

**Alvord Unified School District
LEA Medi-Cal Billing Funds Request Form**
[CLICK HERE] for Funding Guidelines

Name of Requestor: Dianne Cheney **Date:** 04/27/2023

Department/Service Area: Health Services, A Nursing Corporation

Site: Health Services

VENDOR NAME AND ADDRESS	School Health Services P.O. Box 2767 Riverside, Ca. 92516
PHONE # OF VENDOR	951-788-9564

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
ALL-1b	See attached for all items	1.00	63,240.64	63,240.64
			Subtotal	63,240.64
			Tax	8.75%
			Shipping	
		TOTAL		63,240.64

Are other local/site funding resources available? If yes, please describe: No

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

Contracting School Health Services allows the nurses to receive hearing/vision results earlier in the year. Thus, the school nurse may proceed with appropriate referrals and obtain services earlier to improve academics. This services means the nurses will not have to take the entire school year to devote time to screening. It is a great benefit to students and allows nurses to direct their services to all of the other student's needs.

Requested by (print name): Dianne Cheney Signature: Dianne Cheney

Approved by (print name): Dr. Chad Freeman Signature: Dr. Chad Freeman

Budget Code:

Budget Code:



SCHOOL HEALTH SERVICES, A NURSING CORPORATION

SHS@SchoolHealthServices.net

P.O. Box 2767, Riverside, CA 92516

Phone (951) 778-9564 or fax (951) 346-9350

**MEMORANDUM OF UNDERSTANDING BETWEEN SCHOOL HEALTH SERVICES
AND ALVORD UNIFIED SCHOOL DISTRICT
2023 – 2024 School Year**

This agreement by and between School Health Services, A Nursing Corporation, hereafter called “VENDOR” and Alvord Unified School District, hereafter called “DISTRICT”, together known as the “PARTIES” is entered into with the intent of providing staff for mandated services (as defined in Ed. Code 49452).

VENDOR Responsibilities: VENDOR agrees to provide mandated services per student (K-12) at the following rates:

Vision screening – Critical Line (far) – mass screening	\$ 2.53
Vision screening – Critical Line (near) – mass screening	\$ 2.31
Vision screening – Photoscreening – mass screening	\$ 3.00
Color vision during vision and hearing screening - mass screening 2 nd grade boys	\$ 1.80
Hearing screening – mass screening	\$ 2.37
Hearing recheck/thresholds – mass screening	\$ 2.59
OAE screening – mass screening	\$ 4.95

Hourly Rates:

Hourly rates 2-hour minimum charge / Per person / Per hour - apply to the following \$100.00
 Make-up day, clinical screening environment, SPED (moderate to severe),
 Color Vision (Non-2nd grade)

Additional hours / Per person / Per hour - apply to the following \$75.00
 Make-up day, clinical screening environment, SPED (moderate to severe),
 Color Vision (Non-2nd grade)

Screening Assistant / Per Hour \$35.00

Screening forms NC
 Results on class lists NC
 Year-end list of hearing by grade/school for students screened by VENDOR NC

Hourly charges apply to intermittent breaks in screening schedule in excess of 15 minutes between classes (exception (1) meal break of 30 minutes), or a 25% or more variance in student count occurring between two or more periods - Hourly charges apply, pro-rating done in 15-minute increments.
 Hourly rate/ per person \$75.00

DISTRICT Responsibilities:

- Agrees to provide an appropriate screening space for testing students at each school site.
- Provide class lists suitable for charting results.

Mutual Coordination Responsibilities:


- The VENDOR and the DISTRICT health services coordinator will facilitate the exchange of information and provide for problem resolution.

DISTRICT expressly agrees to release, discharge, waive and hold harmless VENDOR, or any employee or agent of VENDOR, from any act or omission of negligence in rendering or failing to render any type of emergency or medical services.

VENDOR follows the health and safety guidelines of the California Department of Public Health. Should additional operational measures above and beyond these guidelines be required at the request of the DISTRICT, and the requested measures would cause VENDOR to incur any additional expense, the DISTRICT agrees to pay VENDOR for this additional expense upon receipt of an invoice and its supporting documentation.

DISTRICT expressly agrees to release, discharge, waive and hold harmless VENDOR for the acts of any non-VENDOR employee on school premises to include, but not limited to parents/guardians/siblings of students and volunteers.

Pertaining to cancellations only, both PARTIES agree that any present or future infectious disease that may impact either PARTIES' performance of its duties herein, shall be treated the same as COVID in this AGREEMENT and either VENDOR or DISTRICT will have the right to immediate cancellation if adversely affected by a present or future infectious disease.

 4/23/2023
Mary Raybon Colacion Date
Board Secretary for School Health Services,
A Nursing Corporation

Superintendent of Schools or Designee Date
Alvord Unified School District

SCHOOL HEALTH SERVICES, A NURSING CORPORATION
P.O. BOX 2767
Riverside, CA 92516

School Health Services

P.O. Box 2767
Riverside, CA 92516

Estimate

Date	Estimate #
4/22/2023	200

Name / Address

Alvord Unified School District
PO
9 KPC Parkway
Corona, CA 92879

Phone #
(951) 778-9564

Item	Description	Qty	Cost	Total
Vision Critical Line (FAR)	Far Vision - Kinder, 2nd, 5th, 8th, mild to moderate Special Education students	6,796	2.53	17,193.88
Vision Critical Line (NEAR)	Near Vision Binocular - Kinder, 2nd, 5th, 8th, mild to moderate Special Education students	6,796	2.31	15,698.76
Color Vision w/V&H	CV - 2nd grade boys	612	1.80	1,101.60
Photoscreen	Photoscreen - Special Education, Tk, Kinder UTTs	100	3.00	300.00
Hearing screen	Hearing - Kinder, 2nd, 5th, 8th,	6,592	2.37	15,623.04
ThresHold Hearing	Threshold - Kinder, 2nd, 5th, 8th,	204	2.59	528.36
OAE Screen	OAE - Special Education, Tk, Kinder UTTs	100	4.95	495.00
Hourly 2-Hr Min	Make Up Days - 18 Schools / 2 per day / 2 people	32	100.00	3,200.00
Hourly - Additional Hrs	Make Up Days - 18 Schools / 2 per day / 2 people / 4 hours	72	75.00	5,400.00
Hourly - Additional Hrs	SPED Education - Moderate to Severe Screening - contained classrooms	30	100.00	3,000.00
Screening Assistant	Screening Assistant	20	35.00	700.00
	Travel Charges - waived			
	2-ply 1/2 sheet screening forms - No Charge			
	Year end hearing report by school, by grade - No charge			
	Confidential - Quote for 2022-2023 School Year			

