



Dear Nursing Facility:

Thank you for your interest in our Nurse Aide Training Course. This service is designed to assist you with quality training while containing costs. To get started, we simply need you to complete the attached forms and provide the requested information. Once your facility receives approval from KCTCS to perform SRNA Training, please forward that approval for us to have on file. Once we receive that approval we will contact you about the utilization of the Health Education Center's service with your facility. If you have any questions, please feel free to contact us.

Health Education Center
502-762-5151

contact@healtheducationcenter.us

Steps for Approval with KCTCS

1. MOI/ SRNA Program Coordinator in your nursing facility needs to complete the online MAP-414 Approval Form. <http://kctcs.map-414.sgizmo.com/s3/> This should only contain information about your nursing facility. ***There does not need to be any mention about HEC on this online form PER YOUR CONTRACT (this includes using HEC's training provider number [0406031]. If you don't know your facilities, then you will need to contact KCTCS and ask for help filling out the form).***

Trish Banta
KCTCS

KyNurseAideTraining@kctcs.edu
859-256-3455

2. You will be requested to send the following documents through email to KyNurseAideTraining@kctcs.edu AND NOTHING ELSE, UNLESS INDIVIDUALLY REQUESTED

- Copy of MOI Certificate
- KBN verification of nursing license
- Brief resume or paragraph describing education, qualifications, and work experience. (Must be a nurse for at least 2 years with at least 1 year of Long Term Care experience)

The Facility Operated Agreement needs to be filled out by the Facility Administrator and sent back to the Health Education Center via email, contact@healtheducationcenter.us

We will then work with your MOI to get access to our website to keep track of your students progress on the educational material.



Nursing Facility Profile

Nursing Facility Name: _____

Complete Address: _____

Phone Number: _____

Administrator: _____

Email: _____

Please give the email where you wish to receive Invoices:

Email: _____

Do you have computer access to the internet for students? **Yes** **No**

Do you have computers available for students to complete the course? **Yes** **No**

Do you have a lab or classroom for students to practice skills? **Yes** **No**



FACILITY OPERATED AGREEMENT

-

Health Education Center, LLC

And

(Facility) _____

This agreement is executed on the _____ day of (month) _____ (year) _____ and will remain in effect and automatically renew annually until cancelled in writing by either party.

This agreement has been developed to outline the responsibilities of both parties as it relates to online training of Nurse Aides.

Health Education Center, LLC Responsibilities:

- To maintain the curriculum and update the website to meet Kentucky state guidelines for the Nurse Aide Training course.
- To maintain licensure with the Kentucky State Commission for Proprietary Education.
- To ensure access to all student online course records for the mandated time period, as long as students are paid for in the 60 day time limit.
- To ensure access to MOI online course records for the mandated time period, as long as students are paid for in the 60 day time limit.

Nursing Facility Responsibilities:

- Agrees to allow students of Health Education Center, LLC to complete all aspects of the Nurse Aide Training Course within the facility and to complete the

required clinical component within the facility.

- Agrees to ensure that all students registered for the Nurse Aide Training Course are actively employed with the nursing facility for the duration of the course.
- Agrees to perform all required checks and screening to include the state-required criminal background checks, state abuse registry checks, misconduct registry checks, and PPD screenings or equivalent This information must be reviewed by the nursing facility and all students must be deemed satisfactory and employed based upon the results of all checks and screenings.
- Agrees that all students enrolled in the Nurse Aide Training Course will be covered by the nursing facility's liability insurance coverage. Therefore, all students enrolled, must be employed by the nursing facility at the time of course registration and for the duration of the course.
- The nursing facility will ensure that the approved MOI for the facility oversees student progress, assists students with the theory and online portion of the course, ensures opportunities to learn the necessary skills and provides for a skills checkoff and a minimum of 16 hours of clinical at the approved nursing facility. Under this Facility Operated Agreement, the nursing facility agrees to pay the designated and/or employed MOI of the facility for services rendered. This Facility Operated Agreement is intended to assist nursing facilities with cost containment for Nurse Aide Training and is a joint venture to ensure quality training at reasonable costs to the nursing facility as long as they do not have any extended survey deficiencies.
- The nursing facility will provide assistance as needed for the approved MOI and students using H.E.C. to help ensure an adequate clinical experience.
- The nursing facility MOI using the services for H.E.C. shall not incorporate the use of mechanical lifting devices. This shall be taught by the nursing facility separately and not as a part of the H.E.C. course curriculum.
- **The nursing facility will arrange for students completing the course to sit for the state competency exam at an approved testing site and complete the necessary registration. H.E.C. is not responsible for the cost of the state competency exam. The nursing facility submits the official KCTCS test roster to the testing center of choice, using the Training Provider Number and Facility Number that was given upon receiving approval from KCTCS, NOT HEC's NUMBER (0406031)**
- The nursing facility agrees to provide the students with the current approved edition of the course textbook (Mosby's Textbook for Long-Term Care Assistants-8th Edition).
- The nursing facility will be invoiced for services at the current rate per student

and may pay by check or other approved method of payment. Payment is due at the time of invoicing and services may be suspended if payment is not received within 60 days from the date of the initial invoice.

- The nursing facility shall terminate any student from the Nurse Aide Training Course for legitimate reasons and shall terminate the student's access from the website upon termination or upon completion of the course.
- The nursing facility will immediately notify Health Education Center, LLC of any state or federal survey deficiencies or citations that would prevent them from performing any Nurse Aide Training course within the nursing facility.
- The nursing facility agrees to pay \$199.00 for each student registered with Health Education Center, LLC and use the online course material to assist in their knowledge of becoming a state registered nurse aide.

Both parties agree to work harmoniously to ensure the best possible student outcomes and will work together to ensure good communication and resolution of any issues or concerns. Addendums to this agreement may be implemented upon agreement of both parties and shall be added to this Agreement. This agreement is in effect upon the date of signing and will automatically renew annually from the date of implementation. Either party may terminate this agreement with a 30-day written notice to the address stated below. Any student currently enrolled in the Nurse Aide Training Course shall be allowed to complete the course during the cancellation period.

Health Education Center, LLC

3903 Vantage Place

Louisville, KY 40299

(502)762-5151

Nursing Facility: _____

Address: _____

Phone: () _____

X _____

(Authorized Signature)

Date: _____

X _____

(Authorized Signature)

Date: _____



My facility is applying for approval to teach a Nurse Aide Training program. I verify that, my facility within the previous two (2) years:

1. In the case of a Medicaid SNF, has not operated under a nursing staffing waiver.
2. In the case of a Medicaid NF, has not operated under a nurse staffing waiver which allows waiver of more than forty-eight (48) hours of nursing staffing per week.
3. Has not been subject to an extended or partial extended survey.
4. Has not been assessed a civil money penalty described in section 1819 (h) (2) (B) (ii) or 1919 (h) (2)(B) (ii) of the Social Security Act of not less than \$5,000.00.
5. Has not been subject to a remedy described in sections 1819 (h)(2)(B)(i)(iii), 1819 (h) (4), 1919 (h)(1)(B)I, or 1919 (h)(2)(A)(i)(iii) or (iv). These sections describe temporary management, denial of payment for admissions, termination, emergency, transfer and closure.
6. Has not had its participation in Medicare or Medicaid terminated.
7. Was not subject to a denial of payment under Medicare or Medicaid.
8. Was not assessed a civil money penalty of not less than \$5,000.000 for deficiencies in facility standards.

9. Has not opened under temporary management.

10. Was never closed or had its residents transferred pursuant to state action.

X _____
ADMINISTRATOR

DATE