

**Memorandum of Understanding
Between
Missouri Department of Health and Senior Services
And**

Facility/Provider Name: CITY OF COLUMBIA on behalf of its Public Health and Human Services Department ICN: _____

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 hereinafter referred to as "Provider," a HIPAA 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 *2018 STD Testing Program Procedural Guidelines, Attachment A*, which is attached hereto and is incorporated by reference as if fully set forth herein. **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 beginning on the date of the last signatory noted below and ending December 31, 2018. Either party may terminate this MOU without cause, upon thirty (30) calendar days written notice to the other party.

Signed: _____ Date: _____
Division of Administration Director or Designee

Signed: _____ Date: _____
Mike Matthes, City Manager, on behalf of the City of Columbia

ATTEST: Approved as to Form:

Sheela Amin, City Clerk

Nancy Thompson, City Counselor

Facility/Provider Name: CITY OF COLUMBIA

STD Testing Program Medication Provision

DHSS agrees to provide the following to the Provider:

- STD medications, as available.
- Referrals for infected patients and partners through referral to DHSS's Disease Intervention Specialists (DIS) as resources allow.
- Required record keeping forms, to include the *STD Medication Report* and *Record of Drugs*
- Technical assistance regarding CDC treatment recommendations.

Provider agrees to:

- Follow the confidentiality policies in the *Communicable Disease Investigative Reference Manual*, Section 1.0, Introduction, found at <http://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/cdmanual/> 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 and the current edition of CDC's *Sexually Transmitted Disease Treatment Guidelines*, which can be found at <http://www.cdc.gov/std/treatment/default.htm>.
- Order medication according to the *2018 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*, to include third party payer notations, and make available to DHSS upon request.
- Refrain from charging clients for DHSS-provided medications.

Throughout 2018, DHSS will assess the provider for compliance throughout the MOU period to inform the Provider's continued enrollment.

Provider Initials and Date: _____

Facility/Provider Name: CITY OF COLUMBIA

STD Testing Program Participation

DHSS agrees to provide the following to the Provider:

- *2018 STD Testing Program Procedural Guidelines.*
- Specimen collection devices, as needed and available as resources allow. The number of devices supplied will be based on demand.
- Training opportunities, educational materials, and applicable guidelines (e.g., screening, treatment).
- Periodic quality assurance visits.
- Quarterly reports of testing activity.

Provider agrees to:

- Follow the *2018 STD Testing Program Procedural Guidelines* provided by DHSS.
- Collect and submit laboratory specimens according to STD Testing Program screening criteria and STD testing procedures developed by the State Public Health Laboratory (SPHL) and the manufacturer of the STD collection device, which are included as Appendix B5 in the *2018 STD Testing Program Procedural Guidelines*.
- Ensure accuracy and completeness of all laboratory requisitions (lab slips) submitted to the State Public Health Laboratory, to include patient insurance information.
- Conduct Risk Reduction Counseling as described in the *2018 STD Testing Program Procedural Guidelines*.
- Notify the DHSS STD Testing Coordinator of any provider changes that would impact program operations (i.e., staffing changes, significant changes in testing volume, etc.) in a timely manner.
- Comply and participate as needed during DHSS STD Testing Program quality assurance site visits and provide access to all STD Testing Program charts and records for review by DHSS.
- Refrain from charging clients for DHSS-provided testing kits and laboratory services.

Throughout 2018, DHSS will assess the provider for continued enrollment. The assessment factors may include but are not limited to: positivity rates, adherence to screening criteria, client insurance information collection, the number of uninsured and underinsured individuals served, results of quality assessment visits, availability of project funding, and general adherence to this MOU. DHSS reserves the right to terminate the MOU at any time, giving at least thirty (30) calendar days written notice to the Provider prior to the effective date of the termination.

Provider Initials and Date: _____