

MEMORANDUM OF UNDERSTANDING
BETWEEN
Alliance for Aging
AND
City of Coral Gables

SECTION I – Purpose

The purpose of this agreement is to ensure the implementation of the Serving Health Insurance Needs of Elders (SHINE) program in communities throughout the state of Florida and to continue to develop and expand a framework of cooperation (“Partnership”) between Alliance for Aging, Inc. and the City of Coral Gables. This Memorandum of Understanding stands to establish the responsibilities of each entity within the Partnership and the terms and conditions under which the Partnership will operate. The Alliance for Aging, Inc desires to expand SHINE activities to provide information and counseling assistance to Medicare beneficiaries and their representatives; position Florida elders to take advantage of prescription assistance and other health benefit savings programs; and effectively reach all Medicare-eligible community members, particularly the underserved.

In consideration of the above-shared interests, the Alliance for Aging and City of Coral Gables agree as follows:

SECTION II – Services

A. City of Coral Gables SHALL (*Please check all that apply under this agreement*):

- Refer individuals to the Alliance for Aging, Inc. through the Florida Elder Helpline (1-800-963-5337) for counseling and assistance when a SHINE counselor is not available at the site.
- Support the Alliance for Aging, Inc. in developing or conducting outreach and enrollment activities.
- Display or distribute SHINE program and Medicare related materials.
- Provide a space conducive to conducting training and/or educational presentations.
- Provide counselors with access to suitable space to assist with the counseling process.
- Provide internet/email access at the site location (if necessary, at a reasonable charge).
- Provide suitable space to assure privacy when a counselor is serving a client.
- Continuously publicize services of the SHINE program through the Partnership and the availability of a SHINE counselor whenever possible.

B. Alliance for Aging, Inc. SHALL:

- Educate and train staff of the City of Coral Gables about SHINE, Medicare Part D, LIS and MSPs.
- Provide educational materials regarding the SHINE program as well as Medicare and related programs.
- Provide highly trained staff and/or volunteers to assist beneficiaries.
- Provide supervision, support and technical assistance for counselors.
- Ensure that counselors are available at the agreed upon location(s) for minimum number of hours per week.
- Continuously publicize services of the SHINE program through the Partnership and the availability of a SHINE counselor whenever possible.

C. Mutual Interest and Understanding:

The City of Coral Gables agrees that its employees and all other affiliates assisting with the SHINE program will comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule. City of Coral Gables also agrees that any medical records or personal information given to its employees under the arrangements of this MOU shall be kept confidential and not divulged or made available to any individual or organization without the prior written approval of the Alliance for Aging.

The Alliance for Aging, Inc. agrees to comply with the City of Coral Gables procedures for room rental, including the completion of rental application and compliance of insurance requirements.

D. Non-Fund Obligating Document

This agreement is neither a fiscal nor a funds obligation document. Any endeavor or transfer of anything of value involving reimbursement or contribution of funds between the parties to this agreement will be handled in accordance with applicable laws, regulations, and procedures.

SECTION III – Contacts

The principal contacts for this agreement are:

Alliance for Aging, Inc.:

Contact Name: Kathleen Sarmiento
Address:

Phone:

Fax:

Email:

City of Coral Gables

Contact Name: Fred Couceyro
Address: 405 University Drive

Phone: (305) 460-5620

Fax: (305) 460-5639

Email: fcouceyro@coralgables.com

SECTION IV – Modification/Termination

Modifications within the scope of the agreement shall be made by mutual consent of the parties, by the issuance of a written modification, signed and dated by all parties, prior to any changes being performed.

Any of the parties, in writing, may terminate the agreement in whole, or in part, at any time before the date of expiration.

SECTION V – Signatures

The parties agree that the Partnership is mutually beneficial and agree to the terms specified herein. This agreement will become effective on the date signed by both parties and remain in effect for one full year.

Alliance for Aging, Inc.

By:
Title:
Date:

City of Coral Gables

By:
Title:
Date: