



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 Journey Academy/TLC Child & Family Services
(NONPUBLIC SCHOOL OR AGENCY)

Rev. 9/11/19
2019-2020
(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> | <u>\$198.82/day</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. Transportation – Aide | _____ | _____ |
| (2) a. ERMHS Assessment | _____ | _____ |
| b. ERMHS Individual | <u>\$174.60/h</u> | _____ |
| c. ERMHS Case Management | _____ | _____ |
| d. ERMHS Family/Parent | <u>\$174.60/h</u> | _____ |
| e. ERMHS Group | <u>\$76.77 (75 min session)</u> | _____ |
| (3) a. Adapted Physical Education – Individual | _____ | _____ |
| b. Adapted Physical Education – Group | _____ | _____ |
| (4) a. Behavior Intervention – Instructor/Tutor (Behavior intervention implementation) | <u>\$174.60/h</u> | _____ |
| b. Behavior Intervention – Supervisor | _____ | _____ |
| c. Behavior Intervention – Director (Behavior intervention design) | <u>\$174.60/h</u> | _____ |
| d. Behavior Intervention – FBA Assessment | _____ | _____ |
| (5) Specialized Academic Instruction* | _____ | _____ |
| (6) Augmentative | _____ | _____ |
| (7) Assistive Technology | _____ | _____ |
| (8) a. Language and Speech Therapy – Individual (NPS approved only) | <u>\$103.50/h</u> | _____ |
| 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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| | | |
|---|--------------------|-------|
| (12) a. Occupational Therapy – Individual | _____ | _____ |
| b. Occupational Therapy – Group | _____ | _____ |
| c. Occupational Therapy – Assessment/Consultation | _____ | _____ |
| (13) Physical Therapy | _____ | _____ |
| (14) Residential Board & Care (includes room & board, clothing, allowance, recreation, outdoor activities, transportation, medical sup., incidentals, 24/7 supervision and support. Therapeutic Services: social work, crisis support, suicide & risk assessments, IEP meetings, case conferences, team meetings, planning & development & medication/medical sup; independent living skills) | \$13,732 per month | _____ |
| (15) Residential Mental Health Services | _____ | _____ |
| (16) School Psychologist (psychological services) | \$174.60/h | _____ |
| (17) Sign Language | _____ | _____ |
| (18) Vision | _____ | _____ |
| (19) Vocational | _____ | _____ |
| (20) Miscellaneous: | _____ | _____ |
| (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

Journey Academy/TLC Child & Family Svcs
Nonpublic School/Agency

San Mateo County SELPA

TLC
Child &
Family Services

Digitally signed
by Susan Fette,
MFT
Date: 2019.09.12
11:13:33 -07'00'


Anjanette Pelletier
Associate Superintendent
Date: 9/25/19

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




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EXHIBIT B: Notices to Contractor and Notices to LEA

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

Nicole Martin, Office Manager

Name

TLC/Journey

Nonpublic School/Agency/Related Service Provider

1800 Gravenstein Hwy. N.

Address

Sebastopol CA 95472

City

State Zip

(707) 634-9944

Phone

Fax

nmartin@tlc4kids.org

Email

PO Box 2079
Sebastopol, CA 95472

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)

Name and Title

Address

City

State Zip



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EXHIBIT A: RATES

CONTRACTOR Pine Hill School, dba Second Start Learning Dis. 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> | \$244/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 | \$85/day | |
| b. Transportation -- One Way | | |
| c. Transportation -- Aide | | |
| (2) a. ERMHS Assessment | | |
| b. ERMHS Individual | \$95/h | |
| 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 | | |
| (7) Assistive Technology | | |
| (8) a. Language and Speech Therapy -- Individual | \$135/h | |
| b. Language and Speech Therapy -- Group | \$135/h | |
| d. Language and Speech Therapy -- Assessment/Consultation | \$420 per assmt | |
| (9) a. Additional Instructional Assistant -- 1:1 Aide -- Individual (must be authorized on IEP) | \$44/h | |
| b. Additional Instructional Assistant -- 1:1 Aide -- Group | | |
| (10) Nursing Services | | |
| (11) Orientation & Mobility | | |
| (12) a. Occupational Therapy -- Individual | \$130/h | |



