

**CHILDREN & FAMILY COUNSELING ASSOCIATES**

**P O BOX 363**

**Harrodsburg, Ky. 40330**

RECEIVED  
JUL 28 2015

**CONTRACT FOR SCHOOL BASED SERVICES**

MCPS

This agreement is made and entered into by and between Marion County Youth Services Center and Lebanon Middle School and High School **Children & Family Counseling Associates**, and is subject to the following terms and conditions:

1. Children & Family Counseling Associates will:

A. Provide the following services to students on an as-needed basis with mutual approval of both parties for the 2015-2016 school year.

1. Group Counseling
2. Consultation and support services
3. Intervention planning
4. Crisis intervention
5. Individual and family counseling as needed
6. Psychoeducational groups as requested

B. Provide services to students under the following arrangements:

1. Maintain professional liability insurance and make proof of such insurance known to the school.
2. Provide services at designated Marion County Schools for 5.5 hours per week for 27.5 weeks at \$50.00 per hour; not to exceed 5.5 hours in one week. (\$7,562.50).
3. Consistently communicate with the school staff, administrators, and teachers, as needed, to benefit the student in any way possible.
4. Schedule case conferences, as needed, with the students' teachers, parents, FRYSC staff, DSS case worker, CDW or other professionals involved with the student.
5. Submit a monthly statement of charges to include the date of service, the type of service, the duration of services and the total charges to be received no later than the first Monday of the month following services.

- C. Agree not to collect payment for services rendered under this contract from any student, family, government, private or public agency.

The Marion County Youth Services Center will:

- A. Provide reimbursement of school based services rendered by Children & Family Counseling Associates at a rate of \$50.00/hour, not to exceed 5.5 hours per week throughout the school year. Additional requested/special services may be negotiated separately from this contract or amended to the existing contract.
- B. Provide reimbursement monthly to Children & Family Counseling Associates.
- C. Provide direction in the implementation of these services to be consistent with the school district's policies and procedures.
- D. Provide access to all available equipment or space necessary to the provision of these services.
- E. Provide appropriate parental permission and release of information required to provide services under this contract.

- III. This agreement is effective July, 2015 and shall expire June, 2016. Services shall be made available throughout the school year. Either party may terminate this agreement upon 30 days written notice to the other party.

  
Marion County Youth Services Director

7/23/15  
Date

  
Children & Family Counseling Associates

7/22/15  
Date

\_\_\_\_\_  
Marion County Superintendent

\_\_\_\_\_  
Date



HEALTHCARE PROVIDERS SERVICE  
ORGANIZATION PURCHASING GROUP

Certificate of Insurance  
OCCURENCE POLICY FORM



Print Date: 5/29/2015

Producer Branch Prefix Policy Number Policy Period  
018098 970 HPG 0270558128 from 07/04/15 to 07/04/16 at 12:01 AM Standard Time

Named Insured and Address:  
Children and Family Counseling Associates, Inc.  
100 S Main St  
Harrodsburg, KY 40330-1633

Program Administered by:  
Healthcare Providers Service Organization  
159 E. County Line Road  
Hatboro, PA 19040-1218  
1-888-288-3534  
www.hpso.com

Medical Specialty:  
Clinical Counselor/LPCC Firm

Code:  
80723

Insurance is provided by:  
American Casualty Company of Reading, Pennsylvania  
333 S. Wabash Avenue, Chicago, IL 60604

Excludes Cosmetic Procedures

Professional Liability \$1,000,000 each claim \$3,000,000 aggregate

Your professional liability limits shown above include the following:

- \* Good Samaritan Liability
- \* Malplacement Liability
- \* Personal Injury Liability
- \* Sexual Misconduct Included in the PL limit shown above subject to \$25,000 aggregate sublimit

Coverage Extensions

License Protection	\$25,000	per proceeding	\$25,000	aggregate
Defendant Expense Benefit	\$1,000	per day limit	\$25,000	aggregate
Deposition Representation	\$10,000	per deposition	\$10,000	aggregate
Assault	\$25,000	per incident	\$25,000	aggregate
Includes Workplace Violence Counseling				
Medical Payments	\$25,000	per person	\$100,000	aggregate
First Aid	\$10,000	per incident	\$10,000	aggregate
Damage to Property of Others	\$10,000	per incident	\$10,000	aggregate
Information Privacy (HIPAA) Fines and Penalties	\$25,000	per incident	\$25,000	aggregate

Workplace Liability

Workplace Liability included in Professional Liability Limit shown above  
Fire & Water Legal Liability included in the PL limit shown above subject to \$150,000 aggregate sublimit  
Total: \$4,976.22

Base Premium \$4451.00 Surcharge \$80.12  
KY LGPT : Harrodsburg \$445.10 KY LGPT : Washington county \$0.00

Policy Forms & Endorsements (Please see attached list for a general description of many common policy forms and endorsements.)

G-121500-D	G-121503-C	G-121501-C	G-145184-A	G-147292-A	GSL15563
GSL15564	GSL15565	GSL17101	GSL13424	GSL13425	G-123848-C16
GSL3886	GSL3908	CNA79575			

Thomas F. Motamed, Jr. Secretary

Chairman of the Board

Keep this document in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.  
Master Policy # 188711433  
Endorsement Change Date:

G-141241-B (03/2010)

Coverage Change Date: