AMENDMENT

It is hereby agreed by and between the State of Vermont, Department of Vermont Health Access (the "State") and University of Vermont Medical Center, Community Health Improvement, with principal place of business in Burlington, Vermont (the "Contractor"), collectively referred to as the "Parties", that the agreement between the Parties, originally dated as of October 15, 2017 and as amended on October 15, 2018 (the "Contract"), is hereby amended effective October 15, 2019, as follows:

I. **Maximum Amount.** The maximum amount payable under the Contract, wherever such reference appears in the Contract, shall be changed from $433,252.00 to $669,378.00, representing an increase of $236,126.00.

II. **Contract Term.** The Contract end date, wherever such reference appears in the Contract, shall be changed from October 15, 2019 to October 15, 2020. The Contract Term may be renewed for one additional one-year period by mutual written agreement of all Parties.

III. **Contact Information.** All references in the Contract to contact information for Meaghan Kelley, State Fiscal Manager or Grants and Contract Administrator and the email address Meaghan.Kelley@vermont.gov shall be deleted and replaced as follows:

Tim Harvey, Contracts & Grants Administrator
Tim.Harvey@vermont.gov

IV. **Attachment A, Specifications of Work to Be Performed.** The scope of services is amended by the addition of the following:

As of October 15, 2019, Vermont Blueprint for Health recognizes subject matter priorities, based on population needs and demands. While the Contractor shall focus on Primary Self-Management Programs), the Contractor may offer Supplementary Self-Management Programs in accordance with this Attachment.

The Primary Self-Management Programs offered are:

- The Self-Management Resource Center Diabetes Self-Management Program (SMP)
- Centers for Disease Control (CDC) -recognized (meets the standards established by the CDC for recognition) Diabetes Prevention Program (DPP)
- Vermont Quit Partners, also known as Freshstart® (in collaboration with Vermont Department of Health)
- American Lung Association Not on Tobacco (NOT)

The Supplementary Self-Management Programs offered are:

- The Self-Management Resource Center Chronic Disease, Workplace Chronic Disease, and Chronic Pain Self-Management Program (SMP)
- Copeland Center Wellness Recovery Action Planning (WRAP)

a. Schedule section of Attachment A shall be deleted in its entirety and replaced as follows:

Deliverable No.	Description	Date(s) Due
1	Contractor shall develop and submit an annual Self-Management Program project plan, including staffing plan and plan for regular Regional Coordinator meetings (including schedule and logistical details [locations, reservation of rooms, etc.] for program evaluation and quality improvement.	November 15, 2017 and November 15, 2018 and November 15, 2019
1	Contractor shall submit an annual evaluation project plan for data collection, entry of the data comprising the requirement Self-Management Program performance measures, aggregation and reporting to the State.	November 15, 2017 and November 15, 2018 and November 15, 2019
1	Contractor shall submit the plans created with each local health service area (local program evaluation and quality improvement annual plans.)	November 15, 2017 and December 1, 2018 and December 2, 2019
1	Contractor shall submit an annual plan for provision and/or coordination of training, refresher, and audits for Self-Management Program faculty.	November 15, 2017 and December 1, 2018 and December 2, 2019
1	Contractor shall ensure appropriate agreements in place to offer and utilize licensed programs and materials for the Self-Management Program and that Regional Coordinators are informed of the Self-Management Program procedures designated by licensors.	November 15, 2017 and December 1, 2018 and December 2, 2019
1	Contractor shall review prior year performance results and HSA-specific plans for the current contract year, materials and strategies used over the past 12 months, including successful and unsuccessful elements with Blueprint leadership and Regional Coordinators.	December 1, 2017 and December 1, 2018 and December 2, 2019
2	Contractor shall submit an annual plan, completed in collaboration with the Vermont Department of Health, for health promotion and educational outreach, content	December 1, 2017 and December 1, 2018

	configuration, electronic referrals, and management of the myhealthyvt.org website.	and December 2, 2019
2	Contractor shall provide an evidence-based program research project plan updated and presented to Regional Coordinators.	October 1, 2018 and February 1, 2019 and February 3, 2020
1	Contractor shall provide results of Regional Coordinator assessment of Contractor performance submitted to the State.	April 1, 2018 and April 1, 2019 and April 1, 2020
1	Contractor shall provide a Self-Management Programs Operations Manual updated, including results of evidence-based program research project plan, and distributed to Regional Coordinators, data collection file and associated documents, files for performance measures submitted to the State.	August 15, 2018 and June 1, 2019 and June 1, 2020
3	Contractor shall send the State a quarterly report of everyone who has registered for the training or certification that includes the start date, date of certificate was received, a copy of registration, a copy of certificate of completion, and the training or certification that was attended.	December 31st, 2018; March 31st, 2019; June 30th, 2019; and September 30th, 2019; December 31st, 2019; March 31st, 2020; and September 30th, 2020
1	Contractor shall review progress towards performance goals and individualized plan for provision of quality improvement services with Blueprint Leadership (at least quarterly.)	Quarterly
1	Contractor shall review progress towards performance goals and individualized plan for provision of quality improvement services with Regional Coordinators (at least monthly.)	Monthly
1	Contractor shall regularly review of HSA-specific and State-level program performance measures.	Ongoing

