

Agreement made this 26th day of October 2020 by and between:

Trinitas Healthcare Corporation
Children's Therapy Services
(A New Jersey Non-Profit Corporation)
899 Mountain Avenue - Suite 1A
Springfield, NJ 07081

hereinafter to be referred to as "Healthcare"
and

Union County Educational Services Commission
45 Cardinal Drive
Westfield, NJ 07090

hereinafter to be referred to as "UCESC"

Whereas, **Healthcare** offers and/or arranges for consulting services by **licensed speech/language pathologists (S.L.P.)**, licensed occupational therapy assistants (O.T.A.), licensed physical therapists (P.T.), and/or other health professionals in order to assist mental health agencies, social services agencies and educational facilities to conform to state regulations, and to develop and implement quality services;

and

Whereas, **UCESC** operates a department of Special Education and desires the services of a NJ school certified, **licensed speech/language pathologist** maintaining current NJ Department of Education background check with evidence of clearance to work in a school to provide necessary **speech/language therapy** to its students enrolled at **Lamberts Mill Academy**, 1571 Lamberts Mill Road, Westfield, NJ 07090;

and

Whereas, **Healthcare** desires to provide the services of a **licensed speech/language pathologist (S.L.P.)** to students of **UCESC** and **UCESC** desires to receive the same, all the terms and conditions more particularly set forth herein;

Now, therefore, **Healthcare** and **UCESC** hereby agree as follows:

1. TERM:

The term of this Agreement shall commence on the **26th day of October, 2020** and shall continue until the expiration of the school year on or about **June 30, 2021**. Thereafter, this Agreement may be renewed pursuant to paragraph six (6), for subsequent school years. This Agreement may be terminated on notice, pursuant to paragraph seven (7).

The above term assumes term of school year to be forty-two (42) full weeks. Therapy services will be available for each week within this term, following the Board approved school calendar.

2. COMPENSATION:

In consideration of the services to be rendered by **Healthcare**, as described in paragraph three (3), **UCESC** shall pay monthly to **Healthcare** a sum equal to:

~ ninety two dollars (\$92.00) per hour for each hour of service rendered.

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The present agreement assumes the following parameters of time:

~ An average month consisting of **twenty (20.00) hours of therapist availability** to provide services.

Such monthly compensation shall be based on actual hours of therapist availability provided as shown in attached documentation (monthly service provision logs), and will include charges for preparation, documentation and travel between schools. When less than a full school day of service is provided, districts/schools will be charged a traveling fee to and/or from district/school. Payment will be due fifteen (15) days upon receipt of bill or invoice.

Any additional agreed upon services will be billed at **\$92.00** per hour.

If, for any reason, full payment of any installment is not made on or before two (2) months following the due date thereof, as aforesaid, **Healthcare** shall have the right in its sole discretion to discontinue further performance of this Agreement, in addition to any other available right or remedy. The parties shall consult and agree upon acceptable forms of written voucher(s) and/or receipts with respect to payments.

3. SERVICES:

Healthcare shall provide **UCESC** licensed speech/language pathologists (S.L.P.) in the school system (or appropriate designated area) for: **twenty (20.00) hours** per month for the **school year**.

Generally, therapy will take place between the hours of 8:15 a.m. and 3:45 p.m. with a half hour lunch break.

Service hours are based on therapists' total workload, which includes the following:

Speech therapy screenings and evaluations as approved by the child study team supervisor. Billing for screenings/evaluations are included in the monthly totals at the hourly rate listed above.

Documentation including:

Student attendance log.* Annual Present Levels of Academic Achievement and Functional Performance (PLAAFP's) and educationally relevant goals and objectives. Progress summaries for PLAAFP's. Reports for evaluations. Other reports on students who have been identified as requiring speech therapy intervention or consultation.

Progress summaries for each student shall be written in lieu of one (1) therapy session per student, unless other arrangements are mutually agreed upon between **Healthcare** and the **UCESC** district.

* S.E.M.I. documentation or other accommodations desired for Medicaid reimbursement will be billed at the hourly rate.

Therapist's session notes will be maintained/stored by Trinitas Children's Therapy Services and are available to district/school upon request.

