

Memorandum of Understanding
between
Missouri Department of Health and Senior Services
and

Facility/Provider Name: City of Columbia, Missouri, on behalf of the Columbia/Boone County Public Health and Human Services Department

This Memorandum of Understanding (MOU) between the Missouri Department of Health and Senior Services, hereinafter referred to as "DHSS," acting in its Public Health Authority capacity, and

City of Columbia, Missouri, on behalf of the Columbia/Boone County Public Health and Human Services Department, hereinafter referred to as "Provider," a HIPAA hybrid covered entity as defined in 45 CFR 160.103, is entered into for the purpose of:

- provision of STD medications. The MOU outlines the requirements for Providers to receive STD medications from DHSS. **See page 2: STD Testing Program Medication Provision.**
- collaborating to reduce Sexually Transmitted Disease (STD) incidence. The MOU outlines the activities of the DHSS STD Testing Program, which includes screening selected groups for chlamydia and gonorrhea and implementing interventions for those infected as stated in the *STD Testing Program Procedural Guidelines* at <https://stateofmissouri.box.com/v/STDProgramManual>. **See page 3: STD Testing Program Participation.**

This MOU is established to maximize collaboration and defines the roles and responsibilities of DHSS and the Provider. This MOU shall be in effect for a three-year period beginning January 1, 2021, and ending December 31, 2023. Either party may terminate this MOU without cause, upon thirty (30) calendar days written notice to the other party. This Agreement may be signed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same document. Faxed signatures, or scanned and electronically transmitted signatures, on this Agreement or any notice delivered pursuant to this Agreement, shall be deemed to have the same legal effect as original signatures on this Agreement.

Signed: _____
Marcia Mahaney, Director of Administration
Missouri Department of Health and Senior Services

Date: _____

Signed: _____
John Glascock, City Manager

Date: _____

SKB

Attest:

Sheela Amin, City Clerk

Approved as to Form:

Nancy Thompson, City Counselor/rw

Facility/Provider Name: City of Columbia, Missouri, on behalf of the Columbia/Boone County Public Health and Human Services Department

STD Testing Program Medication Provision

DHSS agrees to provide the following to the Provider:

- STD medications, as available and as resources allow.
- Referrals for infected patients and partners to DHSS's Disease Intervention Specialists (DIS) as resources allow.
- Record keeping forms required by the program through DHSS including the *STD Medication Report* and *Record of Drugs*.
- Technical assistance regarding CDC treatment recommendations, achieving and maintaining 340B compliance, and as requested.

Provider agrees to:

- Follow the confidentiality policies in the Missouri Code of State Regulations 19 CSR 20-20.075 and also any applicable confidentiality laws, including §§ 192.067 and 191.656, RSMo.
- Treat all clients diagnosed with syphilis, chlamydia and/or gonorrhea as well as individuals exposed to those infections in accordance with the Provider's standing orders, in accordance with the current edition of CDC's *Sexually Transmitted Disease Treatment Guidelines*, which can be found at <http://www.cdc.gov/std/treatment/default.htm>.
- Register and maintain certification as a 340B covered entity with the Health Resources Service Administration
- Order medication according to the *STD Testing Program Procedural Guidelines*.
- Comply with State of Missouri reporting statutes and rules regarding communicable diseases under [Missouri 19 CSR 20-20.020](#).
- Maintain complete *Record of Drugs* and make available to DHSS upon request.
- Not seek reimbursement from either the patient or a third-party including insurance companies for in-kind services and items provided by DHSS through this MOU.

Provider Initials and Date: _____ *SKB*

**Facility/Provider Name: City of Columbia, Missouri, on behalf of the
Columbia/Boone County Public Health and Human Services Department**

STD Testing Program Participation

DHSS agrees to provide the following to the Provider:

- *STD Testing Program Procedural Guidelines.*
- Specimen collection devices, as available and as resources allow determined by DHSS.
- Training opportunities, educational materials, and applicable guidelines.
- Periodic quality assurance visits.
- Quarterly reports of testing activity.

Provider agrees to:

- Follow the *STD Testing Program Procedural Guidelines* provided by DHSS.
- Collect and submit laboratory specimens according to STD Testing Program screening criteria determined by DHSS and according to the STD testing procedures developed by the Missouri State Public Health Laboratory (SPHL) and the manufacturer of the STD collection device (see Appendix B5 in the *STD Testing Program Procedural Guidelines*).
- Ensure accuracy and completeness of all laboratory requisitions (lab slips) submitted to the SPHL including all information required by DHSS.
- Conduct Risk Reduction Counseling as described in the *STD Testing Program Procedural Guidelines*.
- Notify the DHSS STD Testing Coordinator within fourteen (14) business days of any Provider changes that would impact program operations including, but not limited to staffing changes and changes in testing volume.
- Comply and participate in quality assurance site visits by DHSS and provide access to all STD Testing Program charts and records for review by DHSS.
- Receive approval from the DHSS STD Testing Coordinator prior to any outreach or other testing that would significantly increase the number of specimens submitted to the SPHL by the Provider.
- Not seek reimbursement from either the patient or a third-party including insurance companies for in-kind services and items provided by DHSS through this MOU.

During the MOU period, DHSS will assess the Provider for compliance to verify continued enrollment. Assessment factors may include but are not limited to positivity rates, adherence to screening criteria, client insurance information collection, number of uninsured and underinsured individuals served, results of quality assessment visits, availability of project funding, and general adherence to this MOU.

Provider Initials and Date: _____