

STATE OF VERMONT GRANT AGREEMENT **Part 1-Grant Award Detail**

SECTION I - GENERAL GRANT INFORMATION

¹ Grant #: 03420-10235		² Original <input checked="" type="checkbox"/> Amendment # _____	
³ Grant Title: Substance Use Treatment Services			
⁴ Amount Previously Awarded: \$ 0.00		⁵ Amount Awarded This Action: \$ 630,551.00	⁶ Total Award Amount: \$ 630,551.00
⁷ Award Start Date: 7/1/2024		⁸ Award End Date: 6/30/2025	⁹ Subrecipient Award: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
¹⁰ Supplier #: 622	¹¹ Grantee Name: Lund Family Center, Inc.		
¹² Grantee Address: 50 Joy Drive			
¹³ City: South Burlington		¹⁴ State: VT	¹⁵ Zip Code: 05403
¹⁶ State Granting Agency: AHS/VDH/Division of Substance Use Programs			¹⁷ Business Unit: 03420
¹⁸ Performance Measures: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	¹⁹ Match/In-Kind: \$ N/A	Description:	
²⁰ If this action is an amendment, the following is amended: Amount: <input type="checkbox"/> Funding Allocation: <input type="checkbox"/> Performance Period: <input type="checkbox"/> Scope of Work: <input type="checkbox"/> Other: <input type="checkbox"/>			

SECTION II - SUBRECIPIENT AWARD INFORMATION

²¹ Grantee Identifier [UEI] #: UQMANREC6H46		²² Indirect Rate: 10 % <small>(Approved rate or de minimis 10%)</small>	²³ FFATA: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
²⁴ Grantee Fiscal Year End Month (MM format): 06			²⁵ R&D: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
²⁶ UEI Registered Name (if different than VISION Vendor Name in Box 11):			

SECTION III - FUNDING ALLOCATION

STATE FUNDS					Required Federal Award Information		
Fund Type	²⁷ Awarded Previously	²⁸ Award This Action	²⁹ Cumulative Award	³⁰ Special & Other Fund Descriptions			
General Fund	\$0.00	\$0.00	\$0.00				
Special Fund	\$0.00	\$0.00	\$0.00				
Global Commitment <small>(non-subrecipient funds)</small>	\$0.00	\$600,984.00	\$600,984.00				
Other State Funds	\$0.00	\$0.00	\$0.00				
FEDERAL FUNDS <small>(includes subrecipient Global Commitment funds)</small>					Required Federal Award Information		
³¹ ALN#	³² Program Title	³³ Awarded Previously	³⁴ Award This Action	³⁵ Cumulative Award	³⁶ FAIN	³⁷ Federal Award Date	³⁸ Total Federal Award
93.959	Substance Abuse Prevention, Treatment, and Recovery Services Block Grant	\$0.00	\$29,567.00	\$29,567.00	B08T1087069	05/28/2024	\$3,764,758.00
³⁹ Federal Awarding Agency: DHHS; SAMHSA			⁴⁰ Federal Award Project Descr: substance use disorder prevention and treatment activities				
		\$0.00	\$0.00	\$0.00			\$0.00
Federal Awarding Agency:			Federal Award Project Descr:				
		\$0.00	\$0.00	\$0.00			\$0.00
Federal Awarding Agency:			Federal Award Project Descr:				
		\$0.00	\$0.00	\$0.00			\$0.00
Federal Awarding Agency:			Federal Award Project Descr:				
		\$0.00	\$0.00	\$0.00			\$0.00
Federal Awarding Agency:			Federal Award Project Descr:				
Total Awarded - All Funds		\$0.00	\$630,551.00	\$630,551.00			

SECTION IV - CONTACT INFORMATION

<p>STATE GRANTING AGENCY</p> <p>NAME: Julia Harrison TITLE: Substance Use Program Manager PHONE: 802-556-4148 EMAIL: Julia.Harrison@vermont.gov</p>	<p>GRANTEE</p> <p>NAME: Tim Keefe TITLE: Director of Finance PHONE: (802) 861-2567 EMAIL: timothyk@lundvt.org</p>
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PART 2 - GRANT AGREEMENT

1. **Parties**: This is a Grant Agreement for services between the State of Vermont, Department of Health, Division of Substance Use Programs (hereinafter called "State"), and Lund Family Center, Inc. with principal place of business in South Burlington, VT (hereinafter called "Subrecipient"). It is the Subrecipient's responsibility to contact the Vermont Department of Taxes to determine if, by law, the Subrecipient is required to have a Vermont Department of Taxes Business Account Number.
2. **Subject Matter**: The subject matter of this Grant Agreement is substance use treatment services. Detailed services to be provided by the Subrecipient are described in Attachment A.
3. **Award Details**: Amounts, dates and other award details are as shown in the attached Grant Agreement Part 1 – Grant Award Detail. A detailed scope of work covered by this award is described in Attachment A.
4. **Amendment**: No changes, modifications, or amendments in the terms and conditions of this Grant shall be effective unless reduced to writing, numbered, and signed by the duly authorized representative of the State and Subrecipient.
5. **Cancellation**: This Grant Agreement may be suspended or cancelled by the State by giving written notice of cancellation at least sixty (60) calendar days in advance through certified mail.

Subrecipient may terminate this Agreement, in whole or in part, by discontinuing select program services at any time before expiration of the Agreement provided it serves the State with written notice of cancellation at least ninety (90) calendar days prior to the effective date of cancellation through certified mail.

6. **Attachments**: This Grant consists of 36 pages including the following attachments which are incorporated herein:

Grant Agreement – Part 1 – Grant Award Detail Sheet
Grant Agreement – Part 2 – Grant Agreement
Attachment A - Specifications of Work to be Performed
Attachment B - Payment Provisions
Attachment C - Standard State Provisions for Contracts and Grants
Attachment D - Modifications of Customary Provisions
Attachment E - Business Associate Agreement
Attachment F - AHS Customary Contract/Grant Provisions
Attachment G – Other Grant Provisions (Not Applicable)

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PART 2 – GRANT AGREEMENT

The order of precedence of these documents shall be as follows:

Grant Agreement – Part 1

Grant Agreement - Part 2

Attachment D - Modifications of Customary Provisions

Attachment C – Standard State Provisions for Contracts and Grants

Attachment A - Specifications of Work to be Performed

Attachment B - Payment Provisions

Attachment E - Business Associate Agreement

Attachment G – Other Grant Provisions (Not Applicable)

Attachment F - AHS Customary Contract/Grant Provisions

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WE, THE UNDERSIGNED PARTIES, AGREE TO BE BOUND BY THIS GRANT.

STATE OF VERMONT

SUBRECIPIENT

By: 
F0CF87D7DFD1420...
Deputy Commissioner

By: 
0ACC6EEF9056A4C7...

