

Contract with Community Partnerships and The Mountain Home School District

Purpose and Philosophy:

The Mountain Home School District ("School District") and Community Partnerships of Idaho, Inc. ("Community Partnerships") enter into this agreement solely for the purpose of creating a partnership, which will allow Community Partnerships to provide Behavioral Intervention for children in the school setting.

This agreement is made this 30 day of Aug., 2016 between the Mountain Home School District and Community Partnerships.

Community Partnerships agrees to provide behavioral intervention professional and paraprofessional and Community Based Rehabilitation Services ("CBRS") in the Mountain Home School District per Appendix A beginning September 1, 2016 and expiring August 31, 2017.

CPI will provide other billing and quality assurance services for an additional fee. Please contact Leanne Smiley at (208) 376-4999 if the School District wishes for Community Partnerships to bill or provide other services.

Both parties agree to the following:

- When changes by either agency will affect the child, the impacted agency will be notified in advance to discuss these changes.
- Should a conflict arise between the School District and Community Partnerships, the following conflict resolution strategy will be used:
 - The teacher and Community Partnership's interventionist will attempt to resolve any minor issues verbally
 - If there is no resolution, the interventionist will notify the Director of Mountain Home Developmental Disabilities Services at Community Partnerships and the teacher will notify his/her

Administrator

- The Director and the Administrator will discuss the situation and arrange a meeting including both parties, if necessary
- If there is still no resolution, the Director of Children's Services of Community Partnerships, the Director of Mountain Home Developmental Disabilities Services, and the Director of Educational Services for the School District will arrange a meeting to discuss any further actions

Community Partnerships agrees to:

- Provide one on one (1:1) or group as identified based on eligibility and IEP behavioral intervention to children with a disability in the School District. The services provided will follow the IEP goals and identified replacement behaviors
- Provide one on one (1:1) CBRS services to children with severe emotional disabilities or as determined by the Mountain Home School District. The services provided will follow the IEP and the student's emotional and/or behavior goals. Each CBRS staff will receive a minimum of 30 minutes of supervision per month. The Contractor will provide an Independent licensed practitioner (LPC, LCPC, or LCSW) to provide the monthly supervision. The District agrees to pay the Contractor \$22.70 per 30-minute staff supervision session.
- Complete a Service Detail and record Medicaid service provided or other non-Medicaid services, as requested. The Service Detail will record the student's name, date of birth, interventionist name, signature, title, district name, school name, date of IEP, time listed on IEP, frequency, date of service, start and end time, total duration, activities/goals and response to service
- Collaborate with School Teams on goals, plans, and IEP and to assist children in the classroom. Community Partnerships Program Director will meet monthly or as needed with Principals and School Teams as well as attend IEP meetings as requested and available.

- Community Partnerships Para- Behavioral Intervention School Supervisor and Behavioral Health Operations Specialist, in combination with the classroom teacher, will supervise contracted staff and provide monthly observations.
- Ensure that interventionist and CBRS staff comply with policies established by the School District, have appropriate training ,including MANDT, and licensure, and have fingerprint and background checks on file
- Community Partnerships will provide insurance certificates for workers compensation and general liability insurance. A copy of Community Partnerships DDA certificate will be provided
- Submit invoice with service details by the 5th day of the month following services for review by the School Board by the second Tuesday of the month
- Community Partnerships agrees to adhere to the School District's dress code at all time.

The Mountain Home School District agrees to:

- When Medicaid is being billed for behavioral intervention, ensure the following:
 - determine Medicaid eligibility
 - enrollment in school district
 - eligible for IEP
 - service listed on IEP with addendums as needed
 - child is in the age group covered (3 to 21)
 - meet the State Department of Education criteria for developmental disabilities eligibility
 - student exhibits maladaptive behaviors evidenced by 1.5 standard deviations from the mean in a minimum of 2 behavior domains and at least two raters or at least 2 standard deviations from the mean in one composite score
 - Ratios are appropriate based on the severity of students' scores

and behavior issues. Group services should only be delivered when the child's goals relate to benefiting from group interactions

- Write specific measurable IEP goals to be delivered under Behavioral Intervention
- Obtain required documentation such as medical social histories and Physician referrals
- Provide Community Partnerships of Idaho a copy of IEP
- Obtain family's consent to bill Medicaid
- Collaborate with Community Partnerships staff to assist children in the classroom
- Pay our invoices on a monthly basis.
- The District may or may not choose to bill Medicaid at its own discretion. Community Partnerships is not responsible for ensuring compliance with applicable rules and regulation.

This Agreement may be terminated with thirty(30) days written notice from either party without cause or justification.

IN WITNESS WHEREOF, the parties have executed this Agreement.

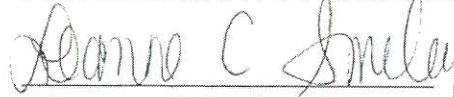
FOR THE SCHOOL DISTRICT


James Gilbert, Superintendent

Mountain Home School District

8/30/16
Date

FOR COMMUNITY PARTNERSHIPS


Leanne C. Smiley, Finance
Director

8/30/16
Date

Appendix A

The Contractor agrees to provide group Behavioral Intervention Paraprofessional for \$18.12 per hour for groups from 1 to 3 individuals or 1:1 services within a school building.

Additionally, The School District will pay Contractor as follows for CBRS services or Behavioral Intervention Professional for individual services:

1. Up to 7 students 80% of reimbursement, \$35.96 an hour, \$8.99 unit
2. From 8 to 12 students, 75% of reimbursement, \$34.05 an hour, \$8.51 a unit
3. Over 12 students (13 or more) 71% of reimbursement, \$32.24 an hour, \$8.06 a unit

Contractor may request Behavioral Consultation and will be reimbursed at a rate of \$64.80.


8/30/16
Superintendent/designee
Mountain Home School District


Contractor
Leanne C. Smiley, Finance Director



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/8/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Moloney O'Neill/Alliant Insurance Services Inc. 818 W. Riverside Ave, Ste 800 Spokane, WA 99201	CONTACT NAME: PHONE (A/C, No., Ext): (509) 325-3024 FAX (A/C, No):		
	E-MAIL ADDRESS:		
INSURED Community Partnerships of Idaho, Inc 3076 N Five Mile Rd Boise, ID 83713	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Massachusetts Bay Insurance Company		22306
	INSURER B : Allmerica Financial Benefit Insurance Co		41840
	INSURER C : Hanover American Insurance Company (The)		36064
	INSURER D : Idaho State Insurance Fund		36129
	INSURER E : INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER:			ZD2 A499521 02	12/11/2016	12/11/2017	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ Included
							Professional	\$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			AW2 A499539 02	12/11/2016	12/11/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			UH2 A499522 02	12/11/2016	12/11/2017	EACH OCCURRENCE	\$ 3,000,000
							AGGREGATE	\$ 3,000,000
								\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			642306	10/01/2016	10/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Abuse & Molestation			ZD2 A499521 02	12/11/2016	12/11/2017	Aggregate	2,000,000
A	Abuse & Molestation			ZD2 A499521 02	12/11/2016	12/11/2017	Each Incident	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PROOF OF COVERAGE

CERTIFICATE HOLDER

CANCELLATION

MOUNTAIN HOME SCHOOL DISTRICT
 ATTN: CONNIE DONAHUE
 PO BOX 1390
 Mountain Home, ID 83647

AUTHORIZED REPRESENTATIVE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.