Thank you for your consideration, School Health Services, A Nursing Corporation 951-778-9564	Total	\$63,240.64
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/7/2022

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 have ADDITIONAL INSURED provisions or 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 CTK North American Insurance Services, LLC / INSURICA 1240 North Lakeview Avenue, #125 Anaheim, CA 92807	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext): (714) 779-2000</td> <td>FAX (A/C, No): (714) 779-4129</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Underwriters at Lloyd's London</td> <td style="text-align: right;">NAIC # 15792</td> </tr> <tr> <td>INSURER B: AmGUARD Insurance Company</td> <td style="text-align: right;">42390</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME:		PHONE (A/C, No, Ext): (714) 779-2000	FAX (A/C, No): (714) 779-4129	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A: Underwriters at Lloyd's London	NAIC # 15792	INSURER B: AmGUARD Insurance Company	42390	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
CONTACT NAME:																					
PHONE (A/C, No, Ext): (714) 779-2000	FAX (A/C, No): (714) 779-4129																				
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INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED School Health Services, A Nursing Corporation P.O. Box 2767 Riverside, CA 92516																					

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			22B01333253	11/5/2022	11/5/2023	EACH OCCURRENCE	\$ 2,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							MED EXP (Any one person)	\$ 10,000
	OTHER:							PERSONAL & ADV INJURY	\$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$	
	HIRED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	UMBRELLA LIAB						PROPERTY DAMAGE (Per accident)	\$	
	EXCESS LIAB						\$	\$	
	DED						EACH OCCURRENCE	\$	
	RETENTION \$						AGGREGATE	\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SCWC379233	11/5/2022	11/5/2023	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
A	Professional Liab.			22B01333253	11/5/2022	11/5/2023	\$2M/\$5M -\$2,500 DED		

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

ADDITIONAL COVERAGES:

CYBER COVERAGE
 EFFECTIVE 10/1/2022 TO 10/1/2023
 STATE NATIONAL INSURANCE CO.
 POLICY #EHJ-ADL00536832
 LIMIT: \$1M
 SEE ATTACHED ACORD 101

CERTIFICATE HOLDER**CANCELLATION**

*****SAMPLE CERTIFICATE*****
 IF JOB IS AWARDED, CERTIFICATE
 WILL BE ISSUED UPON REQUEST

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

AUTHORIZED REPRESENTATIVE

**ADDITIONAL REMARKS SCHEDULE**

AGENCY CTK North American Insurance Services, LLC / INSURICA		NAMED INSURED School Health Services, A Nursing Corporation P.O. Box 2767 Riverside, CA 92516	
POLICY NUMBER SEE PAGE 1		EFFECTIVE DATE: SEE PAGE 1	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

**Description of Operations/Locations/Vehicles:
EMPLOYMENT PRACTICES LIABILITY
EFFECTIVE 10/1/2022 TO 10/1/2023
PHILADELPHIA INSURANCE CO.
POLICY #PHSD1735743
LIMIT: \$500K**

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
SCHOOL HEALTH SERVICES, A NURSING CORPORATION

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 5

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
P.O. BOX 2767

6 City, state, and ZIP code
RIVERSIDE, CA 92516

Requester's name and address (optional)
**ALVORD UNIFIED SCHOOL DISTRICT
 9 KPC PARKWAY
 CORONA, CA 92879**

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-				
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OR

Employer identification number

3	3	-	0	9	0	2	2	8	5
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *Mary Rayburn Collier* Date ▶ 4-21-2023

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Alvord Unified School District
LEA Medi-Cal Billing Funds Request Form
 [CLICK HERE] for Funding Guidelines

Name of Requestor: Eileen Riedell Date: 08/14/2023

Department/Service Area: Health Services

Site: Health Services

VENDOR NAME AND ADDRESS	School Health 5600 Apollo Drive Rolling Meadows, Il. 60008
PHONE # OF VENDOR	866-323-5465

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) <i>Please stay within Funding Guidelines on page 2</i>	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
1F	Hoyer Padded U Sling W/Head support size medium	5.00	214.29	1,071.45
1F	Hoyer Padded U Sling W/Head support size large	5.00	214.29	1,071.45
1F	Hoyer Padded U Sling W/Head support size Xlarge	1.00	214.29	214.29
1F	Patient Lift Power 400 LBS cap Hoyer	7.00	1,733.33	12,133.31
1F	Hi-Lo Electric changing table w/rails 60"	7.00	2,129.66	14,907.62
			Subtotal	29,398.12
		Tax	8.75%	2,572.34
			Shipping	0.00
	TOTAL			31,970.46

Are other local/site funding resources available? If yes, please describe: No

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

Items will help enhance care delivered to all students with health care needs requiring physical support. Items will assist in meeting their activities of daily living; thus, enhancing in person attendance and increased classroom instruction time.