1	Contractor shall regularly review agreements for offering and utilizing licensed Self-Management Programs.	Ongoing
3	Contractor shall regularly review every Health Service Area to ensure adequate Self-Management Program faculty is in place to meet the program needs of the community	Ongoing
1	Contractor shall provide execution of program evaluation plan and implementation of best practices.	Ongoing
1	Contractor shall build new partnerships and increase participation in the Self-Management Program workshops.	Ongoing
2	Contractor shall maintain the health promotion and educational outreach, content configuration, and management of the myhealthyvt.org website, in collaboration with the Vermont Department of Health.	Ongoing
3	Contractor shall collect data and submit a report to the State after each course or workshop which includes course name, date, time, location, number of participants, summary of course presentation, and participant feedback and comments.	Ongoing

V. **Attachment B, Payment Provisions.** The payment provisions shall be amended as follows:

a. Deliverables Table of Attachment B shall be deleted in its entirety and replaced as follows:

VI. **Table 1: October 15, 2017 – October 14, 2018**

DELIVERABLES TABLE	**COST**
Deliverable 1: Program Evaluation, Quality Improvement and Data Collection	
Submit a proposed project plan, including staffing plan and regular Regional Coordinator meetings, to the State (Blueprint) for review and approval (reference Attachment A, Deliverable 1, Paragraph 1, Section 1. a.)	(1)(a) = **$9,000.00**
Meet with Blueprint leadership and the Regional Coordinators from each Health Service Area (reference Attachment A, Deliverable 1, Paragraph 1, Section 1.b.)	(1)(b) = 14 @ $2,000.00 each = **$28,000.00**
Meet with Regional Coordinators from each health service area individually (at least monthly) (reference Attachment A, Deliverable 1, Paragraph 1, Section 1.c.)	(1)(c) = 12 @ $6,800.00 each = **$81,600.00**
Meet with Blueprint leadership (at least quarterly) to review progress towards performance goals (reference Attachment A, Deliverable 1, Paragraph 1, Section 1.d.)	(1)(d) = 4 @ $1,500.00 each = **$6,000.00**

Present program performance data to the State for review and approval (at least monthly) (reference Attachment A, Deliverable 1, paragraph 1, Section 1.e)	(1)(e) = 12 @ $1,000.00 each = **$12,000.00**
Submit proposed literature review project plan to State (reference Attachment A, Deliverable 1, Paragraph 2, Section 1.f.)	(1)(f) = **$2,500.00**
Recommend, in a formal report, arrangements to the State that will offer and utilization licensed programs and materials based on Contractor's data collection and literature review (reference Attachment A, Deliverable 1, Paragraph 2, Section 1.g.)	(1)(g) = **$5,500.00**
Present final literature review to the State for review and approval (reference Attachment A, Deliverable 1, Paragraph 2, Section 1.h.)	(1)(h) = **$3,500.00**
Present final literature review to Shareholders (reference Attachment A, Deliverable 1, Paragraph 2, Section 1.i.)	(1)(i) = **$1,500.00**
Provide State with brief summary of Shareholder presentation (reference Attachment A, Deliverable 1, Paragraph 2, Section 1.j.)	(1)(j) = **$3,526.00**
Submit proposed Regional Coordinator manual revisions to the State for review and approval (reference Attachment A, Deliverable 1, Paragraph 2, Section 1.k.)	(1)(k) = **$1,500.00**
Finalize State approved revisions to Regional Coordinator manual and distribute to Regional Coordinators (reference Attachment A, Deliverable 1, Paragraph 2, Section 1.l.)	(1)(l) = **$1,000.00**
Submit proposed evaluation project plan for State review and approval (reference Attachment A, Deliverable 1, Paragraph 3, Section 1.m)	(1)(m) = **$3,500.00**
Deliverable 1 Total:	**$159,126.00**
Deliverable 2: Health Promotion and Education Outreach	
Submit a promotion and educational outreach plan to the State for review and approval (reference Attachment A, Deliverable 2, Paragraph 1, Section 2.a.)	(2)(a) = **$1,500.00**
Submit distribution plan to the State for review and approval (reference Attachment A, Deliverable 2, Paragraph 1 Section 2.b.)	(2)(b) = **$2,500.00**
Submit monthly reports to the State for review and approval (reference Attachment A, Deliverable 2, Paragraph 1, Section 2.c.)	(2)(c) = 12 @ $500.00 each = **$6,000.00**
Deliverable 2 Total:	**$10,000.00**
Deliverable 3: Provide Self-Management Program Faculty with Training	
Submit a proposed training plan to the State for review and approval (reference Attachment A, Deliverable 3, Paragraph 1, Section 3.a.)	(3)(a) = **$2,500.00**
Submit course offering report to the State for review and approval (reference Attachment A, Deliverable 3, Paragraph 1, Section 3.b.)	(3)(b) = **$27,500.00**
Deliverable 3 Total:	**$35,000**
TOTAL COST:	**$199,126.00**