Kelly Dougherty
Deputy Commissioner
Vermont Department of Health

Ken Schatz
Interim President and CEO
Lund Family Center

Date: 11/26/2024

Date: 11/26/2024

Address:

50 Joy Drive
South Burlington, VT 05403

**ATTACHMENT A
SCOPE OF WORK TO BE PERFORMED**

1. Background/Overview:

The Vermont Department of Health (VDH), Division of Substance Use Programs (DSU) aims to create an accountable, community-based system of services and supports that empowers Vermonters to embrace resiliency, wellness and recovery by becoming active participants in self-management. This system includes the entire range of services from prevention, intervention, treatment through recovery and will be composed of a continuum of timely, interconnected and coordinated components with multiple entry points.

2. Results Based Accountability Matrix:

Results Based Accountability (RBA) is considered a “common sense-based” approach to performance measurement that includes quantity (how much?) and quality (how well?) Performance Indicators, as well as Desired Outcomes (Are Vermonters better off?) as goals that incorporate this agreement’s Required Services/Activities into the larger continuum of substance use services. Grant performance and payment will be measured and evaluated solely by the Performance Indicator sections listed below.

Table 1 – Performance Measures		
Quality Indicators	Means of Performance Verification	Measure Type
Percent of outpatient and intensive outpatient clients with 2 or more substance use disorder services within 30 days of treatment initiation is equal to or greater than 50%.	Substance Abuse Treatment Information System (SATIS)	How Much
Percent of treatment discharges with discharge reason of ‘Completed Treatment’ or ‘Transferred’ is greater than or equal to 37%.	Substance Abuse Treatment Information System (SATIS)	How Well

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Table 2 - Statewide Desired Outcomes (Are Vermonters Better Off?)	
Outcome	Means of Performance Verification/ Data Source
Reduce % of people who need and do not receive treatment for alcohol use	National Survey on Drug Use and Health (NSDUH)
Decrease % of youth who binge drink	Youth Risk Behavior Survey (YRBS)
Decrease % of youth who used marijuana in the past 30 days	National Survey on Drug Use and Health (NSDUH)

Table 3 - Grant Monitoring and Technical Assistance
<p>The State will conduct two or more site visits during the grant period to ensure compliance with the terms of this Agreement. The Subrecipient is required to participate in bi-monthly (every other month) virtual meetings with the State-assigned Grant Manager. Subrecipient’s grant reporting and invoices, including backup documentation, will be evaluated to establish compliance.</p> <p>At the discretion of the State, Subrecipient will participate in a Treatment Program Approval Site visit to ensure adherence to program approval standards.</p>

3. Required Services/Activities:

a. Substance Abuse Treatment Block Grant Activities – Direct Services for Uninsured and Underinsured Vermonters:

The Mandatory Activities described below must be provided throughout the full grant period. The Optional/Suggested Activities may be performed if all Mandatory Activities are being fulfilled. **The Subrecipient’s approach to providing the Mandated and, if applicable, Optional Activities described below can include, but are not limited to, a Fee for Service/rate-based approach utilizing a sliding fee scale OR the funding of Full-Time Equivalent (FTEs) responsible for fulfilling the activities.**

Mandatory Clinical Service Activities

- i. Uncompensated Care: Subrecipient will provide clinical services as described in the Substance Abuse Treatment Certification Rule and approved through their organization’s certification process. Certification rule is available electronically at:

<https://www.healthvermont.gov/alcohol-drugs/professionals/treatment-provider-certification>

a. “Uninsured” Client Definition

In order for a client to be considered “uninsured”, the following criteria must be met and documented in the client’s file:

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- Client is not receiving and is **not eligible** to receive Medicaid at the time services are provided.
- Income is greater than the Medicaid and Children's Health Insurance Program (CHIP) Eligibility Levels. To determine income thresholds utilize the Vermont Health Connect Eligibility webpage at: <http://info.healthconnect.vermont.gov/thresholds>.
- Client is not covered by a 3rd party payer at the time services are provided.
- Client has Medicare insurance (excluding dually eligible Medicaid/Medicare or Medicare/other 3rd party) unless the provider meets the requirements to be enrolled as a Medicare provider.
- Client has Tricare insurance and the services provided are not eligible for coverage when provided by the DSU provider.
- Documented review of insurance eligibility and coverage occurs at intake and at least once per month but ideally with each visit, consistent with other forms of medical treatment.
- Clients may not be considered "uninsured" indefinitely. Providers must assist clients in accessing health insurance through the Health Exchange.
 - Clients who were eligible to apply for coverage prior to receiving substance use disorder treatment at the provider facility but did not do so, are required to apply for coverage through Vermont Health Connect during the first available enrollment period and whenever there is a qualifying life event. The enrollment dates and life events are available on the Vermont Health Connect website. <http://info.healthconnect.vermont.gov/QualifyingEvents>
 - Documentation must be maintained by provider in the client file that shows:
 - The client was informed of these requirements.
 - The client understands that refusal to enroll and/or maintain coverage means they are no longer eligible to receive state-subsidized care.
 - The documentation includes both provider and client signatures verifying that these conditions are understood and have been met.
 - In the event a client refuses to apply for and/or maintain health insurance, providers may discontinue provision of services. This process must allow a safe transition from care (i.e., appropriate titration from medication assisted treatment, referrals to recovery centers and self-help groups, etc.) over a time not to exceed the medically appropriate time necessary from end of the first open enrollment period or the first qualifying life event. DSU will continue to subsidize care during the transition period.
- Providers must have a process to collect required co-pays and deductibles.
- It is the responsibility of the provider to document client insurance status. Providers must also document continuing work with clients related to access and retention of health insurance.
- Providers must have the ability to provide documentation verifying uninsured status upon request of DSU.
- Providers must maintain and update an income-based sliding fee scale. Sliding fee scales are not required to zero out at the lowest cost-sharing tier.

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b. “Underinsured” Client Definition

In order for a client to be considered “underinsured,” the following criteria must be met and documented in the client’s file:

