



FLOYD COUNTY BOARD OF EDUCATION  
Anna Whitaker Shepherd, Superintendent  
442 KY RT 550  
Eastern, KY 41622  
Telephone (606) 886-2354 Fax (606) 886-4550  
www.floyd.kyschools.us

Linda C. Gearheart, Board Chair - District 1  
William Newsome, Jr., Vice-Chair - District 3  
Dr. Chandra Varia, Member- District 2  
Keith Smallwood, Member - District 4  
Steve Slone, Member - District 5

**Consent Agenda Item (Action Item):**

Approve contracting agreement with Home Health Care Services (of Pikeville, Ky) to place trained, experienced health care professionals at specific school locations to provide total health care (including direct tracheotomy care of students with IEP's for the 2022-2023 school year.

**Applicable State or Regulations:**

KRS 160.190 Duties and Powers of the Board and 707 KAR 1:320 Individual Education Program Section 6

**Fiscal/Budgetary Impact:**

The district will bill Medicaid on actual cost depending upon the rate of pay for the professional performing the required services at a return of 73% of the district cost. This is based on the rate of 35.00 an hour. The contractor requires one-month prepayment for services to begin.

**History/Background:**

The Floyd County School District has student's who required specific health care services in order to attend school safely and receive a free and appropriate public education in the least restrictive environment. In order to attend school safely student's with tracheotomy must have constant health care and attention (i.e. suctioning of tracheotomy; proper administration of oxygen; care of portable tracheal suction equipment, ambu bag, oxygen tank and cart; reinsertion of tracheotomy if needed; knowledge and care of the mediport used for IV access; and to monitor breathing).

Contracting with a medical health care agency for the services of a health professional will provide the support necessary to implement the student's IEP.

**Recommended Action:**

Approve contract with Home Health to provide professional health care services to students with health care needed (including direct tracheotomy care for the 2022-2023 school year.

**Contact Person(s):**

Cinda Francis, Chief of Special Education 606.886.2354

N/A  
Principal

Cinda Francis  
Director

Anna W. Shepherd  
Superintendent

**Date:**

June 1, 2022

**CONTRACT FOR SERVICES 2022-2023 SCHOOL YEAR  
HOME CARE HEALTH SERVICES, INC.**

This Agreement made and entered into this 1<sup>st</sup> day of June 2022 between the Floyd County Board of Education, from now on, "First Party," and Home Care Health Services "Second Party."

**WITNESSETH:**

**WHEREAS**, The Floyd County Board of Education needs licensed medical professionals to provide total health care for students, including tracheostomy care (suctioning and possible reinsertion of the tube), mobility, observation, and personal hygiene specified by the student's Individualized Education Plans.

**WHEREAS**, Second Party Home Care Health Services will provide licensed medical professionals with the necessary care to ensure a Free and Appropriate Education is provided to the students enrolled in the Floyd County Public Schools.

**WHEREAS** the parties have agreed concerning such services and have a desire to commit their agreement in writing;

**NOW, THEREFORE**, for the consideration hereinafter set out, the parties do hereby agree as follows:

1. Second Party shall provide a non-smoking employee to work in an educational setting to provide total health care for individual students. These services shall be provided at \$35.00 (thirty-five) dollars per hour. First Party will prepay for services one month (20 workdays) in advance. If services are not provided for any reason, Home Care Health Services will fully refund the Floyd County Board of Education. Services from the Second Party shall include tracheostomy care (suctioning as needed and possible reinsertion of the tube), mobility, and personal hygiene. The employee will care for the equipment (including operation and maintenance). The employee will notify the board designee employee to secure the needed supplies to maintain the student's tracheostomy. The Board will notify HCHS who the designated employee fulfills the role and contact information. The employee will observe for signs of respiratory distress by always being able to view the student's face during assigned work hours.

2. Second Party will maintain documentation in daily medical logs and provide copies about the assigned student to the Floyd County Schools.
3. First Party will assign an alternate school employee to observe students during the break and lunch of the HCHS employee. The HCHS employee is entitled to a ten (10) minute break for every four (4) hours worked. The HCHS employee will be paid for lunch as the HCHS employee must maintain the student in a safe environment. The HCHS employee will need to keep in proximity and carry a telecommunication device for emergency communication during assigned breaks.
4. First Party will communicate to HCHS employees in the event of school cancellation or student absence.
5. the Second party will attempt to provide an alternate employee in the event of the primary employee's absence. HCHS will provide a trained backup employee for students served by HCHS.
6. Second Party will provide proof of criminal background checks for employees, professional license, and cardiopulmonary resuscitation certification.
7. Second Party to maintain liability insurance coverage for \$2,000,000.00. A copy of the insurance will be provided to the First Party.
8. First Party will train the HCHS employee in confidentiality procedures and guidelines. HCHS will adhere to all HIPPA guidelines followed by HCHS.

The First and Second Parties reserve the right to end this contract with 30 days written notice.

### **CONTRACTOR**

**By:** \_\_\_\_\_  
President and CEO of Home Care Health Services

**Floyd County Schools**

**By:** \_\_\_\_\_  
Superintendent of Floyd County Board of Education

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**President and CEO of Home Care Health Services**

**Floyd County Schools**

**By:** \_\_\_\_\_  
**Superintendent of Floyd County Board of Education**



APPAL-8

OP ID: JV

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/13/2021

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<b>PRODUCER</b> Maverick Insurance Group (Lou) 9780 Ormsby Station Rd, #1500 Louisville, KY 40223 Doug Hyden	<b>502-200-0700</b>	<b>CONTACT</b> Doug Hyden <b>PHONE</b> (A/C, No, Ext): 502-200-0700 <b>FAX</b> (A/C, No): <b>E-MAIL</b> doug.hyden@maverickinsures.com <b>ADDRESS:</b>														
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Loc: 1414 S Mayo Trail, Pikeville KY 41501. Certificate holder is named as additional insured.

## CERTIFICATE HOLDER

WILLFAN

William Fannin Medical Dir  
C/O Hospice of Pike County Inc  
1414 S Mayo Trail  
Pikeville, KY 41501

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



APPAL-8

OP ID: JV

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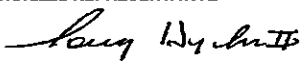
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re Loc: 1520 KY Route 1428, Hagerhill KY 41222-8646

## CERTIFICATE HOLDER

## CANCELLATION

<b>NSCSC11</b>  NSC PO Box 100142 Columbia, SC 29202-3142	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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APPAL-8

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Louisville, KY 40223  
Doug Hyden

CONTACT NAME: Doug Hyden

PHONE (A/C, No, Ext): 502-200-0700

FAX (A/C, No):

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INSURER D:

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A	Professional Liab			PHPK2324961	09/12/2021	09/12/2022	Health Care Prof \$ 1,000,000 \$ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re Locs: 1520 KY Route 1428, Hagerhill, KY 41222, bldg 1 & 2 (also storage unit on site). Loc 2: 1414 S Mayo Trail, Pikeville KY 41501.

## CERTIFICATE HOLDER

## CANCELLATION

INFOONL

Info Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



APPAL-8

OP ID: JV

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/13/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
Maverick Insurance Group (Lou)  
9780 Ormsby Station Rd, #1500  
Louisville, KY 40223  
Doug Hyden

502-200-0700

CONTACT NAME: Doug Hyden

PHONE (A/C, No, Ext): 502-200-0700

FAX (A/C, No):

E-MAIL ADDRESS: doug.hyden@maverickinsures.com

INSURED  
Appalachian Hospice Care Inc.  
1414 South Mayo Trail  
PIKEVILLE, KY 41501

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Philadelphia Insurance Company 23850

INSURER B: Kentucky Employers Mutual Insurance 10320

INSURER C: Progressive Casualty Company 24260

INSURER D:

INSURER E:

INSURER F:

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2324961	09/12/2021	09/12/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ 1,000,000
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			04039017-0	09/12/2021	09/12/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB785088	09/12/2021	09/12/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	435818	09/12/2021	09/12/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	Professional Liab			PHPK2324961	09/12/2021	09/12/2022	Health 1,000,000 Care Prof 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re Loc: 1520 KY Route 1428, Hagerhill KY 41222-8646

## CERTIFICATE HOLDER

## CANCELLATION

NSCSC11

NSC  
PO Box 100142  
Columbia, SC 29202-3142

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE