

MEMORANDUM OF UNDERSTANDING

Between:

City of Milwaukee Fire Department – Mobile Integrated Healthcare Program

And

Children’s Community Health Plan

PURPOSE:

This Memorandum of Understanding, (“MOU”), is executed by and between the City of Milwaukee Fire Department - Mobile Integrated Healthcare (MFD-MIH) and Children’s Community Health Plan (CCHP) to a program for certain high risk members as designated by CCHP and to provide specific outreach services for those members. **The outreach shall include the Post Discharge Evaluation Program which will be paid at an agreed upon rate between CCHP and the City of Milwaukee Fire Department.**

IMPLEMENTATION OF AGREEMENT:

Outreach Program

CCHP Agrees to:

- Provide comprehensive information to the MFD-MIH on each member as designated by CCHP for participation in this pilot program to facilitate outreach and program administration. CCHP acknowledges that MFD-MIH can only serve residents of Milwaukee County. If a designated member moves outside of Milwaukee County, they are no longer eligible to participate in the program.
- Pay MFD-MIH \$600.00 to locate/contact the designated CCHP members to be enrolled to receive services from MFD. This fee will be paid regardless of location outcome. MFD will utilize all available methods and systems to locate and engage CCHP patients.
- Pay MFD-MIH \$1200.00 to engage the CCHP members in the MIH Program for the delivery of 4 visits as further set forth below, to be paid on a pro-rata basis at the rate of \$300.00 per completed visit dependent upon the number of visits completed for that member.
- Meet with MFD monthly (at minimum) to review cases and determine potential next steps for each enrolled member and/or the overall program.

The City of Milwaukee Fire Department - Mobile Integrated Healthcare Program Agrees to:

- Attempt to locate, engage and enroll CCHP members designated by CCHP into the MIH program.
- Subject to any applicable pro-rating as described above, invoice a total program cost not to exceed \$1,800.00 per member without the prior approval of CCHP.
- Provide enrolled members with a total of 4 in-person outreach visits, including but not necessarily limited to the following components as applicable and adapted to the individual needs and circumstances of the member: home safety check and reporting of necessary repairs to the landlord, evaluation and review of social factors affecting member’s health, asthma environmental assessment and engagement of American Lung Association (ALA) representatives (within ALA limitations) to work with the member on subsequent visits as appropriate, administration of member self-assessment questionnaires (initial and follow up), physical exam including EKG, blood pressure check, and blood sugar check, mental health screen, medication reconciliation and offering of home prescription delivery services through local pharmacies, and chronic disease education and resources, all as more specifically described on **Attachment 1** to this MOU.

- Meet with ___ CCHP ___ monthly (at minimum) to review cases and determine potential next steps for each enrolled member and/or the overall program.

Provide ___ CCHP ___ with a Patient Outcomes Report for each member engaged in the MIH Pilot Program, consisting of a minimum of the following information:

- Living Will
- Power of Attorney for Health Care (POAHC)
- PCP
- Medical Insurance
- Medication Reconciliation
- Home Safety Inspection
- Smoke detectors present in the home
- Asthma/ Environmental check
- Health Survey
- Identify behavioral health need
- Identify Case Manager need

The parties agree to comply with all applicable state and federal privacy laws as they may pertain to member information. Transference of HIPAA protected information is covered by the Business Associate Agreement between the City of Milwaukee Fire Department and ___ CCHP ___ to be executed contemporaneously with this MOU.

EFFECTIVE DATE:

This MOU is effective upon signature of both parties and shall remain in effect until terminated by either party. Either party may give notice of termination to the other party at any time upon thirty (30) days advance written notice. This MOU may be amended at any time upon the mutual agreement of the parties; any such amendments shall be in writing and signed by both parties.

PUBLIC RECORDS LAW COMPLIANCE:

Both parties acknowledge that MFD-MIH is bound by the Wisconsin Public Records Law, and as such, all of the terms of this Agreement are subject to and conditioned on the provisions of Wis. Stat. § 19.21, et seq. ___ CCHP ___ acknowledges that it is obligated to assist MFD-MIH in retaining and producing records that are subject to Wisconsin Public Records Law, and that the failure to do so shall constitute a material breach of this Agreement, and that the MFD-MIH must defend and hold MFD-MIH harmless from liability under that law. Except as otherwise authorized, those records shall be maintained for a period of seven years after receipt of final payment under this Agreement.

