



San Mateo
County
SELPA

Special Education Local Plan Area

San Mateo County Office of Education • 101 Twin Dolphin Drive • Redwood City, CA 94065-1064 • (650) 802-5464 • Fax (650) 802-5474

EXHIBIT A: RATES

CONTRACTOR The Avalon Academy
(NONPUBLIC SCHOOL OR AGENCY)

2019-2020 **rev.8.29.19**
(CONTRACT YEAR)

Per CDE Certification, total enrollment may not exceed _____ If blank, the number shall be determined by CDE Certification.

Rate Schedule: This rate schedule limits the number of LEA students that may be enrolled and the maximum dollar amount of the contract. It may also limit the maximum number of students that can be provided specific services. Special education and/or related services offered by CONTRACTOR, and the charges for such educational and/or related services during the term of this contract shall be as follows:

	Rate	Period
A. <u>Basic Education Program/Special Education Instruction</u>	SPED K-12 RSY \$4666 /month; ESY \$270/day	
Basic Education Program/Dual Enrollment		
Per diem rates for LEA students whose IEPs authorize less than a full instructional day shall be adjusted proportionally.		
B. <u>Related Services</u>		
(1) a. Transportation – Round Trip		
b. Transportation – One Way		
c. Transportation – Aide		
(2) a. ERMHS Assessment		
b. ERMHS Individual	\$51/h ind/parent	Not authorized by CDE to provide svc in 2019
c. ERMHS Case Management		
d. ERMHS Family		
e. ERMHS Group		
(3) a. Adapted Physical Education – Individual		
b. Adapted Physical Education – Group		
(4) a. Behavior Intervention – Instructor/Tutor		
b. Behavior Intervention – Supervisor		
c. Behavior Intervention – Director		
d. Behavior Intervention – FBA Assessment		
(5) Specialized Academic Instruction*		
(6) Augmentative	\$134/h	
(7) Assistive Technology	\$134/h	
(8) a. Language and Speech Therapy – Individual		
b. Language and Speech Therapy – Group	\$134/h	
d. Language and Speech Therapy – Assessment/Consultation	\$134/h	
(9) a. Additional Instructional Assistant – 1:1 Aide – Individual (must be authorized on IEP)	\$29 SCIA; LVN Nursing/ Senior IA	



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	b. Additional Instructional Assistant – 1:1 Aide – Group	\$39/h	
(10)	Nursing Services		
(11)	Orientation & Mobility	\$134/h	
(12)	a. Occupational Therapy – Individual		
	b. Occupational Therapy – Group		
	c. Occupational Therapy – Assessment/Consultation		
(13)	Physical Therapy	\$127/h	
(14)	Residential Board & Care		
(15)	Residential Mental Health Services		
(16)	School Psychologist		
(17)	Sign Language		
(18)	Vision	\$134/h	
(19)	Vocational		
(20)	Miscellaneous:	PM Academic Prog \$55/h and \$113-hr session	
(21)	Miscellaneous:		

*By Credentialed Special Education Teacher.



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The parties hereto have executed this Master Contract by and through their duly authorized agents or representatives. This Agreement is effective on the 1st day of July, 2019 and terminates at 5:00 P.M. on June 30, 2020, unless sooner terminated as provided herein.

CONTRACTOR

SELPA

The Avalon Academy
Nonpublic School/Agency

San Mateo County SELPA

[Signature] 5/23/2019
Signature Date

Kings E. Czegeni
Executive Director

[Signature] 8/29/19
Anjanette Pelletier Date
Associate Superintendent

* Natasha King, SELPA Manager
approved contract on behalf of A.P.



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EXHIBIT A: RATES

CONTRACTOR Autism Learning Partners LLC 2019-2020
(NONPUBLIC SCHOOL OR AGENCY) (CONTRACT YEAR)

Per CDE Certification, total enrollment may not exceed _____ If blank, the number shall be determined by CDE Certification.

Rate Schedule: This rate schedule limits the number of LEA students that may be enrolled and the maximum dollar amount of the contract. It may also limit the maximum number of students that can be provided specific services. Special education and/or related services offered by CONTRACTOR, and the charges for such educational and/or related services during the term of this contract shall be as follows:

	Rate	Period
A. <u>Basic Education Program/Special Education Instruction</u>		
Basic Education Program/Dual Enrollment		
Per diem rates for LEA students whose IEPs authorize less than a full instructional day shall be adjusted proportionally.		
B. <u>Related Services</u>		
(1) a. Transportation – Round Trip		
b. Transportation – One Way		
c. Parent* or Public Transportation		
(2) a. Educational Counseling – Individual		
b. Educational Counseling – Group of ____		
c. Counseling – Parent		
(3) a. Adapted Physical Education – Individual		
b. Adapted Physical Education – Group of ____		
c. Adapted Physical Education – Group of ____		
(4) a. Language and Speech Therapy – Individual		
b. Language and Speech Therapy – Group of 2 or more		
d. Language and Speech Therapy – Per diem		
e. Language and Speech – Consultation Rate		
(5) a. Additional Instructional Assistant – Individual <i>(must be authorized on IEP)</i>	\$48/hr	
b. Additional Instructional Assistant – Group of 2 or more		
(6) Intensive Special Education Instruction**		
(7) a. Occupational Therapy – Individual		
b. Occupational Therapy – Group of 2 or more		
e. Occupational Therapy – Consultation Rate		
(9) Physical Therapy		
(10) a. Behavior Intervention – BII	\$52/hr Behavior Therapist	
b. Behavior Intervention – BID	\$97/hr Master's Lvl ; \$133/hr Doctoral	
c. Behavior Intervention – BIS		
Provided by: _____		
(11) Nursing Resources		
(12) Residential Board and Care		



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(13) Residential Mental Health Services

(14) Other (specify):

(15) Other (specify):

(16) Other (specify):

* Parent transportation reimbursement rates are to be determined by the LEA.

** By Credentialed Special Education Teacher.

EXHIBIT B: Notices to Contractor and Notices to LEA

Notices to CONTRACTOR shall be addressed to:

Vanessa Gonzales

Name

Autism Learning Partners, LLC

Nonpublic School/Agency/Related Service Provider

1055 E. Colorado Blvd #560

Address

Pasadena

CA 91106

City

State Zip

Ph: 818-241-6780

Fax: 818-241-6853

Phone

Fax

vgonzales@autismlearningpartners.com

Email

Notices to SELPA shall be addressed to:

Lilian Flores, Administrative Assistant

Name and Title

101 Twin Dolphin Drive

Address

Redwood City,

CA 94065

City

State Zip

650.802.5465

650.802.5475

Phone

Fax

lflores@smcoe.org



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audit by LEA, a state agency, a federal agency, and/or an independent agency/firm. CONTRACTOR shall make such payment to LEA within thirty (30) days of receipt of LEA's written notice demanding payment.

62. RATE SCHEDULE

The attached rate schedule (Exhibit A) limits the number of students that may be enrolled and maximum dollar amount of the contract. It may also limit the maximum number of students that can be provided specific services. Per Diem rates for students whose IEPs authorize less than a full instructional day may be adjusted proportionally. In such cases only, the adjustments in basic education rate shall be based on the required minimum number of minutes per grade level as noted in California Education Code Section 46200-46208.

Special education and/or related services offered by CONTRACTOR shall be provided by qualified personnel as per State and Federal law, and the codes and charges for such educational and/or related services during the term of this contract, shall be as stated in Exhibit A.

63. DEBARMENT CERTIFICATION

By signing this Agreement, CONTRACTOR certifies that:

- (a) Neither CONTRACTOR nor any of its shareholders, partners, or executive officers is presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency; and
- (b) Neither CONTRACTOR nor any of its shareholders, partners, or executive officers has, within a three-year period preceding the effective date of this Agreement, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a Federal, state or local government contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and are not presently indicted for, or otherwise criminally or civilly charged by any Federal, state, or local Government entity with, commission of any of these offenses.

The parties hereto have executed this Master Contract by and through their duly authorized agents or representatives. This Agreement is effective on the 1st day of July, 2019 and terminates at 5:00 P.M. on June 30, 2020, unless sooner terminated as provided herein.

