

Maine DHHS
 Maine CDC - Diabetes Prevention and Control Program
 286 Water Street - 11 State House Station
 Augusta, Maine 04333-0011 ph: (207) 287-5380
National Diabetes Prevention Recognition Program

Letter of Understanding

This is a *Letter of Understanding* between the Maine CDC - Diabetes Prevention and Control Program (DPCP), hereinafter referred to as the "Department: and _____, hereinafter referred to as the "Provider",
 (Sponsoring Agency/Institution)

describing responsibilities of each party related to the Provider pursuing recognition as a National Diabetes Prevention Program (NDPP) provider site through the Diabetes Prevention Recognition Program (DPRP). The U.S.CDC-led NDPP is designed to bring communities evidence-based lifestyle change programs for preventing type-2 diabetes.

New Sponsoring Institutions: Please complete page 1 and sign on page 2.

Existing Sponsoring Institutions: Please complete and sign on page 2.

A New Sponsoring Institution/Provider will:

1. Complete with their administration the DPRP Capacity Assessment to determine your organization's readiness to participate in and deliver the NDPP.
2. Complete and submit an application to the DPRP.
3. Receive DPRP pending recognition status and receive a DPRP Organization Code number.
 Provide your DPRP Organization Code #: _____
 Program Coordinator Name: _____
 Sponsoring Institution Address: _____
 Email: _____ Phone#: _____
4. Send a minimum of two qualified staff persons to a 2-day "NDPP Lifestyle Coach Training".
5. Report NDPP program participant data, via the Maine National DPP Data Dashboard and report to the U.S. CDC in accordance with the DPRP Standards and send to DPRPdata@cdc.gov by your program anniversary/report date.
6. To the extent that the services carried out under this Agreement involve the use, disclosure, access to, acquisition or maintenance of information that actually or reasonably could identify an individual or consumer receiving benefits or services from or through the Department ("Protected Information"), the Provider agrees to a) maintain the confidentiality and security of such Protected Information as required by applicable state and federal laws, rules, regulations and Department policy, b) contact the Department within 24 hours of a privacy or security incident that actually or potentially could be a breach of Protected Information and c) cooperate with the Department in its investigation and any required reporting and notification of individuals regarding such incident involving Protected Information. To the extent that a breach of Protected Information is caused by the Provider or one of its subcontractors or agents, the Provider agrees to pay the cost of notification, as well as any financial costs and/or penalties incurred by the Department as a result of such breach.

Expires 12/31/2016

An Existing Sponsoring Institution/Provider will:

1. Provide your DPRP Organization Code #: _____
2. Program Coordinator Name: _____
 Sponsoring Institution Address: _____
 Email: _____ Phone#: _____
3. Send any new staff persons to a 2-day "NDPP Lifestyle Coach Training".
4. Report NDPP program participant data, via the Maine National DPP Data Dashboard and report to the U.S. CDC in accordance with the DPRP Standards and send to DPRPdata@cdc.gov by your program anniversary/report date.
5. To the extent that the services carried out under this Agreement involve the use, disclosure, access to, acquisition or maintenance of information that actually or reasonably could identify an individual or consumer receiving benefits or services from or through the Department ("Protected Information"), the Provider agrees to a) maintain the confidentiality and security of such Protected Information as required by applicable state and federal laws, rules, regulations and Department policy, b) contact the Department within 24 hours of a privacy or security incident that actually or potentially could be a breach of Protected Information and c) cooperate with the Department in its investigation and any required reporting and notification of individuals regarding such incident involving Protected Information. To the extent that a breach of Protected Information is caused by the Provider or one of its subcontractors or agents, the Provider agrees to pay the cost of notification, as well as any financial costs and/or penalties incurred by the Department as a result of such breach.

The Department (DPCP) will:

1. Provide ongoing technical assistance to Sponsoring Institutions applying for or maintaining DPRP recognition status.
2. Ensure State of Maine NDPP Recognition with any payer/health plan and the Maine Bureau of Insurance for any NDPP provider site with current CDC/DPRP Pending or Full recognition.
3. Provide access to and support for Maine National DPP Data Dashboard for all pending/fully recognized Maine National DPP Sites.

This administrator affirms that the institution and the people who have signed below, are complying with the requirements stated in this Letter of Understanding and will continue to do so during this authorization period.

(Sponsoring Institution Administrator)

(Date)

(Maine CDC, Division of Population Health, Director)

(Date)