



MEMORANDUM OF UNDERSTANDING

THE REDWOOD EMPIRE FOOD BANK

3320 Industrial Drive
Santa Rosa, CA 95403
(707) 523-7900, Fax (707) 523-7050

and

XXX COMMUNITY HEALTH CENTER

Address
Address
Phone, Fax

EFFECTIVE DATE: March 1, 2013 to February 28, 2014

Introduction

This Memorandum of Understanding between the **Redwood Empire Food Bank**, hereinafter referred to as the REFB, and **XXX Health Center**, hereinafter referred to as The Organization, outlines policies and procedures related to the REFB **Diabetes Wellness Project** which distributes diabetes appropriate food boxes, fresh produce, and education to low-income, food insecure individuals ages 18 or older, and maintains a bi-directional referral system for clients who are diagnosed with Type 2 Diabetes Mellitus.

Duration

This agreement shall be effective for one year from **March 1, 2013 to February 28, 2014**. The agreement will be reviewed and renewed on an annual basis. Either party may terminate this agreement by giving at least thirty (30) days written notice. This written notice will include closeout responsibilities, procedures, and timelines.

The REFB and the Organization and its designated representative(s) agree to the guidelines and procedures set forth here:

Description of Work: XXX Health Center

Client Referrals

1. The Organization will implement a process to identify clients who meet the criteria for participation in the REFB Diabetes Wellness Project, which include: adult aged 18 or older, diagnosed with Type 2 Diabetes Mellitus (T2DM), income less than 150% of the Federal Poverty Level (see Appendix), and interest in and ability to pick-up a monthly diabetes food box consistently.
 - a. Clients can *not* participate in the Diabetes Wellness Project if they meet any of the following exclusion criteria: child under 18, pregnant, diabetes diagnosis other than T2DM, or diagnosis of dementia or severe psychiatric illness.
 - b. Clients who do not qualify to participate in the project may still be eligible for food assistance; please direct clients to the REFB referral line (707-523-7900) for assistance.
 - c. If the Organization needs further clarification on how to qualify clients, please contact the REFB Diabetes Wellness Project Lead (707-523-7900, ext. 35).
2. The Organization will complete the REFB “Diabetes Wellness Project: Client Referral Form” to refer a client for a diabetes food box and self-management education materials. The client and the REFB will each receive a copy of the referral form.
3. The Organization shall obtain client consent to share Protected Health Information (PHI) with the REFB.
4. Completed referral forms should be faxed to the REFB within 2 business days (fax#: **707-523-7050**).
5. The Organization will refer **a maximum of sixty (60) clients** to the REFB for enrollment into the Diabetes Wellness Project, at a rate of no more than **10 clients per month** during the course of this project.
6. The Organization agrees to schedule a new patient appointment for referred clients to be seen at The Organization ***within 2 weeks of receiving the referral from REFB.***
 - a. For clients who are referred from the REFB and who had a screening HbA1c result $\geq 9.0\%$, The Organization agrees to schedule a new patient appointment for clients to be seen at The Organization ***within 1 week of receiving the referral from REFB.***
7. The Organization will notify the REFB monthly of the numbers of REFB-referred clients that seek care with The Organization.

Project Administration

8. The Organization agrees to send a representative to participate in project meetings with the REFB and other partners. Project meetings will take place as needed and will not occur more frequently than once per quarter.
9. The Organization agrees to contact the REFB Diabetes Wellness Project Lead immediately in the event of any problem, concern, client issue, or emergency related to project activities occurring on-site.
10. The Organization agrees to be listed in future publications as a participating partner site in the REFB Diabetes Wellness Project.
11. The Organization agrees to the use the \$2,000.00 in funding to defray costs associated with participating in the REFB Diabetes Wellness Project and towards diabetes services for its patients.

Description of Work: Redwood Empire Food Bank

Client Referrals

12. Upon receiving a client referral from The Organization, the REFB will be responsible for contacting the client, verifying that the client meets participation criteria, enrolling the client, and assigning the client to an appropriate food distribution site for the monthly diabetes wellness food box.
13. During this project, the REFB Diabetes Wellness Project Lead (a Public Health Nurse) will be screening clients for T2DM risk at existing REFB food distribution sites using Point-of-Care HbA1c testing. The REFB will refer clients to The Organization who are assessed as being at high risk for T2DM (HbA1c result \geq 6.5%) **and** who state they are without a primary medical provider. By identifying and referring these clients, the REFB aims to facilitate a process for clients to establish medical care and receive follow-up evaluation regarding T2DM risk and/or health status.
14. The REFB will complete a "Client Referral for Medical Care Form" indicating the date of screening, HbA1c result, and additional client information. The client and The Organization will each receive a copy of the form.
15. The REFB will fax completed referral forms to The Organization (fax#).
16. The REFB will refer to The Organization a maximum of ten (10) clients per month who are identified as at-risk for T2DM (or who self-report a history of T2DM), **and** who report being without a medical home.
17. The REFB will implement an Emergency Action Plan if, during a screening event, food distribution, or self-management class, a client is identified as needing immediate medical attention. In the event of a client emergency, REFB staff will contact 911 to facilitate client transport for medical care.
18. In order to evaluate project effectiveness, the REFB will be tracking client HbA1c results for the duration of the Diabetes Wellness Project. The REFB will comply with the Health Insurance Portability and Accountability Act (HIPAA) and existing laws and regulations regarding client privacy and Protected Health Information (PHI). The REFB will maintain appropriate safeguards to secure PHI.
19. The REFB shall obtain client consent to share PHI with The Organization.
20. The REFB will be conducting HbA1c testing on project clients using the Bayer A1cNow+. HbA1c testing will follow REFB project guidelines and is not meant to replace or validate clinical testing performed at or ordered by The Organization. If requested, the REFB may share HbA1c results conducted during the project with The Organization for inclusion in clients' medical records.

Project Administration

21. In order to support The Organization, the REFB will administer \$2,000.00 per year to The Organization for each year The Organization participates in the Diabetes Wellness Project, for up to three years.
 - a. 100% of the funds (\$2,000.00) shall be paid by the REFB directly to The Organization during the 1st month of each year of participation.
22. The REFB may cancel this agreement immediately upon receipt of evidence that the site is not in compliance with the terms and conditions referenced in this memorandum.

Executive Director
Health Center

Date

David Goodman, Executive Director
Redwood Empire Food Bank

Date

Appendix

Income Guidelines for Participation in the REFB Diabetes Wellness Project

Based on the 2012/2013 DHHS Poverty Guidelines at 150% of Poverty

150% of Poverty		
Household Size	Maximum Monthly Household Income	Maximum Annual Household Income
1	\$1,396	\$16,755
2	\$1,891	\$22,695
3	\$2,386	\$28,635
4	\$2,881	\$34,575
5	\$3,376	\$40,515
6	\$3,871	\$46,455
7	\$4,366	\$52,395
8	\$4,861	\$58,335
9	\$5,356	\$64,275
10	\$5,851	\$70,215
Over 10	Add \$495 each	Add \$5,940 each