$0	\$0	\$15,400

No further reductions were made in the “Equipment” category to reach the proposal amount of \$45 million.

As instructed, we previously moved equipment listed under contractual agreements to the “equipment” line item, as these need to be purchased by the prime recipient/applicant.

Equipment will be used to carry out daily activities related to the SIM grant and will be used 100% for SIM-related program objectives.

<b>Equipment</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Total</b>
<i>High-Powered Computers (2)</i>	10,400	0	0	0	10,400
For the evaluation team, two high powered computers for approximately \$5,200 each (Lenovo Thinkstation, part# 1136F4U from GovConnection) will be purchased in the first year. These computers are needed in order for staff to handle the large volume of data from the All-Payer Claims Database and the Health Information Exchange which is required for the evaluation of SIM-related activities.					
<i>Dedicated Server</i>	5,000	0	0	0	5,000
For the evaluation team, a dedicated server will be purchased in the first year to ensure that appropriate data security protocols can be implemented. This dedicated server is needed in order for staff to handle the large volume of data from the All-Payer Claims Database and the Health Information Exchange which is required for the evaluation of SIM-related activities.					

**E. Supplies**

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>TOTAL</b>
<b>Original</b>	\$28,646	\$8,358	\$2,754	\$2,809	\$42,567
<b>Revised</b>	\$46,594	\$15,472	\$9,868	\$9,923	\$81,857
<b>Revised II</b>	\$40,444	\$17,192	\$9,562	\$9,611	\$76,809

Further reductions, based on instruction to decrease the overall budget to \$45 million, resulted in a decrease in the “supplies” line item of \$13,048,

**REVISED SUPPLIES PROPOSAL**

Supplies will be used to carry out daily activities related to the SIM grant and will be used 100% for SIM-related program objectives. As instructed, costs related to equipment and supplies have been omitted from the contractual budgets, and are now included to be purchased by the prime recipient/applicant. This change results in a total increase of \$39,290 to this line item.

<b>Supplies</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Total</b>
<i>General Office Supplies (DPH/DSS)</i>	900	2,400	2,448	2,497	8,245
Costs support general office supplies including paper, pens and staples for 8 DPH staff and contracted personnel. Estimated costs are \$25/month and are adjusted for inflation in years 2-4.					
<i>PC Monitors (DPH)</i>	240	120	0	0	360
Costs support additional monitors (\$120/each) for the 3 Epidemiologist and contracted personnel (2 in year 1, one in year 2) to assist with analyses, data reviews, and presentations so that both written information and data and analyses can be viewed and crossed checked at the same time.					
<i>Computers and Software (DPH/PMO)</i>	9,090	3,030	0	0	12,120
Costs support computers and software (\$1,010/person) for the 4 grant-funded PMO positions					

<b>Supplies</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Total</b>
and DPH staff and contracted personnel (5 in year 1, 3 in year 2) to carry out daily functions related to SIM grant.					
<i>Software Licenses (DPH)</i>	9,056	4,528	0	0	13,584
Costs support funding for SAS (\$1,500/license), ArcGIS (\$1,500/license), Instant Atlas (\$1,225/license), and Adobe Professional (\$303/license) licenses for the Epidemiologist staff and contracted personnel (2 in year 1, 1 in year 2) for data analysis and identification of high risk populations.					
<i>Laptop (PMO)</i>	2,200	0	0	0	2,200
Cost supports a laptop for CAB offsite meeting presentations, focus groups, listening sessions, and other consumer engagement activities.					
<i>General Office Supplies (Evaluation)</i>	1,644	1,644	1,644	1,644	6,576
Cost supports general office supplies such as pens, pencils, paper, ink cartridges, staples, clips, tape, and pads to be used by the evaluation staff to carry out their daily activities. Estimated costs are \$137/month.					
<i>Desktop Computers (Evaluation)</i>	4,914	0	0	0	4,194
Cost supports the purchase of 3 desktop computers (\$910/computer) and 3 external hard drives (\$728/hard drive) to be used by evaluation team support staff to compile data for the project, create reports, and print forms and documents.					
<i>General Office Supplies (HIT)</i>	\$2520	\$2520	\$2520	\$2520	\$10,080
Costs support general office supplies including pens, pencils, printer cartridges, and paper for staff engaging in the health information technology initiative. Estimated costs are \$210/month.					
<i>Network Printer (HIT)</i>	\$720	0	0	0	\$720

