

September 12, 2018

Dear School Representative,

There has been an increase in the Laboratory rates in the Kennedy University Hospital, Inc. t/a Jefferson Health ("Jefferson), Urine Drug Screen Program for the upcoming school year. Please take the time to review the rates in the attachment in this packet. All other fees related to the Urine Drug Screen Program, again, remain the same as in proceeding years.

Please take the time to review the entire packet share with your staff; our process for the coming school year is as follows:

- All students are required to complete both a SASSI assessment in addition to the urine drug screen during the hours of 9 am – 3pm.
- No testing will begin unless a guardian or school representative arrives with the student at Kennedy University Hospital, Inc. t/a Jefferson Health ("Jefferson).
- The school representative, parent or legal guardian **MUST** stay with the student during the screening process.
- School personnel, parent or legal guardian **MUST** present picture ID.
- If the student is in the custody of someone other than a parent, [i.e. state entity, relative, foster parent] no testing will begin until custody papers, signed by a judge, are presented and verified.
- **Crisis clearance is separate and a part from the UDS process;** results for crisis service must be obtained through the student or family. Kennedy University Hospital, Inc. t/a Jefferson Health ("Jefferson), HIPPA compliant "Release of Information," are attached in this packet. Please have the student, if 14 years or older, sign the release before you send them for testing, **retain for your records.** Students who are suspected to be under the influence and arrive via ambulance to the hospital for services **DO NOT** fall under the Urine Drug Screen Agreement. Additionally if the clinician or physician finds additional services are required at the time the student is seen for the safety of the student, the service no longer falls under the Urine Drug Screen agreement. Please advise your students' families of this stipulation. The student will be billed under the parent/ guardian's insurance. Bills arising from additional services are to be disputed through Kennedy University Hospital, Inc. t/a Jefferson Health's ("Jefferson), Patient Accounts Department or the physician group in our emergency departments. Contact numbers are listed on your billing statement.
- Wait time is not controllable either in our Access Centers or the Emergency Departments.
- Student drug screening services are not available at the Stratford Campus.
- UDS program only applies to students, school staff is not covered under this agreement.

To promote a timely process, we ask that the school call the Access Center @ 856-488-6789 or 856-488-6734 to advise that students have been sent for testing to the Cherry Hill Campus and 856-582-1419 for the Washington Township Campus. Also, if a student is sent to the ED for services, after hours, we ask that you advise us of the same. We are committed to working with you in order to make the UDS process seamless. If you would like to discuss matters further, please do not hesitate to contact me at 856-488-6734. Please return only the completed and signed contract page by faxing it to 856.488.6415.

Sincerely,

Marlana R. Cannata, LPC, LCADC, ACS - Corporate Director- Behavioral Health Services

Cc:

Jocelyn Daigle –Program Supervisor – Outpatient Behavioral Health Services
Jennifer Patridge - Outpatient Services Senior Clinician - Cherry Hill Campus
Danielle Straffi - Outpatient Services Senior Clinician – Washington Township Campus



HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

KENNEDY UNIVERSITY HOSPITAL, INC.

BEHAVIORAL HEALTH SERVICES THROUGH THE ACCESS CENTER

SUBSTANCE ABUSE SCREENING

PURPOSE:

New Jersey Law, 18A: 40A-12 requires an immediate medical examination of any student thought to be under the influence of alcohol or drugs, other than anabolic steroids, during a School function. Kennedy University Hospital, Inc. t/a Jefferson Health ("Jefferson"), being located within the community, provides Behavioral Health Services as a specialty area within the hospital, including but not limited to, substance abuse services. Therefore, the following proposal is submitted to engage contracted services for screening and assessments of all students of the School that are identified and referred under the law.

METHODOLOGY:

Jefferson has established policies and procedures to ensure that appropriate care is given upon referral of a student for screening through this Proposal. These procedures include a process for School personnel to initiate the screening process at Jefferson. The School has a duty to notify the parent or guardian and the School Superintendent or Administrative Principal and arrange for an immediate examination of the student suspected of being under the influence of substances specified pursuant to Section 2 of the Act. After notifying the parent or guardian, or in the case wherein the parent or guardian has not responded and is unable to be located, the student shall be taken to a Jefferson Access Center located in either Cherry Hill or Washington Township.

Students brought to Jefferson's Access Center for examination must be accompanied by a member of the School staff, and if available the parent or guardian. School staff, parent or guardian is to remain with the student during the entire Urine Drug Screen ("UDS") process. Screenings will be available at the Cherry Hill Campus/Access Center and Washington Township Access Center, Monday through Friday from 9:00 AM to 3:00 PM; there are no weekend hours at the Access Centers. If services are needed outside of these hours you may obtain these services at the Jefferson Emergency Departments located in Cherry Hill or Washington Township.

