Ware County Schools Hospital Homebound Parent/Guardian Notification

Dear Parent/Guardian:

The Ware County School System provides continuous educational services for students who are unable to attend school due to a diagnosed medical or psychiatric condition for a minimum of ten consecutive school days or for intermittent periods of time for a minimum of ten school days per year. These services may be provided in the hospital or at the child's home or other agreed upon location.

To initiate Hospital Homebound (HHB) services, contact your school nurse to obtain the required documentation to begin this process. The nurse will send you the following documents for you to review and complete: Hospital Homebound (HHB) Services Request Form, Compliant Authorization for Exchange of Health and Education Information Form, and Frequently Asked Questions Document. Return the completed forms to the nurse at your students' school. The nurse will send the required documents to the student's listed Medical Provider at that point.

The school counselor will schedule a conference to develop an Educational Service Plan (ESP) for your child that will be convened within five school days of receipt of the completed application. The purpose of the conference is to address the impact that the physical and/or psychiatric condition may have on your child's educational performance. The school team or Individualized Education program (IEP) team will determine the exact amount of instructional time based on the ESP, which takes into consideration the cognitive ability and medical condition of your child. To comply with the Georgia State Board of Education Rule 160-4-2-.31 Hospital/Homebound (HHB) Services, a minimum of three instructional contact hours per week must be provided for your child to be counted present.

Should you have any questions regarding HHB services, please communicate with the school's HHB contact. The school nurse should be consulted if and when there are some medical questions that need clarification that may be answered on a limited basis by the school nurse.

Local education agencies (LEAs) are responsible for providing instructional services for students who are eligible for Hospital/Homebound (HHB) services and hospitalized in health care facilities. The LEA may provide the services directly or can arrange with or contract directly with the health care facility, the LEA in which the health care facility is located, or appropriately certified teachers in the geographic area in which the health care facility is located. Below is a sample contract with a hospital for services.

NOTE: Parents/guardians, emancipated minors, or students 18 years of age or older must complete the LEA HHB application forms before services can be provided by the LEA. A contract with the hospital to provide HHB services for a specific student must be in place before the LEA will reimburse the hospital for instructional services.

Appendix A

Hospital/Homebound (HHB) Services Request Form

(Note: There may be a delay in processing incomplete applications.)

System Name:		
Address:		
	Fax:	
Student Information		
Student Name:Last Address:	First	MI
M F Date of Birth: Parent/Guardian: Last	First	MI
Phone: (H)	(W)(C)	
School Name:		Grade:
Counselor/Social Worker:		
Student Testing (ID) Number:		
(Note: The school is responsible for officially enrolled in the HHB pro	or providing assignments and grades to gram.)	the student until the student is
Do you have a computer with DSI Yes No	, high speed, or wireless connection at t	the instruction location?
Student Email Address:		
Parent Email Address:		

Eligibility Policies

- 1) Eligibility for services is based on the Georgia State Board of Education Rule 160-4-2-.31 Hospital/Homebound (HHB) Services, and that a medical referral form issued from a licensed physician is required to determine eligibility.
- 2) The Local Education Agency (LEA) HHB services personnel may contact the licensed physician to obtain information needed to determine if my child will be eligible for HHB services and provide appropriate instructional delivery.
- 3) A child must be enrolled in a public school prior to the referral for HHB services.
- 4) HHB services are for students confined to the home or hospital due to a medical or psychological condition, which is acute, catastrophic, chronic, or repeated intermittent.
- 5) Parents will be required to sign an agreement regarding HHB services policies and procedures.
- 6) A child eligible for HHB services, may be dismissed from the HHB program and may be required to return to school if his or her medical or psychiatric condition(s) improve as documented by a licensed physician.
- 7) A child who is eligible for HHB services, is subject to the same mandatory attendance requirements as other students.