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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

Pine Hill School dba Second Start
Learning Disabilities
Nonpublic School/Agency

San Mateo County SELPA

Jana Bevington 6/10/19
Signature Date

Anjanette Pelletier 9/19/19
Associate Superintendent Date

Natasha King, SELPA Manager,
approved contract on behalf
of A. Pelletier. X Flores



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EXHIBIT B: Notices to Contractor and Notices to LEA

Notices to CONTRACTOR shall be addressed to:

Tara Bevington

| | | | |
|--|----------------|-------|--|
| Name | | | |
| Pine Hill School | | | |
| Nonpublic School/Agency/Related Service Provider | | | |
| 1325 Bouret Drive | | | |
| Address | | | |
| San Jose | CA | 95118 | |
| City | State | Zip | |
| (408) 979-8210 | (408) 979-8219 | | |
| Phone | Fax | | |
| tarab@secondstart.org | | | |
| 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 | | | |

*Cherie Herbert
cherieh@secondstart.org*

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

| | | | |
|----------------|-------|-----|--|
| Name and Title | | | |
| Address | | | |
| City | State | Zip | |



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EXHIBIT A: RATES

CONTRACTOR Palo Alto Preparatory School 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> | \$ <u>271</u> | <u>day</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. Related Services

- | | | |
|---|---------------|--------------|
| (1) a. Transportation – Round Trip | _____ | _____ |
| b. Transportation – One Way | _____ | _____ |
| c. Parent* or Public Transportation | _____ | _____ |
| (2) a. Educational Counseling – Individual | \$ <u>182</u> | <u>55min</u> |
| b. Educational Counseling – Group of _____ | _____ | _____ |
| c. Counseling – Parent | \$ <u>182</u> | <u>55min</u> |
| (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> | _____ | _____ |
| 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 | _____ | _____ |
| b. Behavior Intervention – BID | _____ | _____ |
| 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:

Lisa Olfam Heck
Name

El Alto Preparatory School
Nonpublic School/Agency/Related Service Provider

2462 Wyandott Street
Address

Mountain View Ca 94043
City State Zip

650 493.7071 ext 102 650 493.7073
Phone Fax

lisa@elaltoprep.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 9th day of June, 2019 and terminates at 5:00 P.M. on June 30, 2020, unless sooner terminated as provided herein.

CONTRACTOR

Pelo Alto Preparatory School
Nonpublic School/Agency

SELPA

San Mateo County SELPA



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Signature

6/9/19

Date



Anjanette Pelletier
Associate Superintendent

9/9/19

Date

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





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EXHIBIT A: RATES

CONTRACTOR Weingarten Children's Center
(NONPUBLIC SCHOOL OR AGENCY)

2019-2020
(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> | \$230 (180-minute inst. class) per 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. Related Services

| | | |
|--|---|-------|
| (1) a. Transportation – Round Trip | _____ | _____ |
| b. Transportation – One Way | _____ | _____ |
| c. Transportation – Aide | _____ | _____ |
| (2) a. ERMHS Assessment | _____ | _____ |
| 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 | _____ | _____ |
| b. Behavior Intervention – Supervisor | _____ | _____ |
| c. Behavior Intervention – Director | _____ | _____ |
| d. Behavior Intervention – FBA Assessment | _____ | _____ |
| (5) Specialized Academic Instruction* | _____ | _____ |
| (6) Augmentative | _____ | _____ |
| (7) Assistive Technology | _____ | _____ |
| (8) a. Language and Speech Therapy – Individual | _____ | _____ |
| b. Language and Speech Therapy – Group | \$80 (30 minutes) prorated in 15 min. intervals | _____ |
| d. Language and Speech Therapy – Assessment/Consultation | DHH - \$150 p/session(60 min) | _____ |
| (9) a. Additional Instructional Assistant – 1:1 Aide – Individual (must be | _____ | _____ |



