

F-15

**DEPARTMENT OF SPECIAL SERVICES
TOWNSHIP OF UNION PUBLIC SCHOOLS
M-E-M-O-R-A-N-D-U-M**

TO: Dr. Scott Taylor

**C: Dr. Gretel Perez
Gerald Benaquista
Diane Cappiello
Yolanda Koon
Bernadetta Watson**

From: Kim Conti 

Re: Board Agenda Items

Date: October 10, 2022

Approve Gohewec Healthcare, 640 Eagle Rock Ave, Suite 5 & 6, West Orange, NJ 07052 to provide Nursing Services, at the rate of \$100.00 for RN and \$80.00 for LPN, not to exceed \$90,000.00 for the 2022-2023 school year. (Acct # 11-000-216-320-01-19)

Gohewec Healthcare Providers Connect

640 Eagle Rock Ave, Suite 5 & 6, West Orange NJ 07052-2215

Phone: 973-736-8990 Fax: 973-736-8902

2022/23 SERVICES FEES AGREEMENT

In Home/School Skilled Nursing

Regular Hourly: (minimum 2 hours – some areas may have higher min.) LPN \$80.00 per hr. High tech \$82.00 & Up	RN \$100.00 PER hr. High tech \$100.50 & Up
Sat. & Sun Hourly: (minimum 2 hours- some areas may have higher min.)LPN \$85.00 per hr. High tech \$87.00 & Up	RN \$100.00 PER hr. High tech \$105.00 & Up
RN Visit (Initial Assessment)	RN Initial Visit \$140.00 & High tech \$170.00
RN visit (Follow Up)	RN visit: \$100.00 and up High Tech \$100.00 \$105.00

Holiday Rate: Clients/Other Payee who wish to have Holiday coverage; the rate for all holidays listed below will be one and half times that shift's regular rate.

2022 Holidays

New Year's Day	January 1, 2022
Memorial Day	May 30, 2022
Independent Day	July 4, 2022
Labor Day	September 5, 2022
Thanksgiving	November 24, 2022
Christmas Day	December 25, 2022

GHPC, Inc.
640 Eagle Rock Ave, Suite 5 & 6
West Orange, NJ 07052
973-736-8990

SERVICE AGREEMENT(FUNDED)

The client noted below will be provided with School Health Services by Gohewec Healthcare Providers Connect, Inc. (Herein after GHPC), which will be funded by a contract source of the TOWNSHIP OF UNION SCHOOLS, not the client. The funding source will render for Bus Run services, to be provided by an/a RN/LPN, School times per DAY, at 4/5 hours per School Day. The undersigned understands that the initial hours and days may be changed, based on Client's needs and funding Authorizations.

The undersigned understands that if the CLIENT/RESPONSIBLE PARTY requests and is rendered services additional to those authorized by the funding source, then the CLIENT/RESPONSIBLE PARTY will be billed and responsible for the costs of those additional services. I have received a copy of GHPC, Inc. Service/Rate Sheet.

I received a copy and understand the Patient's Bill of Rights and Grievance/Complaint policy and understand that the client may be discharged/Transferred if goals are met or other services become necessary to maintain proper care for the Client.

I give consent for GHPC, to provide the above School Health Services, along with Consent for the Release of Information necessary to provide those services to the Client noted below. I also give consent for the release of information necessary for any Governing body to complete an Audit of GHPS, services.

The undersigned ('Responsible Party') is the TOWNSHIP OF UNION SCHOOLS of the client noted below and is authorized to enter into and sign this Agreement. The billing procedure of GHPC, requires each employee(s) assigned and providing service to this case to complete a time slip to be presented for signature at the end of each week or when service by the employee ceases. The Time slip indicates the number of hours of services rendered each day during the period covered by the Time slip. The Time slip will be signed by the Client/Responsible Party, or a designated individual, and will be used by GHPC, to compensate our employee and generate a weekly invoice for the Service to the proper funding source.

GHPC, Inc.
640 Eagle Rock Ave, Suite 5 & 6
West Orange, NJ 07052
973-736-8990

The terms and conditions are subject to change by GHPC, or funding source on prior written notice. Client or responsible party may by written notice to GHPC, terminate this Service Agreement if new terms or conditions are not acceptable. If GHPC, does not receive written notice of termination before the effective date of the new terms or conditions, they shall be considered effective and binding, This agreement may not be modified verbally.

I have read and understand the Service Agreement and give consent to GHPC, to provide service.

Responsible Party _____ Resp. Pty Add: _____

Responsible Party (Sig.) _____ Date: _____

Witness Signature _____ Date _____