

GLASSBORO PUBLIC SCHOOLS
GLASSBORO, NEW JERSEY

TO: Mark Silverstein
FROM: Scott Henry
DATE: September 15, 2016
RE: Agenda Item for September 28, 2016

Attached is the proposed contract between the Glassboro Board of Education and Kennedy Health systems for the provision of student drug screening. Please let me know if you have any questions.

DESCRIPTION OF SERVICES

Substance Abuse Screening
(Hereinafter referred to as the School)

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 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 in contracted services for screening and assessments of all students of the School that are identified and referred under the law.

METHODOLOGY:

Kennedy has established policies and procedures to ensure the 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 Kennedy Health. 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 pupil 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 been located the pupil shall be taken to the Access Center at Cherry Hill or Washington Twp.

Behavioral Health Services for examination accompanied by a member of the school staff, and if available the parent or guardian school staff, parent or guardian are to remain with the student during the entire UDS process. Screenings will be available at the Cherry Hill Campus from Monday- Friday from 9:00 AM-until 3:00PM. There will be no weekend hours available at the Access Center. The Washington Township Campus the hours will be 9:00AM until 3:00PM, no weekend hours will be available at the Washington Township Behavioral Health Campus. If services are needed outside of these hours you may obtain these services at the Kennedy Emergency Departments- Cherry Hill or Washington Township Campus. 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 Kennedy's Behavioral Health Services. If this is procedure is not followed properly you will be subject to the standard ED protocols and you will be billed at the prevailing Emergency Department Rates.

Please have the student, if they are 14years old or older sign a release of information(included in this Packet) in order for the school to receive results for Urine Drug Screening. If the student is 13 or younger the parent or legal Guardian must sign the release of information to receive results for Services render in the Emergency Room.

The school must be designated As the party who will receive the results.

During school hours, Monday-Friday, screenings will be initiated via a phone call to the Access Center. Please see Page 5 of this document for Access Center information. 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 Urine Drug Screen 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.

The Access Center will provide to school personnel a verbal assessment at the conclusion of the screening and followed by a written report within 72 hours, 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 pupil who is 14 years of age or older. Clinical information and recommendations

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created as part of the substance abuse assessment of pupils age 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. Please have student or parent/guardian release of information (included in this Packet) in order for the school to receive results for Urine Drug Screening performed in the Emergency Rooms.

When Access Center is closed, Urine Drug Screens and physician exams will be provided in the Emergency Department. The intent of this proposal is to provide authorized school personnel three levels of screenings for students; medical examination, alcohol/drug laboratory screen and a substance abuse assessment. A licensed physician will provide the physical examinations. Kennedy will provide substance abuse assessments by the Behavioral Health staff. The Kennedy Lab will provide urine alcohol/drug screens on the following substances: alcohol, marijuana, amphetamines, barbiturates, opiates, LSD, cocaine, methadone within 24 hours, benzodiazepines, and, PCP. The following screens will be provided by a reference; mescaline within 4-6 working days. The reference labs will provide qualitative results not quantitative results for mescaline, and will not provide confirmation testing at the costs proposed.

Kennedy Health
Cherry Hill -Washington Township
School Drug Screen Fee Schedule

Service Fee	\$ 50.00
Medical Examination	\$ 87.00
Alcohol/Drug Assessment	\$ 50.00
Urine alcohol/drug screen	\$ 90.00

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

The following tests are not part of the standard screens completed as per this Agreement. They are available however, at the request of the student's parent/legal guardian.

Urine screens requiring the following tests are in addition to the \$90.00

** These laboratory costs are discounted and apply only to School's who have signed and comply with the terms of this Agreement:

The normal pricing for the lab tests are as follows:

Additional Urine Tests

LSD Urine	\$ 80.00
Ecstasy	\$271.00
Mescaline	\$200.00
Methadone Screen	\$ 20.00
Anabolic Steroid Qualitative	\$175.00
Oxycodone	\$ 35.00

In order to take advantage of the above rates you must initiate these services via the Behavioral Health Access Center during their hours of operation.

Please see the next page for hours of operation at the Access Center at the Cherry Hill Campus and the Washington Township Campus Behavioral Health Services.

If you go directly to the Emergency Department during Access Center hours of operation you will be responsible to remit payment for the entire bill. Kennedy will not adjust Emergency Department bills for services rendered during Access Center hours of operation. Further, these discounts do not apply to families initiating screens as a result of the schools 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, please make sure your staff clearly communicates 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 the Referral Form with them. This will allow us to make the necessary billing adjustment.