Therapeutic Services:

Therapists will implement annual goals and objectives by the following service delivery methods as outlined in the PLAAFP of the IEP.

Direct therapy services, provided by a licensed therapist as specified in the child's IEP by the child study team or 504 Plan. This includes both individual and group sessions.

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Consultation services, provided by the therapist to meet the goals and objectives as outlined in the IEP or 504 Plan for classroom activities. It may include classroom teacher, specials teachers, teaching assistants, individual student's aide or parents.

Consultation with education staff and participation in interdisciplinary meetings. Ongoing written and verbal communication with appropriate district personnel regarding: Changes in the status of the children serviced. Changes in the therapy schedule. Environmental suitability. Equipment ordering, maintenance, and storage.

Consultative and direct services as requested for Intervention and Referral Services (I & RS), Response to Intervention (RtI), Positive Behavioral Supports (PBS) and Universal Design for Learning (UDL).

Monitoring services, to maintain and support the child's ability to benefit from his/her educational program with non-direct intervention by the therapist.

Communication with parents/guardians regarding student's speech therapy program, goals and/or status; this includes telephone consultation on therapy issues when the therapist is not on site.

Travel between designated schools within the district and travel to and from out of district schools as requested.

Healthcare shall provide **UCESC** treatment for students requiring direct services in a manner which attempts to minimize disruption of the educational process, coordinate the availability of space and staff, and allow for the maximum time spent engaging in therapeutic activity to achieve stated goals for students.

The **Trinitas Healthcare Corporation** shall save and hold harmless the **Union County Educational Services Commission** regarding the direct services of occupational therapists and assistants, physical therapists and assistants and speech/language pathologists to students of **UCESC** and when at their facilities.

4. OBLIGATIONS:

The **Union County Educational Services Commission** agrees to provide:

- a. Designated, consistent, safe space conducive to speech/language therapy treatment assigned per contract year, with responsibility for health and safety issues for students resting solely on **UCESC** when at a facility designated by the **UCESC** and including transportation vehicles.
- b. Equipment which will facilitate evaluation and treatment as agreed upon by both parties.
- c. Therapist(s)' access to computer(s) and/or district Wi-Fi to allow for completion of required documentation.
- d. Permission to conduct satisfaction surveys with Special Education Directors, Supervisors, Principals, Child Study Teams and Teachers throughout the district/schools.
- e. **UCESC** agrees not to hire therapist, including but not limited to licensed speech/language pathologists (S.L.P.), licensed occupational therapists (O.T.), licensed occupational therapy assistants (O.T.A.), and licensed physical therapists (P.T.), provided by **Healthcare** for a period of two years following therapist's last date of service to **UCESC**. If any therapist actually furnished to **UCESC** by **Healthcare** should, within two years from the cessation of service under this agreement, be hired by **UCESC** on a temporary or permanent basis, upon the commencement of employment **UCESC** shall be obligated to pay **Healthcare** an amount equal to **forty (40%) percent** of the therapist's annualized gross salary.

5. CONFIDENTIALITY OF CERTAIN RECORDS:

The parties recognize that the records and information generated in connection with the consulting service or treatment may be privileged or confidential. The parties each agree to observe the requirements of any applicable privilege and statutory or other duty of confidentiality, (including, but not limited to, any arising under the provisions of 21U.S.C.4582, and C.F.R.2.1.et.seq.), to assist each other in obtaining any necessary waivers or consents to disclosure, and not to require disclosure of records or information by the other which might constitute a breach of privilege or duty or involve any offense or violation.

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6. RENEWAL:

This Agreement may, by mutual agreement, be renewed on a school-year-to-school-year basis. The parties shall keep each other advised as to whether this Agreement may be so renewed, but neither party shall be bound to renew this Agreement or become otherwise liable to the other by reason of any failure to so advise the other.

7. TERMINATION:

Either party may terminate this Agreement upon its giving ninety (90) days prior written notice thereof to the other.

