

Memorandum of Understanding

Services and Compensation
Participation Agreement between
Partners in Care Foundation and the
Insert Site Name

Services:

As a sub-contractor to Partners in Care Foundation (Partners), Site agrees to participate as an MSSP site (Multipurpose Senior Services Program—California Medicaid-Waiver to prevent nursing home placement for low-income elders) in the Partners Evidence-based Prevention Medications Management project, funded by the US Administration on Aging that began on October 1, 2003 and will continue through September 28, 2006.

The objective of the Medications Management project in the Site program is to utilize a computerized screening and a consultant pharmacist to identify, prevent, and resolve medication errors among community-dwelling high risk seniors in the MSSP service area. Outcomes of the pharmacist consultation will be reported to include the number and types of medications taken as well as the incidence rate and types of potential medication errors in the target population.

The parties agree to the following regarding these activities:

1. Scope of Work:

Partners agrees to provide the following for the Medications Management project:

- To coordinate all planning and implementation of this project;
- To provide pharmacist consultants and ongoing mentoring support as needed;
- To administer the grant funds and meet all reporting requirements to funders;
- To coordinate all research/evaluation activities and engage the research team from USC;
- To record client information in a tracking tool and enter the necessary project data into the MSSPCare computer database in a timely manner if feasible.
- Partners staff accessing MSSPCare will become volunteers of Site and will fulfill volunteer requirements.

Site is expected to fulfill the following requirements for the Medications Management project:

- Supervisors and administrative staff agree that the care managers will be trained by Partners project staff to understand the program objectives and to collect the necessary medication data for the project.
- Supervisors and administrative staff will ensure that their nurse care managers collect necessary study client information (medications, falls, dizziness, confusion, blood pressure, and pulse) for all initial and reassessment visits that are assigned to the nurse care managers. Partners staff will routinely compile this information and if feasible will enter the list of medications into the MSSPCare computer database. This software program will analyze the data using the intervention's computerized algorithm for risk assessment. Partners will provide a pharmacist consultant to conduct a medications assessment with each client. Consultation may be provided by a student intern pharmacist under licensed pharmacist supervision.
- Supervisors and administrative staff will be responsible for ensuring that care managers and the pharmacist consultant work together and utilize the medication protocols to follow-up with at-risk

clients within 3 months after the client is screened in. If appropriate, the care manager may need to follow up with a physician to resolve a medication error. The protocols include:

1. Therapeutic Duplication
2. Cardiac (uncontrolled hypertension, orthostasis, slow pulse, low systolic blood pressure)
3. Psychotropics (benzodiazepines, diphenhydramine use, anti-depressants, anti-psychotics)
4. NSAID

- Site agrees to work with the project evaluators _____, and _____, in evaluation activities, including observation by the evaluators of training sessions and data collection. Project data is encrypted, secondary data with all patient identifiers removed.
- Partners staff will assist with data collection and compilation, and sending data to the evaluators.
- Site agrees to participate in NCOA National Resource Center activities such as annual site visits.
- Site agrees to assist Partners in disseminating the project's results and findings in a timely manner.
- Site agrees to provide quarterly financial invoices and activity summaries concerning the medications intervention.

2. Compensation:

Partners agrees to compensate Site a total of \$1 _____ for the period October 1, 2003 to September 28, 2006.

3. Payment Schedule:

The contract with Site commenced on October 1, 2004 and will end on September 28, 2006. Partners will pay Site upon signing this agreement, and submitting invoices a total of \$ _____ by May 2005, \$ _____ by September 15, 2005, and \$ _____ by July 2006.

Acceptance of Agreement

Each party acknowledges that it fully understands and accepts the terms and conditions of this agreement. Any changes or modifications to this agreement must be in writing and signed by both parties in order to be valid. This Agreement shall not be deemed to be fully executed or effective without Appendix V, Business Associates Agreement, which must be signed by both parties hereto.

If at some point Site is unable to continue with the terms of the sub-contract, it agrees to contact Partners as soon as possible to discuss concerns.

IN WITNESS THEREOF, this agreement has been duly executed and delivered as of the date indicated below.

Site

Partners in Care Foundation

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____