- Client is covered by a 3rd party payer at the time services are provided.
 - It is the responsibility of the provider to document client insurance status. Providers must also document an individual’s co-pay rate, co-insurance rate, and/or deductible.
 - Providers must have the ability to provide documentation verifying insurance status upon request of DSU.
 - Providers must maintain and update an income-based sliding fee scale. Sliding fee scales are not required to zero out at the lowest cost-sharing tier.
- c. The Subrecipient is required to demonstrate due diligence in assisting the client in acquiring appropriate insurance in a timely fashion.
- d. **Subrecipient must ensure that Substance Abuse Treatment Block Grant funds are the payer of last resort for direct clinical treatment services.**
- ii. Subrecipient will link clients to health insurance and assist clients in maintaining insurance coverage.
- iii. Subrecipient will ensure clients successful transition between clinically appropriate levels of care.
- iv. Subrecipient will provide clinical supervision to all direct service staff.
- v. Subrecipient will participate in the following quality improvement activities:
- a. Activities that support VDH/DSU priority areas:
- Substance abuse treatment engagement;
 - Social supports;
 - Performance measures included in the grant agreement;
 - Performance measures and indicators included on the state scorecard <https://embed.clearimpact.com/Scorecard/Embed/601>
- b. Activities to support VDH/DSU Program Approval Certification in accordance with the Substance Abuse Treatment Certification Rule.
- vi. Subrecipient will maintain and manage a waitlist.
- vii. Subrecipient will provide interim services for clients on the waitlist.
- viii. Subrecipient will participate in VDH/DSU initiatives and activities.
- ix. Subrecipient will provide support for administrative and data system needs associated with VDH/DSU data collection and reporting requirements.
- x. **Optional/Suggested Activities:**
- a. Subrecipient may pursue National Committee for Quality Assurance (NCQA) Specialty Program certification.
- b. Subrecipient may attend training associated with VDH/DSU requirements. These may include training(s) for evidence-based programing.
- c. Subrecipient may assist clients in finding and retaining housing.

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- b. Subrecipient will urine screen all clients necessary to demonstrate overall drug and alcohol treatment compliance of young adolescents and transitional young adults.

4. Reporting:

- a. Monthly electronic submission of admission, service and discharge reports as per the Substance Abuse Treatment Information System (SATIS) by the last day of the following month. It is the responsibility of the provider to ensure that client data is accurate and submitted within the expected time frame. (A utilization report will be provided by DSU upon receipt of the information from the provider. Each report will include the services provided for each completed month of the funding period, the utilization rate for each month and the cumulative services and utilization rates year to date);

The SATIS Manuals for services provided before and after ICD-10 implementation date is available of the VDH/DSU website at: <https://healthvermont.gov/DSUGrantDocs>.

- b. Subrecipient will submit monthly “Wait Times and Service Requests Summary Forms” by the last day of the following month. Format for reporting may change during the fiscal year. Provider agrees to comply with any new reporting requirement; <https://healthvermont.gov/DSUGrantDocs>.

- c. Quarterly Reporting Requirements:

- i. Subrecipient’s reporting quarters:

Quarter	Quarter Time Frame
1	7/1/2024 – 9/30/2024
2	10/1/2024 – 12/31/2024
3	1/1/2025 – 3/31/2025
4	4/1/2025 – 6/30/2025

- ii. Subrecipient will submit quarterly “Quarterly Block Grant Progress Reports” by the last day of the month following each quarter. The customized reporting form is available at: <https://healthvermont.gov/DSUGrantDocs>.

- d. Financial Reporting:

- i. Subrecipient will submit Subrecipient Annual Financial Report within 45 days of Subrecipient’s fiscal year end: <https://forms.office.com/pages/responsepage.aspx?id=O5O0IK26PEOcAnDtzHVZxtpLKJiICIVMpu5IvkMyX39UMDRGR0Q0Q0Q5QTc3NUNUWkExVFpPTUcyVi4u&web=1&wDLOR=cA4433344-CD35-4992-AE29-24DD8AD9DEFB>; and

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- ii. If applicable, Subrecipient will submit an audited annual financial report (due 9 months after the end of the Subrecipient’s fiscal year). Please refer to Attachment C, Paragraph 31, Requirements Pertaining Only to Federal Grants and Subrecipient Agreements.

5. Reporting Schedule

Due Date	Report(s) Due	Submission Location
8/31/2024	July Wait Times and Service Requests Summary Forms July SATIS Data	Alchemer* See SATIS Manual
9/30/2024	August Wait Times and Service Requests Summary Forms August SATIS Data	Alchemer* See SATIS Manual
10/31/2024	September Wait Times and Service Requests Summary Forms September SATIS Data Quarter 1 Quarterly Block Grant Progress Report	Alchemer* See SATIS Manual Alchemer*
11/30/2024	October Wait Times and Service Requests Summary Forms October SATIS Data	Alchemer* See SATIS Manual
12/31/2024	November Wait Times and Service Requests Summary Forms November SATIS Data	Alchemer* See SATIS Manual
1/31/2025	December Wait Times and Service Requests Summary Forms December SATIS Data Quarter 2 Quarterly Block Grant Progress Report	Alchemer* See SATIS Manual Alchemer*
2/28/2025	January Wait Times and Service Requests Summary Forms January SATIS Data	Alchemer* See SATIS Manual
3/31/2025	February Wait Times and Service Requests Summary Forms February SATIS Data	Alchemer* See SATIS Manual
4/30/2025	March Wait Times and Service Requests Summary Form March SATIS Data Quarter 3 Quarterly Block Grant Progress Report	Alchemer* See SATIS Manual Alchemer*
5/31/2025	April Wait Times and Service Requests Summary Forms April SATIS Data	Alchemer* See SATIS Manual
6/30/2025	May Wait Times and Service Requests Summary Forms May SATIS Data	Alchemer* See SATIS Manual
7/31/2025	June Wait Times and Service Requests Summary Forms June SATIS Data Quarter 4 Quarterly Block Grant Progress Report	Alchemer* See SATIS Manual Alchemer*

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<p>Within 45 days of Subrecipient's fiscal year end</p>	<p>Subrecipient Annual Financial Report</p>	<p>Submit electronically to: Subrecipient Annual Report</p>
<p>9 months after the end of the Subrecipient's fiscal year</p>	<p>If applicable, audited annual financial report</p>	<p>Mail to: VDH/DSU 280 State Drive Waterbury, VT 05671-8340 and VT Dept. of Finance & Management, Financial Operations Division, 109 State Street, 4th Floor, Montpelier, VT 05609-5901</p>

***Links to online Alchemer reporting forms are available at <https://healthvermont.gov/DSUGranteeDocs>.**

6. Confidentiality:

- a. Subrecipient must comply with 42 CFR Part 2, Confidentiality of Records. (<https://www.ecfr.gov/current/title-42/part-2>)
- b. Subrecipient must comply with 45 CFR Part 164, HIPAA Privacy Regulations. (<https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-C/part-164>)

7. Definitions, Federal Compliance and Clinical Requirements:

- a. Definitions: The definitions below are for informational purposes. Please refer to the paragraph above entitled Required Services/Activities.

Role of Regional Manager (RM): The Regional Manager is responsible for oversight and monitoring of Preferred Providers (PPs) in their assigned region and are the first point of contact for Subrecipient technical assistance needs.

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Outpatient Treatment (OP): ASAM Level 1 – An organized nonresidential treatment service or an office practice with designated addiction professionals and clinicians providing professionally directed alcohol and other drug treatment that is co-occurring capable. This treatment occurs in regularly scheduled sessions usually totaling fewer than 9 contact hours per week.