Requested by (print name): Eileen Riedell Signature: Eileen Riedell

Approved by (print name): Chad Freeman Signature: Dr. Chad Freeman

Budget Code:

Budget Code:



School Health Corporation
 5600 Apollo Drive
 Rolling Meadows, Illinois 60008
 P(866)323-5465 | F(800)235-1305
 schoolhealth.com

QUOTE

Attn: NANCY FURNESS
 Ship To:
 ALVORD USD
 HEALTH SERVICES
 10365 KELLER AVE
 RIVERSIDE, CA 92505-1349

Bill To:
 ALVORD UNIFIED SCHOOL DISTRICT
 9 KPC PKWY
 CORONA, CA 92879-7102

EXPIRATION DATE		QUOTE NO.
10/08/23		4238511-00
DATE	P.O. #	PAGE #
08/09/23	HLTH SUPP 21-22	1

QUOTE PREPARED BY	PHONE	EMAIL
Eric Hoysack	866-323-5465	ehoysack@schoolhealth.com

INSTRUCTIONS	SHIP POINT	VIA	SHIPPED	TERMS
	SCHOOL HEALTH	UPS GROUND		NET 30

LN	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QTY. UM	UNIT PRICE	PRICE UM	DISCOUNT MULTIPLIER	AMOUNT (NET)
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CUSTOMER NOTE:

FREE SHIPPING OVER \$125.00

1	1041670 HOYER PADDED U SLING W HEAD SUPPORT, SZ M	5	EACH	214.29	EACH	0.00	1071.45
2	1041669 HOYER PADDED U SLING W HEAD SUPPORT, SZ L	5	EACH	214.29	EACH	0.00	1071.45
3	1041668 HOYER PADDED U SLING W HEAD SUPPORT, SZ XL	1	EACH	214.29	EACH	0.00	214.29
4	1007196 PATIENT LIFT POWER 400LBS CAP HOYER ** Shipping Direct From Manufacturer **	7	EACH	1733.33	EACH	0.00	12133.31
5	1008123 HI-LO ELECTRIC CHANGING TABLE W/RAILS 60" BLK ** Shipping Direct From Manufacturer **	7	EACH	2129.66	EACH	0.00	14907.62

Items stocked in our warehouse usually ship within 24 hours. Items above may be indicated as **Shipping Direct From Manufacturer**. Delivery times for items **Shipping Direct From Manufacturer** vary. For specific delivery time, call customer care at 866-323-5465.

5 Lines Total	Sub Total	29398.12
	Taxes	2572.34
	Invoice Total	31970.46

Tax ID Number: 36-2425385

Continued



School Health Corporation
 5600 Apollo Drive
 Rolling Meadows, Illinois 60008
 P(866)323-5465 | F(800)235-1305
 schoolhealth.com

QUOTE

EXPIRATION DATE		QUOTE NO.
10/08/23		4238511-00
DATE	P.O. #	PAGE #
08/09/23	HLTH SUPP 21-22	2

Attn: NANCY FURNESS
Ship To:
 ALVORD USD
 HEALTH SERVICES
 10365 KELLER AVE
 RIVERSIDE, CA 92505-1349

Bill To:
 ALVORD UNIFIED SCHOOL DISTRICT
 9 KPC PKWY
 CORONA, CA 92879-7102

QUOTE PREPARED BY	PHONE	EMAIL
Eric Hoysack	866-323-5465	ehoysack@schoolhealth.com

INSTRUCTIONS	SHIP POINT	VIA	SHIPPED	TERMS
	SCHOOL HEALTH	UPS GROUND		NET 30

LN	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QTY. UM	UNIT PRICE	PRICE UM	DISCOUNT MULTIPLIER	AMOUNT (NET)
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To receive an email with tracking information when your order has shipped, please provide your email address when placing your order. Help us also reduce paper usage and become more eco-friendly by providing your email address to send your invoices and order confirmations electronically. Thank you, for the opportunity to work with you and if you have any questions, please contact our Customer Care Department @ 866 323 - 5465.

Alvord Unified School District
LEA Medi-Cal Billing Funds Request Form
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Name of Requestor: Michelle Sebastian **Date:** 08/18/2023

Department/Service Area: LEA/Medi-Cal Mental Health Billing Option

Site: Special Education

VENDOR NAME AND ADDRESS	Regan Pope, School Psychologist, Licensed MFT N/A
PHONE # OF VENDOR	951-509-5169

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) <i>Please stay within Funding Guidelines on page 2</i>	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
1	Regan Pope, Licensed ORP with NPI to prescribe ERMHS therapy for Alvord students.	50.00	\$56.68	2,834.00
	Estimated Fixed Costs	1.00	690.65	690.65
	No Tax;			
			Subtotal	3,524.65
		Tax	8.75%	
			Shipping	
	TOTAL			3,524.65

Are other local/site funding resources available? If yes, please describe: No

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.
 Case Management Services -See statement attached.

Requested by (print name): Diane Tankersley Signature: Diane Tankersley

Approved by (print name): Michelle Sebastian Signature: Michelle Sebastian

Budget Code:

Budget Code:

Alvord Unified School District
LEA Medi-Cal Billing Funds Request Form
 [CLICK HERE] for Funding Guidelines

Name of Requestor: Michelle Sebastian Date: 08/18/2023

Department/Service Area: Speech/Language Supervision

Site: Special Education

VENDOR NAME AND ADDRESS	Jessica Hernandez, Celine Monninger, Hilary Ness N/A
PHONE # OF VENDOR	951-509-5159

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) <i>Please stay within Funding Guidelines on page 2</i>	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
1	2.5 x Clinical Fellowship Intern/Required Professional Year-Supervisor-8/7/23-6/1/24	176.00	\$56.68	9,975.68
	Estimated Fixed Costs (No Tax)	1.00	2,431.07	2,431.07
			Subtotal	12,406.75
		Tax	8.75%	
			Shipping	
	TOTAL			12,406.75

Are other local/site funding resources available? If yes, please describe: No

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.
 Case Management Services -See statement attached.

Requested by (print name): Diane Tankersley Signature: Diane Tankersley

Approved by (print name): Michelle Sebastian Signature: Michelle Sebastian

Budget Code:

Budget Code:

**Alvord Unified School District
LEA Medi-Cal Billing Funds Request Form**
[CLICK HERE] for Funding Guidelines

Name of Requestor: Gowri Arakere Date: 08/21/2023

Department/Service Area: Special education/ Speech and language services

Site: Special Education

VENDOR NAME AND ADDRESS	SLP now , LLC SLP now, LLC 10810 N Tatum Blvd, Suite 102860, Phoenix, AZ 85028
PHONE # OF VENDOR	480-808-0757

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
18 licenses for SLP now subscription	Digital resource for therapy and case management.	18.00	199.00	3,582.00
			Subtotal	3,582.00
		Tax	8.75%	
			Shipping	
	TOTAL			3,582.00

Are other local/site funding resources available? If yes, please describe: No

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.
SLP now is an excellent resource for screening materials, therapy materials, and data collection. SLPs have used it this past year successfully in therapy and data collection. This resource significantly reduces prep time. It has over 4200 materials, customizable digital therapy planner, and time saving caseload management tools.