CONFLICTS OF INTEREST:

No officer, employee, agent, member of the governing body, or other public official of MFD-MIH who exercises any functions or responsibilities in connection with the carrying out of any services or requirements to which this Agreement pertains, shall have any personal interest, direct or indirect, in this Agreement. ___ CCHP ___ covenants that no such person who presently exercises any functions or responsibilities in connection with this Agreement has any personal financial interests, direct or indirect, in this Agreement. ___ CCHP ___ further covenants that it presently has no interest, and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of its services hereunder.

CCHP further covenants that in the performance of this Agreement, no person having any conflicting interest shall be employed. Any such interest on the part of CCHP or its employees must be disclosed to MFD-MIH.

DISCRIMINATION PROHIBITED:

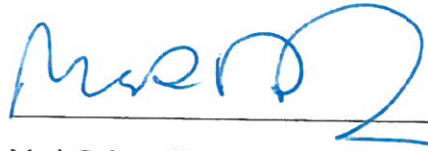
CCHP agrees not to discriminate against any qualified employee or qualified applicant for employment because of sex, race, religion, color, national origin or ancestry, age, disability, lawful source of income, marital status, sexual orientation, gender identity or expression, past or present membership in the military service, familial status, or based upon affiliation with, or perceived affiliation with, any of these protected categories. This requirement shall apply to, but not be limited to: employment, upgrading, demotion, transfer, recruitment, recruitment advertising, lay-off, termination, rates of pay, other forms of compensation and selection for training. CCHP shall include or cause to be included in each subcontract covering any of the services to be performed under this Agreement a provision similar to this paragraph, together with a clause requiring insertion in further subcontracts that may in turn be made.

The undersigned, by signing below, acknowledges that he/she is the authorized representative for their respective party.

AGREED TO BY:

Mark A. Rohlfing
Fire Chief
Milwaukee Fire Department

Date



Mark Rakowski
Vice President
Children's Community Health Plan

Date

4/10/18

Visit 1

Patient Demographics

Past Medical History-Identify patient's PCP, Patient Medications.

Activities-Biometric, Smoke Detector, Home Safety Inspection.

Condition Appropriate Assessment Worksheet

Advanced Directives delivered to patient for completion.

Initial Health Questionnaire

Patient Social Determinates of Health questionnaire(s)

Environmental Assessment for Asthma patients- American Lung Association

Document initial Outcome Measures

If we identify an immediate need for Behavior Health intervention active the Emergency System or reach out to local resources.

Visit 2

Review-Update or complete any pertinent patient worksheets, history, or data (PCP info, medical insurance, etc...)

Follow up on Environmental Assessment findings. Reach out to local resources for asthma trigger mitigation.

Disease Education-Discuss disease process with patient (no more than two diseases at a time)

Condition Appropriate Assessment Worksheet

Caseworker-attempt to identify care organization. MIH admin will reach out to set up joint MIH Caseworker visit on visit 4.

MIH admin will contact Hayat Pharmacy representative to attend the THIRD visit

If we identify an immediate need for Behavior Health intervention active the Emergency System or reach out to local resources.

Visit 3

Review-Update or complete any pertinent patient worksheets, history, or data (PCP info, medical insurance, etc...)

Disease Education-Discuss disease process with patient (no more than two diseases at a time)

Complete Condition Appropriate Assessment Worksheet

Medication Reconciliation-Hayat Pharmacy representative will attend visit to assist with reconciliation and dispose of expired or duplicate medications.

MIH admin will contact Case Worker representative to attend the FOURTH visit

If we identify an immediate need for Behavior Health intervention active the Emergency System or reach out to local resources.

Visit 4 or Final visit

Review-Update or complete any pertinent patient worksheets, history, or data (PCP info, medical insurance, etc...)

Environmental mitigation supplies will be delivered by American Lung Association

Disease Education-Discuss disease process with patient for final time and ask if they have any questions.

Advanced Directives (Confirm completion)

Final Health Questionnaire

Outcome Measures-Review and complete as necessary

Soft hand off of patient to Caseworker-Introduce patient to case worker and inform the patient that he/she will continue patient care from this point.

******Let the patient know that they can always dial 911 in an emergency or contact us via our "Non-Emergency Line."******

*Award the patient the **MIH diploma** signifying successful completion of our program!*