Intensive Outpatient Treatment (IOP): ASAM Level 2.1 state that intensive outpatient programs are 9-18 hours of structured programming per week, consisting primarily of counseling and education about substance-related and mental health problems. The patient's needs for psychiatric and medical services are addressed through consultation and referral arrangements if the patient is stable and requires only maintenance monitoring. (Services provided outside the primary program must be tightly coordinated.)

Case Management (CM): Recipients are assisted with linkage to a community-based system of care. Coordinates service with the recipient, family, treatment provider and assists with negotiating various service systems. Develops an individualized community service plan and facilitates implementation, monitors services received, documents activities and initiates periodic reviews.

Interim Services: Interim services include counseling and education about tuberculosis (TB), the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that TB transmission does not occur, as well as referral for TB treatment services, if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.

- b. The Vermont Department of Health and Subrecipient are required to comply with 45 CFR, Part 96, Subpart L – Substance Abuse Prevention Treatment Block Grant (<https://www.ecfr.gov/current/title-45/part-96>). In addition to compliance with 45 CFR, Part 96, Subpart L, the Subrecipient will also provide the following:
- i. Specifically, Subrecipient accepts that notwithstanding the need to provide services to persons in crisis (persons in danger to self or others), persons seeking treatment assistance will be scheduled for their first face-to-face treatment services within five (5) working days of the request for assistance except when the program is at capacity.
 - ii. In the event of a waiting list, the provider shall give preference for admission to the following clients, in order of priority:
 1. Pregnant injecting drug users
 2. Pregnant substance abusers
 3. Injecting drug users
 4. All other substance abusers
 - iii. **Subrecipient must give pregnant injecting drug users and pregnant women preference for admission. They are to be seen within 48 hours of initial contact. If unable to provide services to this population then the Treatment Chief (DSU) needs to be notified immediately. Any program refusing services to a pregnant woman or IV drug user due to insufficient capacity must refer those clients to the State.**

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Subrecipient must provide the State notification within seven (7) days when reaching 90% capacity to admit a pregnant injecting drug users and pregnant women.

- Subrecipient is required to publicize the availability and preference to pregnant women and needle users.
 - Pregnant women are to be provided preference in admission to treatment centers and are to be provided interim services as necessary and as required by law.
 - With respect to pregnant women and women with dependent children, including women who are attempting to regain custody of their children, the program will treat the family as a unit and will **provide or arrange for** the following services:
 - Primary medical care for women, including referral for prenatal care and, while the women are receiving such services, child care;
 - Primary pediatric care for their children including immunizations;
 - Gender specific substance abuse treatment and other therapeutic interventions for women which may address issues of relationships; sexual and physical abuse and parenting, and child care while the women are receiving these services;
 - Therapeutic interventions for children in the custody of women in treatment which may address amongst other things their developmental needs, and their issues of sexual and physical abuse and neglect; and
 - Sufficient case management and transportation services to ensure that women and their children have access to the above services.
- iv. Subrecipient must provide the State notification within seven (7) days when reaching 90% capacity to admit a non-pregnant intravenous drug user (IVDU). Each individual who requests and needs treatment for intravenous drug use is admitted not later than 14 days after making the request or 120 days if no such program has the capacity to admit and if interim services, as defined above, are made available not later than 48 hours after such request.**
- v. Subrecipient will routinely make available tuberculosis services to each individual receiving treatment for SUD. If an individual in need of treatment for tuberculosis who is denied admission to the program on the basis of the lack of the capacity of the program to admit the individual, provider will refer the individual to another provider of tuberculosis services.
1. Subrecipient will implement infection control procedures which are designed to prevent the transmission of tuberculosis, including the following:
 - Screening of patients;
 - Identification of those individuals who are at high risk of becoming infected; and
 - Meeting all State reporting requirements while adhering to Federal and State confidentiality requirements, including [42 CFR part 2](#); and
 - Will conduct case management activities to ensure that individuals receive

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such services.

- c. Subrecipient must ensure that treatment capacity includes room and board as well as payment for services for uninsured clients and that it is available for the full twelve months of the grant year.
- d. Services to special populations including clients with diverse cultural health beliefs and practices, clients with preferred languages and clients with health literacy and other communication needs will be provided by clinicians with the appropriate qualifications and skills to provide treatment to those patient populations. In instances where agency clinicians do not have the qualifications and skills to provide culturally appropriate treatment, the agency shall use translators to address language barriers or should subcontract with appropriate clinicians in the community for needs not able to be met through a translator.
- e. Providers are aware and comply with the Centers for Medicare & Medicaid Services (CMS) regulations and that these regulations are part of the Vermont Department of Health, Division of Substance Use Programs audit process.
- f. Tobacco Related General Provisions and Obligations
 - i. Definitions:
 - a. Tobacco-free means prohibiting the use of all tobacco products, substitutes, and paraphernalia in facilities, on grounds, and in vehicles owned or operated by Subrecipient.
 - b. Facility means any part of the premises of Subrecipient that is used by patients, staff, volunteers, or visitors. This includes the buildings and grounds under the direct control of the facility and vehicles that are owned and operated by the facility.
 - c. Tobacco products, substitutes, and paraphernalia are as defined in 7 V.S.A. § 1001.
 - d. Patient means any recipient of Subrecipient's services.
 - ii. Policy and Procedures:

Subrecipient will assess for tobacco use disorders for all new admissions. Subrecipient will offer tobacco cessation supports, including nicotine replacement therapy (NRT) and tobacco cessation groups, as an active component of the treatment plan for interested individuals. Psychoeducational offerings, including informational materials will be provided within the facility and activities as alternatives to tobacco use will be offered during "break times." Staff will participate in the VDH trainings as offered and continue to maintain an identified tobacco treatment specialist.
 - iii. Resources, including procedures and sample written policies, are available on the Vermont Department of Health, Division of Substance Use Programs (DSU) website at <http://healthvermont.gov/dsu/grantees/Grantees.aspx> under "Tobacco-Free Treatment Facility Resources". Technical assistance is available through the Vermont Department of Health, Division of Health Promotion and Disease Prevention, Tobacco Control Program, (802) 863-7330.