In order to receive the rates contained in this Agreement you must present the Registration Form, included in this packet, and specify to registration staff that you are here for services covered by an agreement with Jefferson's Behavioral Health Services. If this procedure is not followed properly, you will be subject to the standard Emergency Department's protocols and billed at the prevailing rates. Please have the student, if they are 14 years old or older, sign a release of information (included in this Packet) in order for the School to receive results for UDS. If the student is 13 years old or younger, the parent or legal Guardian must sign the release of information to receive results for Services rendered in the Emergency Room. The School must be designated as the party who will receive the results.

During School hours, Monday through Friday, screenings will be initiated via a phone call to the Access Center. If the examining physician determines that the student needs services above and beyond those provided as part of this Agreement, they will be billed at the usual and customary Emergency

Department rate. It is the responsibility of the School district, family or student to dispute and settle any of these bills related to additional services. In cases where emergency medical care is not required, the Access Center will coordinate the medical examination assessment and laboratory analysis.

Services rendered for students who are sent for Crisis screening, receive services separate and apart from the Kennedy UDS Program. Those testing results are released through the Medical Records Department and require a release of information signed by the student, parent and/or legal guardian, as is appropriate.

The Access Center will provide to School personnel a verbal assessment at the conclusion of the screening, followed by a written report within 72 hours of the results of the urine screen and medical examination. Information gathered as part of the clinical/substance abuse assessment and any recommendations therein, can only be released with the consent of the student who is 14 years of age or older. Clinical information and recommendations created as part of the substance abuse assessment of students ages 13 years and under can only be released with the consent of the parent or legal guardian. In cases where emergency medical care is required, the Access Center will facilitate the process.

The intent of this proposal is to provide authorized School personnel three levels of screenings for students: 1) medical examination; 2) alcohol/drug laboratory screen; and 3) a substance abuse assessment. A licensed physician will provide the physical examinations. Kennedy will provide substance abuse assessments by the Behavioral Health staff. Kennedy's Laboratory will provide urine alcohol/drug screens on the following substances: alcohol, marijuana, amphetamines, barbiturates, opiates, cocaine, benzodiazepines, and, PCP. The following screens will be provided by a reference lab; mescaline/LSD, methadone, within 4 - 6 working days. These tests requested will result in additional fees to the school. The reference labs will provide qualitative results not quantitative results for mescaline, and will not provide confirmation testing at the costs proposed.

School Drug Screen Fee Schedule

The normal pricing is as follows:

Service Fee	50.00
Medical Examination	87.00
Sassi - Alcohol/Drug Assessment	50.00
Urine alcohol/drug screen*	99.00

* Includes alcohol, marijuana, barbiturates, amphetamines, opiates, cocaine, benzodiazepine, and PCP.

Additional Urine Tests

LSD Urine	88.00	Ecstasy.....	298.00
Mescaline	220.00	Methadone Screen.....	22.00
Anabolic Steroid Qualitative.....	192.50	Oxycodone	41.25

In order to take advantage of the above rates, School must current agreement.

If the student goes directly to the Emergency Department during the Access Centers' hours of operation, you will be responsible to remit payment for the entire bill. Jefferson will not adjust Emergency Department bills for services rendered during the Access Centers' hours of operation. Further, these discounts do not apply to families initiating screens as a result of the School's recommendation. They apply only to those referrals required by the School and provided by the School for the student and family.

In the instances where services are required and the Access Center is closed, the school staff needs to clearly communicate to the Emergency Department staff that they are seeking student drug testing services for which you have a contracted arrangement, and that they bring a completed Referral Form with them. This will allow Jefferson to make the necessary billing adjustment.

Access Centers Hours of Operation

<p>Cherry Hill Campus</p> <p>Monday thru Friday</p> <p>9:00 AM to 3:00 PM <i>No evening/ weekend hours available</i></p> <p>1-800-528-3425 1-856-488-6789, option 2 1-856-488-6734</p>	<p>Washington Township Campus</p> <p>Monday thru Friday</p> <p>9:00 AM to 3:00 PM <i>No evening /weekend hours available</i></p> <p>1-856-582-1419</p>
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Agreement**Students Appearing To Be Under the Influence of Substances**