VII. Table 2: October 15, 2018 – October 15, 2019

DELIVERABLES TABLE	COST
Deliverable 1: Program Evaluation, Quality Improvement and Data Collection	
Submit a proposed project plan, including staffing plan and regular Regional Coordinator meetings, to the State (Blueprint) for review and approval (reference Attachment A, Deliverable 1, Paragraph 1, Section 1. a.)	(1)(a) = **$9,000.00**
Meet with Blueprint leadership and the Regional Coordinators from each Health Service Area (reference Attachment A, Deliverable 1, Paragraph 1, Section 1.b.)	(1)(b) = 13 @ $2,000.00 each = **$26,000.00**
Meet with Regional Coordinators from each health service area individually (at least monthly) (reference Attachment A, Deliverable 1, Paragraph 1, Section 1.c.)	(1)(c) = 12 @ $6,800.00 each = **$81,600.00**
Meet with Blueprint leadership (at least quarterly) to review progress towards performance goals (reference Attachment A, Deliverable 1, Paragraph 1, Section 1.d.)	(1)(d) = 4 @ $1,500.00 each = **$6,000.00**
Present program performance data to the State for review and approval (at least monthly) (reference Attachment A, Deliverable 1, paragraph 1, Section 1.e)	(1)(e) = 12 @ $1,000.00 each = **$12,000.00**
Submit proposed literature review project plan to State (reference Attachment A, Deliverable 1, Paragraph 2, Section 1.f.)	(1)(f) = **$2,500.00**
Recommend, in a formal report, arrangements to the State that will offer and utilization licensed programs and materials based on Contractor's data collection and literature review (reference Attachment A, Deliverable 1, Paragraph 2, Section 1.g.)	(1)(g) = **$5,500.00**
Present final literature review to the State for review and approval (reference Attachment A, Deliverable 1, Paragraph 2, Section 1.h.)	(1)(h) = **$3,500.00**
Present final literature review to Shareholders (reference Attachment A, Deliverable 1, Paragraph 2, Section 1.i.)	(1)(i) = **$1,500.00**
Provide State with brief summary of Shareholder presentation (reference Attachment A, Deliverable 1, Paragraph 2, Section 1.j.)	(1)(j) = **$3,526.00**
Submit proposed Self-Management Operations manual revisions to the State for review and approval (reference Attachment A, Deliverable 1, Paragraph 2, Section 1.k.)	(1)(k) = **$1,500.00**
Finalize State approved revisions to Self-Management Operations manual and distribute to Regional Coordinators (reference Attachment A, Deliverable 1, Paragraph 2, Section 1.l.)	(1)(l) = **$1,000.00**
Submit proposed evaluation project plan for State review and approval (reference Attachment A, Deliverable 1, Paragraph 3, Section 1.m)	(1)(m) = **$3,500.00**
Deliverable 1 Total:	**$157,126.00**
Deliverable 2: Health Promotion and Education Outreach	

Submit a promotion and educational outreach plan to the State for review and approval (reference Attachment A, Deliverable 2, Paragraph 1, Section 2.a.)	(2)(a) = **$1,500.00**
Submit distribution plan to the State for review and approval (reference Attachment A, Deliverable 2, Paragraph 1 Section 2.b.)	(2)(b) = **$2,500.00**
Submit monthly reports to the State for review and approval (reference Attachment A, Deliverable 2, Paragraph 1, Section 2.c.)	(2)(c) = 12 @ $500.00 each = **$6,000.00**
Deliverable 2 Total:	**$10,000.00**
Deliverable 3: Provide Self-Management Program Faculty with Training	
Submit a proposed training plan to the State for review and approval (reference Attachment A, Deliverable 3, Paragraph 1, Section 3.a.)	(3)(a) = **$2,500.00**
Submit course offering report to the State for review and approval (reference Attachment A, Deliverable 3, Paragraph 1, Section 3.b.)	(3)(b) = **$29,500.00**
Tobacco Treatment Specialist Training; Training and professional development opportunities shall be pre-approved by the Department of Vermont Health Access. Send the State a quarterly report of everyone who has registered for the training or certification that includes the start date, date of certificate was received, a copy of registration invoice, a copy of certificate of completion, note the training or certification that was completed, and any additional cost that were incurred for travel, staffing and instructor fees, and hosting a training.	**(3)(c) = up to $35,000**
Deliverable 3 Total:	**Up to $67,000**
TOTAL COST:	**$234,126.00**

Table 3: October 15, 2019 – October 14, 2020

DELIVERABLES TABLE	**COST**
Deliverable 1: Program Evaluation, Quality Improvement and Data Collection	
Submit a proposed project plan, including staffing plan and regular Regional Coordinator meetings, to the State (Blueprint) for review and approval (reference Attachment A, Deliverable 1, Paragraph 1, Section 1. a.)	(1)(a) = **$9,000.00**
Meet with Blueprint leadership and the Regional Coordinators from each Health Service Area (reference Attachment A, Deliverable 1, Paragraph 1, Section 1.b.)	(1)(b) = 13 @ $2,000.00 each = **$26,000.00**
Meet with Regional Coordinators from each health service area individually (at least monthly) (reference Attachment A, Deliverable 1, Paragraph 1, Section 1.c.)	(1)(c) = 12 @ $6,800.00 each = **$81,600.00**

