Speech Therapy Contract

This agreement (the "Contract")is made and entered into on this ___ day of _____, 2025 (the "Effective Date"), by and between:

Brumley Speech Services, LLC

820 Stone Ridge Dr. Richmond, KY 40475

brumleyspeech@gmail.com

859-248-7770

and

Garrard County Board of Education, 322 W. Maple Ave. Lancaster, KY 40444 ("School District")

In consideration of the mutual promises, agreements, and undertakings hereinafter set forth, it is hereby agreed as follows:

1. Services Provided: BSS, LLC agrees to provide speech therapy services to students enrolled in the School District. Services include student evaluation, planning, direct therapeutic intervention and teaching, consultation with school personnel, participation in meetings, clinical supervision, as well as appropriate documentation.

2. The services will be provided on a temporary basis, to cover a medical leave. It is understood that BSS, LLC may provide similar services for others during the term of the agreement. The School District shall permit BSS,LLC to determine the hours and times of services rendered, provided BSS,LLC does not perform services outside of the agreement which require personal expenditure of time to the point it interferes with the performance of BSS,LLC duties under this agreement. Services will be provided at individual school sites in the least restrictive environment by using a variety of instruction strategies. Specially designed instruction, including related services, is to be provided in the least restrictive environment and in the most integrated manner.

3. BSS,LLC will perform assessment and provide therapeutic intervention in the manner deemed most appropriate in the professional judgment of the therapist. If School District alters BSS,LLC recommendations for treatment, the School District shall indemnify and hold BSS,LLC harmless for any claims, assessments or damages

imposed on BSS,LLC as a result of failure to perform evaluation, assessment, or treatment in a manner consistent with that recommended by BSS,LLC.

4. BSS,LLC will be paid on an hourly basis by School District. School services rendered pursuant to this agreement shall be at a rate of $90 per hour for direct student intervention, planning, consultation, meetings, and documentation.   BSS,LLC will also be compensated the current mileage rate the school pays employees if traveling is required between schools during the work day. BSS,LLC will keep accurate records and documentation.

5. BSS,LLC will bill school for services performed at the beginning of the month following month the services were performed. School will pay BSS,LLC that day of the month typical for its accounts payable, but no later than the 31st of the month following the month the services were performed, providing all elements of contract were met.

6. All services will be performed within the School District unless given prior approval by School District.

7. The duties and responsibilities of BSS,LLC are those defined by the American Speech-Language Hearing Association and the Kentucky Board of Speech-Language Pathology & Audiology. Therapy services shall function within the guidelines set forth by the Federal Regulations governing Special Education Services and the guidelines set forth by the Kentucky State Department of Education.

8. The therapy services provided to the student will be in response to a request from appropriate School District personnel and confidentiality will be maintained at all times.

9. BSS,LLC will attend an orientation meeting provided by School District in order to become familiar with school policies, objectives, and procedures.

10. The School District will make available all records and information relevant to the student for the purpose of the services provided. BSS,LLC must maintain records and reports in accordance with the policies of the School District and the American Speech-Language Hearing Association. Initial and periodic evaluations, plans for intervention, progress reports, records of treatments rendered and other notes will be incorporated in the students records.

11. When appropriate the School District will bill Medicaid for approved services. BSS,LLC will comply with corresponding Medicaid procedures in the completion of duties and authorizes payment to the School District from the Kentucky Medical

Assistance Program. BSS,LLC understands that she cannot bill KMAP/Medicaid for any service that is reimbursed to The School District. BSS,LLC is responsible for correctness and validity of information submitted to Medicaid billing.

12. The School District shall provide routine student care and equipment and supplies required to treat students under the scope of agreement.

13. BSS,LLC shall maintain personal liability insurance and a copy of the policy will be provided to the School District upon request.

14. Both parties agree to abide by all existing Federal, State, and Local laws.

15. It is agreed that all services will be available without discrimination due to race, creed, color, national origin, or developmental ability.

16. This agreement shall continue and be binding upon the parties for this 2025-2026 school year unless terminated. This agreement may be amended by written consent of both parties and all amendments will be attached.

17. Either party with or without cause may terminate this agreement by giving thirty (30) days written notice of intent to terminate to the other party, by registered mail, returned receipt requested. Each party shall follow the procedure outline below if a contract is terminated:

   a. Issue a warning letter and outline violations and a specified length of time to correct problem.
   b. Issue a letter of intent to cancel the contract if the problem is not resolved by a given date.
   c. Issue a letter of intent to cancel.

IN TESTIMONY WHEREOF, the parties hereto have executed this agreement on the day and year above.

_____

[Brumley Speech Services, LLC] [Emily Brumley MS CCC-SLP] [Garrard County Schools]

By: _____ By: _____ [Emily Brumley, Speech-Language Pathologist owner of Brumley Speech Services, LLC] [School District Representative's Name, Title]

Date: _____ Date: _____