

Lancaster Office:
20B East Roseville Road
Lancaster, PA 17601
Phone: 717.560.2372
Fax: 717.560.2027



Adams Office:
304B York Street
Gettysburg, PA 17325
Phone: 717.420.2209
Fax: 717.420.2715

Main Office: 2351 Freedom Way, Ste 200, York, PA 17402
Phone: 717.600.0900 ♦ Fax: 717.600.0910

**Letter of Agreement
Between Spring Grove Area School District
And
Pennsylvania Comprehensive Behavioral Health Services**

The purpose of this Agreement between Spring Grove Area School District (the District) and Pennsylvania Comprehensive Behavioral Health Services (the Provider) is to delineate responsibilities of each party in the development, implementation and operation of a satellite School Based Mental Health Outpatient Service.

The Provider agrees:

1. To maintain Outpatient Mental Health Licensure, with each District building designated as a satellite site.
2. That they will accept referrals, from the District staff, for Intake Assessment to determine the appropriate level of care needed.
3. To provide services within the District buildings as follows:
 - a. Individual therapy
 - b. Family therapy
 - c. Group therapy
 - d. Intake Assessments
4. To complete an Intake Assessments on all accepted referrals. This Intake may occur at the school buildings, via telehealth or at a Provider licensed location. At the completion of the Intake, clinician will recommend appropriate level of care which may or may not be School Based Mental Health. If recommended services are not available through the Provider, the Provider will discuss this with the client/family and provide referral information for other providers in the area to them.
5. To bill the child's/parent(s) insurance. All copays, coinsurance and deductibles will be the responsibility of the client/parent(s) and will be billed to them as appropriate.

6. To follow district policies and procedures when working within the District buildings, so long as it does not conflict with the Providers' policies and procedures or state regulations.
7. To communicate with District regarding therapists' available times and unavailability due to training, illness, vacation etc.
8. To provide Management representation at meetings to address questions and concerns, as necessary.
9. To maintain and provide all necessary liability and worker's compensation insurance, as requested.
10. To hold the District harmless and will indemnify the District from claims, causes of action or litigation, including expenses, costs, fees related to the use of District buildings.

The District agrees:

1. To provide all necessary documentation required by the state to license each school building and agrees to state visitation in order to license each building as a satellite site.
2. To complete all necessary paperwork (referral sheet, release of information, etc.) prior to sending referral to the Provider.
3. To provide, at a minimum, one confidential room in each school building to the Provider in order to provide services. Room should have a phone, if able, for the Provider to utilize. Each room will require a locked filing cabinet for Provider use only (Provider only will have access key to cabinet). If District does not have an available cabinet, Provider can supply one.
4. To acknowledge that services for any student is not guaranteed when a referral is made. There may be any number of reasons why services would not initiate, including but not limited to insurance issues, overdue payments, consent to treat to name a few.
5. To excuse students from class in order to attend sessions with Provider.
6. To have identified room(s) available to the provider during open school building hours throughout the calendar year.
7. To participate in any meetings with Providers to address concerns, questions, or issues related to program development as ongoing program services.

8. To assist students in applying for Medical Assistance, as appropriate.
9. To allow a school representative to sign an encounter form verifying the provision of service if client is not able.

Both Parties agree:

1. That recommendations, content/scope of therapeutic services are under the clinical direction of the Provider.
2. That the success of services requires communication and collaboration between the Provider and the District.
3. That in the event of a question or concern regarding employee from either the Provider or the District, administrative staff will be notified as soon as possible.
4. That this agreement can be terminated by either party with 90 days written notice.

By signing this agreement, authorized representatives of both parties agree to the terms within.

Pennsylvania Comprehensive Behavioral Health

Date

Spring Grove Area School District

Date