Requested by (print name): Gowri Arakere Signature: Gowri Arakere

Approved by (print name): Michelle Sebastian Signature: Michelle Sebastian

Budget Code:
Budget Code:



To: Alvord Unified School District

From: SLP Now®
221 E Indianola Ave
Phoenix, AZ 85012
USA

To whom it may concern:

Thank you for your interest in the SLP Now Membership!

See quote details below.

Description	Quantity	Unit Price	Total USD
Yearly SLP Now Membership <i>Includes access to the online SLP Now membership (slpnow.com) for one year.</i>	18 licenses	\$249 \$199	\$3,582

Please submit approved purchase orders online at slpnow.com/po or email school@slpnow.com.

Best,

Marisha Mets
Founder of SLP Now®

E-Mail: hello@slpnow.com
Phone: 480-808-0757

Remit To Address:
SLP Now®
10810 N Tatum Blvd
Ste 102860
Phoenix, AZ 85028

SLP Now

Inside SLP Now, your SLPs will find:

- ✓ 4,200+ therapy materials
- ✓ 400+ fully-prepped thematic units
- ✓ Customizable digital therapy planner
- ✓ Time-saving caseload management tools
- ✓ Click-and-paste easy billing feature
- ✓ HIPAA-compliant storage of student data
- ✓ Full access to the SLP Now® Academy for PD hours

Here's what just a few members have to say about SLP Now.
We can't wait to hear your SLPs' feedback!



"My caseload grew very quickly and I needed a way to organize data, plans, and student progress. SLP Now is very easy to navigate and has made it much faster to prep for a wide range of goals while giving my students a quality therapy session! It is absolutely worth it to have a streamlined system to manage your speech caseload!"

-Jaclyn G.



"This membership is a must-have for a school SLP. I joined for the therapy plans, but now I LOVE the caseload features, too! It's so great to be able to set up my day and have my schedule, lesson plans, attendance, and data all in one place. It's such an easy way to organize information, and it has tons of therapy materials and lessons that make it easy to plan and execute therapy!"

- Kristi P.



"SLP Now works so hard to cover all the bases for an SLP's school life, from therapy to paperwork. Every time I turn around, they have improved the features to make life even better."

-Alyssa G.



"I was overwhelmed, making thousands of visuals and spreadsheets. I just needed a way to keep it all together. With SLP Now, I can plan my therapy, keep track of notes/updates, stay on top of my schedule, and bill. It has changed my life as an SLP. I could not support the 140 children on my caseload without a system like SLP Now."

-McKaylee M.

Alvord Unified School District
LEA Medi-Cal Billing Funds Request Form
 [CLICK HERE] for Funding Guidelines

Item 3.b.6

Name of Requestor: Jennifer McCoy **Date:** 08/18/2023

Department/Service Area: Speech-Language Pathology

Site: RMK E.S.

VENDOR NAME AND ADDRESS	Speechpathology.com SpeechPathology.com 12333 Sowden Rd Ste. B. #79931 Houston, TX 77080-2059
PHONE # OF VENDOR	800-242-5183

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) <i>Please stay within Funding Guidelines on page 2</i>	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
n/a	One Year Subscription to Speechpathology.com	18.00	\$89.00	1,602.00
			Subtotal	1,602.00
			Tax	8.75%
			Shipping	
	TOTAL			1,602.00

Are other local/site funding resources available? If yes, please describe: No

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

speechpathology.com is an online website that provides SLPs the opportunity to acquire Continuing Education Units (CEUs) on a wide variety of topics related to our field. A subscription to this website allows our district SLPs to gain more knowledge in evidenced based practice and new information in the field of speech-language pathology.

Requested by (print name): Jennifer McCoy Signature: Jennifer McCoy

Approved by (print name): Michelle Sebastian Signature: Michelle Sebastian

Budget Code:

Budget Code:

Speechpathology.com LEA Request 23-24

Please add your name below if you would like to use speechpathology.com for the 23-24 school year. LEA has also been requesting a follow-up to show requests are being used. So if you have previously requested Speechpathology.com through LEA, **please add the amount of hours you have used on this site.**

1. Jennifer MccCoy - 6.5 hours
2. Celine Monninger - 8.0 hours
3. Arlene DeBord 5 hours
4. Kayla Pulido - new hire
5. Marisol Rios - 14.5 hours
6. Hilary Ness-not sure exact hours, can check later if needed but love the LIVE option
7. Mary Dorothy Jane Blase- - 2 hours
8. Mitch Trubio - 6 hours
9. Joi Richardson-unsure but I have used it!
10. Samantha Belton (was not on previous request but used it for 15 hours in the past year on personal account)
11. Gowri Arakere- I have used it to get many of the CEUs last year.
12. Jessica Hernandez - at least 4-6 hours (this past year)
13. Noelle Lomeli - new hire
14. DeDe (Drusilla) Bowman-did not have last year!
15. Isela Rodriguez
16. Samantha De La Cruz-CF new hire last year,wasn't doing CEUs
17. Saghi Samadani 12 hrs
18. Sage Coria- 12 hours

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. continued.com LLC</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ P</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. PO Box 734836</p> <p>6 City, state, and ZIP code Dallas, TX 75373-4836</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
3	2	-	0	5	3	1	9	4	2

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 01 January 2023
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Alvord Unified School District

Alvord Unified School District

9 KPC Parkway
Corona, CA 92879
USA



Continued.com LLC

P.O. BOX 734836

Dallas, TX 75373

US

Jennifer McCoy

jennifer.mccoy@alvordschools.org
951-358-1645

Prepared by: Beth Holland

Director of Sales
beth.holland@continued.com

Reference: 20230818-162841205

Quote created: August 18, 2023

Quote expires: October 17, 2023

Total **\$1,602.00**

PRODUCTS & SERVICES	SKU	QUANTITY	BILLING FREQUENCY	PRICE
SP CE School Membership - \$89		18		\$1,602.00 for 1 year
SUBTOTALS				
One-time subtotal				\$1,602.00

Total	\$1,602.00
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Comments

To ensure you are making an informed decision regarding your purchase, I encourage you to peruse our library to ensure it contains courses beneficial to your patient population, work setting, and any local or district certification requirements. Please do not hesitate to contact me should you need additional information.