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g. Clinical Requirements:

- i. To the extent available, the Subrecipient will directly provide, or arrange for, the clients' treatment along the full continuum of care, including aftercare, such that admissions, discharges and transfers between programs and providers will be planned and coordinated by the respective programs. An in-depth assessment of persons admitted for any level of care will be conducted incorporating the ASAM, Third Edition to justify level of care.
- ii. Subrecipient must ensure that non-licensed staff hired into a position that provides billable substance use disorder treatment services shall acquire an Addiction Apprentice Professional certificate through the Vermont Office of Professional Regulation within 180 days of hire or up to the date of the second exam offered following hire; or possess a Master's degree, be rostered with the Vermont Office of Professional Regulation, and be actively fulfilling the required number of hours of supervised work experience providing alcohol/drug counseling commensurate with their degree, as outlined by the Vermont Office of Professional Regulation. All non-licensed staff must have a licensed professional sign-off in the clinical chart in accordance with the Substance Abuse Treatment Certification Rule. <http://www.healthvermont.gov/about-us/laws-regulations/rules-and-regulations>. Licensed counselors include Licensed Alcohol and Drug Counselor (LADC), Licensed Clinical Social Worker (LiCSW), Licensed Clinical Mental Health Counselor (LCMHC) Licensed Psychologist, Licensed Psychologist – Master, and Licensed Marriage and Family Therapist).
- iii. Services to special populations will be provided by clinicians with the appropriate qualifications and skills to provide treatment to those populations.
- iv. The Subrecipient will make accommodations for clients with special needs per American Disability Act (ADA) Federal guidelines.
- v. The Subrecipient will comply with the Medication Assisted Therapy for Opioid Dependence rules: <http://www.healthvermont.gov/about-us/laws-regulations/rules-and-regulations>
- vi. The provider must comply with the State of Vermont, Agency of Human Services, *Substance Abuse Treatment Certification Rule*: <http://www.healthvermont.gov/about-us/laws-regulations/rules-and-regulations>
- vii. The provider may not bill Medicaid or Vermont Department of Health for any services provided by the Department of Vermont Health Access (DVHA) funded spoke staff.
- viii. Subrecipient agrees to work collaboratively and coordinate with local Children's Integrated Services (CIS) Teams for Pregnant, Postpartum women and their partners and children in order to the provide seamless services within the Vermont Agency of Human Services.
- ix. At a minimum, Subrecipient will screen all clients over the age of 12 engaged in formal addiction treatment for nicotine dependence. If appropriate, Subrecipient will offer tobacco cessation supports, including State supported nicotine replacement therapy (NRT), referral to the Quitline (fax or online) and/or onsite tobacco cessation groups, as an active component of the treatment plan for interested individuals. Psychoeducational offerings, including informational materials will be provided within the facility. Activities as alternatives to tobacco use will be offered during "break times" to individuals receiving in-person services at Subrecipient's facilities. VDH will offer and make available tobacco related trainings to Subrecipient's staff. Subrecipient will

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- identify a tobacco treatment specialist. The identified tobacco treatment specialist is able to order NRT, at no cost, from the VDH Tobacco Control Program.
- x. In conjunction with the ICD-10 changeover, DA is expected to use DSM-5 for assessment and diagnosis.

8. Records Available for Audit:

Per Attachment C, Section #13, Subrecipient must maintain all records pertaining to performance under this Agreement. Records shall be made available at reasonable times during the period of the Agreement and for three (3) years thereafter or for any period required by law for inspection by any authorized representatives of the State or Federal Government.

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**ATTACHMENT B
PAYMENT PROVISIONS**

1. General Payment Provisions Requirements:

- a. The Subrecipient’s performance is limited to the services and activities set forth in Attachment A of this document. The Subrecipient shall not be obligated or expected to provide services beyond the amounts stated.
- b. Subrecipient understands the funds provided as part of this Agreement are to be used as payer of last resort. All other potential funding sources must be exhausted prior to payment under this Agreement.
- c. Payment of invoices are subject to the following, as applicable:
 - i. **Subrecipient must provide continuous service for the entire twelve (12) months of grant period and the cumulative value of the four (4) quarterly invoices cannot exceed the grant’s maximum allowable amount.**
 - ii. Subrecipient must use the DSU Grantee invoice template available on the DSU website at: <https://healthvermont.gov/DSUGranteeDocs>.
 - iii. **Signed and dated invoices are due between the first and last day of the month following the previous quarter and must include the grant number, billing quarter start and end date, and an itemization of actual expenditures related to activities described in Attachment A of this document, by program category (as described in Section 2 below), during the previous quarter.**
 - iv. Quarters for the Grant Agreement are as follows:

Quarter	Quarter Time Frame/ Service Dates	Invoice Due Date
Quarter 1	7/1/2024 – 9/30/2024	10/31/2024
Quarter 2	10/1/2024 – 12/31/2024	1/31/2025
Quarter 3	1/1/2025 – 3/31/2025	4/30/2025
Quarter 4	4/1/2025 – 6/30/2025	7/31/2025

- v. State of Vermont payment terms for invoices are Net 30 days from the date the State receives an error-free invoice and receipt, review and approval of required reporting and the meeting and/or exceeding of the Performance Measures.

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Note: If this is an Agreement for continued services, failure to submit all required reporting and invoices for the previous grant will result in withholding payments on this Agreement. Payment will not be issued until all previous grant requirements are received, reviewed and approved.

- vi. Signed and dated invoices must be submitted as a PDF using the Grant Invoice Submission Tool located at: <https://healthvermont.gov/DSUGranteeDocs>

Email or hardcopy invoice submissions will not be accepted.
- vii. **All invoices are required to be received by the Vermont Department of Health, Division of Substance Use Programs within 60 days of the end of the grant period. Invoices submitted after 60 days are subject to non-payment.**
- viii. Subrecipient understands that their organization's internal controls must reflect procedures for utilizing funds to support and account for indirect and direct expenditures. Any invoice payments found not in compliance with state and federal regulations during financial reviews may be subject to the recoupment of funds.
- d. Supporting documentation for all invoices must be retained for three (3) years after the Agreement has ended or for any period required by law (see Attachment C, Section 19). Documentation will be requested to substantiate invoices and/or for audit at the State's discretion, a minimum of one time per year.
- e. Any unexpended funds must be returned to the State or an agreement must be reached with the Vermont Department of Health, Division of Substance Use Programs on the expenditure of remaining funds on program objectives.
- f. The maximum dollar amount payable under this Agreement is not intended to guarantee any amount of payment under this grant.
- g. The allowable indirect rate for this agreement is 10%.
- h. Total expenditures for this grant will not exceed \$630,551.00.

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2. Grant Award Amount by Program Category/Service:

Program Category	Service	Funding Source	DSU Invoice Billing Category	Rate	Budget Maximum Allowable Amount
Substance Use Disorder Treatment	Outpatient Substance Use Disorder Treatment Services – uninsured/underinsured, previously approved Treatment RFA Activities	DSU	39893	N/A	\$29,567.00
Substance Use Disorder Treatment – Outpatient Services	Diagnosis and Evaluation	Medicaid	N/A	Medicaid*	\$600,984.00
	Individual	Medicaid	N/A	Medicaid*	
	Group	Medicaid	N/A	Medicaid*	
	Family	Medicaid	N/A	Medicaid*	
	Intensive Outpatient	Medicaid	N/A	Medicaid*	
	Case Management	Medicaid	N/A	Medicaid*	
TOTAL					\$630,551.00

* Reimbursement rates and parameters, for services provided to Medicaid clients, are available on the DSU website under *Information For Grantees* at: <https://healthvermont.gov/DSUGranteeDocs>

3. Payment Provisions for Medicaid Eligible Services:

- a. For Medicaid eligible services, Subrecipient will be paid at the billable rates for services actually rendered as defined in this Grant Agreement. Periodic adjustments to the Medicaid maximum allowable amount described in Section 2 above, should they occur, will be made based on changes as a result of increased or decreased needs of individuals or numbers served. The adjustments will be reflected in writing, which will indicate the initial amount of funding and the cumulative adjustments expressed in additions and deletions to the initial amount.