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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

Weingarten Children's Center
Nonpublic School/Agency

San Mateo County SELPA

Jennifer Aguilera 6/19/19
Signature Date

Anjanette Pelletier 9/24/19
Associate Superintendent Date

*Natasha King, SELPA Manager,
approved this contract on behalf
of A. Pelletier.* J. Flores



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EXHIBIT A: RATES

CONTRACTOR Accountable Healthcare Staffing, Inc. 2019-2020
(NONPUBLIC SCHOOL OR AGENCY) (CONTRACT YEAR)

Per CDE Certification, total enrollment may not exceed N/A If blank, the number shall be determined by
Approved CDE Certification.
for 76+

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 |
|---|--------------|--------|
| <u>A. 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. | | |
| <u>B. Related Services</u> | | |
| (1) a. Transportation – Round Trip | | |
| b. Transportation – One Way | | |
| c. Parent* or Public Transportation | | |
| (2) a. Educational Counseling – Individual | \$78/hr | |
| b. Educational Counseling – Group of ____ | \$78/hr | |
| c. Counseling – Parent | \$78/hr | |
| (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 | \$90/hr | |
| b. Language and Speech Therapy – Group of 2 or more | \$90/hr | |
| d. Language and Speech Therapy – Per diem | \$90/hr | |
| e. Language and Speech – Consultation Rate | \$90/hr | |
| (5) a. Additional Instructional Assistant – Individual <i>(must be authorized on IEP)</i> | | |
| b. Additional Instructional Assistant – Group of 2 or more | | |
| (6) Intensive Special Education Instruction** | | |
| (7) a. Occupational Therapy – Individual | \$90/hr | |
| b. Occupational Therapy – Group of 2 or more | \$90/hr | |
| e. Occupational Therapy – Consultation Rate | \$90/hr | |
| (9) Physical Therapy | \$90/hr | |
| (10) a. Behavior Intervention – BII | \$80/ hr | |
| b. Behavior Intervention – BID | \$80/ hr | |
| c. Behavior Intervention – BIS | \$80/ hr | |
| Provided by: _____ | | |
| (11) Nursing Resources | \$45-\$80/hr | |



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| | | |
|---|-------|------------------|
| (12) Residential Board and Care | _____ | _____ |
| (13) Residential Mental Health Services | _____ | _____ |
| (14) Other: Paraprofessional | _____ | 32/hr |
| (15) Other : Special Education Teachers <i>Not authorized by CDE</i> | _____ | 78/hr |
| (16) Other: Orientation and Mobility <i>to offer this service.</i> | _____ | 85/hr |
| (17) Other: Psychological Services | _____ | 85/hr |
| | | _____ |
| | | _____ |

*Not authorized by CDE
to offer this service.
See enclosed
NPA Cert.*

*L. Flores
9/17/19*

* 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:

Attn: Legal Department
Name _____

Accountable Healthcare Staffing, Inc.
Nonpublic School/Agency/Related Service Provider

999 Yamato Rd., Ste. 210
Address _____

Boca Raton, FL 33431
City State Zip _____

888-740-4341
Phone Fax _____

Contracts@ahcstaff.com
Email _____

Notices to SELPA shall be addressed to:

Lilian Flores, Administrative Assistant
Name and Title _____



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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 September, 2019 and terminates at 5:00 P.M. on June 30, 2020, unless sooner terminated as provided herein.

