

INTERAGENCY AGREEMENT

LIFECORE HEALTH GROUP TUPELO PUBLIC SCHOOL DISTRICT

This is an agreement for collaborative activities and services between LIFECORE Health Group and Benton County School District.

LIFECORE HEALTH GROUP WILL EMPLOY COMMUNITY SUPPORT SPECIALISTS AND SUPPORT THERAPISTS TO PROVIDE THE FOLLOWING SERVICES:

1. Individual, Group, and Family Therapy
2. Liaison between home and school
3. Community Support Specialists for Medicaid eligible students
4. Consultation services for school personnel upon request (additional fees may apply)
5. Workshops/Seminars provided at the rate of \$100.00 per hour
6. Staff will provide a daily/monthly schedule to the school principal
7. Professional liability insurance for LIFECORE Health Group employees
8. A copy of the Department of Mental Health Program Standards

THE SCHOOL DISTRICT WILL PROVIDE:

1. Adequate office space which is HIPPA compliant to provide counseling
2. Office space that is conducive to counseling
3. Access to a telephone for confidential conversations in regard to consumers
4. Access to a fax machine when available in the school
5. Access to a school copier and paper goods
6. Access to internet in the school
7. The completion of an annual assessment of staff's performance
8. Report immediately to Raquel Rosamond at 625-6210 unsatisfactory job performance
9. When the school district has a concern about the actions or work performance of one of LIFECORE's employees that the district will allow LIFECORE to follow LIFECORE's policies and procedures in the disciplining of such employee
10. When employees are terminated or resign LIFECORE Health Group will be given sixty (60) days to replace such employee
11. Agreement to function within the Department of Mental Health Guidelines for service

The criteria for a child /youth to participate in or be served through services or programs entered into through this agreement are as follows:

The programs/service(s) provided will serve children of school age who have been given parental permission to be served by a mental health therapist.

Those who need evaluation and/or determined to have serious emotional disturbance diagnosis.

Persons delivering any service defined through this agreement shall be appropriately certified, licensed, or otherwise officially approved to deliver the service(s) to which they are assigned with assurance to same kept on file in the administrative office of the agency or program making these assurances.

Cost incurred for the delivery of the services made available under the parameters of this interagency agreement shall be paid based on those specifically defined at the time the respective agencies enter into this agreement and shall be named, defined, and assigned the exact amount or amount to which each shall be limited by each participating agency as provided below:

(1) LIFECORE Health Group will bill on an individual basis when a pay source is available.

This agreement shall remain valid and in effect for the implementation and/or delivery of the services so defined by the service providers identified under the agency entering into this agreement on the beginning date of **August 1, 2015** and ending on the date of **July 31, 2016** or at such time that any of the agencies or providers wish to withdraw from the same agreement or until such time that any one or more of the agencies entering into the agreement wish to modify or change this agreement. Provided, however, either party shall give (60) days written notice to the other party in the event said party should desire to withdraw from participation in this program under this agreement.

Signatures:

 

School Superintendent Date

Children/Youth Services Director Date