

GLASSBORO SCHOOL DISTRICT

Monthly Board Items

Date Submitted: 5/15/2026

Proposed Effective Date: 7/1/2026

Short description (title): Aveanna Healthcare

Submitted by:

Michelle Edelstein

Building:

CST

Proposed cost/amount:
attachment

ESY:

Y

Funded through:

District Funds

Grade(s) impacted if any:

Board Action Requested:

Consideration to approve contract with Aveanna Healthcare to provide nursing services on an as-needed basis during the school day and/or during transportation. Contract to begin 7/1/2026

Details and ramifications:

Positives:

Concerns:

Other Comments:

Cost may qualify for SEMI Reimbursement

FOR OFFICE USE ONLY:

Board Date: _____

Approved: Y or N

Index #: _____

Schedule A
Services/Fee Schedule

Billable hours include:

- Hours that Student(s) is in School, including School-related activities such as field trips
- Hours spent performing tasks or attending sessions related to Services as required by the School

Service	Standard Hourly Rate
Registered Nurse	\$75
Licensed Practical/Vocation Nurse (LPN/LVN)	\$70
2:1 Nursing	\$113
Transport Nursing (After 2 Hours - Rate per Hour)	\$150
Substitute Nursing	\$75
Certified Nursing Assistant/ Home Health Aide	\$40

Cancellation Fee.

For confirmed service requests that are cancelled with less than four (4) hour notice, SCHOOL will be obligated to reimburse AVEANNA for four (4) hours at specified rate for the assigned personnel.

Four Hour Minimum.

If services provided are less than four (4) hours in a single day, a four (4) hour minimum will be charged.

Overtime Rate.

Any overtime approved by SCHOOL shall be billed at one and one half times the regular hourly rate. Overtime is defined as hours over 40 per work week or as specified by law.

Transport Nursing

Nursing transportation services consist of an employee riding in a school sponsored vehicle with a single special needs student to accompany the student from home to school and school to home. No other nursing services are provided. Charges for this service will be based on a rate per trip with a maximum of two (2) hours for services rendered by RN or LPN/ LVN. Services that exceed the initial two hours will be billed at the RN or LPN/ LVN contract rate.

Schedule B

Epic Health Services, Inc. D/B/A Aveanna Healthcare 77 Brant Avenue Suite 320 Clark, New Jersey 7066 Tax ID #: 26-3203921 NPI #: 1841690070 Line of Business (Internal Use Only): PDN Cost Center (Internal Use Only): 1055
Loving Care Agency, Inc. D/B/A Aveanna Healthcare 3 University Plaza Suite 124 Hackensack, New Jersey 7601 Tax ID #: 22-3268088 NPI #: 1225394588 Line of Business (Internal Use Only): PDN Cost Center (Internal Use Only): 1110
Loving Care Agency, Inc. D/B/A Aveanna Healthcare 1433 Hooper Avenue Suite 129 Toms River, New Jersey 8753 Tax ID #: 22-3268088 NPI #: 1922424233 Line of Business (Internal Use Only): PDN Cost Center (Internal Use Only): 1117
Loving Care Agency, Inc. D/B/A Aveanna Healthcare 3 AAA Drive Suite 204 Hamilton, New Jersey 8691 Tax ID #: 22-3268088 NPI #: 1689700627 Line of Business (Internal Use Only): PDN Cost Center (Internal Use Only): 1111