CONTRACTOR

SELPA

Accountable Healthcare Staffing, Inc.
Nonpublic School/Agency

San Mateo County SELPA

DocuSigned by:
Barbara Sverdluk 9/13/2019
Signature ID: 0045D... Date

[Signature] 9/17/19
Anjanette Pelletier Date
Associate Superintendent

Natasha King, SELPA Manager,
approved contract on behalf of
A. Pelletier
[Signature]



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101 Twin Dolphin Drive

Address

Redwood City, CA 94065

City State Zip

650.802.5465 650.802.5475

Phone Fax

lflores@smcoe.org

Email

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

Name and Title

Address

City State Zip

Phone Fax

Email**EXHIBIT C: List of Subcontractors**

Name

Nonpublic School/Agency/Related Service Provider

Address

City State Zip

Phone Fax

Email



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EXHIBIT A: RATES

CONTRACTOR EDTheory, LLC
(NONPUBLIC SCHOOL OR AGENCY)

2019-2020
(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 | \$85 | Hourly |
| 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> | | |
| b. Additional Instructional Assistant – Group of 2 or more | | |
| (6) Intensive Special Education Instruction** | | |
| (7) a. Occupational Therapy – Individual | \$85 | Hourly |
| b. Occupational Therapy – Group of 2 or more | | |
| e. Occupational Therapy – Consultation Rate | | |
| (9) Physical Therapy | \$85 | Hourly |
| (10) a. Behavior Intervention – BII | | |
| b. Behavior Intervention – BID | | |
| c. Behavior Intervention – BIS | | |
| Provided by: _____ | | |
| (11) Nursing Resources | | |
| (12) Residential Board and Care | | |



San Mateo
County
SELPA

Special Education Local Plan Area

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| | | | | |
|------|---|-------------------------|-------------------|-------------------|
| (13) | Residential Mental Health Services | * Not authorized by the | | |
| (14) | Other (specify): Special Education Teacher | CDE for plus | \$85 * | Hourly |
| (15) | Other (specify): School Psychologist | service/discipline | \$97 | Hourly |
| (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:

Marvel Philip
Name

EdTheory LLC.
Nonpublic School/Agency/Related Service Provider

6701 Koll Center Pkwy Suite 250
Address

Pleasanton CA 94566
City State Zip

925-215-7747 800-613-2977
City State Zip

Phone Fax
marvel@edtheory.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
City State Zip

Phone Fax
lflores@smcoe.org

Email

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

Marvel Philip – Chief Executive Officer



San Mateo
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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

Name and Title
6701 Koll Center Pkwy Suite 250

Address
Pleasanton CA 94566

City State Zip
925-215-7747 800-613-2977

Phone Fax
marvel@edtheory.com

Email

EXHIBIT C: List of Subcontractors

NA

Name

Nonpublic School/Agency/Related Service Provider

Address

City State Zip

Phone Fax

Email

NA

Name

Nonpublic School/Agency/Related Service Provider

Address

City State Zip

Phone Fax



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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

EDTheory, LLC
Nonpublic School/Agency

San Mateo County SELPA



San Mateo
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SELPA

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Marvel Philip

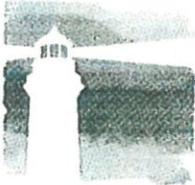
08/26/2019

Anjanette Pelletier
Associate Superintendent

9/10/19

Date

Natasha King, SELPA Manager,
signed on behalf of A. Pelletier.



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EXHIBIT A: RATES

CONTRACTOR Lynn Poland
(NONPUBLIC SCHOOL OR AGENCY)

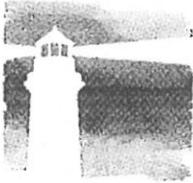
2019-2020
(CONTRACT YEAR)

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. Transportation – Aide | _____ | _____ |
| (2) a. ERMHS Assessment | _____ | _____ |
| 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 | _____ | _____ |
| b. Behavior Intervention – Supervisor | _____ | _____ |
| c. Behavior Intervention – Director | _____ | _____ |
| d. Behavior Intervention – FBA Assessment | _____ | _____ |
| (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 | _____ | _____ |
| (12) a. Occupational Therapy – Individual | _____ | _____ |
| b. Occupational Therapy – Group | _____ | _____ |

See next page →



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c. Occupational Therapy -- Assessment/Consultation

| | | |
|---|---------|--|
| (13) Physical Therapy | \$132/h | |
| (14) Residential Board & Care | | |
| (15) Residential Mental Health Services | | |
| (16) School Psychologist | | |
| (17) Sign Language | | |
| (18) Vision | | |
| (19) Vocational | | |
| (20) Miscellaneous: | | |
| (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

Lynn Poland
Nonpublic School/Agency

San Mateo County SELPA

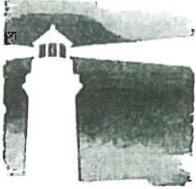
Lynn Poland. PT 7-1-19
Signature Date

[Signature] 9/24/19
Anjanette Pelletier Associate Superintendent Date

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

Note: Sexual Molestation/Misconduct insurance coverage limited to \$25K aggregate sublimit under professional liability. Ms. Poland added \$1M under general liability through professional liability. APOK with additional insurance.

L Flores



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EXHIBIT A: RATES

CONTRACTOR Premier Healthcare Services, 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.

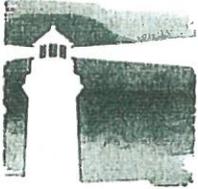
Rate Schedule: This rate schedule limits the number of LEA students that may be enrolled and the maximum dollar amount of the contract. It may also limit the maximum number of students that can be provided specific services. Special education and/or related services offered by CONTRACTOR, and the charges 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. Related Services

| | | |
|---|---------------------|-------|
| (1) a. Transportation – Round Trip | _____ | _____ |
| b. Transportation – One Way | _____ | _____ |
| c. Transportation – Aide | _____ | _____ |
| (2) a. ERMHS Assessment | _____ | _____ |
| 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 | _____ | _____ |
| b. Behavior Intervention – Supervisor | _____ | _____ |
| c. Behavior Intervention – Director | _____ | _____ |
| d. Behavior Intervention – FBA Assessment | _____ | _____ |
| (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 | LVN/RN \$73/hr ✓ | _____ |
| (11) Orientation & Mobility | _____ | _____ |
| (12) a. Occupational Therapy – Individual | _____ | _____ |



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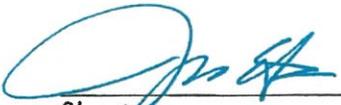
The parties hereto have executed this Master Contract by and through their duly authorized agents or representatives. This Agreement is effective on the 1st day of July, 2019 and terminates at 5:00 P.M. on June 30, 2020, unless sooner terminated as provided herein.

CONTRACTOR

SELPA

Premier Healthcare Services, LLC
Nonpublic School/Agency

San Mateo County SELPA

 6/24/19
Signature Date

 10/1/19
Signature Date

James Elkington
SVP Revenue Cycle Management

Anjanette Pelletier
Associate Superintendent



San Mateo
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SELPA

Special Education Local Plan Area

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EXHIBIT B: Notices to Contractor and Notices to LEA

Notices to CONTRACTOR shall be addressed to:

Attn: Managed Care Department

Name

Premier Healthcare Services, LLC

Nonpublic School/Agency/Related Service Provider

400 Interstate N. Parkway SE Suite 1600

Address

Atlanta, GA 30339

City State Zip

470-489-0144

Phone Fax

managedcare@aveanna.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)

Name and Title

Address

City State Zip

*Donnie Koch
Contract Specialist
dkoch@psahealthcare.com*



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EXHIBIT A: RATES

CONTRACTOR Seneca Family of Agencies
(NONPUBLIC SCHOOL OR AGENCY)