Meet with Blueprint leadership (at least quarterly) to review progress towards performance goals (reference Attachment A, Deliverable 1, Paragraph 1, Section 1.d.)	(1)(d) = 4 @ $1,500.00 each = **$6,000.00**
Present program performance data to the State for review and approval (at least monthly) (reference Attachment A, Deliverable 1, paragraph 1, Section 1.e)	(1)(e) = 12 @ $1,000.00 each = **$12,000.00**
Submit evidence-based program research project plan to State (reference Attachment A, Deliverable 1, Paragraph 2, Section 1.f.)	(1)(f) = **$2,500.00**
Recommend, in a formal report, arrangements to the State that will offer and utilization licensed programs and materials based on Contractor's data collection and evidence-based program research (reference Attachment A, Deliverable 1, Paragraph 2, Section 1.g.)	(1)(g) = **$5,500.00**
Present final evidence-based program research to the State for review and approval (reference Attachment A, Deliverable 1, Paragraph 2, Section 1.h.)	(1)(h) = **$3,500.00**
Present final evidence-based program research to Shareholders (reference Attachment A, Deliverable 1, Paragraph 2, Section 1.i.)	(1)(i) = **$1,500.00**
Provide State with brief summary of Shareholder presentation (reference Attachment A, Deliverable 1, Paragraph 2, Section 1.j.)	(1)(j) = **$3,526.00**
Submit proposed Self-Management Operations manual revisions to the State for review and approval (reference Attachment A, Deliverable 1, Paragraph 2, Section 1.k.)	(1)(k) = **$1,500.00**
Finalize State approved revisions to Self-Management Operations manual and distribute to Regional Coordinators (reference Attachment A, Deliverable 1, Paragraph 2, Section 1.l.)	(1)(l) = **$1,000.00**
Submit proposed evaluation project plan for State review and approval (reference Attachment A, Deliverable 1, Paragraph 3, Section 1.m)	(1)(m) = **$3,500.00**
Deliverable 1 Total:	**$157,126.00**
Deliverable 2: Health Promotion and Education Outreach	
Submit a promotion and educational outreach plan to the State for review and approval (reference Attachment A, Deliverable 2, Paragraph 1, Section 2.a.)	(2)(a) = **$1,500.00**
Submit distribution plan to the State for review and approval (reference Attachment A, Deliverable 2, Paragraph 1 Section 2.b.)	(2)(b) = **$2,500.00**
Submit monthly reports to the State for review and approval (reference Attachment A, Deliverable 2, Paragraph 1, Section 2.c.)	(2)(c) = 12 @ $500.00 each = **$6,000.00**
Deliverable 2 Total:	**$10,000.00**

Deliverable 3: Provide Self-Management Program Faculty with Training	
Submit a proposed training plan to the State for review and approval (reference Attachment A, Deliverable 3, Paragraph 1, Section 3.a.)	(3)(a) = **$2,500.00**
Submit course offering report to the State for review and approval (reference Attachment A, Deliverable 3, Paragraph 1, Section 3.b.)	(3)(b) = **$29,500.00**
Tobacco Treatment Specialist Training; Training and professional development opportunities shall be pre-approved by the Department of Vermont Health Access. Send the State a quarterly report of everyone who has registered for the training or certification that includes the start date, date of certificate was received, a copy of registration invoice, a copy of certificate of completion, note the training or certification that was completed, and any additional cost that were incurred for travel, staffing and instructor fees, and hosting a training. TTS funding can also be used for Tobacco related trainings and materials, including but not limited to: FreshStart trainings, FreshStart refreshers, and FreshStart participant guides.	**(3)(c) = up to $35,000**
Additional funding for licensing needs and licensing support	(3)(d) = **up to $2,000**
Deliverable 3 Total:	**Up to $69,000**
TOTAL COST:	**$236,126.00**

VIII. **Attachment E, Business Associate Agreement.** Attachment E is hereby deleted in its entirety and replaced by the Attachment E effective May 21, 2019 attached to this Amendment.

Taxes Due to the State. Contractor certifies under the pains and penalties of perjury that, as of the date this contract amendment is signed, the Contractor is in good standing with respect to, or in full compliance with a plan to pay, any and all taxes due the State of Vermont.

Child Support (Applicable to natural persons only; not applicable to corporations, partnerships or LLCs). Contractor is under no obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date of this amendment.

Certification Regarding Suspension or Debarment. Contractor certifies under the pains and penalties of perjury that, as of the date this contract amendment is signed, neither Contractor nor Contractor's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds.

Contractor further certifies under pains and penalties of perjury that, as of the date this contract amendment is signed, Contractor is not presently debarred, suspended, nor named on the State's debarment list at:

http://bgs.vermont.gov/purchasing-contracting/debarment

This document consists of 15 pages. Except as modified by this Amendment No. 2, all provisions of the Contract remain in full force and effect.

The signatures of the undersigned indicate that each has read and agrees to be bound by this Amendment to the Contract.