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- b. The Subrecipient will comply with requirements for Substance Abuse Treatment Services: Provisions for Medicaid Eligibility.
- c. Reimbursement rates and parameters, for services provided to Medicaid clients, are available on the DSU website under *Information For Grantees* at:
<https://healthvermont.gov/DSUGranteeDocs>.
- d. The cost of the buprenorphine and naltrexone medication for uninsured/underinsured individuals is not included in the monthly per person rate. Subrecipient will include these expenses in the Medication line item of their quarterly invoice.
- e. For Medicaid eligible service claims, Subrecipient will submit the claims for opioid treatment services and buprenorphine/naltrexone on a monthly basis to the Department of Vermont Health Access (DVHA) through the Gainwell System as outlined in the Medicaid Provider Manual: <http://vtmedicaid.com/Downloads/manuals.html>

Buprenorphine Clients Only

Pharmacy costs, the Buprenorphine itself, is not included in the case rate above. In order to be reimbursed for Buprenorphine, procedures are posted in the Provider Manual at <http://vtmedicaid.com/Downloads/manuals.html>. The Medicaid Provider Manual pricing shall be used for both Medicaid patients and DSU patients.

- f. Medicaid Naltrexone (Vivitrol) Pharmacy Cost Reimbursement:

In order to be reimbursed for naltrexone (Vivitrol), procedures are posted in the Medicaid Provider Manual at <http://vtmedicaid.com/Downloads/manuals.html>. The Medicaid Provider Manual pricing shall be used for both Medicaid patients and DSU uninsured/underinsured patients.

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**ATTACHMENT C: STANDARD STATE PROVISIONS
FOR CONTRACTS AND GRANTS
REVISED OCTOBER 1, 2024**

“**Attachment C: Standard State Provisions for Contracts and Grants**” (revision version dated October 1, 2024) constitutes part of this Agreement and is hereby incorporated by reference as if fully set forth herein and shall apply to the purchase of all goods and/or services by the State under this Agreement. A copy of this document is available online at: <https://bgs.vermont.gov/purchasing-contracting/forms>.”

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ATTACHMENT D

**MODIFICATION OF CUSTOMARY PROVISIONS
OF
ATTACHMENT C OR ATTACHMENT F**

1. The requirements contained in Attachment C, Section 8 are hereby modified:
 - i. Professional liability insurance as outlined in the [Vermont State Insurance Specification](#) shall be modified to \$1,000,000 per occurrence and \$3,000,000 aggregate.
 - ii. In addition to the requirements outlined in the [Vermont State Insurance Specification, the following coverage shall be maintained:](#)

Sexual Abuse and Molestation Liability: Before commencing work on this Agreement and throughout the term of this Agreement, the Party shall procure and maintain sexual abuse and molestation liability insurance for any and all services performed under this Agreement, with minimum coverage of \$500,000 per occurrence, and \$1,000,000 aggregate.

2. Requirements of other Sections in Attachment C are hereby modified:

N/A

3. Requirements of Sections in Attachment F are hereby modified:

N/A

4. Reasons for Modifications:

Additional professional liability and sexual abuse and molestation liability are required to provide the services of this Agreement.

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ATTACHMENT E
BUSINESS ASSOCIATE AGREEMENT

SOV GRANTEE/BUSINESS ASSOCIATE: LUND FAMILY CENTER, INC.

SOV GRANT NO. 03420-10235

GRANT EFFECTIVE DATE: 7/1/2024

This Business Associate Agreement (“Agreement”) is entered into by and between the State of Vermont Agency of Human Services, operating by and through its **Vermont Department of Health** (“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.

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“*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.

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2.2 Covered Entity's HIPAA Privacy Officer and HIPAA Security Officer contact information is posted at: <https://humanservices.vermont.gov/rules-policies/health-insurance-portability-and-accountability-act-hipaa>

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;

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- 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 Unsuccessful 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

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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 sixty (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

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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.

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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.

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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.

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ATTACHMENT F
AGENCY OF HUMAN SERVICES' CUSTOMARY CONTRACT/GRANT PROVISIONS

1. **Definitions:** For purposes of this Attachment F, the term "Agreement" shall mean the form of the contract or grant, with all of its parts, into which this Attachment F is incorporated. The meaning of the term "Party" when used in this Attachment F shall mean any named party to this Agreement *other than* the State of Vermont, the Agency of Human Services (AHS) and any of the departments, boards, offices and business units named in this Agreement. As such, the term "Party" shall mean, when used in this Attachment F, the Contractor or Grantee with whom the State of Vermont is executing this Agreement. If Party, when permitted to do so under this Agreement, seeks by way of any subcontract, sub-grant or other form of provider agreement to employ any other person or entity to perform any of the obligations of Party under this Agreement, Party shall be obligated to ensure that all terms of this Attachment F are followed. As such, the term "Party" as used herein shall also be construed as applicable to, and describing the obligations of, any subcontractor, sub-recipient or sub-grantee of this Agreement. Any such use or construction of the term "Party" shall not, however, give any subcontractor, sub-recipient or sub-grantee any substantive right in this Agreement without an express written agreement to that effect by the State of Vermont.
2. **Agency of Human Services:** The Agency of Human Services is responsible for overseeing all contracts and grants entered by any of its departments, boards, offices and business units, however denominated. The Agency of Human Services, through the business office of the Office of the Secretary, and through its Field Services Directors, will share with any named AHS-associated party to this Agreement oversight, monitoring and enforcement responsibilities. Party agrees to cooperate with both the named AHS-associated party to this contract and with the Agency of Human Services itself with respect to the resolution of any issues relating to the performance and interpretation of this Agreement, payment matters and legal compliance.
3. **Medicaid Program Parties** (*applicable to any Party providing services and supports paid for under Vermont's Medicaid program and Vermont's Global Commitment to Health Waiver*):

Inspection and Retention of Records: In addition to any other requirement under this Agreement or at law, Party must fulfill all state and federal legal requirements, and will comply with all requests appropriate to enable the Agency of Human Services, the U.S. Department of Health and Human Services (along with its Inspector General and the Centers for Medicare and Medicaid Services), the Comptroller General, the Government Accounting Office, or any of their designees: (i) to evaluate through inspection or other means the quality, appropriateness, and timeliness of services performed under this Agreement; and (ii) to inspect and audit any records, financial data, contracts, computer or other electronic systems of Party relating to the performance of services under Vermont's Medicaid program and Vermont's Global Commitment to Health Waiver. Party will retain for ten years all documents required to be retained pursuant to 42 CFR 438.3(u).