CONTRACTOR

SELPA

Autism Learning Partners, LLC
Nonpublic School/Agency

San Mateo County SELPA



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Signature

6/10/19
Date


Anjanette Pelletier
Associate Superintendent

8/27/19
Date

* Natasha King, SELPA Manager,
approved contract on behalf of AP.



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Email

LEA Notification (Person to whom all LEA notices will be addressed)

* Same as above

Name and Title

Address

City

State

Zip

Phone

Fax

Email

EXHIBIT C: List of Subcontractors n/a

Name

Nonpublic School/Agency/Related Service Provider

Address

City

State

Zip

Phone

Fax

Email

Name

Nonpublic School/Agency/Related Service Provider

Address



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EXHIBIT A: RATES

CONTRACTOR ED Support Services dba Juvo Autism & Behavioral Health Svcs

2019-2020

(NONPUBLIC SCHOOL OR AGENCY)

(CONTRACT YEAR)

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c. Transportation – Aide		
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b. ERMHS Individual		
c. ERMHS Case Management		
d. ERMHS Family		
e. ERMHS Group		
(3) a. Adapted Physical Education – Individual		
b. Adapted Physical Education – Group		
(4) a. Behavior Intervention – Instructor/Tutor	1:1 behavioral aide \$44/h	
b. Behavior Intervention – Supervisor		
c. Behavior Intervention – Director	\$132/hr	
d. Behavior Intervention – FBA Assessment	BID-FBA (for up to 25hrs) \$132/h	
(5) Specialized Academic Instruction*		
(6) Augmentative		
(7) Assistive Technology		
(8) a. Language and Speech Therapy – Individual		
b. Language and Speech Therapy – Group		
d. Language and Speech Therapy – Assessment/Consultation		
(9) a. Additional Instructional Assistant – 1:1 Aide – Individual (must be authorized on IEP)		
b. Additional Instructional Assistant – 1:1 Aide – Group		
(10) Nursing Services		
(11) Orientation & Mobility		



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- (21) Miscellaneous:

BID-behavior
consult
\$118/h; mid-lvl
sup \$85/h
professional
dev. \$265/h

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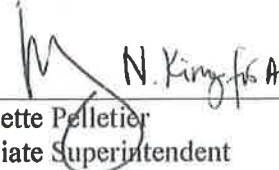
CONTRACTOR

SELPA

ED Support Services dba Juvo Autism &
Behavioral Health Svcs
Nonpublic School/Agency

San Mateo County SELPA

 6/13/19
Signature Date

 N. King for AP 6/26/19
Anjanette Pelletier Date
Associate Superintendent



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audit by LEA, a state agency, a federal agency, and/or an independent agency/firm. CONTRACTOR shall make such payment to LEA within thirty (30) days of receipt of LEA's written notice demanding payment.

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- (b) Neither CONTRACTOR nor any of its shareholders, partners, or executive officers has, within a three-year period preceding the effective date of this Agreement, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a Federal, state or local government contract or subcontract; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and are not presently indicted for, or otherwise criminally or civilly charged by any Federal, state, or local Government entity with, commission of any of these offenses.



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EXHIBIT B: Notices to Contractor and Notices to LEA

Notices to **CONTRACTOR** shall be addressed to:

A.J. Schrieber, CEO

Name

Juvo Autism + Behavioral Health Services

Nonpublic School/Agency/Related Service Provider

1 University Plaza Dr, Suite 500

Address

Hackensack, NJ 07601

City

State

Zip

201-470-5752

Phone Fax

aj.schrieber@juvobh.com

Email

Notices to **SELPA** shall be addressed to:

Lilian Flores, Administrative Assistant

Name and Title

101 Twin Dolphin Drive

Address

Redwood City,

CA

94065

City

State

Zip

650.802.5464

650.802.5474

Phone

Fax

lflores@smcoe.org

Email

LEA Notification (Person to whom all LEA notices will be addressed)

Justin Christopher, Authorization Coordinator

Name and Title

1 University Plaza, Suite 500

Address

Hackensack, NJ 07601

City

State

Zip



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201-957-1595

Phone Fax

authorizations@juvobh.com

Email

Name

Nonpublic School/Agency/Related Service Provider

Address

City

State Zip

Phone

Fax

Email

Name

Nonpublic School/Agency/Related Service Provider

Address

City

State Zip

Phone

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Address