Policies and Procedures

- 1) A parent, guardian, or an approved adult parent designee as identified in the Educational Service Plan (ESP) shall be present during each entire home instructional period.
- 2) A table or a desk in a workspace that is well ventilated, smoke-free, clean, and quiet (i.e., free of radio, TV, pets, and visitors) must be provided.
- 3) A schedule for student study time between teacher visits will be established and the student will be prepared for each session with the teacher.
- 4) Instructional materials must be obtained from the school, and assignments completed and submitted on time.
- 5) Assignments will be returned to the regular school teacher for grading if the student is on HHB services for a short period of time.
- 6) A parent, guardian, emancipated minor, student 18 years of age or older, or an approved adult parent designee as identified in the ESP must notify the HHB teacher at least 24 hours in advance if an instructional session must be cancelled. The LEA may, at its discretion, reschedule the cancelled session. The HHB teacher will notify the parent, guardian, or approved adult parent designee if they need to cancel a session and the session may be rescheduled.
- 7) For long-term or intermittent HHB students, the HHB teacher, in collaboration with the regular school teacher, shall assign grades for the work completed.
- 8) The parent/guardian, emancipated minor, or student 18 years of age or older must submit a release form from the licensed physician upon the student's return to school.
- 9) To extend HHB services beyond the originally identified return to school date, the licensed physician must submit an updated medical referral request form.

- 1) If the licensed physician recommends that the student is able to attend school or can no longer participate or benefit from HHB services, the student will be removed from the program.
- 2) If the student is employed in any capacity, goes on vacation, regularly participates in extracurricular activities, or is no longer confined at home, the student will be removed from the program.
- 3) If the parent, guardian, emancipated minor, student 18 years of age or older or adult parent designee cancels three sessions without 24 hours notice, the student will be removed from the program.
- 4) If the conditions of the location where HHB services are provided are not conducive for instruction or threaten the health and welfare of the HHB teacher, the student will be removed from the program.

Parent/Guardian Agreement/Release for Information

I have read the Hospital/Homebound (HHB) services policies for program eligibility and I understand the reasons for possible dismissal from the program. I agree to the policies and eligibility requirements of the program and request HHB services for my child.

Parent/Guardian Printed Name	Date		
Parent/Guardian Signature	Date		

Appendix H

Compliant Authorization for Exchange of Health and Education Information (The Health Insurance Portability and Accountability Act - HIPAA)

(This form may be used if the school system requires a release for medical information.)				
System Name:				
Address:				
	Fa			
A. Student Inform	ation			
Student Name:	Last	First	MI	
	Birth:			
Parent/Guardian:	Last	First	MI	
Phone: (H)	(W)	(C)		
School Name:		Gra	ade:	
Counselor/Social Wo	orker:			
I hereby authorize	(Health Care Provider's	Name and Title)		
at	(Health Care Provider's	Address and Telephone Nu	umber)	
and	(Name and Title of Schoo	l Official)		
at	(Address and Telephone o	of Local Education Agency	·)	

To exchange health and education information/records for the purpose(s) listed below.

Description The health information to be disclosed consists of the	following:
The education information to be disclosed consists	of the following:
 Educational evaluation and program plan Health assessment and planning to ensure Medical evaluation and treatment. Other: 	e safe health care services and treatment in school.
Authorization: This authorization is valid for one year or as specified	l:
It will expire on:	
I understand that I may revoke this authorization at ar withdrawal of my consent. I recognize that health rec (LEA), may no longer be protected by HIPAA, but the Family Educational Rights and Privacy Act (FERPA)	ords, once received by the local education agency ey will become education records protected by the
Parent/Guardian Printed Name	Date
Parent/Guardian Signature	Date
Student Printed Name	Date
Student Signature	Date

*If a minor student is authorized to consent to health care without parental consent under federal or state law. Only the student shall sign this authorization form.

Appendix I

Frequently Asked Questions

The following Frequently Asked Questions (FAQs) are provided to assist schools, local education agencies (LEAs), parent, guardians, and others regarding Hospital/Homebound (HHB) services. The answers supplied are general in nature and may vary depending upon other facts involved in an individual case.

- 1. What is the purpose of Hospital/Homebound (HHB) instruction?

 The purpose of Hospital/Homebound (HHB) instruction is to sustain continuity of instruction for students who will be absent from school for medical or psychiatric reasons for a minimum of ten consecutive school days per year (five school days on an approved block schedule) or intermittent periods of time for a minimum of ten days per year (five school days on an approved block schedule), and to facilitate the student's return to school.
- 2. Can I request homebound services for a child having mental health issues? Yes. Students with absences due to psychiatric and/or emotional disorders as defined in the latest edition of the <u>Diagnostic and Statistical Manual</u> (DSM) are eligible for HHB services for a length of time as determined by the Educational Service Plan (ESP) provided that they satisfy the eligibility requirements as set forth in the Georgia State Board of Education Rule 160-4-2-.31 Hospital/Homebound (HHB) Services.
- 3. How do parents request HHB services?