8. COMPLIANCE AND APPLICABLE LAW:

To the extent applicable under Section 1861 (v)(1)(I) of the Social Security Act, as amended, **Healthcare** agrees with **UCESC** that, upon request made in accordance with applicable law and regulations, the Comptroller General of the United States, the United States Department of Health and Human Services, and the duly authorized representatives of the foregoing, shall be given access to this Agreement, and all books, documents and records of **Healthcare** and **UCESC** that are necessary to verify the nature and extent of the costs to **UCESC** of services rendered. Such access shall be given from the date of this Agreement until the expiration of four (4) years after the furnishing of services under this Agreement. In the event any request for any such party's books, documents and records is made pursuant to this Section, such party shall notify the other, shall promptly provide a copy of such request and shall promptly provide a copy of each book, document and record to such other party and shall grant such other party access thereto for review and reproduction.

9. HIPAA COMPLIANCE:

The parties agree to comply with all applicable requirements of the Health Insurance Portability Act of 1996 and its related regulations ("HIPAA"), including any and all requirements regarding privacy and security of health information. In addition, each party agrees to execute any documents or amendments to the Agreement reasonably necessary for each of the parties to comply with HIPAA, and agree to and incorporate the terms and conditions set forth in Exhibit A hereto.

10. INDEPENDENT CONTRACTOR:

The Contractor shall, in all respects, be considered and Independent Contractor as that term is defined in federal and state law regulations. It is expressly understood that no employer-employee relationship exists between the parties by virtue of this Agreement as a result of the nature of the engagement.

11. INSURANCE:

The Contractor shall provide to the Board proof of insurance in the following form and minimum limits:

Health Care Facility Professional Liability:	\$1,000,000
General Liability:	\$1,000,000

The general liability policy shall name the **Union County Educational Services Commission** as additional insured and proof of same shall be provided on the standard ACORD form.

12. MISCELLANEOUS:

This Agreement shall bind and insure to the benefit of the parties and their respective successors and assigns. This Agreement shall be governed by the laws of the State of New Jersey. This Agreement cancels and supersedes all prior Agreements and understandings oral or written, between the parties. It constitutes the entire Agreement of the parties with respect to the subject matter hereof. It may be modified or amended only by written Agreement specifically referring hereto and signed by the parties. Each party shall cooperate with, and shall take such further action and execute and deliver such further documents as may be reasonably requested by the other party, in order to confirm this Agreement or to carry out its provisions or purposes.

Applicant Approval Employment History

Name: SARAH E BRENNER

SSN: XXX-XX-1023

Date of Birth: February 20, 1990

Document Id: 39696d3cfc830dfe59b17d206bf1d951

Number of Approvals: 1

List of all Approval(s) Issued by the NJ Dept. of Education Office of Student Protection, as of 09/30/2020

Approval Date	County Code	District Code	School Code	Contractor Code	Job Position	PCN	Transfer Date
09/25/2020	39	7166	000	7166	EDUCATIONAL SUPPORT SERVICES	496600169957	



New Jersey Department of Education
Office of Student Protection
100 Riverview Plaza, P.O. Box 500
Trenton, NJ 08625-0500

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED
BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

**State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs**

**THIS IS TO CERTIFY THAT THE
Audiology & Sp Lang Path Advisory Committee**

HAS LICENSED

**Sarah E. Brenner
850 Carsonia Ave
Apt. F204
Reading PA 19606**

FOR PRACTICE IN NEW JERSEY AS A(N): Speech Language Pathologist

**02/25/2020 TO 10/31/2021
VALID**

**41YS01029200
LICENSE/REGISTRATION/CERTIFICATION #**


Signature of Licensee/Registrant/Certificate Holder


ACTING DIRECTOR

Certification View

Tracking Number: 719552 Birth Date: 20 FEB
SSN: xxx-xx- 1023 Email: SARAHBCCCSLP@GMAIL.COM
Name: Brenner, Sarah Phone Number: 201-815-3548 / 201-815-3548

List of all the Certificate(s) issued by NJ Dept. Of Education as of Wed 09/02/2020 at 01:32:17 PM EDT

Seq #	Certificate Type	Endorsement	County code	District code
	Basis code	Month/Year Issued (MM/YYYY)	Month/Year Expiration (MM/YYYY)	Certificate ID
1	Standard	3462 - Speech Language Specialist	00 - BY APPLICANT	0000 - UNKNOWN
	1 - Transcript evaluation	04/2020		1157499