Please follow these instructions for submitting a purchase order for CE memberships:

- Purchase orders for all **Continued** family sites can be made out to **Continued**. Continued family sites include continued.com (where [Early Childhood Education](#), [Respiratory Therapy](#), and [Social Work](#) are housed) as well as [AudiologyOnline](#), [OccupationalTherapy.com](#), [PhysicalTherapy.com](#), and [SpeechPathology.com](#)
- If you are tax-exempt, please email your tax-exempt form to salestax@continued.com
- List the names, email addresses, and disciplines (e.g., SLP, OT, PT, SW, AO, RT or ECE) of the participants we will be registering for CE memberships. (Note: CE memberships are not transferable.)
- Send the PO to attention Heather Robertson via fax [210-568-2154](tel:210-568-2154) or email (purchaseorder@continued.com).
- Include the name and **email address** of the contact at your organization to whom we should email the invoice. (NOTE: our payment terms are *net 30 days*.)
- Checks should be made payable to Continued. Our remit to address is: PO Box 734836, Dallas, TX 75373-4836

This quote is for 18 SpeechPathology.com memberships.

Memberships are not transferable.

Purchase terms

**Alvord Unified School District
LEA Medi-Cal Billing Funds Request Form**
[CLICK HERE] for Funding Guidelines

Name of Requestor: Sara Wheaton Date: 08/11/2023

Department/Service Area: Resource Specialist

Site: RMK E.S.

VENDOR NAME AND ADDRESS	Heggerty 805 Lake Street #293 Oak Park, IL 60301
PHONE # OF VENDOR	708-366-5947

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
5: 810522	Bridge the Gap Intervention Complete	1.00	0.00	0.00
5: 978-1-947260-28-3	Bridge the Gap: Intervention Lessons	1.00	33.00	33.00
5: 500022-1YR	myHeggerty Phonemic Awareness sub: 1 year	1.00	89.00	89.00
5: 978-1-947260-39-9	Decodable Books: Toucan Series-3 pack	1.00	117.00	117.00
5: 978-1-960968-41-8	Heggerty Library-Kindergarten, Series 1 (Class set)	1.00	239.00	239.00
5: 978-1-960968-42-5	Heggerty Library-Grade 1, Series 1 (Classroom Set)	1.00	359.00	359.00
			Subtotal	837.00
		Tax	8.75%	73.24
			Shipping	59.84
	TOTAL			970.08

Are other local/site funding resources available? If yes, please describe: No

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

These materials will provided targeted Phonemic Awareness instruction to supplement my Orton Gillingham program. These will offer quick, targeted daily lessons to help build phonemic awarenss skills for my learners. The books will offer practice in sound-spelling relationships & high-frequency words while developing independent reading skills. They are engaging and include writing prompts and comprehension questions.

Requested by (print name): Sara Wheaton Signature: Sara Wheaton

Approved by (print name): Michelle Sebastian Signature: Michelle Sebastian

Budget Code:

Budget Code:



Heggerty
 805 Lake Street, #293
 Oak Park, IL 60301
 708-366-5947 (phone)
 orders@heggerty.org
 www.heggerty.org

Price Quote #293369

Bill To Sara Wheaton Rosemary Kennedy Elementary 6411 Mitchell Riverside, CA 92505 sara.wheaton@alvordschools.org	Ship To Sara Wheaton Rosemary Kennedy Elementary 6411 Mitchell Riverside, CA 92505
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Date of Quote: August 11, 2023

Expiration Date: November 9, 2023

ISBN/SKU	Quantity	Product	Unit Price	Price
978-1-960968-41-8	1	Heggerty Library—Kindergarten, Series 1 (Classroom Set)	239	239
978-1-960968-42-5	1	Heggerty Library—Grade 1, Series 1 (Classroom Set)	359	359
810522	1	Bridge the Gap Intervention Complete	0	0
978-1-947260-28-3	1	Bridge the Gap: Intervention Lessons	\$33	\$33
500022-1YR	1	myHeggerty for Phonemic Awareness • Subscription Length: 1 Year	\$89	<u>\$89</u> / year
978-1-947260-39-9	1	Decodable Books: Toucan Series - 3 Pack	\$117	\$117
			Subtotal:	\$837

ISBN/SKU	Quantity	Product	Unit Price	Price
			Shipping:	\$59.84 via UPS - Ground
			Tax:	\$0
			Total:	\$896.84

Vendor Information

Literacy Resources, LLC

FEIN: 84-4218337

District Vendor #: N/A

Quote Terms:

1. This quote does not constitute an order. To place an order, click "accept" on this quote and complete payment, or submit an official district Purchase Order by email to orders@heggerty.org.
2. All contents of the Phonemic Awareness curricula and supplementary materials are fully copyright protected. The reproduction by any means, resale, and/or redistribution of this curriculum is strictly prohibited.
3. LRL is only required to collect sales tax for orders shipped within Illinois. Districts outside of Illinois that are not tax exempt must submit any required sales tax directly to their state.
4. The shipping charge on this quote is only valid if the order is shipping to one single location. If the order is being shipped to multiple locations, or if multiple Purchase Orders are submitted based on this quote, additional shipping fees will apply.
5. For orders shipping outside of the United States: Payment must be made in US funds. Shipping fee does not include customs duty and taxes. Customs duty and taxes must be paid by the recipient to UPS Brokerage prior to delivery.



