ATTACHMENT A

THE BOARD OF EDUCATION (the "District")	Marion County Public Schools 755 East Main Street Lebanon, KY 40033
Current Student Enrollment	
Clinic Locations	Marion County Public Schools Marion County High School Lebanon Middle School Marion County Middle School Calvary Elementary School Lebanon Elementary School Glasscock Elementary School West Marion Elementary School Marion County Area Technology Center
Clinic Days & Hours of Operation	Monday – Friday 7:30AM – 3:30 PM

_____ Medical Services. Services shall encompass primary and acute care services offered both on-site and via telehealth. Such services shall include, but are not limited to, preventive care, age-appropriate screenings, physical examinations, the treatment of illnesses and injuries, first aid, the prescribing and administration of medications and vaccinations, as well as educational and training services.

_____ Dental Services. Services at the shall encompass preventative and restorative oral health care including, but not limited to, screening, cleaning, comprehensive exams, fluoride treatment, x-rays, fillings, extractions, application of sealants, as well as educational and training services.

_____ Behavioral Health Services. Services shall be offered both on-site and via telehealth. Such services shall include, but are not limited to, mental health crisis assessments, individual, group, and family therapy for conditions such as depression, anxiety, adjustment disorders, stress-related issues, trauma exposure, grief and loss, separation anxiety, and other childhood and adolescent disorders, as well as educational and training services.

_____ Optometry Services. Services shall include comprehensive exams, including but not limited to visual acuity, refraction, and dilation, as well as educational and training services.

ATTACHMENT B

In consideration of the services rendered by School Nurses, and pursuant to Section 2.1.1 ("School Nurse Financial Responsibility") of this Agreement, the parties agree to the following cost-sharing arrangement for the School Nurse positions identified below. The parties acknowledge that the amounts listed herein are estimates and agree that invoices will reflect the actual costs incurred; however, if any actual cost varies substantially from the estimate, the invoicing party shall promptly notify the other party and provide a reasonable explanation for the variance. This Attachment shall be completed and returned to both parties no later than thirty (30) days following the Effective Date of the Agreement.

District Cost-Sharing Percentage:	**0%**	**CFMC Cost-Sharing Percentage:**	**100%**

SCHOOL NURSE(S) EMPLOYED BY DISTRICT	
_____ *Mark here if not applicable*	
School Nurse	**Annual Salary & Benefits**
Total Annual Cost	-

SCHOOL NURSE(S) EMPLOYED BY CFMC	
_____ *Mark here if not applicable*	
School Nurse	**Annual Salary & Benefits**
Total Annual Cost	-

Total District Cost-Sharing of CFMC School Nurse Salary & Benefits:	-
Total CFMC Cost-Sharing of District School Nurse Salary & Benefits:	-
Balance Due:	-

Reimbursing Party:	**CFMC**	**Number of Installments:**	**10**	**Monthly Installment Amount:**	-

ATTACHMENT C

In consideration of the services rendered by School Nurses in connection with their performance of additional duties related to the implementation of Expanded Telehealth Services within the Clinic, CFMC shall provide a stipend to eligible School Nurses, as set forth below:

Stipend Amount	**$200**
Frequency of Stipend Payment	**Biweekly**

Eligibility for the stipend shall be determined solely by CFMC and shall be contingent, in part, upon the School Nurse's continued compliance with applicable program requirements.

District School Nurse Staff:

For School Nurses employed or contracted by the District, the District shall be responsible for issuing the stipend payments, and CFMC shall reimburse the District for such payments on a semi-annual basis. CFMC shall notify the District of all District School Nurses deemed eligible to receive the stipend. The District shall submit an invoice to CFMC on or after January 1 for stipends paid during the period of August through December of the preceding calendar year, and on or after June 1 for stipends paid during the period of January through May of the current calendar year. If a School Nurse becomes ineligible for the stipend due to performance concerns or noncompliance with program requirements, CFMC shall promptly provide written notice to the District.

The Board of Education of Marion County Schools, Kentucky ("District")

By: _____

Name: _____

Title: _____

Date: _____

Cumberland Family Medical Center, Inc. ("CFMC")

By: _____

Name: _____

Title: _____

Date: _____