Supplies	Year 1	Year 2	Year 3	Year 4	Total
Cost supports the purchase of a network printer in Year 1 to be used by health information technology team.					
<i>Desktop Computers (HIT)</i>	\$2600	0	0	0	\$2600
Cost supports the purchase of 2 desktop computers (\$1300/computer) in Year 1 to be used by the health information technology team.					
<i>Laptops (HIT)</i>	\$2600	0	0	0	\$2600
Cost supports the purchase of 2 laptop computers (\$1300/laptop) in Year 1 to be used by health information technology team.					
<i>General Office Supplies (CHW)</i>	950	950	950	950	3,800
Enduring materials required to support CHW workforce training and development includes enduring materials (external hard drives and USB backup) to collect data and training materials anticipated at \$2,000 for 4 years (\$500/year). Non-enduring materials required for training support include easel pads, easels, binders, folders, writing utensils, paper and ink cartridges for printing (\$450/year).					

**F. Contractual**

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>TOTAL</b>
<b>Original</b>	\$7,741,972	\$16,465,839	\$14,096,659	\$14,469,461	\$52,773,931
<b>Revised I</b>	\$7,732,962	\$16,444,999	\$14,070,584	\$14,457,931	\$52,706,476
<b>Revised II</b>	\$6,026,506	\$11,168,433	\$10,372,750	\$8,364,375	\$35,932,064
<b>Amendment 03</b>	\$6,204,800	\$11,520,677	\$10,707,149	\$8,705,462	\$37,138,088

Further reductions, based on instruction to decrease the overall budget to \$45 million, resulted in a decrease in the “contractual” line item of \$16,774,412.

**REVISED CONTRACTUAL PROPOSAL**

Consultants and contractors engaged in SIM initiatives that are not currently under contract or classified as state vendors will be secured via competitive bid / RFP process and will be held accountable by procuring agency via standard progress reporting. When the contractors are formally selected, the following required information will be provided for the contracts: all contract staff positions dedicated to the SIM program included annual salary, percentage of time budgeted for, and total number of months; a clear statement of the tasks and deliverables; the expected rate of compensation, and indirect cost rates. We currently have this information for the Health Information Technology, Program Evaluation, Community Health Workers, and Inter-Professional Education, which is included below.

In addition, at the instruction of the budget questions, equipment and supplies were omitted from the contractual proposals, and included in the appropriate “equipment” or “supplies” line item to be purchased by the prime recipient/applicant.

**Contractual Budget Indirect Costs**

<b>Contract/ Consultant</b>	<b>Rate</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Total</b>
UConn Health (HIT)	10% of direct costs	\$48,713	\$59,925	\$61,654	\$63,435	\$243,261
UConn Health (Program Evaluation)	10% of total modified direct costs*	\$33,396	\$27,210	\$27,889	\$28,614	\$117,109
UConn and CT Area Health Education Center (CHW)	10% of total modified direct costs*	\$7,563	\$6,768	\$6,981	\$7,297	\$28,609

\*Total Modified Direct Costs refers to the total direct costs less equipment and subrecipient charges (after the first \$25,000).

**Connecticut SIM Model Test Proposal – Amendment 03 – 4/30/2015**  
**PERSONNEL DETAIL FOR PROGRAM EVALUATION CONTRACT**

