

THE KENTON COUNTY BOARD OF EDUCATION

1055 EATON DRIVE, FORT WRIGHT, KENTUCKY

TELEPHONE: (859) 344-8888 / FAX: (859) 344-1531 WEBSITE: www.kenton.kyschools.us Dr. Henry Webb, Superintendent of Schools

KCSD ISSUE PAPER

DATE:

September 21, 2018

AGENDA ITEM (ACTION ITEM):

Consider/Approve a Standard Memorandum of Understanding for Caretenders Home Health of Northern Kentucky to provide 1:1 nursing for a student(s) per the parent's/guardian's request using the parent's/guardian's/child's insurance resources.

APPLICABLE BOARD POLICY:

10.5AP.1 Visitors to the School

HISTORY/BACKGROUND:

The Kenton County School District (KCSD) can properly train and delegate appropriate unlicensed assistive personnel (UAP) to care for the medical needs of students. Some parent(s)/guardian(s) request to independently provide a healthcare provider hired by a local agency and paid by their or their child's health insurance company to attend school with their child to meet his/her medical needs. These parents will be required to sign acknowledgement and understanding that they, and the local agency and the health insurance, are fully responsible for the training, certification, and payment of such healthcare provider. The parent(s)/guardian(s) understand that KCDS trains UAPs as necessary and, as a result of their decision to independently provide for the medical needs of their child/student, KCDS may not have UAPs immediately available to care for the medical needs of my child/student in the event such healthcare provider is unavailable to assist. They understand that they have the right to suspend the provision of independent care services at any time, at which time KCSD will initiate/resume addressing the medical needs of my child/student with properly trained and delegated UAPs. The parent(s)/guardian(s) understand that the agency is responsible for confirming that the appropriate healthcare provider license is valid for their employee or contractor working with their child/student. They also understand and agree that an employee background check will be provided by the agency and that a Central Registry Check with the Cabinet for Health and Family Services will be initiated before the employee will be permitted to work with their child/student in a KCSD school. They understand that the healthcare provider is subject to, and must comply with, all KCDS policies and procedures.

FISCAL/BUDGETARY IMPACT:

\$0.00 for the school and district

RECOMMENDATION:

Approve Memorandum of Understandings for Caretenders Home Health of Northern Kentucky to provide 1:1 nursing for a student(s) per the parent(s)/guardian(s) request using the parent's/guardian's/child's insurance resources.

CONTACT PERSON:

Kenton County Board of Education

Board Members: Carl Wicklund, Chairperson Karen L. Collins, Vice Chairperson Joshua Crabtree, Esq. Carla Egan Jesica Jehn "The Kenton County Board of Education provides Equal Education & Employment Opportunities."

Paula Rust, Coordinator of School Health Services

| August | Bouts |
| Principal | District Administrator | Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.



Request for Caretenders Home Health of Northern Kentucky to provide 1:1 nursing for student(s) in the KCSD per the parent's/guardian's request using the parent's/guardian's/child's insurance resources.

Overview:

The Kenton County School District (KCSD) can properly train and delegate appropriate unlicensed assistive personnel (UAP) to care for the medical needs of students. Some parent(s)/guardian(s) request to independently provide a healthcare provider hired by Caretenders Home Health of Northern Kentucky and paid by their or their child's health insurance company to attend school with their child to meet his/her medical needs.

The Kenton County School District agrees to:

Allow parents to independently provide a healthcare provider hired by Almost Family and paid
by their or their child's health insurance company to attend school with their child to meet his/her
medical needs.

The parent(s)/guardian(s):

- Will sign acknowledgement and agreement that they, and the local agency and the health insurance, are fully responsible for the training, certification, and payment of such healthcare provider
- Understands that they have the right to suspend the provision of independent care services at any time

Caretenders Home Health of Northern Kentucky:

- Will ensure that the appropriate healthcare provider license is valid for their employee or contractor working with the child/student
- Understands and agrees that proof of an employee background check will be provided to the KCSD by the agency
- Agrees that their employee will initiate a Central Registry Check with the Cabinet for Health and Family Services at the KCSD Central Office before the employee will be permitted to work with the child/student in a KCSD school.
- Understands that the healthcare provider is subject to, and must comply with, all KCDS policies and procedures.
- Acknowledges that the Kenton County School District is not responsible for any costs or payment for services.

Kenton County School District Representative	Date	
Caretenders Home Health of Northern Kentucky	Date	_