Subcontracting for Medicaid Services: Notwithstanding any permitted subcontracting of services to be performed under this Agreement, Party shall remain responsible for ensuring that this Agreement is fully performed according to its terms, that subcontractor remains in compliance with the terms hereof, and that subcontractor complies with all state and federal laws and regulations relating to the Medicaid program in Vermont. Subcontracts, and any service provider agreements entered into by Party in connection with the performance of this Agreement, must clearly specify in writing the responsibilities of the subcontractor or other service provider and Party must retain the authority to revoke its subcontract or service provider agreement or to impose other sanctions if the performance of the subcontractor or service provider is

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inadequate or if its performance deviates from any requirement of this Agreement. Party shall make available on request all contracts, subcontracts and service provider agreements between the Party, subcontractors and other service providers to the Agency of Human Services and any of its departments as well as to the Center for Medicare and Medicaid Services.

Medicaid Notification of Termination Requirements: Party shall follow the Department of Vermont Health Access Managed-Care-Organization enrollee-notification requirements, to include the requirement that Party provide timely notice of any termination of its practice.

Encounter Data: Party shall provide encounter data to the Agency of Human Services and/or its departments and ensure further that the data and services provided can be linked to and supported by enrollee eligibility files maintained by the State.

Federal Medicaid System Security Requirements Compliance: Party shall provide a security plan, risk assessment, and security controls review document within three months of the start date of this Agreement (and update it annually thereafter) in order to support audit compliance with 45 CFR 95.621 subpart F, *ADP System Security Requirements and Review Process*.

4. **Workplace Violence Prevention and Crisis Response** (*applicable to any Party and any subcontractors and sub-grantees whose employees or other service providers deliver social or mental health services directly to individual recipients of such services*):

Party shall establish a written workplace violence prevention and crisis response policy meeting the requirements of Act 109 (2016), 33 VSA §8201(b), for the benefit of employees delivering direct social or mental health services. Party shall, in preparing its policy, consult with the guidelines promulgated by the U.S. Occupational Safety and Health Administration for *Preventing Workplace Violence for Healthcare and Social Services Workers*, as those guidelines may from time to time be amended.

Party, through its violence protection and crisis response committee, shall evaluate the efficacy of its policy, and update the policy as appropriate, at least annually. The policy and any written evaluations thereof shall be provided to employees delivering direct social or mental health services.

Party will ensure that any subcontractor and sub-grantee who hires employees (or contracts with service providers) who deliver social or mental health services directly to individual recipients of such services, complies with all requirements of this Section.

5. **Non-Discrimination:**

Party shall not discriminate, and will prohibit its employees, agents, subcontractors, sub-grantees and other service providers from discrimination, on the basis of age under the Age Discrimination Act of 1975, on the basis of handicap under section 504 of the Rehabilitation Act of 1973, on the basis of sex under Title IX of the Education Amendments of 1972, and on the basis of race, color or national origin under Title VI of the Civil Rights Act of 1964. Party shall not refuse, withhold from or deny to any person the benefit of services, facilities, goods, privileges, advantages, or benefits of public accommodation on the basis of disability, race, creed, color, national origin, marital status, sex, sexual orientation or gender identity as provided by Title 9 V.S.A. Chapter 139.

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No person shall on the grounds of religion or on the grounds of sex (including, on the grounds that a woman is pregnant), be excluded from participation in, be denied the benefits of, or be subjected to discrimination, to include sexual harassment, under any program or activity supported by State of Vermont and/or federal funds.

Party further shall comply with the non-discrimination requirements of Title VI of the Civil Rights Act of 1964, 42 USC Section 2000d, et seq., and with the federal guidelines promulgated pursuant to Executive Order 13166 of 2000, requiring that contractors and subcontractors receiving federal funds assure that persons with limited English proficiency can meaningfully access services. To the extent Party provides assistance to individuals with limited English proficiency through the use of oral or written translation or interpretive services, such individuals cannot be required to pay for such services.

6. Employees and Independent Contractors:

Party agrees that it shall comply with the laws of the State of Vermont with respect to the appropriate classification of its workers and service providers as “employees” and “independent contractors” for all purposes, to include for purposes related to unemployment compensation insurance and workers compensation coverage, and proper payment and reporting of wages. Party agrees to ensure that all of its subcontractors or sub-grantees also remain in legal compliance as to the appropriate classification of “workers” and “independent contractors” relating to unemployment compensation insurance and workers compensation coverage, and proper payment and reporting of wages. Party will on request provide to the Agency of Human Services information pertaining to the classification of its employees to include the basis for the classification. Failure to comply with these obligations may result in termination of this Agreement.

7. Data Protection and Privacy:

Protected Health Information: Party shall maintain the privacy and security of all individually identifiable health information acquired by or provided to it as a part of the performance of this Agreement. Party shall follow federal and state law relating to privacy and security of individually identifiable health information as applicable, including the Health Insurance Portability and Accountability Act (HIPAA) and its federal regulations.

Substance Abuse Treatment Information: Substance abuse treatment information shall be maintained in compliance with 42 C.F.R. Part 2 if the Party or subcontractor(s) are Part 2 covered programs, or if substance abuse treatment information is received from a Part 2 covered program by the Party or subcontractor(s).

Protection of Personal Information: Party agrees to comply with all applicable state and federal statutes to assure protection and security of personal information, or of any personally identifiable information (PII), including the Security Breach Notice Act, 9 V.S.A. § 2435, the Social Security Number Protection Act, 9 V.S.A. § 2440, the Document Safe Destruction Act, 9 V.S.A. § 2445 and 45 CFR 155.260. As used here, PII shall include any information, in any medium, including electronic, which can be used to distinguish or trace an individual’s identity, such as his/her name, social security number, biometric records, etc., either alone or when combined with any other personal or identifiable information that is linked or linkable to a specific person, such as date and place of birth, mother’s maiden name, etc.

Other Confidential Consumer Information: Party agrees to comply with the requirements of AHS Rule No. 08-048 concerning access to and uses of personal information relating to any beneficiary or recipient of goods, services or other forms of support. Party further agrees to comply with any applicable Vermont

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State Statute and other regulations respecting the right to individual privacy. Party shall ensure that all of its employees, subcontractors and other service providers performing services under this agreement understand and preserve the sensitive, confidential and non-public nature of information to which they may have access.

Data Breaches: The notice required under the Use and Protection of State Information terms of Attachment C shall be provided to the Agency of Digital Services Chief Information Security Officer. <https://digitalservices.vermont.gov/about-us/contacts>. Party shall in addition comply with any other data breach notification requirements required under federal or state law or Attachment E.