Position Title (Name)	Annual Salary	Time %	Months				\$ Requested				TOTAL
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 1	Yr 2	Yr 3	Yr 4	
Principal Investigator (Robert Aseltine)	\$159,075	22%	12	12	12	12	\$34,997	\$36,046	\$37,127	\$38,241	\$146,411
Project Director (TBD)	\$95,000	40%	12	12	12	12	\$38,000	\$39,140	\$40,134	\$41,523	\$158,977
Research Associate 2 (Elizabeth Schilling)	\$89,326	34%	12	12	12	12	\$30,371	\$31,282	\$32,220	\$33,187	\$127,060
Research Associate 1 (Laurel Buchanan)	\$77,598	36%	12	12	12	12	\$27,935	\$28,773	\$29,636	\$30,525	\$116,869
Research Assistant 3 (TBD)	\$68,016	10%	12	12	12	12	\$6,802	\$7,006	\$7,216	\$7,432	\$28,456
Project Administrator (TBD)	\$71,531	15%	12	12	12	12	\$10,730	\$11,052	\$11,384	\$11,726	\$44,892
<b>Total:</b>							<b>\$148,835</b>	<b>\$153,299</b>	<b>\$157,897</b>	<b>\$162,634</b>	<b>\$622,665</b>

The expected rate of compensation for these positions is the percentage of time allocated for SIM-related activities, multiplied by the respective annual salary. This personnel budget includes a 3% annual increase. Dr. Aseltine is supported by a mix of state funds and soft money. He will reduce his soft money supported percent effort for other projects in order to assume SIM funded responsibilities. All other proposed UConn employees included in the evaluation budget is a current state employee on “soft” money meaning they are not funded through the state appropriations process. These CPHHP employees are funded by contract, grant or consulting fees, and are routinely assigned to new projects as appropriate. UConn does not anticipate hiring new employees, and if the current employees were not funded by the SIM grant, UConn would be seeking other projects or could potentially be forced to lay these employees off.

**PERSONNEL DETAIL FOR PROGRAM EVALUATION CONTRACT (cont.)**

Robert Aseltine Ph.D., Principal Investigator: Will plan and supervise all the evaluation activities, including the compilation and analysis of secondary data, the collection and analysis of primary data. Coordinate with PMO Director and the innovation team to design quasi-experiments that will enable the team to conduct rigorous evaluations of program components. Work with Dr. Cleary at Yale to coordinate the evaluation activities performed by other faculty and staff at the two universities. *Deliverables:* oversight/preparation/delivery of all reports, data analysis, presentations and publications for this project.

TBD, Project Director: Will provide day to day oversight and supervision of all evaluation activities and staff, and will oversee work of data collection and informatics subcontractors. *Deliverables:* Successful coordination of activities between departments and UConn Health and Yale University, deliver of quarterly report to oversight committee and stakeholders, and collaboration in reports and publications.

Elizabeth Schilling, Research Associate 2: Will coordinate statistical analysis of survey and administrative data and provide periodic reports related to program implementation and outcomes. *Deliverables:* analysis of data to populate quarterly reports on program pace and outcomes.

Laurel Buchanan, Research Associate: Will coordinate all data acquisition and data management for the project, contribute to periodic reporting, and ensure compliance with University, state, and federal privacy and security regulations and policies. *Deliverables:* creation and maintenance of database; generation of reports related to monitoring/compliance with IRB/HIPAA rules and regulations.

TBN, Research Assistant III: Will support the Principal Investigator in preparing reports and presentation of results to stakeholders. *Deliverables:* preparation of interim/ final reports and presentations of results to various stakeholder groups.

TBD, Project Administrator: Will initiate, monitor and manage the total award including FTE of personnel, subcontracts, subcontractor deliverables, and fiscal reporting. *Deliverables:* reports & documentation related to personnel, subcontractors, and fiscal reporting.