 The actual procedure for requesting homebound services is not determined by the state, but by each education agency (LEA).
- 4. Who provides HHB instruction? *Instruction is provided by a Georgia certified teacher.*
- 5. Is homebound instruction the same as home schooling?

 No. In home schooling parents are responsible for their child's education. The local education agency (LEA) provides HHB services to enrolled students with medical or psychiatric conditions that prevent them from attending school for a minimum of ten consecutive days per school year.
- 6. Can private school or home school students receive HHB services?

 No. The student must be enrolled in the public school system in which he or she is requesting this service.
- 7. If a student lives in one LEA in Georgia and attends school in another LEA, which LEA has the responsibility for providing HHB services?

 The LEA in which the student is enrolled must provide HHB services.

- 8. Is a pregnant student eligible for HHB services?

 Students with absences due to pregnancy, related medical conditions, services or treatment; childbirth; and recovery are eligible for HHB services provided that they satisfy the eligibility requirement for HHB service. [The Georgia State Board of Education Rule 160-4-2-.31 Hospital/Homebound (HHB) Services reflects the following Title IX, statement: Pregnancy, childbirth, false pregnancy, termination of pregnancy and recovery shall be treated as any other temporary medical condition/disability. If the school does not have a leave policy for students, or in the case of a student who does not otherwise qualify for leave under the policy, the school shall treat pregnancy, childbirth, false pregnancy, termination of pregnancy and recovery as a justification for a leave of absence for so long a period of time as is deemed medically necessary by the student's licensed physician, at the conclusion of which the student shall be reinstated to the status which she held when leave began. Regulations implementing Title IX, 34 C.F.R. § 106.40(b) (4).]
- 9. How much instructional time is provided for a student eligible for HHB services?

 Although the local school team or IEP team determines the number of hours necessary to meet the instructional needs of the student, the student must receive a minimum of three hours of HHB instruction per school week to be considered present by the school system. This requirement does NOT apply to students receiving instruction via the Georgia Virtual School or other online/telecommunication courses.
- 10. When students enrolled in a public school are hospitalized in health care or psychiatric facilities that do not provide education services, is the LEA obligated to provide HHB instruction in the health care facility?

 Yes. Each LEA must provide academic instruction to students who are confined in a health care facility for periods that would prevent them from attending school based upon certification of need by the licensed physician who is treating the student for the condition for which the student is requesting HHB services.
- 11. When students are hospitalized in out-of-state health care or psychiatric facilities, is the LEA obligated to provide HHB services in the out-of-state facilities?

 Yes. The LEA is obligated to provide services even if the student is hospitalized out-of-state. The LEA must arrange with or contract directly with the health care facility, the LEA in which the health care facility is located, or the appropriately certified teachers in the geographic area in which the health care facility is located.
- 12. What courses are available for students approved for HHB services?

 Core subjects (reading, language arts, mathematics, science, and social studies) are the focus of instructional delivery with students' receiving hospital/homebound services; however, elective courses may be included for graduating seniors.
- 13. Who will provide the grades for HHB students?

 The classroom teacher (in collaboration with the HHB teacher) is responsible for assigning grades.
- 14. Is it permissible to use medical information/referral submitted by a nurse, dentist, chiropractor, social worker, licensed professional counselor, or psychologist to determine eligibility for HHB services?
 - No. Only the licensed physician (or Advanced Nurse Practitioner) treating the child for the presenting diagnosis can provide the certification of need (medical referral form) for students to receive HHB.

15. Can HHB services be denied if there is reason to believe the medical condition identified for the student to miss school is not legitimate?

Only a person licensed to practice medicine under state law can determine if a student is unable to attend school because of illness. School personnel can discuss the situation with the doctor if the parent or guardian has signed the medical release. The school may also request a second medical opinion. It is best for the LEA in this situation to consult its local board attorney for advice.

- 16. Can the LEA provide more than three hours of instruction?

 The number of hours of instruction is determined by the local school team or IEP to meet the specific needs of the individual student as identified in the ESP.
- 17. Does the LEA have to provide HHB services during the summer?

 Services do not have to be provided during the summer unless the student is in the special education program and the IEP requires it.
- 18. Are LEAs required to make-up sessions?