**SCHOOL-BASED MEDICAL BILLING & DOCUMENTATION AGREEMENT BETWEEN
THE
ALVORD UNIFIED SCHOOL DISTRICT
AND
PRACTI-CAL, INC.**

Whereas the DISTRICT (hereinafter referred to as "DISTRICT") desires to contract for School-Based billing services, and/or documentation services; and Practi-Cal, Incorporated (hereinafter referred to as PRACTI-CAL) is willing to provide such services.

Now, therefore in consideration of the mutual Agreements and definitions contained herein, the parties hereto agree as follows:

1. Definitions The parties agree to this agreement and mutually accept the following definitions of the enumerated terms:

- 1.1 PRACTI-CAL means Practi-Cal, Incorporated. When used in the context of the performance of tasks, this is extended to include its subcontractors when performing duties in connection with this contract.
- 1.2 DISTRICT means an independent public school district, county office of education, Office of the County Superintendent of Schools, Special Education Local Plan Area or community college district in the State of California.
- 1.3 AGREEMENT means this contract between the DISTRICT and PRACTI-CAL, along with exhibits A and B.

2. Commencement, Amendment, and Termination

- 2.1 The parties hereby enter into this agreement for the period of one year beginning on 07/01/2023 and remaining in full force and affect, except as amended or terminated as hereinafter provided.
- 2.2 This agreement shall become subject to amendment in the event any legislative, executive or regulatory action or any court decision which, in the judgment of PRACTI-CAL, prohibits or modifies any services or actions contemplated by this AGREEMENT.
- 2.3 Any alterations, variations, modifications or waivers of provisions of this AGREEMENT shall be valid only when they have been reduced to writing, duly signed and attached to the original of this AGREEMENT.
- 2.4 This AGREEMENT may be terminated at any time by either party giving not less than one hundred and eighty days written notice before the end of the term or the automatic renewal date.
- 2.5 This AGREEMENT shall become subject to termination in the event of any legislative, executive or regulatory action or any court decision which, in the judgment of PRACTI-CAL, prohibits the expenditure of federal and/or state funds for the services or actions contemplated by this AGREEMENT.

3. PRACTI-CAL Responsibilities: PRACTI-CAL is responsible for the duties specified in Exhibit A, whether provided by internal staff or by its subcontractor or its designee.

4. DISTRICT Responsibilities: The DISTRICT is responsible for performing the duties specified in Exhibit B.

5. Fees for Services

5.1 In consideration for all services rendered pursuant to this AGREEMENT the DISTRICT shall pay PRACTI-CAL an annual license fee for access to our online documentation and billing software, program related support, resources, and electronic claims processing. The fee listed below is for the first annual period. The fee listed below will be adjusted annually to reflect changes in DISTRICT annual Program Valuation determined by the Cost Reimbursement and Comparison Schedule (CRCS) report, and/or cost of providing services.

The DISTRICT can choose to pay this fee using one of the following methods:

Annually = \$175,192

Quarterly = \$47,302

Monthly = \$15,767

5.2 PRACTI-CAL reserves the right to collect all fees that are due for any period preceding notice of termination or actual termination whichever occurs last. The DISTRICT shall pay PRACTI-CAL according to the following schedule:

A) If the DISTRICT check is dated less than forty five (45) days after the date on the PRACTI-CAL invoice, the DISTRICT shall pay the amount of the PRACTI-CAL invoice.

B) If the DISTRICT check is dated more than forty four (44) days after the date on the PRACTI-CAL invoice, a late payment fee of two percent (2%) shall be added on the forty fifth (45th) day and another two percent (2%) shall be added on each thirty day anniversary of the forty fifth (45th) day until payment is made.

5.3 Parties understand that this contract is to provide software and consulting services, including the services listed in Exhibit A of the existing contract. Although one of the PRACTI-CAL responsibilities is to file claims on behalf of the DISTRICT, the fees payable are not related to any amounts, which will be billed or collected from Medi-Cal.

6. Events of Default: Upon the occurrence of an event of default by either party to this AGREEMENT, the non-defaulting party may terminate this AGREEMENT after giving the appropriate written notice to the defaulting party. Each of the following events constitutes an event of default:

6.1 If DISTRICT fails to make any payment on or before the due date and fails to cure this delinquency within thirty days of such delinquency.

6.2 If DISTRICT commits any breach of any covenant, warranty or agreement herein contained, and fails to remedy any such breach and such failure shall continue for fifteen days after written notice thereof from PRACTI-CAL to the DISTRICT, then PRACTI-CAL may, at its option, and in addition to any other remedies to which it may be entitled, cancel and terminate this AGREEMENT by thirty days notice in writing to such effect.

6.3 If PRACTI-CAL commits any breach of any covenant, warranty or agreement herein contained, and fails to remedy any such breach and such failure shall continue for fifteen days after written notice thereof from the DISTRICT to PRACTI-CAL, then the DISTRICT may, at its option, and in addition to any other remedies to which it may be entitled, cancel and terminate this AGREEMENT by thirty

day's notice in writing to such effect.

7. Errors and Omissions:

- 7.1 No accidental errors or omissions upon the part of either party shall relieve the other party of its responsibilities under the AGREEMENT, provided such errors and omissions are reported as soon after discovery as possible. Both parties agree to carry such errors and omissions insurance as will protect the other party from injury not the fault of the injured party.

8. Confidentiality:

This section establishes the business associate relationship between DISTRICT and PRACTI-CAL and outlines the obligations, responsibilities, and expectations of the business associate in handling PHI in compliance with HIPAA regulations.