**PERSONNEL DETAIL FOR HEALTH INFORMATION TECHNOLOGY CONTRACT**

Position Title (Name)	Annual Salary	Time %	Months				\$ Requested				TOTAL
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 1	Yr 2	Yr 3	Yr 4	
Research Associate 2 (TBD)	\$79,685	100%	6	12	12	12	\$39,843	\$82,076	\$84,538	\$87,074	\$293,171
Research Associate 1 (TBD)	\$69,430	100%	12	12	12	12	\$69,430	\$71,513	\$73,658	\$75,868	\$290,469
Research Assistant 1 (TBD)	\$46,592	100%	12	12	12	12	\$46,592	\$47,990	\$49,429	\$50,911	\$194,922
Research Assistant 1 (TBD)	\$46,592	50%	0	12	12	12	-	\$23,995	\$24,715	\$25,456	\$74,166
Application Developer 3 (TBD)	\$82,706	100%	12	12	12	12	\$82,076	\$84,538	\$87,074	\$89,687	\$343,375
Application Developer 2 (TBD)	\$69,430	100%	12	12	12	12	\$69,430	\$71,513	\$73,658	\$75,868	\$290,469
<b>Total:</b>							<b>\$307,371</b>	<b>\$381,625</b>	<b>\$393,072</b>	<b>\$404,864</b>	<b>\$1,486,932</b>

The expected rate of compensation for these positions is the percentage of time allocated for SIM-related activities, multiplied by the respective annual salary. This personnel budget includes a 3% annual increase. All of the proposed positions are new positions.

**PERSONNEL DETAIL FOR HEALTH INFORMATION TECHNOLOGY CONTRACT**

**(cont.)**

Research Associate 2 (TBD): Will be hired to conduct statistical analysis and modeling of data across payers.

Research Associate 1(TBD): Will work with the practices to answer any day-to-day questions with respect to the technical assistance as it relates to HIT. Will liaison with other SIM workgroup teams as well as with the community-based agencies with respect to data collection and follow-up activities with participants.

Research Assistant 1(TBD) (1.5 FTES): Will assist the Research Associate 1 and work with entities to answer any day-to-day questions and provide HIT technical assistance.

Application Developer 3 (TBD): Will develop interfaces to ensure that practices can submit data using standards-based protocols. Lead the design to merge all the data streams and automate the creation of outcome management reports and monitor the application performance to meet data reporting requirements.

Application Developer 2 (TBD): Will program a web-based application to facilitate the collection of all the required data, merge all the data streams and automate the creation of outcome management reports and monitor the application performance to meet data reporting requirements.

**PERSONNEL DETAIL FOR COMMUNITY HEALTH WORKERS CONTRACT**

Position Title (Name)	Annual Salary	Time %	Months				\$ Requested				TOTAL
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 1	Yr 2	Yr 3	Yr 4	
Principal Investigator (Bruce Gould)	\$181,500	5%	12	12	12	12	\$9,075	\$9,347	\$9,628	\$9,916	\$37,966
Program Administrator (TBD)	\$69,430	10%	12	12	12	12	\$6,943	\$7,151	\$7,366	\$7,587	\$29,047
Program Coordinator (TBD)	\$58,178	14%	12	12	12	12	\$8,145	\$8,389	\$8,641	\$8,900	\$34,075
<b>Total:</b>							<b>\$24,163</b>	<b>\$24,887</b>	<b>\$25,635</b>	<b>\$26,403</b>	<b>\$101,088</b>

The expected rate of compensation for these positions is the percentage of time allocated for SIM-related activities, multiplied by the respective annual salary. This personnel budget includes a 3% annual increase. The dollars requested will directly support the CHW initiative which does not currently exist in the scope of work for the personnel identified. The current State employee FTE dedicated to this initiative is in the far right column. Dr. Bruce Gould is the PI on the initiative and a current state employee. Dr. Gould is supported by a mix of state funds and soft money. He will reduce his soft money supported percent effort for other projects in order to assume SIM funded responsibilities. The other positions (for a total FTE of .24) are to be named and are NOT current State employees (Project Administrator and Program Coordinator). The hiring process would follow the requirements as set forth by the State/UConn Health.

Bruce Gould, Principal Investigator: Will be responsible for overall direction and definition of the initiative statewide including development of infrastructure, policy and sustainability plans, delineation of training methods, marketing, and stakeholder engagement. He will develop information sessions/meetings for regional stakeholders and convene the statewide CT CHW Advisory Board.

Program Administrator (TBD): Will provide administrative support and oversight of SIM budget and subcontracts as well as time and effort reporting for personnel.

Program Coordinator (TBD): Will provide administrative support to the project which includes Program Office activities and coordination with Southwestern AHEC subcontractor.

