

PERFORMANCE BASED CONTRACT GUIDELINES

**St. Joseph's Medical Center
65 South Broadway
Yonkers, New York 10701
School-Based Rehab Program**

1. WHAT IS THE PURPOSE AND SCOPE OF THE SERVICE? (Describe in detail any services to be provided or materials to be purchased)

The Saint Joseph's program provides direct occupational therapy and physical therapy services to over 900 students in the Yonkers School District. Therapists from Saint Joseph's visit schools and homes (for home-bound students) and deliver services indicated in each student's Individualized Education Plan (IEP). Also included are evaluations as requested. Services and termination of these services are determined as a result of Committee on Special Education (CSE) recommendations. Individual and Group session visits for the 2024-2025 school year, as well as evaluations as referred by the CSE will be provided. This resolution also includes therapeutic services for the Districts Aqua Therapy program.

2. AMOUNT OF SERVICE?

(Set forth the monetary value of the proposed agreement and quantities and/or amounts of time required to be devoted to the contract and describe where services are to be provided as specified in Schedule "B")

Contract Amount: \$,5,648,248.00

3. WHO IN THE SCHOOL DISTRICT IS SERVED?

(Describe whether services are to be provided directly to students, to staff, etc.)

Students who are determined by the CSE to require physical therapy and/or occupational therapy as a related service to enable them to receive a free and appropriate public education (FAPE) will be served. These students may attend public schools, private schools in Yonkers or be considered "Home and Hospital" students. The students who are served have been determined to have an "educational disability" and are eligible to receive services under the Individuals with Disabilities Act (IDEA) and/or Section 504 of the Rehabilitation Act of 1973.

4. WHO WILL PROVIDE SERVICES?

(If individual providers are contemplated, set forth the names and qualifications of the service providers)

All physical and occupational therapists are licensed and registered in the state of New York. Occupational therapists and occupational therapy assistants (OTA's and COTA's) are NYS licensed and certified by the NYS Commissioner of Education. The OTA's work under the direction of a NYS licensed and NYS registered occupational therapist.

All Therapists are fingerprinted and a criminal history record check and clearance by the State Education Department has been performed prior to working in the schools.

4a. WILL THE CONTRACTOR BE UTILIZING ANY SUBCONTRACTORS OR VOLUNTEERS IN FURTHERANCE OF THIS AGREEMENT? IF YES, PLEASE LIST ALL OF THEIR NAMES AND CONTACT INFORMATION.

No.

5. WHAT WILL BE COMMUNICATED TO DISTRICT PERSONNEL, PARENTS, OTHERS ABOUT PROGRESS AND RESULTS OF THE SERVICES?

(How specifically will the contractor report to the School District (or parents, if applicable) about their progress towards achieving the goals of the contract?)

Communication is performed formally and informally. Informal communication is ongoing between parents, teachers and other school personnel. This communication is in the form of written letters and notes and consults with teachers as well as parents. Formal communication is through report cards, contemporaneous encounter notes, Annual Reviews, and Initial Evaluations. All documentation are in compliance with the Medicaid in Education requirements.

6. HOW WILL THE SCHOOL DISTRICT JUDGE THE QUALITY OF SERVICES? (Set forth the method which will be used to evaluate contractor's performance)

Each therapist receives competency assessment at hire. This is assessed again, after the first month of employment. Additionally, all staff receive an annual employee evaluation based on job requirements and competencies to assess clinical abilities. Based on results of these assessments, goals are established for professional development.

Initial and annual competency assessments are completed for each therapist as per The Joint Commission Standards as well as the American Physical Therapy Association and American Occupational Therapy Association Standards and State Practice Acts and Regulations.

Staff receive ongoing formal and informal in-services throughout the year on a variety of topics that will enhance their ability to provide quality care to the students.

7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.

Vendor Name: St. Joseph's Hospital
Vendor Address: 127 South Broadway
Yonkers, New York 10701

Vendor Phone No.: 914-751-0405
Vendor Business Status: (corporation, non-profit individual, unincorporated)
Vendor Contact Name: Allison Fisher
Vendor Contact Email: afisher@saintjosephs.org
Tax ID No.: 13-1740127

School District Administrator Name: Dr. Stephanie McCaskill
School District Administrator Title: Interim Assistant Superintendent Special Education and Pupil Support Services
School District Administrator Phone No.: 914-376-8489
School District Administrator Email: smccaskill@yonkerspublicschools.org

8. ARE THE SERVICES PURSUANT TO A GRANT AGREEMENT? IF YES, WHAT IS THE GRANT, AND WHAT ARE THE GRANT REQUIREMENTS RELATED TO THIS AGREEMENT?


Yes. IDEA Grant. Students are parentally placed.

9. WILL THE CONTRACTOR BE RECEIVING ANY STUDENT DATA OR OTHER DATA FROM YONKERS PUBLIC SCHOOLS? IF YES, PLEASE DESCRIBE. IF STUDENT DATA IS BEING SHARED, PLEASE PROCEED TO QUESTION 10 BELOW.

Yes, the vendor will receive access to the IEP's of the students they are servicing.

10. WILL THE STUDENT DATA BE USED FOR THE PURPOSE OF DEVELOPING, VALIDATING, ADMINISTERING STUDENT AID PROGRAMS, OR IMPROVING INSTRUCTION? IF YES, PLEASE SPECIFICALLY DESCRIBE.

No

<p>Performance Based Guidelines Reviewed and approved by:</p>  <p>(Signature of School District administrator/employee)</p> <p>Dr. Stephanie McCaskill Interim Assistant Superintendent Special Education & Pupil Support Services</p>
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Handwritten signature or scribble

Dr. Stephanie McCaslin
Internal Assistant Superintendent
Special Education & Pupil Support
Services