1. In accordance with NJSA 18A: 40A-12 (Act) Kennedy University Hospital, Inc., through its Behavioral Health Services, hereinafter referred to as "Access Center," agrees to provide services to the School.
2. The School has a duty to notify the parent or guardian and the School Superintendent or Administrative Principal and arrange for an immediate examination of the student suspected of being under the influence of substances specified pursuant to Section 2 of the Act. The Student shall be taken to a Jefferson Access Center for examination and be accompanied by a member of the School staff or legal guardian.
3. When a student is brought to an Access Center by a member of the education staff pursuant to this Act, the Access Center shall provide the following services:
 - Urine drug screen
 - Examination by physician
 - Substance Abuse Assessment including Clinical Recommendations. Information from this assessment can only be released with consent of student and/or legal guardian.
4. Billing for such services shall occur according to the attached price schedule.
5. Report of examination/test results shall be generated within 24 hours of the examination and shall be distributed only to the following:
 - School personnel as specified on the attached Student Urine Drug/Alcohol Screen Request
 - Parent/Guardian (unless patient/student is 14 years of age or older – then release of results to parent/guardian for services performed in the Emergency Room are permitted ONLY if such student has signed a Release of Information.)
6. The member of the School District's educational staff accompanying the student to the Access Center is considered an agent of the School District to whom information can be released.
7. Failure to present the School Referral Form ("SRF"), see attached, will result in billing the School for a full emergency room, lab, and behavioral health charges at the customary and usual rates and not the rates listed in the schedule. Dispute of these charges that result from not presenting the SRF is the responsibility of the School district, parent or student.
8. Signed Agreement must be returned no later than October 1, 2017 for the terms highlighted in this document to be put into effect.

Highland Regional HS

SCHOOL	
School Name:	Black Horse Pike Regional School Dist.
School Main Phone Number:	856-227-4106
School Fax Number:	856-227-6835
School Administrator or Designee Signature:	
Print Name:	Frank Rizzo
Title:	Business Administrator - Board Secretary
Date:	2/21/18

KENNEDY UNIVERSITY HOSPITAL, INC.	
Jefferson Representative Signature:	MCannata LPC LCADC ACS
Print Name:	Marlana Cannata
Title:	Corporate Director
Date:	9/14/2018

In order to be able to respond to any changes in this process or interpretations of the legislation regarding this service, please include below the e-mail address of the contact person at your School and the e-mail address of your SAC (Student Assistance Counselor) below.

School Contact E-mail Address:	jvizoco@bhprsd.org
SAC Email Address:	jvizoco@bhprsd.org
SAC Phone Number:	856-227-4100 ext 4011

Please identify below the person to whom the billing information should be forwarded:

Name:	Jeanette Vizoco
Phone Number:	856-227-4100 x 4011
Fax Number:	856-227-8422
Address:	HHS 450 Erial Rd. Blackwood NJ 08012

Please identify below the person to whom the Clinical lab information should be forwarded:

Name:	Jeanette Vizoco
Phone Number:	856-227-4100 x 4011
Fax Number:	856-227-8422
Address:	450 Erial Rd. Blackwood NJ 08012

Timber Creek HS

SCHOOL	
School Name:	Black Horse Pike Regional School Dist.
School Main Phone Number:	856-227-4106
School Fax Number:	856-227-6835
School Administrator or Designee Signature:	
Print Name:	Frank Rizzo
Title:	Business Administrator - Board Secretary
Date:	2/21/18

KENNEDY UNIVERSITY HOSPITAL, INC.	
Jefferson Representative Signature:	McGinnis LRC LCADC ACS
Print Name:	Marlanea Cannata
Title:	Corporate Director
Date:	9/14/2018

In order to be able to respond to any changes in this process or interpretations of the legislation regarding this service, please include below the e-mail address of the contact person at your School and the e-mail address of your SAC (Student Assistance Counselor) below.

School Contact E-mail Address:	nhohl@bhprsd.org
SAC Email Address:	nhohl@bhprsd.org
SAC Phone Number:	856-232-9073 x 6011

Please identify below the person to whom the billing information should be forwarded:

Name:	Nicole Hohl
Phone Number:	856-232-9073 x 6011
Fax Number:	856-842-0106
Address:	501 Jarvis Road, Erial NJ 08081

Please identify below the person to whom the Clinical lab information should be forwarded:

Name:	Nicole Hohl
Phone Number:	856-232-9073 x 6011
Fax Number:	856-842-0106
Address:	501 Jarvis Road, Erial NJ 08081

Triton Regional High School

SCHOOL	
School Name:	Black Horse Pike Regional School Dist
School Main Phone Number:	856-227-4106
School Fax Number:	856-227-6835
School Administrator or Designee Signature:	
Print Name:	Frank Rizzo
Title:	Business Administrator - Board Secretary
Date:	2/21/18

KENNEDY UNIVERSITY HOSPITAL, INC.	
Jefferson Representative Signature:	<i>McGinnis LRC LCAD ACS</i>
Print Name:	Marlanea Cannata
Title:	Corporate Director
Date:	9/14/2018

In order to be able to respond to any changes in this process or interpretations of the legislation regarding this service, please include below the e-mail address of the contact person at your School and the e-mail address of your SAC (Student Assistance Counselor) below.