Initiative	Year 1	Year 2	Year 3	Year 4	Total
<i>Population Health</i>	\$702,258	\$754,280	\$677,399	\$684,087	\$2,818,024
<p>DPH will procure: (1) a consultant to facilitate stakeholder meetings and to assist in the development of the population health plan including identification of priorities and root cause and barrier analysis (estimated 200 days over 2 years, \$100 hourly); and (2) a consultant to develop and test a statistical modeling system that uses currently available data to create a consistent series of annual post-censal, town-level population estimates (estimated 130 days during Year 1 at \$120 hourly). DPH will use its existing contract with ICF Macro International to double the CT BRFSS sample size for sufficient statistical power to generate small area estimates for population subgroups (2,000 land line interviews at \$50/interview and 3,000 cell phone interviews at \$81/interview). DPH will use an existing contract with a staffing firm to identify and hire three on-site consultants, a Physician-level project manager, an Epidemiologist/analyst and a Secretary/support person. The staffing firm approach will allow rapid on-boarding and formation of the Population Health Planning Core Team and expedite start up activities in year 1.</p> <p>Physician Consultant/Project Manager (TBD): This position will lead the new unit created at DPH to develop and implement population health planning activities. The position will be responsible for oversight and coordination for all aspects of the Population Health Planning component. This includes leading the development of the population health plan through engaging stakeholders and serving as the primary liaison between DPH, PMO and other agencies engaged in SIM Test grant process.</p> <p>Epidemiologist Consultant/Analyst (TBD): This position will be responsible for providing overall data review and population health analytic support to population health assessment and</p>					

Initiative	Year 1	Year 2	Year 3	Year 4	Total
<p>planning and identification of high risk populations in the state in support SIM Population Health Planning and implementation initiatives.</p> <p>Secretary/Support Services (TBD): This position supports administrative functions of a new unit in DPH created to develop and implement population health planning activities in the State Innovation Model Test Grant funded through the Centers for Medicaid and Medicare Innovation. The Secretary will help coordinate and support the activities of a Population Health Council and provide administrative support to 3 full time employees including a Coordinator/Director that will lead and direct activities of the unit.</p>					
<i>Medicaid QISSP</i>	2,068,764	1,166,830	2,251,308	403,852	5,890,754
<p>DSS will expand existing contracts with Mercer Consulting to perform various activities related to the establishment of the Medicaid QISSP, including procurement for FQHCs and Advanced Networks, program design and evaluation, actuarial support, and Community Health Network of Connecticut (CHN-CT) to develop and implement under-service monitoring tools. (Mercer Consulting \$4,340,668, CHNCT \$1,550,086)</p>					
<i>AMH Glide Path</i>	601,749	3,212,658	1,442,537	2,799,501	8,056,445
<p>PMO will procure practice transformation support vendors to assist 370 practices to achieve AMH status. Average estimated cost per practice is \$16,000 with a 12 month average duration. Enrollment estimates: 25 practices in year 1; 160 practices in year 2; 50 practices in year 3; and 130 practices in year 4. PMO contract includes requirement to facilitate AMH learning collaborative (LC), development/ monitoring of online collaboration site, quarterly seminars, annual symposium, monthly webinars, and conference calls. Includes funding for expansion of existing CHNCT contract for administration of the glide path process – total of \$366,875 over</p>					

<b>Initiative</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Total</b>
four years.					
<i>Targeted Technical Assistance</i>	350,928	1,414,000	1,414,000	1,414,000	4,592,928
PMO will procure a contract with targeted technical assistance vendors to provide specialized transformation support in 11 priority areas (9 for Advanced Networks and 11 for FQHCs) over the course of two, 18-month waves and development and facilitation of 2 LCs, one each for Advanced Networks and FQHCs.					
<i>Care Experience Survey</i>	0	308,700	308,700	0	617,400
PMO will procure for the creation and implementation of a cross-payer care experience survey tool selected by the Quality Council and approved by the Steering Committee in Year 1.					
<i>Health Information Technology</i>	1,292,842	3,596,378	3,550,394	2,329,981	10,769,595
DSS will contract with UConn for overall HIT/Analytics strategic planning/support, including: staffing costs, travel, and fringe - \$2.44 M; DSS will acquire/implement Care Analyzer-\$700K, Consent Registry- \$1.1M, 1-3 Disease Registries & Mobile Medical Applications -\$2.2M, EMPI-Nextgate-\$209K, Provider Directory-NextGate-\$225K, Direct Messaging/ADT-\$450K, Edge Servers/Indexing/eCQM-\$1M, EHR-SaaS-\$735K; BEST hosting services-\$480K; crowd sourcing-\$360K; expert facilitator for HIT Plan development-\$200K; and APCD edge server linkage and integration of Medicaid data- \$540K. This budget was reduced in several areas and the PHR initiative was eliminated. This budget was also decreased by taking out the equipment/supplies funding of \$4,000 a year, and moving that to the appropriate line item.					
<i>Community Health Worker</i>	216,431	252,123	260,595	263,849	992,998
UConn, in collaboration with CT AHEC, will support strategic planning, marketing support and					

Initiative	Year 1	Year 2	Year 3	Year 4	Total
<p>product development; conduct workforce needs assessment; develop training curriculum and certification program; develop placement and community college partnership program; evaluate program; develop sustainability models; and facilitate stakeholder meetings/annual conference. This budget was decreased by taking out the equipment/supplies funding of \$950 a year, and moving that to the appropriate line item. As a result, the indirect costs are also lower, for a total decrease of \$4,180 over 4 years.</p>					
<i>VBID</i>	216,394	36,394	36,394	36,394	325,576
<p>PMO will procure 3 subject matter expert panelists for employer VBID learning collaborative (1 day per consultant per collaborative @ \$1,500 speaker fees plus travel &amp; expenses); and 1 contractor to facilitate employer-led consortium meetings to develop a VBID template and toolkit, and to facilitate 3 annual learning collaboratives.</p>					
<i>Consumer Engagement</i>	93,592	93,592	93,592	93,592	374,368
<p>PMO will procure: (1) 4 independent subject matter experts per year for quarterly CAB presentations (1 day per consultant per collaborative @ \$1,500 speaker fees plus travel &amp; expenses); (2) one facilitator for 4 issue-based consumer focus groups and 4 listening sessions per year @ \$5,000 each; (3) contracted interpreter services for CAB meetings and focus groups @ \$200 per meetings for 20 meetings per year; and (4) funding for five community organizations for quarterly consumer outreach and engagement and feedback loops @ \$2,000 each.</p>					
<i>Program Evaluation</i>	682,806	664,758	672,230	680,206	2,700,000
<p>The PMO intends to contract with UConn and Yale (sub-contractor) to undertake all program evaluation activities. Equipment and supply costs have been omitted from this contractual budget and transferred to the appropriate line items, as instructed (\$11,490 in supplies and</p>					

Initiative	Year 1	Year 2	Year 3	Year 4	Total
\$15,400 in equipment).					

**REVISED JUSTIFICATION: CONTRACT STAFF TRAINING/EDUCATION**

Our State Healthcare Innovation Plan (SHIP) has six workforce initiatives. Our project narrative includes only the Community Health Worker initiative for SIM Testing Grant funding.

Innovative payment methodologies and delivery system designs are not enough to achieve better health, better health care and a reduction in the growth of healthcare costs, nor enough to improve the experience of health care or to reduce health disparities in our state. To achieve these ends, Connecticut must have a community health worker workforce trained to enable these tasks.

We are aware that costs for training and education program for contract staff/providers are generally unallowable, which is one reason that we did not seek funding for continuing education, another of our SHIP’s six workforce initiatives. The funding being sought for the Community Health Worker initiative is not for defraying the direct costs of training contractors or providers, but for establishing a statewide program that will help educate a health workforce from which providers can draw and be drawn.

