

Issue Paper

DATE:

July 20, 2023

AGENDA ITEM (ACTION ITEM):

Consider/Approve a Standard Memorandum of Understanding for Maxim HealthCare to provide 1:1 nursing for a newly enrolled student.

APPLICABLE BOARD POLICY:

01.1 Legal Status of the Board

HISTORY/BACKGROUND:

At the July Board meeting, an additional school nurse position was approved to serve the needs of a newly enrolled medically fragile student. After this was approved, the parent/guardian requested to independently provide a private duty nurse 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. The private duty nurse(s) is employed by Maxim Health Care.

The Kenton County School District (KCS D) can properly hire, train and delegate appropriate personnel to care for the medical needs of students. The parent will be required to sign acknowledgement and understanding that they, the local agency and the health insurance, are fully responsible for the training, certification, and payment of such healthcare providers. The parent/guardian understands that KCS D can provide staff to meet the needs of their student and, as a result of their decision to independently provide for the medical needs of their child/student, KCS D may not have staff immediately available to care for the medical needs of their child/student in the event such healthcare provider is unavailable to assist.

The parent/guardian understands: that they have the right to suspend the provision of independent care services at any time, at which time KCS D will initiate/resume addressing the medical needs of the student; that the agency is responsible for confirming that the appropriate healthcare provider license is valid for their employee working with their child/student; that the agency/contractor must complete all legal and district requirements before the start of the assignment; that the healthcare provider is subject to, and must comply with, all KCS D policies and procedures.

FISCAL/BUDGETARY IMPACT:

\$0.00 for the school and district

RECOMMENDATION:

Approve Memorandum of Understandings for Maxim HealthCare to provide 1:1 nursing for a newly enrolled student.

CONTACT PERSON:

Paula Rust, Director of Health Services

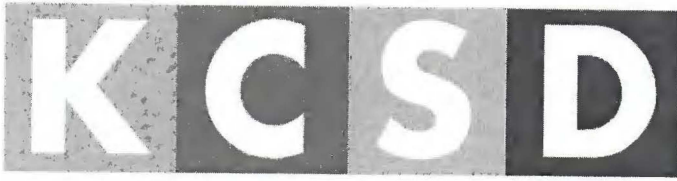

Principal/Administrator


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.



Kenton County School District | *It's about ALL kids.*

THE KENTON COUNTY BOARD OF EDUCATION

1055 EATON DRIVE, FORT WRIGHT, KENTUCKY 41017

TELEPHONE: (859) 344-8888 / FAX: (859) 344-1531

WEBSITE: www.kenton.kyschools.us

Dr. Henry Webb, Superintendent of Schools

I/We the parent(s)/guardian(s) of _____ acknowledge and agree that the Kenton County School District (KCS D) can properly train and delegate appropriate personnel to care for the medical needs of my child/student. Notwithstanding the availability of such personnel, I request that a healthcare provider hired by a local agency and paid by my or my child's health insurance company attends school with my child to meet his/her medical needs. I acknowledge and agree that I, and the local agency and the health insurance, are fully responsible for the training, certification, and payment of such healthcare provider.

I understand that KCS D trains personnel as necessary and, as a result of my decision to independently provide for the medical needs of my child/student, KCS D may not have personnel immediately available to care for the medical needs of my child/student in the event such healthcare provider is unavailable to assist. I understand I have the right to suspend the provision of independent care services at any time, at which time KCS D will initiate/resume addressing the medical needs of my child/student with properly trained and delegated personnel.

I understand that the agency is responsible for confirming that the appropriate healthcare provider license is valid for their employee or contractor working with my child/student. I 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 my child/student in a KCS D school. I understand that the healthcare provider is subject to, and must comply with, all KCS D policies and procedures.

Parent/Guardian print name

Parent/Guardian signature

Date

Parent/Guardian print name

Parent/Guardian signature

Date

Request for Maxim Health Care Service to provide 1:1 nursing for student(s) in the KCS D per the parent's/guardian's request using the parent's/guardian's/child's insurance resources.

Overview:

The Kenton County School District (KCS D) can provide personnel to care for the medical needs of students. Some parent(s)/guardian(s) request to independently provide a healthcare provider hired by Maxim Health Care Services 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 Maxim Health Care Services 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, provided enough time is allowed to hire additional personnel if needed

Maxim Health Care Services:

- 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 KCS D by the agency
- Agrees that their employee(s) will complete and submit to a Child Abuse and Neglect (CAN) check through the Kentucky Online Gateway before the employee will be permitted to work with the child/student in a KCS D school
- Complete a national and state background check through the **Identogo** system.
- 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

Maxim Health Care Services Representative

Date