



Ohio Department of Aging QI Program Participation Agreement

We are pleased that you have made the decision to participate in The Cheering Voices Quality Improvement Project; an approved project of the Ohio Long-term Care Quality Initiative. The following is a brief description of the required activities for certification. Please check each box and sign at the bottom of the form to show your acceptance.

- HIPAA release form included in this letter will be signed and submitted by each participating resident/POA.
- Media release form included in this letter will be signed and submitted by each participating resident/POA, family member and each facility employee who may attend a Cheering Voices session.
- A family member of each resident is highly encouraged to attend each session
- A facility caregiver that is most familiar with the resident must be available to The Cheering Voices Clinician at the specific timepoints for NPI-Q completion.
- A staff lead will be appointed for the project as well as a "Voice Resource" for each shift
- Participating staff will attend the required training session at your facility (max of 12)
- Provide staffing, residents (minimum 12, maximum 40, per session), space and time for a once weekly hour-long interactive music session that runs over six-weeks.
- Staff lead or designated "Voice Resource" to participate in the assessment process, review data, and report progress back to nursing home administration

Expected evidence of participation in the project should be kept by the nursing home for use in state survey to demonstrate compliance with Sec. 3721.072 (B). Providers can meet this requirement by maintaining the following documents provided by The Cheering Voices for their records:

1. Copy of signed participation agreement
2. Copies of NPI-Q resident assessment data
3. Copies of Participant QOL totals assessment form
4. Copy of overall results reports following the program
5. Signed certificate of completion of the project

We want to make sure that the administration understands the terms of the agreement and each area of responsibility. If you are in agreement, please sign and date at the bottom. We thank you for your participation in The Cheering Voices and look forward to sharing the joy and power of music with your caregivers, residents, and their families.

Signature of Administrator

Print Name and Title

Name of Organization

Date

The Cheering Voices Representative

Date