

# Kittitas County Review Form Grants & Contract Agreement



Today's Date 01/22/2010	Agenda Date
Fund/Department 116-Public Health Department	

## Contract/Grant Information

Contract /Grant Agency: Memorandum of Understanding between Kittitas County Public Health Department and Dream Team Dental PLLC	
Period Begin Date: September 1, 2009	Period End Date: August 31, 2011
Total Grant/Contract Amount: N/A	
Grant/Contract Number:	
Contract/Grant Summary: This Memorandum of Understanding is the desire of the Kittitas County Public Health Department coordinate with dental service program providers to assure quality programs that meet the needs of residents in our community. This Memorandum of Understanding is a document that describes the working relationship between Provider and KCPHD.	

## Recommendation for Board of Health and Board of Health Review on \_\_\_\_\_

Department Head Signature: _____, Administrator      Date: _____
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## Kittitas County Prosecutor, Auditor, and Board of Health Review and Comment:

APPROVED AS TO FORM:

Signature of Prosecutor's Office	Date
Signature of Auditor's Office	Date
Signature of Board of Health member	Date

## Financial Information

Total Amount \$	State Funds \$	Federal Funds \$
Percentage County Funds	Matching Funds \$	CFDA#

	In-Kind \$ Explain
Is Equipment being purchased?	Who owns equipment?
New Personnel being hired?	Contact HR hiring – reporting requirements
Future impacts or liability to Kittitas County:	

### Budget Information

Budget Amendment Needed?	Yes <input type="checkbox"/> attach budget form	No <input type="checkbox"/> Why not
New Division Created?		
Revenue Code		

### Pass Through Information

Agency to Pass Through	
Amount to Pass Through	\$
Sub-Contract Approved	Date:

### Prosecutor Review

Has the Prosecutor reviewed this agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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### County Departments Impacted

Auditor	Facilities Maintenance
Information Services	Human Resource
Prosecutor	Treasurer

### Submitted

Signature:	Date:
Department:	

### Assignment of Tracking Information

Auditor's Office	
Human Resource	
Prosecutor's Office	
Who Signed the grant application	

Reviewer	Date
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### Memorandum of Understanding

This Memorandum of Understanding is between Dream Team Dental P.L.L.C., Jane McIntyre, RDH located at 37615 NE 142<sup>nd</sup> Ave, LA Center, WA 98629 hereinafter referred to as "Provider," and Kittitas County Public Health Department located at 507 N Nanum Street STE 102 Ellensburg WA 98926, hereinafter referred to as "KCPHD."

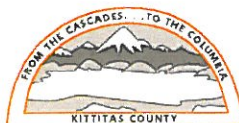
PURPOSE OF THIS MEMORANDUM OF UNDERSTANDING is the desire of the KCPHD to coordinate with dental service program providers to assure quality programs that meet the needs of residents in our community. This Memorandum of Understanding is a document that describes the working relationship between Provider and the KCPHD.

SCOPE OF CARE PROVIDED will be limited to standard professional dental care that includes visual assessments, oral hygiene instruction, sealants, and fluoride varnish treatment. These services shall be provided by dentists, registered dental hygienists, and dental assistants employed by Provider. All records shall be the property of Provider, and be retained as such. HIPAA confidentiality of information shall apply to this sealant program, along with standards set in the Washington State Dental Sealant Guidelines as published by the Washington State Department of Health. Handling of clients' patient records will follow the parameters set forth in the 1996 HIPAA regulations.

All clients needing referrals for dental care will be referred to dentist or dental clinics with priority given to local dental providers. THE TERM OF THIS UNDERSTANDING begins on September 1, 2009 (date) and ends upon 30 days written notice by either party or on August 31, 2011 (date)

RESPONSIBILITIES OF The PROVIDER include the following:

- A. Provide copies of Licensure and proof of current Liability Insurance coverage.
- B. Provide coordination of dental clinics at sites agreed upon with KCPHD.
  - 1. Distribute and collect patient information forms.
  - 2. Schedule dental clinics and coordinate with site manager.
  - 3. Schedule patient appointments.
  - 4. Provide follow-up information and referral forms to clients, parents of minors, school nurses, and KCPHD.
- C. Staff Clinics.
- D. Hire, train and assure WISHA compliance of dentists, dental hygienists, dental assistants, and staff.
- E. Provide all legally required training to employees, including WISHA requirements.
- F. Provide preventative oral health services as described within the "Scope of Care Provided" listed above.
- G. Report to KCPHD:
  - 1. Number of individuals served at each dental clinic (ethnicity, gender, age are optional).
  - 2. Numbers and types of services provided to children (including number of children treated).







*To Protect and Promote the Health and the Environment of the People of Kittitas County*

3. Maternal and Child Health data when appropriate.

RESPONSIBILITIES OF KCPHD include the following:

- A. Coordinate with Provider and site managers.
- B. Help provide initial contact between Provider and site manager.
- C. Help provide quality assurance of clinic services by:
  - 1. Analyzing data collected.
  - 2. Develop a provider satisfaction evaluation tool.
  - 3. Develop a client satisfaction evaluation tool.
  - 4. Distribute, collect, and analyze the above mentioned evaluation tools.
  - 5. Conduct an on-site quality assurance evaluation of facility and services.
  - 6. Provide a copy of above mentioned evaluations to the Provider and site manager.

INDEMNIFICATION: Each party agrees to be responsible and assume liability for its own wrongful and/or negligent acts or omissions or those of its officials, officers, agents, or employees to the fullest extent required by law, and further agree to save, indemnify, defend, and hold the other party harmless from any such liability. It is further provided that no liability shall attach to the County by reason of entering into this agreement except as expressly provided herein.

BOTH Provider and KCPHD agree to provide all necessary documentation in the defense of a legal action brought against one or both parties to the Memorandum of Understanding.

BOTH Provider and KCPHD shall comply with all applicable laws of local, state, and federal governments.

BOTH Provider and KCPHD shall not discriminate against any client, patient, or user of service because of race, color, sex, religion, national origin, creed, marital status, age, Vietnam era or disabled veteran status, or the presence of any sensory, mental, or physical handicap.

THIS MEMORANDUM OF UNDERSTANDING is hereby acknowledged:

\_\_\_\_\_  
Dream Team Dental P.L.L.C.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kittitas County Public Health Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Kittitas County, Deputy Prosecuting Attorney

\_\_\_\_\_  
Date