8. **Abuse and Neglect of Children and Vulnerable Adults:**

Abuse Registry. Party agrees not to employ any individual, to use any volunteer or other service provider, or to otherwise provide reimbursement to any individual who in the performance of services connected with this agreement provides care, custody, treatment, transportation, or supervision to children or to vulnerable adults if there has been a substantiation of abuse or neglect or exploitation involving that individual. Party is responsible for confirming as to each individual having such contact with children or vulnerable adults the non-existence of a substantiated allegation of abuse, neglect or exploitation by verifying that fact though (a) as to vulnerable adults, the Adult Abuse Registry maintained by the Department of Disabilities, Aging and Independent Living and (b) as to children, the Central Child Protection Registry (unless the Party holds a valid child care license or registration from the Division of Child Development, Department for Children and Families). See 33 V.S.A. §4919(a)(3) and 33 V.S.A. §6911(c)(3).

Reporting of Abuse, Neglect, or Exploitation. Consistent with provisions of 33 V.S.A. §4913(a) and §6903, Party and any of its agents or employees who, in the performance of services connected with this agreement, (a) is a caregiver or has any other contact with clients and (b) has reasonable cause to believe that a child or vulnerable adult has been abused or neglected as defined in Chapter 49 or abused, neglected, or exploited as defined in Chapter 69 of Title 33 V.S.A. shall: as to children, make a report containing the information required by 33 V.S.A. §4914 to the Commissioner of the Department for Children and Families within 24 hours; or, as to a vulnerable adult, make a report containing the information required by 33 V.S.A. §6904 to the Division of Licensing and Protection at the Department of Disabilities, Aging, and Independent Living within 48 hours. Party will ensure that its agents or employees receive training on the reporting of abuse or neglect to children and abuse, neglect or exploitation of vulnerable adults.

9. **Information Technology Systems:**

Computing and Communication: Party shall select, in consultation with the Agency of Human Services' Information Technology unit, one of the approved methods for secure access to the State's systems and data, if required. Approved methods are based on the type of work performed by the Party as part of this agreement. Options include, but are not limited to:

1. Party's provision of certified computing equipment, peripherals and mobile devices, on a separate Party's network with separate internet access. The Agency of Human Services' accounts may or may not be provided.
2. State supplied and managed equipment and accounts to access state applications and data, including State issued active directory accounts and application specific accounts, which follow the National Institutes of Standards and Technology (NIST) security and the Health Insurance

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Portability & Accountability Act (HIPAA) standards.

Intellectual Property/Work Product Ownership: All data, technical information, materials first gathered, originated, developed, prepared, or obtained as a condition of this agreement and used in the performance of this agreement -- including, but not limited to all reports, surveys, plans, charts, literature, brochures, mailings, recordings (video or audio), pictures, drawings, analyses, graphic representations, software computer programs and accompanying documentation and printouts, notes and memoranda, written procedures and documents, which are prepared for or obtained specifically for this agreement, or are a result of the services required under this grant -- shall be considered "work for hire" and remain the property of the State of Vermont, regardless of the state of completion unless otherwise specified in this agreement. Such items shall be delivered to the State of Vermont upon 30-days notice by the State. With respect to software computer programs and / or source codes first developed for the State, all the work shall be considered "work for hire," i.e., the State, not the Party (or subcontractor or sub-grantee), shall have full and complete ownership of all software computer programs, documentation and/or source codes developed.

Party shall not sell or copyright a work product or item produced under this agreement without explicit permission from the State of Vermont.

If Party is operating a system or application on behalf of the State of Vermont, Party shall not make information entered into the system or application available for uses by any other party than the State of Vermont, without prior authorization by the State. Nothing herein shall entitle the State to pre-existing Party's materials.

Party acknowledges and agrees that should this agreement be in support of the State's implementation of the Patient Protection and Affordable Care Act of 2010, Party is subject to the certain property rights provisions of the Code of Federal Regulations and a Grant from the Department of Health and Human Services, Centers for Medicare & Medicaid Services. Such agreement will be subject to, and incorporates here by reference, 45 CFR 74.36, 45 CFR 92.34 and 45 CFR 95.617 governing rights to intangible property.

Security and Data Transfers: Party shall comply with all applicable State and Agency of Human Services' policies and standards, especially those related to privacy and security. The State will advise the Party of any new policies, procedures, or protocols developed during the term of this agreement as they are issued and will work with the Party to implement any required.

Party will ensure the physical and data security associated with computer equipment, including desktops, notebooks, and other portable devices, used in connection with this Agreement. Party will also assure that any media or mechanism used to store or transfer data to or from the State includes industry standard security mechanisms such as continually up-to-date malware protection and encryption. Party will make every reasonable effort to ensure media or data files transferred to the State are virus and spyware free. At the conclusion of this agreement and after successful delivery of the data to the State, Party shall securely delete data (including archival backups) from Party's equipment that contains individually identifiable records, in accordance with standards adopted by the Agency of Human Services.

Party, in the event of a data breach, shall comply with the terms of Section 7 above.

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10. Other Provisions:

Environmental Tobacco Smoke. Public Law 103-227 (also known as the Pro-Children Act of 1994) and Vermont's Act 135 (2014) (An act relating to smoking in lodging establishments, hospitals, and child care facilities, and on State lands) restrict the use of tobacco products in certain settings. Party shall ensure that no person is permitted: (i) to use tobacco products or tobacco substitutes as defined in 7 V.S.A. § 1001 on the premises, both indoor and outdoor, of any licensed child care center or afterschool program at any time; (ii) to use tobacco products or tobacco substitutes on the premises, both indoor and in any outdoor area designated for child care, health or day care services, kindergarten, pre-kindergarten, elementary, or secondary education or library services; and (iii) to use tobacco products or tobacco substitutes on the premises of a licensed or registered family child care home while children are present and in care. Party will refrain from promoting the use of tobacco products for all clients and from making tobacco products available to minors.

Failure to comply with the provisions of the federal law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The federal Pro-Children Act of 1994, however, does not apply to portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, & Children (WIC) coupons are redeemed.

2-1-1 Database: If Party provides health or human services within Vermont, or if Party provides such services near the Vermont border readily accessible to residents of Vermont, Party shall adhere to the "Inclusion/Exclusion" policy of Vermont's United Way/Vermont 211 (Vermont 211), and will provide to Vermont 211 relevant descriptive information regarding its agency, programs and/or contact information as well as accurate and up to date information to its database as requested. The "Inclusion/Exclusion" policy can be found at www.vermont211.org.

Voter Registration: When designated by the Secretary of State, Party agrees to become a voter registration agency as defined by 17 V.S.A. §2103 (41), and to comply with the requirements of state and federal law pertaining to such agencies.

Drug Free Workplace Act: Party will assure a drug-free workplace in accordance with 45 CFR Part 76.

Lobbying: No federal funds under this agreement may be used to influence or attempt to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, continuation, renewal, amendments other than federal appropriated funds.