* For additional information about certification, please contact the Office of Certification and Induction at:

New Jersey Department of Education
P.O. Box 500
Trenton, NJ 08625-0500

or
call us: (609) 292-2070

or
Email us: Licensing.Requests@doe.state.nj.us



Fax: (908) 233-7432

October 26, 2020

Hope Holt
Union County Educational Services Commission
45 Cardinal Drive
Westfield, NJ 07090

Dear Hope:

In order to be in compliance with New Jersey administrative code (N.J.A.C.) 6A:14-5.1 (c) , please find attached CHR approval letter on: Sarah Brenner dated: 9/25/20.

Please date, sign and fax back this letter, which acknowledges your acceptance of this provider's original CHR approval letter.

Sincerely,

Carole A. Soricelli MS
OTR 46TR00026200
csoricelli@trinitas.org

Digitally signed by Carole A.
Soricelli MS OTR 46TR00026200
csoricelli@trinitas.org
Date: 2020.10.26 12:02:53 -04'00'

Carole Soricelli
Director of Children's Therapy Services

Union County Educational Services. Commission

Signed: [Signature]
Name: Midhat Koncisk
Title: Superintendent
Date: 11/4/20

Enc.

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EXHIBIT A

BUSINESS ASSOCIATE AGREEMENTS - CONFIDENTIALITY of Patient Health Information

Trinitas Healthcare Corporation ("Healthcare") recognizes that Union County Educational Services Commission ("UCESC") has individually-identifiable patient health information ("Information") the confidentiality of which is protected by federal and state laws and rules, including, without limitation, the Standards for Privacy of Individually Identifiable Health Information, 42 CFR, Part 164. Healthcare may not use or disclose Information in any manner, for any purpose, except to carry out its obligations to provide to UCESC those Services specified in this Agreement. Healthcare shall not use or further disclose Information other than as permitted by this Agreement or as required by law. Healthcare shall use appropriate safeguards to prevent the use or disclosure of the Information other than as permitted or required by this Agreement; shall report to UCESC any use or disclosure of the Information not provided for by this Agreement of which Healthcare becomes aware; shall ensure that any agents, employees or subcontractors to whom it provides Information received from or created or received by Healthcare on behalf of UCESC agree to the same restrictions and conditions that apply to Healthcare with respect to such Information; shall make such Information available to the individual who is the subject of the Information, for review and amendment, to the extent required under applicable regulations; and shall make available to UCESC any information necessary to permit UCESC to account for its disclosures under applicable regulations. At the termination of this Agreement, to the extent feasible, Healthcare shall return or destroy, at the discretion of UCESC, all Information received from or created or received by Healthcare on behalf of UCESC, or, if returning or destroying the Information is not feasible, shall extend the foregoing protections to the Information in perpetuity. Healthcare shall make its internal practices, books, and records relating to the use and disclosure of Information available to the Secretary of Health and Human Services for purposes of determining UCESC's compliance with applicable regulations.

IN WITNESS WHEREOF, THE PARTIES HERETO HAVE SET THEIR HANDS THE DAY AND YEAR FIRST WRITTEN ABOVE.

Attest:

Sherone Lewis
Operations Specialist
slewis@trinitas.org

Digitally signed by Sherone Lewis
Operations Specialist
slewis@trinitas.org
Date: 2020.10.26 11:35:45 -04'00'

**TRINITAS HEALTHCARE CORPORATION
CHILDREN'S THERAPY SERVICES**

Carole A. Soricelli MS OTR
46TR00026200
csoricelli@trinitas.org


Digitally signed by Carole A. Soricelli MS
OTR 46TR00026200
csoricelli@trinitas.org
Date: 2020.10.26 12:00:39 -04'00'

SIGNED

NAME: Carole Soricelli

TITLE: Director of Children's Therapy Services

Attest:



UNION COUNTY EDUCATIONAL SERVICES COMMISSION

SIGNED

NAME: Michael Kondalski

TITLE: Superintendent