BY STATE OF VERMONT:

E-SIGNED by Cory Gustafson
on 2019-10-11 14:36:28 GMT

CORY GUSTAFSON, COMMISSIONER DATE
AHS/DVHA
NOB 1 SOUTH, 280 STATE DRIVE
WATERBURY, VT 05671-1010
Phone: 802-241-0239
Email: CORY.GUSTAFSON@VERMONT.GOV

UNIVERSITY OF VERMONT HEALTH NETWORK:

E-SIGNED by Howard Schapiro
on 2019-10-11 13:02:43 GMT

HOWARD SCHAPIRO, SENIOR VP CQO/CPHO
UNIVERSITY OF VERMONT HEALTH NETWORK
111 COLCHESTER AVENUE
BURLINGTON, VT 05819
PHONE: 802-847-0000
EMAIL: HOWARD.SCHAPIRO@UVMHEALTH.OR

ATTACHMENT E
BUSINESS ASSOCIATE AGREEMENT

SOV CONTRACTOR OR GRANTEE BUSINESS ASSOCIATE: University of Vermont Medical Center

SOV CONTRACT NO. 34705 CONTRACT EFFECTIVE DATE: OCTOBER 15, 2017

This Business Associate Agreement ("Agreement") is entered into by and between the State of Vermont Agency of Human Services, operating by and through its **Department of Vermont Health Access** ("Covered Entity") and Party identified in this Agreement as Contractor or Grantee above **("Business** Associate"). This Agreement supplements and is made a part of the contract or grant ("Contract or Grant) to which it is attached.

Covered Entity and Business Associate enter into this Agreement to comply with the standards promulgated under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), including the Standards for the Privacy of Individually Identifiable Health Information, at 45 CFR Parts 160 and 164 ("Privacy Rule"), and the Security Standards, at 45 CFR Parts 160 and 164 ("Security Rule"), as amended by Subtitle D of the Health Information Technology for Economic and Clinical Health Act (HITECH), and any associated federal rules and regulations.

The parties agree as follows:

1. **Definitions**. All capitalized terms used but not otherwise defined in this Agreement have the meanings set forth in 45 CFR Parts 160 and 164 as amended by HITECH and associated federal rules and regulations. Terms defined in this Agreement are italicized. Unless otherwise specified, when used in this Agreement, defined terms used in the singular shall be understood if appropriate in their context to include the plural when applicable.

"*Agent*" means an Individual acting within the scope of the agency of the *Business Associate*, in accordance with the Federal common law of agency, as referenced in 45 CFR § 160.402(c) and includes Workforce members and *Subcontractors*.

"*Breach*" means the acquisition, Access, Use or Disclosure of *Protected Health Information* (*PHI*) which compromises the Security or privacy of the *PHI*, except as excluded in the definition of *Breach* in 45 CFR § 164.402.

"*Business Associate*" shall have the meaning given for "Business Associate" in 45 CFR § 160.103 and means Contractor or Grantee and includes its Workforce, *Agents* and *Subcontractors*.

"*Electronic PHI*" shall mean *PHI* created, received, maintained or transmitted electronically in accordance with 45 CFR § 160.103.

"*Individual*" includes a Person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).

"*Protected Health Information*" ("*PHI*") shall have the meaning given in 45 CFR § 160.103, limited to the *PHI* created or received by *Business Associate* from or on behalf of Covered Entity.

"*Required by Law*" means a mandate contained in law that compels an entity to make a use or disclosure of *PHI* and that is enforceable in a court of law and shall have the meaning given in 45 CFR § 164.103.

"*Report*" means submissions required by this Agreement as provided in section 2.3.

"*Security Incident*" means the attempted or successful unauthorized Access, Use, Disclosure, modification, or destruction of Information or interference with system operations in an Information System relating to *PHI* in accordance with 45 CFR § 164.304.

"*Services*" includes all work performed by the *Business Associate* for or on behalf of Covered Entity that requires the Use and/or Disclosure of *PHI* to perform a *Business Associate* function described in 45 CFR § 160.103.

"*Subcontractor*" means a Person to whom *Business Associate* delegates a function, activity, or service, other than in the capacity of a member of the workforce of such *Business Associate*.

"*Successful Security Incident*" shall mean a *Security Incident* that results in the unauthorized Access, Use, Disclosure, modification, or destruction of information or interference with system operations in an Information System.

"*Unsuccessful Security Incident*" shall mean a *Security Incident* such as routine occurrences that do not result in unauthorized Access, Use, Disclosure, modification, or destruction of information or interference with system operations in an Information System, such as: (i) unsuccessful attempts to penetrate computer networks or services maintained by *Business Associate*; and (ii) immaterial incidents such as pings and other broadcast attacks on *Business Associate's* firewall, port scans, unsuccessful log-on attempts, denials of service and any combination of the above with respect to *Business Associate's* Information System.

"*Targeted Unsuccessful Security Incident*" means an *Unsuccessful Security Incident* that appears to be an attempt to obtain unauthorized Access, Use, Disclosure, modification or destruction of the Covered Entity's *Electronic PHI*.

2. **Contact Information for Privacy and Security Officers and Reports.**

2.1 *Business Associate* shall provide, within ten (10) days of the execution of this Agreement, written notice to the Contract or Grant manager the names and contact information of both the HIPAA Privacy Officer and HIPAA Security Officer of the *Business Associate*. This information must be updated by *Business Associate* any time these contacts change.

2.2 Covered Entity's HIPAA Privacy Officer and HIPAA Security Officer contact information is posted at: http://humanservices.vermont.gov/policy-legislation/hipaa/hipaa-info-beneficiaries/ahs-hipaa-contacts/

2.3 *Business Associate* shall submit all *Reports* required by this Agreement to the following email address: AHS.PrivacyAndSecurity@vermont.gov

3. Permitted and Required Uses/Disclosures of PHI.

3.1 Subject to the terms in this Agreement, *Business Associate* may Use or Disclose *PHI* to perform *Services*, as specified in the Contract or Grant. Such Uses and Disclosures are limited to the minimum necessary to provide the *Services*. *Business Associate* shall not Use or Disclose *PHI* in any manner that would constitute a violation of the Privacy Rule if Used or Disclosed by Covered Entity in that manner. *Business Associate* may not Use or Disclose *PHI* other than as permitted or required by this Agreement or as *Required by Law* and only in compliance with applicable laws and regulations.

3.2 *Business Associate* may make *PHI* available to its Workforce, *Agent* and *Subcontractor* who need Access to perform *Services* as permitted by this Agreement, provided that *Business Associate* makes them aware of the Use and Disclosure restrictions in this Agreement and binds them to comply with such restrictions.

3.3 *Business Associate* shall be directly liable under HIPAA for impermissible Uses and Disclosures of *PHI*.

4. Business Activities. *Business Associate* may Use *PHI* if necessary for *Business Associate's* proper management and administration or to carry out its legal responsibilities. *Business Associate* may Disclose *PHI* for *Business Associate's* proper management and administration or to carry out its legal responsibilities if a Disclosure is *Required by Law* or if *Business Associate* obtains reasonable written assurances via a written agreement from the Person to whom the information is to be Disclosed that such *PHI* shall remain confidential and be Used or further Disclosed only as *Required by Law* or for the purpose for which it was Disclosed to the Person, and the Agreement requires the Person to notify *Business Associate*, within five (5) business days, in writing of any *Breach* of Unsecured *PHI* of which it is aware. Such Uses and Disclosures of *PHI* must be of the minimum amount necessary to accomplish such purposes.

5. Electronic PHI Security Rule Obligations.

5.1 With respect to *Electronic PHI*, *Business Associate* shall:

a) Implement and use Administrative, Physical, and Technical Safeguards in compliance with 45 CFR sections 164.308, 164.310, and 164.312;

b) Identify in writing upon request from Covered Entity all the safeguards that it uses to protect such Electronic PHI;

c) Prior to any Use or Disclosure of *Electronic PHI* by an *Agent* or *Subcontractor*, ensure that any *Agent* or *Subcontractor* to whom it provides *Electronic PHI* agrees in writing to implement and use Administrative, Physical, and Technical Safeguards that reasonably and appropriately protect the Confidentiality, Integrity and Availability of Electronic PHI. The written agreement must identify Covered Entity as a direct and intended third party beneficiary with the right to enforce any breach of the agreement concerning the Use or Disclosure of *Electronic PHI*, and be provided to Covered Entity upon request;

d) Report in writing to Covered Entity any *Successful Security Incident* or *Targeted Security Incident* as soon as it becomes aware of such incident and in no event later than five (5) business days after such awareness. Such report shall be timely made notwithstanding the fact that little information may be known at the time of the report and need only include such information then available;

e) Following such report, provide Covered Entity with the information necessary for Covered Entity to investigate any such incident; and

f) Continue to provide to Covered Entity information concerning the incident as it becomes available to it.

5.2 Reporting *Unsuccessful Security Incidents. Business Associate* shall provide Covered Entity upon written request a *Report* that: (a) identifies the categories of Unsuccessful Security Incidents; (b) indicates whether *Business Associate* believes its current defensive security measures are adequate to address all Unsuccessful Security Incidents, given the scope and nature of such attempts; and (c) if the security measures are not adequate, the measures *Business Associate* will implement to address the security inadequacies.

5.3 *Business Associate* shall comply with any reasonable policies and procedures Covered Entity implements to obtain compliance under the Security Rule.

6. Reporting and Documenting Breaches.

6.1 *Business Associate* shall *Report* to Covered Entity any *Breach* of Unsecured *PHI* as soon as it, or any Person to whom *PHI* is disclosed under this Agreement, becomes aware of any such *Breach*, and in no event later than five (5) business days after such awareness, except when a law enforcement official determines that a notification would impede a criminal investigation or cause damage to national security. Such *Report* shall be timely made notwithstanding the fact that little information may be known at the time of the *Report* and need only include such information then available.