The Community Health Worker initiative is targeted at the obdurate problem of health disparities and also the care of the chronically ill who typically need multiple services and who have such difficulty navigating health care. AHEC with its four regional offices will be directly engaged in this initiative, as will several and perhaps ultimately more of our community colleges. Our Departments of Public Health and Labor will play significant roles. Our consumer advocacy community is intently interested in this initiative and will participate in its design. Providers and other prospective employers are also interested and will be engaged to ensure that training

modules are available in the various skill sets that different employers need. Payers will be engaged to determine how community health workers may be reimbursed either directly or through payments to the practices and institutions that hire them.

**G. Other**

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>TOTAL</b>
<b>Original</b>	\$736	\$1,160	\$1,455	\$1,485	\$4,836
<b>Revised I</b>	\$4,076	\$4,500	\$4,795	\$4,825	\$18,196
<b>Revised II</b>	\$736	\$1,160	\$1,455	\$1,485	\$4,836

Further reductions, based on instruction to decrease the overall budget to \$45 million, resulted in a decrease in the “Other” line item of \$13,360, which is entirely attributable to the elimination of the Consumer Advisory Board travel expenses.

**REVISED “OTHER” BUDGET PROPOSAL.**

“Other” costs will support SIM-related program objectives. The round trip airfare estimated costs were revised to reflect the U.S. Average Domestic Itinerary Fares for the first quarter of 2014, as reported by the U.S. Department of Transportation, Bureau of Transportation Statistics.

<b>Other</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Total</b>
<i>Telephone Installation (DPH)</i>	320	40	0	0	360
Costs support the installation of dedicated phone lines for 9 DPH staff and contracted personnel (\$40/phone)					
<i>Copier Expense (DPH)</i>	416	468	477	487	1,848
An administrative printer/copier expense is included for maintenance associated with everyday printing/copy costs for 9 DPH staff and contracted personnel assigned to this project. Standard					

estimates are based on average costs/ staff usage: 50 pages/week \* 20 cents per page, adjusted in years 2-4 for inflation.

<i>License Renewal (DPH)</i>	0	652	978	998	2,628
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Software license renewals in Year 2, 3, and 4 are included for each of the 3 Epidemiologists positions or contracted personnel associated with the need for SAS, ArcGIS and Instant Atlas.

**I. Total Direct Costs**

The table below shows the differences between the previous approved budget and the amended budget.

	Year 1		Year 2		Year 3		Year 4	
	Previous	Proposed	Previous	Proposed	Previous	Proposed	Previous	Proposed
A. Personnel	697,317	\$596,740	1,375,076	\$1,191,635	1,443,831	\$1,250,747	1,516,022	\$1,312,792
B. Fringe Benefits	538,816	\$461,100	1,062,522	\$920,777	1,115,648	\$966,452	1,171,430	\$1,014,394
C. Travel	15,627	\$15,627	13,174	\$13,174	16,254	\$16,254	13,174	\$13,174
D. Equipment	15,400	\$15,400	-	\$0	-	\$0	-	\$0
E. Supplies	38,444	\$38,444	15,192	\$15,192	7,562	\$7,562	7,611	\$7,611
F. Contractual	6,026,506	\$6,204,800	11,168,433	\$11,520,677	10,372,750	\$10,707,149	8,364,375	\$8,705,462
H. Other	736	\$736	1,160	\$1,160	1,455	\$1,455	1,485	\$1,485
<b>I. Total Direct Costs</b>	<b>7,332,846</b>	<b>\$7,332,846</b>	<b>13,635,557</b>	<b>\$13,662,615</b>	<b>12,957,500</b>	<b>\$12,949,620</b>	<b>11,074,097</b>	<b>\$11,054,919</b>

	TOTAL		Diff.
	Previous	Proposed	
A. Personnel	<b>5,032,246</b>	\$4,351,914	\$680,332
B. Fringe Benefits	<b>3,888,416</b>	\$3,362,724	\$525,692
C. Travel	<b>58,229</b>	\$58,229	-
D. Equipment	<b>15,400</b>	\$15,400	-
E. Supplies	<b>68,809</b>	\$68,809	-
F. Contractual	<b>35,932,064</b>	\$37,138,088	\$(1,206,024)
H. Other	<b>4,836</b>	\$4,836	-
<b>I. Total Direct Costs</b>	<b>45,000,000</b>	\$45,000,000	-