Access Center Hours of Operation

Cherry Hill Campus – Monday thru Friday – 9:00 AM- 3:00pm

No evening/ weekend hours available

1-800-528-3425 / 1-856-488-6789 option 2/ 1-856-488-6734

Washington Twp Campus - Monday thru Friday - 9:00 AM– 3:00 PM

No evening /weekend hours available

1-856-582-1419

Agreement

Pupils Appearing To Be Under the Influence of Substances

1. In accordance with NJSA 18A: 40A-12 (Act) Kennedy Health-Behavioral Health Services agree 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 pupil suspected of being under the influence of substances specified pursuant to Section 2 of the Act. The pupil shall be taken to the Access Center, Kennedy Health for examination accompanied by a member of the school staff or legal guardian.
3. When a pupil is brought to the Access Center by a member of the education staff pursuant to this Act, the Hospital 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 to only the following:
 - School personnel as specified on the attached Student Urine Drug/Alcohol Screen Request
 - Parent/Guardian (**results for services performed in the Emergency Room are required to be ONLY released if the student is 14 years or older has signed a Release of Information.**)
6. The member of the School District's educational staff accompanying the pupil 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 (see attached) will result in a billing to the school for a full emergency room, lab, and behavioral health charges. Dispute of these charges that result from not presenting the SRF is the responsibility of the school district, parent or student.**
8. **Signed Agreement (page 8) must be returned no later than October 1, 2016 for the terms highlighted in this document to be put into effect.**

School Name: _____

School's Main Telephone Number: _____ School's Fax Number: _____

School Administrator or Designee

Date

Kennedy Health System Representative

Date

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 _____

SAC E-mail Address _____

SAC Telephone Number _____

In order to keep our records updated:

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

Name _____ Telephone Number _____

Fax Number _____

Address _____

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

Name: _____ Telephone Number: _____

Fax Number: _____

Address _____

8/2016

KENNEDY HEALTH SCHOOL UDS REFERRAL FORM

Access Center @ CH - 856-4886789 Option #2 / Fax 856-488-6625

Washington Twp Campus - 856-582-1419/fax: 582-7661

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/GUARDIAN WILL BE BILLED AT THE USUAL CUSTOMARY HOSPITAL AND PHYSICIAN RATES.

SCHOOL NAME: _____ DATE: _____

STUDENT NAME: _____ AGE: _____ SEX: M/F

DATE OF BIRTH: ____/____/____

REASON FOR REFERRAL: _____

TEST ORDERED:

- ☐ URINE DRUG/ALCOHOL SCREEN
- ☐ SUBSTANCE ABUSE ASSESSMENT BY COUNSELOR
- ☐ PHYSICIAN EXAMINATION

ADDITIONAL LAB TESTS: Immediate lab results are not available for the above tests.

- ☐ Mescaline
- ☐ Methadone
- ☐ LSD

AUTHORIZATION: For release of Urine/Drug screen

School Official authorizing referral Name (please print) _____

Signature _____ Telephone# _____ ext: _____

AUTHORIZATION: For release of Substance Abuse Assessments if applicable

SAC Name _____

Signature _____ Ext. _____

Parent/Guardian have been notified of need for assessment

Y / N

Note: Urine Drug Screen and Physicians Exam can be completed and the results reported to designated school personnel without the student's consent or parental consent or notification.

§ 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 ED services at our 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. Kennedy Health 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.

Upon referral to the Behavioral Health Access Center our staff will monitor the collection of a urine sample and deliver that assessment to our Lab for processing.

The student will then be escorted to the Physician's Office or 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.

Kennedy also offers a substance abuse assessment conducted by one of our clinical treatment staff. The assessment can only be completed if the student is agreeable to participate. 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 our intent to handle these unscheduled services in as timely a manner as is possible.

August 18, 2016

Dear School Representative,

We are happy to report that there has been no increase in rates in the Kennedy Health Urine Drug Screen Program for the upcoming school year.

However, please take the time to read our process that will apply as the school year begins:

- No testing will begin unless a guardian or school representative arrives with the student at Kennedy.
- 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.
- A student who arrives with an adult, who states they are a legal guardian or custodian, but cannot produce paperwork, stating the same, will not receive the service until the proper paperwork is produced.
- **Crisis clearance is not a part of the UDS process**; test results for this service must be obtained through and with the permission of the student or family.
- Kennedy Health HIPPA compliant "Release of Information," is attached in this packet. Please have the student if they are 14 years or older, sign this before you send them for testing. **retain for your records.** When requesting results we will need to have the "ROI," in our possession to relay results.
- 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.
- If at ANYTIME throughout the UDS process ANYONE suspects that there are medical, risk or patient safety factors present then the patient can be referred to the ER for medical testing OR a Crisis Evaluation. If this occurs the UDS process stops immediately and this becomes a patient ER visit which will go through the patient's insurance. Schools will not have access to information regarding ER visits or Crisis Evaluations without patient permission and ROI.
- Bills arising from additional services are to be disputed through Kennedy's Patient Accounts Department or the physician group in our emergency departments.
- 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-Ambulatory Services

Cc:

Shawn Thurber –Program Supervisor – Outpatient Behavioral Health Services
Jennifer Jeffries - Outpatient Services Senior Clinician - Cherry Hill Campus
Danielle Straffi - Outpatient Services Senior Clinician – Washington Township Campus

Kennedy Health
Cherry Hill -Washington Township
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Mescaline	\$200.00
Methadone Screen	\$ 20.00
Anabolic Steroid Qualitative	\$175.00
Oxycodone	\$ 35.00

School Name: _____

School's Main Telephone Number: _____ School's Fax Number: _____

School Administrator or Designee

Date

McAnnamara LPC LCADC

8/29/16

Kennedy Health System Representative

Date

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 _____

SAC E-mail Address _____

SAC Telephone Number _____

In order to keep our records updated:

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

Name SCOTT HENRY Telephone Number (856) 652-2700 x 6205

Fax Number (856) 881-0884

Address 566 Joseph Bowe Blvd Glassboro NJ 08028

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

Name: _____ Telephone Number: _____

Fax Number: _____

Address _____

8/2016



Guide to the Urine Drug Screen Process

Overview: Local school districts have contracted with Kennedy Health to provide Urine Drug Screens (UDS) for any students that the school suspects may be under the influence of drugs, alcohol, or any other illegal substance. If any school representative has reason to suspect that student is involved in, or using, any substance then the school can require that a UDS be completed before that student is permitted to return back to school. This is a school developed protocol to ensure the safety and well being of all their students and assist those student who are in need and may be struggling with a substance abuse disorder.

UDS Process:

1. A school representative suspects a student is under the influence or involved with substance related issues
2. The school requires a UDS be completed
3. Parents/legal guardians or school officials will bring the student to the designated Kennedy Health Location.
4. The individual bringing the student to the Kennedy Location will have to provide a picture ID. If the individual is not the legal guardian then they will also have to produce custodial/guardianship paperwork as well.
5. The student will have to sign a consent form for the Urine Drug Screen results to be released to the school. If the student and/or parent/legal guardian do not wish for this information to be released then they should opt not to complete the UDS and will have to discuss consequences and options with the referring school district.
6. The student will have to provide an observed/monitored urine drug screen.
7. These are monitored by a Kenney Health professional to ensure that the sample is legitimate and not tampered with. This is a requirement of the Kennedy/School District contract.
8. Once obtained, Kennedy will send the sample to the lab. Results usually take approximately 24 hours to return.
9. If a student is unable to produce a urine sample then the schools will consider this a positive drug screen and proceed accordingly.
10. The school may also require that a Substance Abuse Assessment (called a SASSI) be completed for the student. This assessment helps to determine what course of action may be required to best assist the student further.
11. Once the UDS is collected and the SASSI (if also required) is completed the parent/guardian will need to bring the student to the Emergency Room or Doctor's Office for a Physical.
12. In the ER/Doctor's Office the student will meet with a medical professional to ensure that they are physically healthy and not in danger or at risk of any substance related side effects.
13. The ER will provide the parent/guardian with medical clearance that will be required by the school in order for the student to return.
14. This entire process may take up to 3 or more hours to complete depending on the cooperation of the student and staff availability. The UDS must be submitted no later than 3pm each day in order to complete the process on time. Students who arrive later than 3pm may be sent directly to the Emergency Room to provide the UDS.
15. Depending on the results of the UDS and SASSI the school will inform the parent and student of what course of action is needed in order for the student to return to school.

IMPORTANT: If at ANYTIME throughout the UDS process ANYONE suspects that there are medical, risk or patient safety factors present then the patient can be referred to the ER for medical testing OR a Crisis Evaluation. If this occurs the UDS process stops immediately and this becomes a patient ER visit which will go through the patient's insurance.

Additional Information: Kennedy Health is a service provider for the school system and does not have any involvement with school mandates and requirements. Kennedy Health is willing to assist both students and their parents in understanding the process but will have to direct patients to follow this process and reach out to their school district for any additional information regarding school consequences and actions pertaining the Urine Drug Screen process.

Parent/Guardian Initials: _____	Date: _____
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**AUTHORIZATION FOR
RELEASE OF INFORMATION**

IF STUDENT IS 14 YEARS OR OLDER AND IS SEEN IN THE
EMERGENCY ROOM FOR THE URINE DRUG SCREEN
PROCESS **THE STUDENT MUST SIGN** THE RELEASE OF
INFORMATION.

A parent/legal guardian signature is required for students
13 years or younger if student is seen in the
Emergency Room for the UDS Process.

Patient Name: _____ Date of Birth: _____
Address: _____
(street) (city) (state) (zipcode)

Phone Number: _____

I authorize the use or disclosure of the above named individual's health information as described below.

Treatment Dates and Location:

Emergency Department Date(s): _____ Outpatient Date(s): _____

Inpatient Date(s): _____

The type of information to be used or disclosed is as follows:

<input type="checkbox"/> Face Sheet/Admission Record	<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Operative Report
<input type="checkbox"/> Emergency Department Report	<input type="checkbox"/> History & Physical	<input type="checkbox"/> Consultation
<input type="checkbox"/> Pathology Reports	<input type="checkbox"/> Laboratory Report	<input type="checkbox"/> Psychiatric Record
<input type="checkbox"/> Pathology slides/blocks	<input type="checkbox"/> Unified Assessment Form	<input type="checkbox"/> Educational Report
<input type="checkbox"/> X-Ray Radiology Report	<input type="checkbox"/> Treatment Plan	<input type="checkbox"/> Family Assessment
<input type="checkbox"/> X-Ray Radiology films/CD	<input type="checkbox"/> Breathyler/Drug Screen result	

Other: _____
(Specify extent or nature of information to be used or disclosed)

This information may be disclosed to and used by the following individual or organization:

Name/Organization: _____

Address: _____

Phone Number: _____ Fax Number: _____

Reason/Purpose for the request: _____

☐ If this box is checked, the disclosure of information is for marketing purposes that involve direct or indirect remuneration to the Kennedy Health System.

I understand that information in my health record may include information relating to HIV (Human Immunodeficiency Virus), AIDS (Acquired Immune Deficiency Syndrome), psychological or psychiatric conditions or treatment, sexually transmitted diseases or drug/alcohol abuse/dependence status, detoxification or rehabilitation services.

I understand that I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my revocation to the Kennedy Health System. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition _____. If I fail to specify an expiration date, this authorization will expire in six months.

I understand that authorizing the disclosure of health information is voluntary and I can refuse to sign the form if I do not wish this request processed. I do not need to sign this form to assure treatment. I understand I may inspect or obtain a copy of the information to be used or disclosed as provided in CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules.

Signature of Patient or Legal Representative _____

Date _____

If Signed by Legal Representative, Relationship to Patient _____

**PLEASE RETAIN THE RELEASE OF INFORMATION AT THE
SCHOOL – DO NOT SEND IT WITH THE STUDENT.**

**PLEASE FAX THIS FORM TO
856-488-6415**

KENNEDY HEALTH SCHOOL UDS REFERRAL FORM

Access Center @ CH – 856-4886789 Option #2 / Fax 856-488-6625

Washington Twp Campus – 856-582-1419/fax: 582-7661

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/GUARDIAN WILL BE BILLED AT THE USUAL CUSTOMARY HOSPITAL AND PHYSICIAN RATES.

SCHOOL NAME: _____ DATE: _____

STUDENT NAME: _____ AGE: _____ SEX: M/F

DATE OF BIRTH: ____/____/____

REASON FOR REFERRAL: _____

TEST ORDERED:

- ☐ URINE DRUG/ALCOHOL SCREEN
- ☐ SUBSTANCE ABUSE ASSESSMENT BY COUNSELOR
- ☐ PHYSICIAN EXAMINATION

ADDITIONAL LAB TESTS: Immediate lab results are not available for the above tests.

- ☐ Mescaline
- ☐ Methadone
- ☐ LSD

AUTHORIZATION: For release of Urine/Drug screen

School Official authorizing referral Name (please print) _____

Signature _____ Telephone# _____ ext: _____

AUTHORIZATION: For release of Substance Abuse Assessments if applicable

SAC Name _____

Signature _____ Ext. _____

Parent/Guardian have been notified of need for assessment

Y / N

Note: Urine Drug Screen and Physicians Exam can be completed and the results reported to designated school personnel without the student's consent or parental consent or notification.

§ 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 ED services at our customary rate