6.2 Following the *Report* described in 6.1, *Business Associate* shall conduct a risk assessment and provide it to Covered Entity with a summary of the event. *Business Associate* shall provide Covered Entity with the names of any *Individual* whose Unsecured *PHI* has been, or is reasonably believed to have been, the subject of the *Breach* and any other available information that is required to be given to the affected *Individual*, as set forth in 45 CFR § 164.404(c). Upon request by

Covered Entity, *Business Associate* shall provide information necessary for Covered Entity to investigate the impermissible Use or Disclosure. *Business Associate* shall continue to provide to Covered Entity information concerning the *Breach* as it becomes available.

6.3 When *Business Associate* determines that an impermissible acquisition, Access, Use or Disclosure of *PHI* for which it is responsible is not a *Breach*, and therefore does not necessitate notice to the impacted *Individual*, it shall document its assessment of risk, conducted as set forth in 45 CFR § 402(2). *Business Associate* shall make its risk assessment available to Covered Entity upon request. It shall include 1) the name of the person making the assessment, 2) a brief summary of the facts, and 3) a brief statement of the reasons supporting the determination of low probability that the *PHI* had been compromised.

7. **Mitigation and Corrective Action.** *Business Associate* shall mitigate, to the extent practicable, any harmful effect that is known to it of an impermissible Use or Disclosure of *PHI*, even if the impermissible Use or Disclosure does not constitute a *Breach*. *Business Associate* shall draft and carry out a plan of corrective action to address any incident of impermissible Use or Disclosure of *PHI*. *Business Associate* shall make its mitigation and corrective action plans available to Covered Entity upon request.

8. **Providing Notice of Breaches.**

8.1 If Covered Entity determines that a *Breach* of *PHI* for which *Business Associate* was responsible, and if requested by Covered Entity, *Business Associate* shall provide notice to the *Individual* whose *PHI* has been the subject of the *Breach*. When so requested, *Business Associate* shall consult with Covered Entity about the timeliness, content and method of notice, and shall receive Covered Entity's approval concerning these elements. *Business Associate* shall be responsible for the cost of notice and related remedies.

8.2 The notice to affected *Individuals* shall be provided as soon as reasonably possible and in no case later than 60 calendar days after *Business Associate* reported the *Breach* to Covered Entity.

8.3 The notice to affected *Individuals* shall be written in plain language and shall include, to the extent possible, 1) a brief description of what happened, 2) a description of the types of Unsecured *PHI* that were involved in the *Breach*, 3) any steps *Individuals* can take to protect themselves from potential harm resulting from the *Breach*, 4) a brief description of what the *Business Associate* is doing to investigate the *Breach* to mitigate harm to *Individuals* and to protect against further *Breaches*, and 5) contact procedures for *Individuals* to ask questions or obtain additional information, as set forth in 45 CFR § 164.404(c).

8.4 *Business Associate* shall notify *Individuals* of *Breaches* as specified in 45 CFR § 164.404(d) (methods of *Individual* notice). In addition, when a *Breach* involves more than 500 residents of Vermont, *Business Associate* shall, if requested by Covered Entity, notify prominent media outlets serving Vermont, following the requirements set forth in 45 CFR § 164.406.

9. **Agreements with Subcontractors**. *Business Associate* shall enter into a Business Associate Agreement with any *Subcontractor* to whom it provides *PHI* to require compliance with HIPAA and to

ensure *Business Associate* and *Subcontractor* comply with the terms and conditions of this Agreement. *Business Associate* must enter into such written agreement before any Use by or Disclosure of *PHI* to such *Subcontractor*. The written agreement must identify Covered Entity as a direct and intended third party beneficiary with the right to enforce any breach of the agreement concerning the Use or Disclosure of *PHI*. *Business Associate* shall provide a copy of the written agreement it enters into with a *Subcontractor* to Covered Entity upon request. *Business Associate* may not make any Disclosure of *PHI* to any *Subcontractor* without prior written consent of Covered Entity.

10. Access to PHI. *Business Associate* shall provide access to *PHI* in a Designated Record Set to Covered Entity or as directed by Covered Entity to an *Individual* to meet the requirements under 45 CFR § 164.524. *Business Associate* shall provide such access in the time and manner reasonably designated by Covered Entity. Within five (5) business days, *Business Associate* shall forward to Covered Entity for handling any request for Access to *PHI* that *Business Associate* directly receives from an *Individual*.

11. Amendment of PHI. *Business Associate* shall make any amendments to *PHI* in a Designated Record Set that Covered Entity directs or agrees to pursuant to 45 CFR § 164.526, whether at the request of Covered Entity or an *Individual*. *Business Associate* shall make such amendments in the time and manner reasonably designated by Covered Entity. Within five (5) business days, *Business Associate* shall forward to Covered Entity for handling any request for amendment to *PHI* that *Business Associate* directly receives from an *Individual*.

12. Accounting of Disclosures. *Business Associate* shall document Disclosures of *PHI* and all information related to such Disclosures as would be required for Covered Entity to respond to a request by an *Individual* for an accounting of disclosures of *PHI* in accordance with 45 CFR § 164.528. *Business Associate* shall provide such information to Covered Entity or as directed by Covered Entity to an *Individual*, to permit Covered Entity to respond to an accounting request. *Business Associate* shall provide such information in the time and manner reasonably designated by Covered Entity. Within five (5) business days, *Business Associate* shall forward to Covered Entity for handling any accounting request that *Business Associate* directly receives from an *Individual*.