 Make-up sessions are provided at the discretion of the LEA.
- 19. It is difficult to get doctor's input into the medical referral plan, it will be impossible to get input into a reentry plan.

 The input of the licensed physician regarding the student's current physical or psychological condition is important and is part of the medical referral plan; if the attending physician fails to provide such information, the school team can proceed to develop a reentry plan without the input.
- 20. How are students counted for attendance purposes?

 A student is counted present for the week if he or she receive three hours of instruction. If the student is unable to receive a scheduled HHB instructional session during the school week due to his or her medical condition as documented by the licensed physician who is treating the student a make-up instructional session may be provided. Once the student completes the instructional session the student shall be counted in accordance with the attendance rule.
- 21. Is there ever a time when a child is counted present but no HHB service is provided?

 No. The student must receive a minimum of three hours of instruction to be counted present for that week.
- 22. Can students participate in extra-curricular activities while on HHB?

 The decision should be based on the student's ESP, the physician's statement, and the LEA if there is not a stated policy.

Appendix B

Licensed PhysicianStatement and Medical Referral Form

(Note: This form must be completed by a licensed physician, or advanced practice provider)

Addiess.			
Phone Number:		Fax:	
Student Information			
	st	First	MI
Parent/Guardian:La	st	First	MI
		(C)	
Physician Statement and Patient's Diagnosis: (Note:		cription of the condition.)	

Estimated Duration of HHB Services:
Starting Date:
Ending Date:
Date of Initial Evaluation:
Date of Next Scheduled Appointment:
Physician's Statement: (Note: Please answer the following questions keeping in mind that the least restrictive environment is preferred.)
 Is the student unable to attend school for a minimum of ten consecutive school days? Yes \[\subsetent No \[\subseteq \]
• Will the student be able to benefit from an instructional program during this time of confinement.
Yes No No
 Could the student attend school with accommodations? If so, describe. Yes \(\subseteq \text{No} \subseteq \)
Recommendations for Accommodations:
 Could the student attend school regularly and receive HHB services on an intermittent basis as needed? Yes \(\subseteq \text{No} \subseteq \)
• Is the student confined to the home or hospital and full-time HHB services are recommended?
Yes No No
• Is the student free from communicable diseases, such as flu or contagious airborne diseases?
Yes No No
• Can instruction be provided to the student without endangering the health of the teacher or other students whom the teacher may contact? Yes No (NOTE: You may periodically have to verify that the student remains under your care and continues to qualify for the HHB services program.)

<u>Treatment and School Reentry Plan</u> (Note: The following information is required to determine eligibility for HHB services and must be completed by the licensed physician who is currently treating the student for the diagnosis presented.)

☐ Daily ☐ Weekly ☐ Monthly • What is the expe	eduled frequency of treatmer ected duration of the treatment take medication?		
Medications student w	ill take for diagnosis:		
Name of medication	Effects on student's ability to comprehend	Effects on student's ability to complete independent assignments	Effects on student's ability to relate to teachers and other students
			····
		+	
		<u> </u>	
condition is stab Yes ☐ No ☐		ermittent basis after his or he	r medication and
Yes No	Tomo will construct the construction of the co		
unable to attend school t	for medical or psychiatric rea	orary educational program to asons. Please describe your ti attach additional pages as nee	me frame and
·			

aforementioned medical condition. My recommendation has been based on the medical needs of the patient, keeping in mind that the least restrictive environment is preferred.		
*Physician Printed Name	Date	
*Physician Signature	Date	_
Advanced Practice Provider (on behalf of licensed physician)	Date	

*Physician's Certification: I certify that this student is under my care and treatment for the

*Note: The Georgia Composite Medical Board provided information on the following statute: O. C. G. A. 43-34-25, regarding Advanced Practice Providers signing health forms for educational purposes. The law states:

(e.1) Except for death certificates and assigning a percentage of a disability rating, an advanced practice registered nurse may be delegated the authority to sign, certify, and endorse all documents relating to health care provided to a patient within his or her scope of authorized practice, including, but not limited to, documents relating to physical examination forms of all state agencies and verification and evaluation forms of the Department of Human Services, the State Board of Education, local boards of education, the Department of Community Health, and the Department of Corrections.

Please update any Hospital/Homebound forms and policies your system is currently using to allow for compliance with this law. **Note:** The Advanced Practice Provider may only provide this service if the Physician delegates these duties and is in agreement with the diagnosis.