2019-2020 Rev.9.19.19
(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> | \$196 \$198/day We pay some absences; contact SELPA. See explanation → → → | Payment for absences need to be negotiated directly with the dist. If dist. agrees, it should be included in ISA. This is no longer included in MC in 2019-20. |
| 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. Related Services

| | | |
|---|-----------|-------|
| (1) a. Transportation – Round Trip | _____ | _____ |
| b. Transportation – One Way | _____ | _____ |
| c. Transportation – Aide | _____ | _____ |
| (2) a. ERMHS Assessment (MH Svcs: counseling) - Payment for absences need to be negotiated directly with the district. If district agrees, it should be included in ISA. This is no longer included in MC in 2019-20. | \$263/day | _____ |
| 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 | _____ | _____ |
| b. Behavior Intervention – Supervisor | _____ | _____ |
| c. Behavior Intervention – Director | _____ | _____ |
| d. Behavior Intervention – FBA Assessment | _____ | _____ |
| (5) Specialized Academic Instruction* | _____ | _____ |
| (6) Augmentative | _____ | _____ |
| (7) Assistive Technology | _____ | _____ |
| (8) a. Language and Speech Therapy – Individual | \$100/h | _____ |



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| | | |
|---|--------|-------|
| 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) | \$95/h | _____ |
| b. Additional Instructional Assistant – 1:1 Aide – Group | _____ | _____ |
| (10) Nursing Services | _____ | _____ |
| (11) Orientation & Mobility | _____ | _____ |
| (12) a. Occupational Therapy – Individual | _____ | _____ |
| b. Occupational Therapy – Group | _____ | _____ |
| c. Occupational Therapy – Assessment/Consultation | _____ | _____ |
| (13) Physical Therapy | _____ | _____ |
| (14) Residential Board & Care | _____ | _____ |
| (15) Residential Mental Health Services | _____ | _____ |
| (16) School Psychologist | _____ | _____ |
| (17) Sign Language | _____ | _____ |
| (18) Vision | _____ | _____ |
| (19) Vocational | _____ | _____ |
| (20) Miscellaneous: | _____ | _____ |
| (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

Seneca Family of Agencies
Nonpublic School/Agency

San Mateo County SELPA

[Signature] 6/19/19
Signature Date

[Signature] 6/19/19
Anjanette Pelletier Date
Associate Superintendent

*Natasha King, SELPA Manager,
approved contract on behalf
of A. Pelletier* [Signature]



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Special Education Local Plan Area

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EXHIBIT A: RATES

CONTRACTOR Therapy Staff, LLC
(NONPUBLIC SCHOOL OR AGENCY)

2019-2020
(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. Basic Education Program/Special Education Instruction | | |
| 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. Related Services | | |
| (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 | \$95.00 | } per hour |
| b. Language and Speech Therapy – Group of 2 or more | \$95.00 | |
| d. Language and Speech Therapy – Per diem | \$95.00 | |
| e. Language and Speech – Consultation Rate | \$95.00 | |
| (5) a. Additional Instructional Assistant – Individual <i>(must be authorized on IEP)</i> | | |
| b. Additional Instructional Assistant – Group of 2 or more | | |
| (6) Intensive Special Education Instruction** | | |
| (7) a. Occupational Therapy – Individual | \$75.00 | } per hour |
| b. Occupational Therapy – Group of 2 or more | \$75.00 | |
| e. Occupational Therapy – Consultation Rate | \$75.00 | |
| (9) Physical Therapy | \$75.00/h | |
| (10) a. Behavior Intervention – BII | | |
| b. Behavior Intervention – BID | | |
| 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): School Psychology *not authorized by the CDE during 2019.* \$95.00 _____
- (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:

Rachel Oliveri
Name
Therapy Staff
Nonpublic School/Agency/Related Service Provider
2050 E. Imperial Hwy. Suite 207
Address
Brea CA 92821
City State Zip
P: 213-803-0755 F: 800-803-2978
Phone Fax
Rachel.Oliveri@therapystaff.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 September, 2019 and terminates at 5:00 P.M. on June 30, 2020, unless sooner terminated as provided herein.

CONTRACTOR

SELPA

Therapy Staff, LLC
Nonpublic School/Agency

San Mateo County SELPA



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Michelle Oliveri 9/27/19
Signature Date

Anjanette Felletier 10/1/19
Associate Superintendent Date