13. Books and Records. Subject to the attorney-client and other applicable legal privileges, *Business Associate* shall make its internal practices, books, and records (including policies and procedures and *PHI*) relating to the Use and Disclosure of *PHI* available to the Secretary of Health and Human Services (HHS) in the time and manner designated by the Secretary. *Business Associate* shall make the same information available to Covered Entity, upon Covered Entity's request, in the time and manner reasonably designated by Covered Entity so that Covered Entity may determine whether *Business Associate* is in compliance with this Agreement.

14. Termination.

14.1 This Agreement commences on the Effective Date and shall remain in effect until terminated by Covered Entity or until all the *PHI* is destroyed or returned to Covered Entity subject to Section 18.8.

14.2 If *Business Associate* fails to comply with any material term of this Agreement, Covered Entity may provide an opportunity for *Business Associate* to cure. If *Business Associate* does not cure within the time specified by Covered Entity or if Covered Entity believes that cure is not reasonably possible, Covered Entity may immediately terminate the Contract or Grant without incurring liability or penalty for such termination. If neither termination nor cure are feasible, Covered Entity shall report the breach to the Secretary of HHS. Covered Entity has the right to seek to cure such failure by *Business Associate*. Regardless of whether Covered Entity cures, it retains any right or remedy available at law, in equity, or under the Contract or Grant and *Business Associate* retains its responsibility for such failure.

15. Return/Destruction of PHI.

15.1 *Business Associate* in connection with the expiration or termination of the Contract or Grant shall return or destroy, at the discretion of the Covered Entity, *PHI* that *Business Associate* still maintains in any form or medium (including electronic) within thirty (30) days after such expiration or termination. *Business Associate* shall not retain any copies of *PHI*. *Business Associate* shall certify in writing and report to Covered Entity (1) when all *PHI* has been returned or destroyed and (2) that *Business Associate* does not continue to maintain any *PHI*. *Business Associate* is to provide this certification during this thirty (30) day period.

15.2 *Business Associate* shall report to Covered Entity any conditions that *Business Associate* believes make the return or destruction of *PHI* infeasible. *Business Associate* shall extend the protections of this Agreement to such *PHI* and limit further Uses and Disclosures to those purposes that make the return or destruction infeasible for so long as *Business Associate* maintains such *PHI*.

16. Penalties. *Business Associate* understands that: (a) there may be civil or criminal penalties for misuse or misappropriation of *PHI* and (b) violations of this Agreement may result in notification by Covered Entity to law enforcement officials and regulatory, accreditation, and licensure organizations.

17. Training. *Business Associate* understands its obligation to comply with the law and shall provide appropriate training and education to ensure compliance with this Agreement. If requested by Covered Entity, *Business Associate* shall participate in Covered Entity's training regarding the Use, Confidentiality, and Security of *PHI*; however, participation in such training shall not supplant nor relieve *Business Associate* of its obligations under this Agreement to independently assure compliance with the law and this Agreement.

18. Miscellaneous.

18.1 In the event of any conflict or inconsistency between the terms of this Agreement and the terms of the Contract or Grant, the terms of this Agreement shall govern with respect to its subject matter. Otherwise, the terms of the Contract or Grant continue in effect.

18.2 Each party shall cooperate with the other party to amend this Agreement from time to time as is necessary for such party to comply with the Privacy Rule, the Security Rule, or any

other standards promulgated under HIPAA. This Agreement may not be amended, except by a writing signed by all parties hereto.

18.3 Any ambiguity in this Agreement shall be resolved to permit the parties to comply with the Privacy Rule, Security Rule, or any other standards promulgated under HIPAA.

18.4 In addition to applicable Vermont law, the parties shall rely on applicable federal law (e.g., HIPAA, the Privacy Rule, Security Rule, and HITECH) in construing the meaning and effect of this Agreement.

18.5 *Business Associate* shall not have or claim any ownership of *PHI.*

18.6 *Business Associate* shall abide by the terms and conditions of this Agreement with respect to all *PHI* even if some of that information relates to specific services for which *Business Associate* may not be a "*Business Associate*" of Covered Entity under the Privacy Rule.

18.7 *Business Associate* is prohibited from directly or indirectly receiving any remuneration in exchange for an *Individual's PHI. Business Associate* will refrain from marketing activities that would violate HIPAA, including specifically Section 13406 of the HITECH Act. Reports or data containing *PHI* may not be sold without Covered Entity's or the affected Individual's written consent.

18.8 The provisions of this Agreement that by their terms encompass continuing rights or responsibilities shall survive the expiration or termination of this Agreement. For example: (a) the provisions of this Agreement shall continue to apply if Covered Entity determines that it would be infeasible for *Business Associate* to return or destroy *PHI* as provided in Section 14.2 and (b) the obligation of *Business Associate* to provide an accounting of disclosures as set forth in Section 12 survives the expiration or termination of this Agreement with respect to accounting requests, if any, made after such expiration or termination.