- 8.1 Except to the extent permitted under federal or state law, regulation or standards; and to the extent required to qualify students as clients or beneficiaries of services for benefits for which they are, or may be, entitled under State, local or federal entitlement or laws, under policies, contracts or insurance payments contemplated within the scope of this AGREEMENT, PRACTI-CAL shall not during or after the period of this AGREEMENT, without authorization from the DISTRICT, disclose or use for the benefit of any person, corporation or other entity or itself, any files or any other confidential or personally identifiable information concerning students and/or their families. Confidential or personally identifiable information shall mean information not generally known to the public which is disclosed to PRACTI-CAL, its agents or employees, or known by them as a consequence of this AGREEMENT, whether or not pursuant to this AGREEMENT.
- 8.2 The DISTRICT shall not, except to the extent permitted or required by law, disclose any proprietary information it may learn as a consequence of this AGREEMENT, to anyone other than an employee of the DISTRICT, who requires such information to perform hereunder, or an employee of PRACTI-CAL or its designee.
- 8.3 PRACTI-CAL acknowledges and agrees to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy, Security, and Breach Notification Rules, as applicable. PRACTI-CAL represents and warrants that its software has been designed and developed to meet the requirements of HIPAA, including but not limited to the technical, administrative, and physical safeguards required to protect the confidentiality, integrity, and availability of protected health information (PHI). PRACTI-CAL further agrees to implement and maintain appropriate policies, procedures, and controls to ensure the ongoing compliance of its software with HIPAA requirements.

9. Warrantees: The DISTRICT represents and warrants that:

- 9.1 This instrument is executed with the full knowledge of and understanding of its term and meanings by the DISTRICT and is executed by a person who has the authority of the governing board to do so.
- 9.2 This instrument is being executed in multiple counterparts, each of which are the same AGREEMENT and any of which shall be considered an original instrument.
- 9.3 All information provided or otherwise supplied to PRACTI-CAL or its designee shall, to the best of its knowledge and belief, be true, accurate and complete and that the DISTRICT has the right to file such CLAIMS as documented.

9.4 That the filing of claims through PRACTI-CAL pursuant to this AGREEMENT will not be knowingly in violation of any law or contract to which the DISTRICT is a party.

9.5 That neither the DISTRICT nor its employees shall submit claims except through PRACTI-CAL during the term of this AGREEMENT.

10. Ownership of Products of AGREEMENT: The parties hereto agree that all forms, materials, software and other documents including, but not limited to, criteria, policies and procedures developed by PRACTI-CAL as a direct result of, or instrumental to, this AGREEMENT shall, at all times, remain the property of PRACTI-CAL and may not be distributed, published or sold to third parties, persons or entities without the express, written consent of PRACTI-CAL.

11. Remedies of the Parties

11.1 The parties hereto acknowledge that, notwithstanding the fact that this AGREEMENT is terminable upon notice, the restrictions contained in this AGREEMENT are reasonable and necessary protection of the legitimate interests of the parties, that any violation of the terms of this agreement might cause substantial injury to the parties and that the parties hereto would not have entered into this AGREEMENT without receiving the additional consideration offered by each party in binding itself, its agents and its employees to these restrictions. In the event of violation of any of these restrictions, each party shall be entitled to preliminary and permanent injunctive relief in addition to any other remedy.

11.2 Disputes with respect to this AGREEMENT shall be discussed and resolved, if possible, by authorized representatives of PRACTI-CAL and the DISTRICT. The parties hereby agree to use their best efforts to promptly resolve any such dispute. If, however, the parties are not successful in resolving such dispute within thirty days from the date such dispute arises, then either party shall be free to exercise any rights it might have under paragraphs 2.3, 2.4, 2.5 of this AGREEMENT or under the law without the necessity of seeking judicial cancellation of this AGREEMENT and without the necessity of a formal placing in default.

11.3 All notices required by or relating to this AGREEMENT shall be in writing and shall be sent to the parties to this AGREEMENT at their addresses set below unless changed from time to time, in which event each party shall notify the other in writing of such change. All such notice shall be deemed duly given if deposited, registered or certified mail, in the United States mail to: Practi-Cal, Inc. PO Box 981000 West Sacramento, CA 95798-1000

12. Liability and Insurance

12.1 The parties agree to maintain in force errors and omissions insurance as may reasonably be required by the other party.

12.2 PRACTI-CAL agrees to hold harmless and indemnify the DISTRICT from any claim arising out of any act of omission or commission which is deemed to be caused by gross negligence and/or willful reckless conduct by PRACTI-CAL.

12.3 DISTRICT agrees to hold harmless and indemnify PRACTI-CAL from any claim arising out of any act of omission or commission which is deemed to be caused by gross negligence and/or willful reckless conduct by DISTRICT.

13. Miscellaneous Provisions

13.1 This AGREEMENT comprises the entire AGREEMENT between the DISTRICT and PRACTI-CAL and may be amended only in writing and by mutual consent of both parties.

- 13.2 The headings, titles and sub-titles in this AGREEMENT have been inserted solely for convenient reference and shall be ignored in its construction.
- 13.3 This AGREEMENT has been negotiated and executed in the state of California and the laws of that state shall govern its construction and validity.
- 13.4 This AGREEMENT shall inure to and shall be binding upon the parties hereto, the successors and assigns of the DISTRICT and PRACTI-CAL.
- 13.5 The purpose of this AGREEMENT is not to be defeated by a narrow, technical construction of its provisions. This AGREEMENT shall be considered as an honorable undertaking and shall be subject to a liberal construction for the purpose of giving effect to the intentions of the parties hereof.
- 13.6 The waiver by either party of any breach or violation of any provision of this AGREEMENT shall not operate or be construed as a waiver of any subsequent breach or violation hereof.
- 13.7 If any provision of this AGREEMENT shall be held invalid or unenforceable, the remainder of this AGREEMENT shall nevertheless remain in full force and effect. If any provision is held invalid or unenforceable with respect to particular circumstances, it shall remain in full force and effect with respect to all other circumstances.

14. California AB 1584 Compliance (Parties agree as follows)

- 14.1 Pupil records¹ obtained by PRACTI-CAL from DISTRICT continue to be the property of and under the control of the DISTRICT.
- ¹ Pupil records include any information directly related to a pupil that is maintained by the DISTRICT or acquired directly from the pupil through the use of instructional software or applications assigned to the pupil by a teacher or other DISTRICT employees. Pupil records does not include de-identified information (information that cannot be used to identify an individual pupil) used by PRACTI-CAL, (1) to improve educational products for adaptive learning purposes and for customized pupil learning; (2) to demonstrate the effectiveness of the operator's products in the marketing of those products; or (3) for the development and improvement of educational sites, services, or applications
- 14.2 The procedures by which pupils may retain possession and control of their own pupil-generated content are outlined as follows: **Provide a written request to the District's Program Coordinator. The District's Chief Technology Officer will also consider the request with PRACTI-CAL to retain possession and control of the content where feasible.**²
- ² Procedure provided will likely depend on the capability of the technology, provided by PRACTI-CAL. The information will likely have to be provided by PRACTI-CAL to demonstrate product compliance.
- 14.3 The options by which a pupil may transfer pupil-generated content to a personal account include: **A written request will be provided to the District's Program Coordinator and reviewed by the District's Chief Technology Officer detailing the content requested and the destination personal account information.**
- 14.4 Parents, legal guardians, or eligible pupils may review personally identifiable information in the pupil's records and correct erroneous information by the following protocol: **Parent or legal guardian will contact district to make a records request. District program coordinator will pull records from SpEdCare and provide to the parent. PRACTI-CAL will not provide records to parents.**
- 14.5 In the event of an unauthorized disclosure of a pupil's records, PRACTI-CAL shall report to an affected parent, legal guardian, or eligible pupil pursuant to the following procedure: **PRACTI-CAL will inform District's Chief Technology Officer and Program Coordinator of unauthorized disclosure.**

14.6 PRACTI-CAL shall not use any information in a pupil record for any purpose other than those required or specifically permitted by this AGREEMENT .

14.7 PRACTI-CAL certifies that a pupil's records shall not be retained or available upon completion of the terms of this AGREEMENT, except for a case where a pupil chooses to establish or maintain an account with PRACTI-CAL, for the purpose of storing pupil-generated content, either by retaining possession and control of their own pupil-generated content, or by transferring pupil-generated content to a personal account. Such certification will be enforced through the following procedure: **PRACTI-CAL will archive pupil data and deactivate active district logins. Since pupil data is contains medical records that are auditable by state and federal agencies, records must be stored by PRACTI-CAL to present for potential audits. Upon termination, only PRACTI-CAL Administrators will have access to these records. When records are destroyed, at the direction of the DISTRICT, PRACTI-CAL will provide written notice that pupil records have been destroyed and are not in PRACTI-CAL's possession upon completion of AGREEMENT.**

14.8 DISTRICT agrees to work with PRACTI-CAL to ensure compliance with FERPA and the parties will ensure compliance through the following procedure: **When presented, PRACTI-CAL will review, complete and agree to the Districts Statement of Compliance Form for Third Party Organizations and/or vendors.**

References: AB 1584; Cal. Educ. Code § 49073.1; 20 U.S.C. § 1232g

In WITNESS WHEREOF, the parties hereto have caused this AGREEMENT to be duly executed as of the date set forth herein.

For the DISTRICT

By: 

Name: Alisha Fogerty

Title: Chief Business Officer

Date: 7/10/23

For PRACTI-CAL

By: 

Name: Victoria Rohl Spitsyn

Title: CEO, Practi-Cal

Date: July 19, 2023

Exhibit A

Practi-Cal Responsibility

- Provide access to our claiming and reporting portal SpEdCare
- Provide access to our data and task management system
- Provide the following reports
 - Reimbursement (Check Date & Date of Service)
 - Assessments
 - Treatments / Therapies
 - Targeted Case Management
 - Transportation
 - CRCS Claims Report
 - Participation
 - Active Practitioners with expiration dates
 - OT / PT Prescriptions with expiration dates
- Assign an experienced consultant and administrative assistant for remote program support who will be available via:
 - Phone
 - Email
 - Live webinar meetings
- Access to monthly newsletter with program updates
- Provide monthly Program Check-Up virtual meetings
- Automated submission reminders for mandated reports
- Practitioner Trainings
 - Live customized webinar trainings (PC, Mobile device)
 - Recorded Trainings (PC, Mobile device)
- Live webinar annual planning and compliance meeting
- Live coordinator and business webinars to assist with program processes and Compliance
- Process and transmit claims resulting from services entered in SpEdCare
- In accordance with section 5.1, process uploaded paper claims
- Process student data for the purposes of Medi-Cal eligibility
- Follow-up on denied Medi-Cal claims and re-file claims when appropriate
- Maintain secure digital copies of district submitted claims, forms, documents, progress/case notes, etc. for the purposes of audit support.
- Provide periodic visual program performance reports to district leadership

Exhibit B

District Responsibility

- Assign a district coordinator, with enough staff hours to:
 - Ensure maximum program participation.
 - Complete Practi-Cal's annual Compliance Certification
 - Attend monthly Program Check-in meetings with Practi-Cal
 - Review all released announcements in SpEdCare.
 - Provide RMTS coding results and TSP lists for the purposes of completing CRCS
 - Respond timely to data or information requests by DHCS, Conduent and Practi-Cal
 - Maintain RMTS Code 2A documentation as required by DHCS
 - Encourage practitioners to timely record services using Practi-Cal's online software
 - Timely provide Practi-Cal with the required data elements to complete the following:
 - Cost Reimbursement and Comparison Schedule (Refer to section 5.1)
 - Annual Report
 - Provider Participation Agreement (new provider or evergreen year)
 - Data Use Agreement
 - Complete Practi-Cal's LEA Billing Coordinator training program, to ensure coordinators understand the responsibilities of the role of coordinator, compliance requirements and using SpEdCare.
- Maintain service documentation related to reimbursed services and RMTS moments
- Enter all services related to medical billing and plan implementation, into SpEdCare.
- Ensure DHCS, CMS, and Managed Care Plan compliance standards are met
- Provide to Practi-Cal
 - Quarterly Certified TSP list from Cost Pool 1
 - Periodic student database and special education service files
 - Copy of signed Physician-Based Standards for Speech-Pathology
- Maintain active and approved LEA Billing Option provider status with DHCS
- Maintain active participation in the Random Moment Time Sampling (RMTS) program
- Provide Practi-Cal OHC / TPL providers when needed for the purposes of submitting reimbursable claims
- Update SpEdCare for students who Parental Consent has been denied