School Contact E-mail Address:	jbarne#e bhprsd.org
SAC Email Address:	jbarne#e bhprsd.org
SAC Phone Number:	856-939-4500 x 2011

Please identify below the person to whom the billing information should be forwarded:	
Name:	John Barnett
Phone Number:	856-939-4500 x 2011
Fax Number:	856-939-1155
Address:	250 Schubert Avenue, Runnemede NJ 08078

Please identify below the person to whom the Clinical lab information should be forwarded:	
Name:	John Barnett
Phone Number:	856-939-4500 x 2011
Fax Number:	856-939-1155
Address:	250 Schubert Avenue, Runnemede, NJ 08078



HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

KENNEDY UNIVERSITY HOSPITAL, INC.

SCHOOL UDS REFERRAL FORM

ACCESS CENTER AT CHERRY HILL CAMPUS Phone: 856-488-6789 Option #2 Fax: 856-488-6625	ACCESS CENTER AT WASHINGTON TOWNSHIP CAMPUS Phone: 856-582-1419 Fax: 582-7661
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PLEASE NOTE: IF THE EXAMINING PHYSICIAN DETERMINES THAT THE STUDENT'S MEDICAL CONDITION REQUIRES SERVICES ABOVE AND BEYOND THOSE PROVIDED AS A PART OF THIS AGREEMENT, THE STUDENT, PARENT(S) AND/OR GUARIDAN WILL BE BILLED AT THE USUAL CUSTOMARY HOSPITAL AND PHYSICIAN RATES.

SCHOOL NAME:		DATE:
STUDENT NAME:		
AGE:	DATE OF BIRTH:	SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
REASON FOR REFERRAL:		
TESTS ORDERED: <input type="checkbox"/> Urine Drug/Alcohol Screen <input type="checkbox"/> Substance Abuse Assessment By Counselor <input type="checkbox"/> Physician Examination		ADDITIONAL LAB TESTS: <input type="checkbox"/> Mescaline <input type="checkbox"/> Ecstasy <input type="checkbox"/> Methadone <input type="checkbox"/> Oxycodone <input type="checkbox"/> Anabolic Steroid <input type="checkbox"/> LSD <i>Immediate lab results are not available.</i>
AUTHORIZATIONS		
<i>For release of Urine/Drug screen, if applicable</i>		
School Official authorizing referral:	(Print Name):	
Signature:	Telephone:	
<i>For release of Substance Abuse Assessments, if applicable</i>		
School Official's Name:	(Print Name):	
Signature:	Telephone:	
Has Parent/Guardian have been notified of need for assessment?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Notes:

- Urine Drug Screen and Physicians Exam can not be completed and the results reported to designated School personnel without the student's consent or parental consent.
- Student must present this signed authorization form in order to be seen in the Access Center.
- During hours when the Access Center is closed, this form must be presented at the Emergency Department in order to obtain the billing rates identified in the Agreement. Failure to do so will result in a bill for Emergency Department services at Jefferson's customary rate.

KENNEDY BEHAVIORAL HEALTH SERVICES**STUDENT SUBSTANCE ABUSE SCREENING SERVICE**

New Jersey Law 18A: 40-41 requires an immediate medical examination of any student thought to be under the influence of alcohol or drugs, other than anabolic steroids, during School hours and/or at a School function. Jefferson, as the largest provider of behavioral health services in southern New Jersey, has entered into an agreement to provide urine drug screening services and a medical exam by a physician as mandated in the Law.

Jefferson's staff will monitor the collection of a urine sample and deliver that assessment to Jefferson's Lab for processing.

The student will then be escorted to the Emergency Room to be examined by a physician to determine whether the student is medically cleared to return to School.

Once completed, the Lab will issue a report stating whether any substances have been detected in the urine sample.

The information mentioned above will then be released to the School as mandated in the Law.

Jefferson offers a substance abuse assessment conducted by one of Jefferson's clinical treatment staff. As part of this agreement, the student must also complete the SASSI. It will likely include a review of the student's mental health and substance abuse history, and the completion of a self-assessment that will provide information related to the student's use of substances, if any.

Clinical information and any recommendations resulting from this assessment will only be released with the consent of any student age 14 years and older, or the legal guardian of a child 13 years and under.

As these services are provided on a walk-in basis there will likely be some wait involved in this process. Please be assured that it is Jefferson's intent to handle these unscheduled services in as timely a manner as is possible.